



Difficult Airway Society

NEWSLETTER

GOOD PRACTICE
EXAMPLES

CASE REPORT

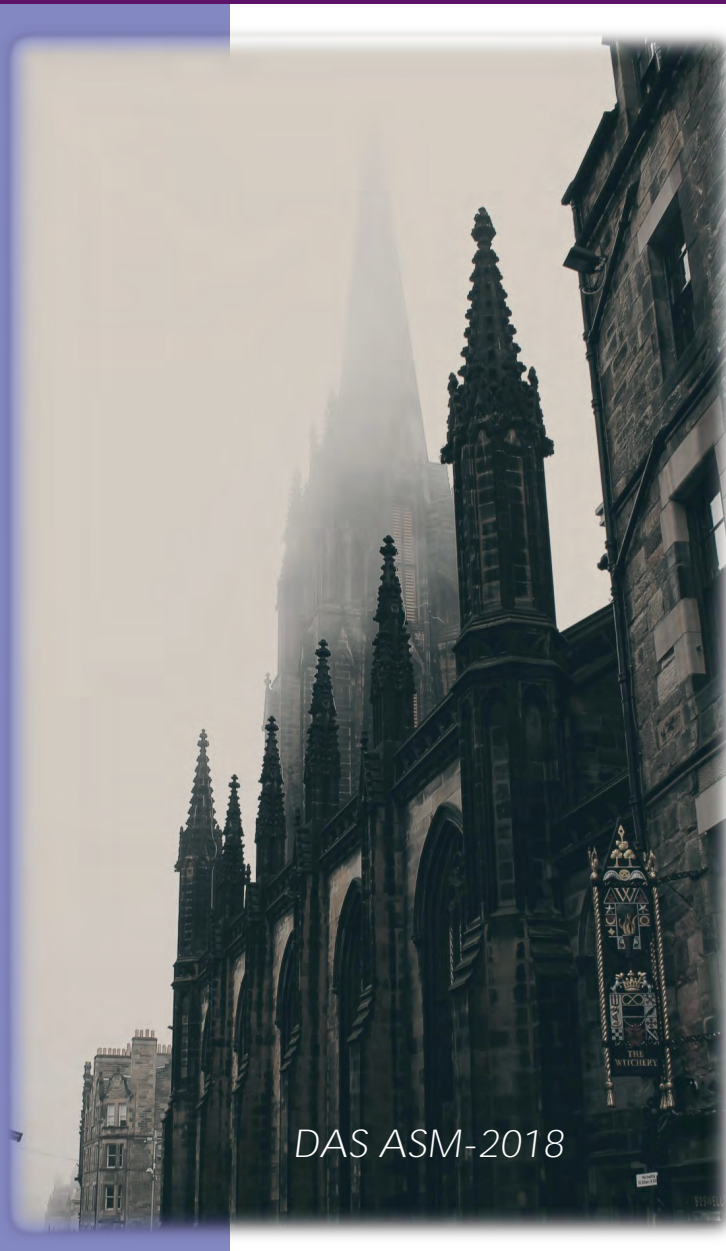
THINGS TO DO AT
EDINBURGH

TRAINEE ESSAY
COMPETITION 2018

PHOTOGRAPHY
COMPETITION 2018



@dasairway



DAS ASM-2018

SUMMER 2018

Hope you are making the most out of the sunshine.

This edition brings you some detailed information about the upcoming ASM at Edinburgh. The local organising committee members explain the details of the workshops and the 'things to do' whilst you are there.

As the DAS newsletter is preparing for a potential transformation to a full-fledged scientific journal, we note increased interest in the submission of clinical articles. We have included a case report this time and expect to receive more clinical articles in the future.

We have included two 'Best Practice Examples' from those presented at the last Airway Leads meeting.

Please look out for the notification for DAS committee elections in the next couple of months. Both the President and Secretary positions will be up for election this year. The DAS website will publish details soon and the members will also get email notification.

DAS is also looking for a new Webmaster and a Newsletter Editor. Please see the advert towards the end of this newsletter. We can assure you that both roles are very rewarding and offer you the opportunity to work with some very eminent people in the field of airway management. If you think you are up for it, please do apply!

The essay competition for trainees and the DAS photography competition are open now. Last year we received many high quality submissions and expect to see the same again.

Enjoy the rest of the summer

Sajay



A Sajayan



Joy Beamer

newsletter@das.uk.com

PRESIDENT'S PAGE

I hope you are all having a good summer and enjoying the wonderful weather; let's hope it lasts.

DAS has been busy this year with a number of projects underway including an upgrade of the website, discussions around a new DAS journal, new DAS surveys, feedback from the AWLs Day, and ongoing work for the guideline groups.

In April the DAS Human Factors and Ergonomics Group, led by Dr Fiona Kelly, gave written evidence to Professor Sir Norman Williams for his review published in June this year into the issues relating to gross negligence manslaughter in healthcare. The DAS Human Factors and Ergonomics Group has an internationally respected group of clinicians and scientists (Prof Tim Cook, Prof Chris Frerk, Prof Rhona Flin, Prof Kevin Fong, Prof Nick Sevdalis, Dr Alexandra Lang, Dr Mark Stacey, Dr Peter Groom, Mr John Clinton, Dr Lewis Richmond) and we are all looking forward to their recommendations and guidance on improvements we can make around human factors, ergonomics and airway practice.

Last year we held the first trainee essay competition and following on from its success we plan to repeat with an essay competition, titled 'Training in airway management - opportunities and challenges'. The deadline date for submitting an essay is 15th August 2018.

We are still working with the RCoA on formulating a platform for the eagerly anticipated UK FONA database. We hope to see it happen later this year. In the meantime, if there is data on a FONA in your hospital it may be useful to submit to 'The Airway App', a smartphone technology-based app designed to capture emergency front-of-neck airway experiences internationally. The group led by Professor L Duggan from Vancouver, Canada have just published the first eighteen months of data; it is easy to use and a powerful data sharing tool.

The DAS ATI (Awake Tracheal Intubation) group have also been meeting regularly for some time now (Chair Dr Imran Ahmad, Secretary Dr Kariem El-Boghdadly). The DAS ATI guidelines are entering the final phase of editing with their launch later this year in Edinburgh at the ASM.

Preparations for the ASM are well underway and having heard a presentation from Dr Caroline Brookman (Chair DAS 2018 Local Organising Committee) at the last DAS committee meeting on what is planned for DAS Edinburgh 2018, it is going to be an excellent meeting. Traditional workshops and simulation workshops on Wednesday 28th and lectures on Thursday 29th and Friday 30th November at the Edinburgh International Conference Centre.



Anil Patel
DAS President

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SECRETARY WRITES.....

Summer brings the great outdoors - when it's not too hot - and a slight lull in professional activity, so I'm getting my excuses in early here for a short secretary's report.

Planning for WAMM2 in 2019 and in particular, DAS Edinburgh in November this year continue apace. Both look very exciting prospects from where I'm sitting. In September, we will also review 3 applications to run future DAS ASMs, from 2020 onwards, and at least one more venue will be announced later this year.

There has been considerable work of late on the various DAS guidelines currently in development, following on from the huge success at the start of the year of the DAS Guidelines for the Management of Tracheal Intubation in Critically Ill Adults. The plan is to launch the Awake Tracheal Intubation Guidelines at the ASM in November. Translations, international presentations and use of the guidelines/algorithms in a huge variety of publications continue to increase year on year to the immense credit of those involved in producing them. And there are more to come.

The DAS committee is likely to experience its largest 're-shuffle' this November in many years. In the autumn, DAS will advertise for a new President and Honorary Secretary as well as new co-opted members in the form of a new Trainee Rep, a new Scientific Officer, a new Newsletter Lead and a new Website lead – I think that's about half of the committee! Hopefully, it shall be more evolution than revolution!

Please feel free to get in touch with any suggestions, queries or concerns relating to DAS business. I'm all ears.



Barry

B McGuire

Hon. Sec. DAS

secretary@das.uk.com

Airtraq Intubation in a Newborn with a Difficult Airway

Neel Desai, *Clinical Fellow*, **Samer Abdelrazeq**, *Clinical Fellow*, **Linda Chigaru**,
Consultant Anaesthetist & Paediatric Intensivist, **Elise Randle**, *Consultant Paediatrician & Paediatric Intensivist*



Children's Acute Transport Service,
Ormond Street, London

Introduction

Airway management in children is associated with specific anatomical and physiological challenges compared to adults. In a child, a more cephalad larynx, long and narrow epiglottis angled towards the lumen of the airway, shorter jaw, relatively larger tongue and more limited mouth opening can make laryngoscopy and intubation difficult.^{1,2} Compared to adults, the time available to intubate the trachea before oxygen desaturation is limited in children secondary to a relatively lower functional residual capacity and higher oxygen consumption per unit weight.

Difficult and failed intubations are rare complications of anaesthesia but remain a leading cause of morbidity and mortality. In paediatric patients with congenital syndromes or face anomalies, the incidence of difficult intubation increases.³ In Pierre Robin Sequence (PRS), multiple facial features, such as cleft palate, limited mouth opening, glossoptosis, micrognathia and retrognathia, can make airway management challenging.⁴ Both ventilation and intubation can be difficult.

Conventional direct laryngoscopy can facilitate a view of the vocal cords and glottis if the oral, pharyngeal and laryngeal axes are aligned. In children with difficult airways, this is however not always possible. Flexible fiberoptic bronchoscopy is considered the criterion standard in children with known or difficult airways⁵ but is associated with long preparation time and significant kinaesthetic skill. Paediatric practice is therefore turning its attention to videolaryngoscopes (VL) which enable the operator to indirectly visualise the vocal cords and glottis without alignment of the oral, pharyngeal and laryngeal axes.

Here, we present the first reported case, to our knowledge, of a successful intubation with Airtraq in a newborn with PRS.

CASE REPORT

Description

Born at 41 weeks gestation with normal antenatal ultrasound scans, a newborn developed cyanosis and severe work of breathing at 15 minutes of age. Characteristics consistent with PRS were noted including cleft palate, macroglossia and severe micrognathia and retrognathia. Spontaneous respiration remained inadequate and resulted in a significant respiratory acidosis with a pCO₂ of 16.1 kPa. Decision was therefore made to intubate in order to optimise ventilation.

After induction of anaesthesia, bag-valve-mask ventilation was difficult but possible with use of a nasopharyngeal and oropharyngeal airway. Direct laryngoscopy with a straight Miller blade demonstrated a Grade 4 Cormack and Lehane view. Subsequent videolaryngoscopy with a GlideScope® was tried though, despite a Grade 2b view, the endotracheal tube could not be advanced into the larynx as it was too anterior.

In view of the failed intubation attempts, the ear, nose and throat surgeons were involved and could not obtain a view with a rigid bronchoscope. It was therefore decided to undertake a surgical tracheostomy and while preparations were being made, two further airway interventions took place.

Use of a Pentax Airway Scope® resulted in a Grade 4 view and an Airtraq™ showed a Grade 2b view with external laryngeal manipulation. A 3.0 mm ID endotracheal tube was advanced along the guide channel through the vocal cords.

Discussion

In one case series, 61% of newborns with PRS could not be intubated with direct laryngoscopy using a Miller blade and were intubated successfully with a flexible fibreoptic bronchoscope.⁶ Flexible fibreoptic intubation is considered to be the gold standard for children with anticipated difficult airways but is not universally available. Comparison of the GlideScope® with the flexible fibreoptic bronchoscope in a PRS manikin demonstrated no difference in first-attempt success of tracheal intubation.⁷

Successful use of Airtraq™ has previously been reported in PRS⁸ though not in a newborn. Previous studies have found that the Airtraq™, in comparison to direct laryngoscopy, is associated with improved laryngoscopic view, decreased time to intubation, increased intubation success rate and reduced dental trauma score in paediatric difficult airway scenarios.^{9,10} By showing its utility in a newborn with PRS, the current case report illustrates the potential of this device for manage-

CASE REPORT

-ent of the difficult paediatric airway. Of note, all other videolaryngoscopes which were tried, failed.



It should be recognised that the performance of videolaryngoscopes depends on the exact circumstances of the difficult airway and

the optimal videolaryngoscope might differ for various types of difficult airway situations. Repeated intubation attempts should however be cautiously considered and potentially avoided as it increases the risk of progression to a can't-intubate-can't-ventilate scenario.

References

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7. Fiadjoe JE, Hirschfeld M, Wu S, et al. A randomized multi-institutional crossover comparison of the GlideScope Cobalt Video laryngoscope to the flexible fiberoptic bronchoscope in a Pierre Robin manikin. *Pediatric Anesthesia* 2015; **25**: 801-6.
8. Vlatten A, Soder C. Airtraq optical laryngoscope intubation in a 5-month-old infant with a difficult airway because of Robin sequence. *Pediatric Anesthesia* 2009; **19**: 699-700.
9. Smereka J. Comparison of Airtraq and Miller laryngoscopes for intubation in patients with inline manual neck stabilization. *American Journal of Emergency Medicine* 2016; **34**: 1721.
10. Owada G, Mihara T, Inagawa G, et al. A comparison of the Airtraq, McGrath, and Macintosh laryngoscopes for difficult paediatric intubation: a manikin study. *PLoS One*. 2017; **12**: e0171889.

DAS Photography Competition 2018

Theme: Airway Management



This competition is now open to all members and associate members of DAS

Entries should be submitted by via email only to das@aagbi.org and copy to newsletter@das.uk.com

Maximum **three** entries per person

Image file size should be a minimum **1MB**

Please include your name, grade, address, email and DAS membership number

Please specify the camera settings if known.

All entries must be received by **15th August 2018**

Images must not have been published elsewhere or have won a prize in any other photographic competition.

Entry implies that the photograph they are submitting is their own work and do not infringe any copyright laws

Patient/ personal images, where used should be accompanied by a consent form

DAS will have rights for unrestricted use of all submitted images on its website, newsletter and promotional materials

The winner will be awarded £100 and a certificate at the ASM

The winning image and some selected images will be used in the front page of DAS Newsletter

The judging committee reserves the right to offer more prizes or commendations or no prizes at all. The decision of the judges will be final.

Best Practice Example

Airway leads: working together for NHS Scotland



Dr Simon Crawley, Consultant Anaesthetist & Airway Lead, Ninewells Hospital Dundee

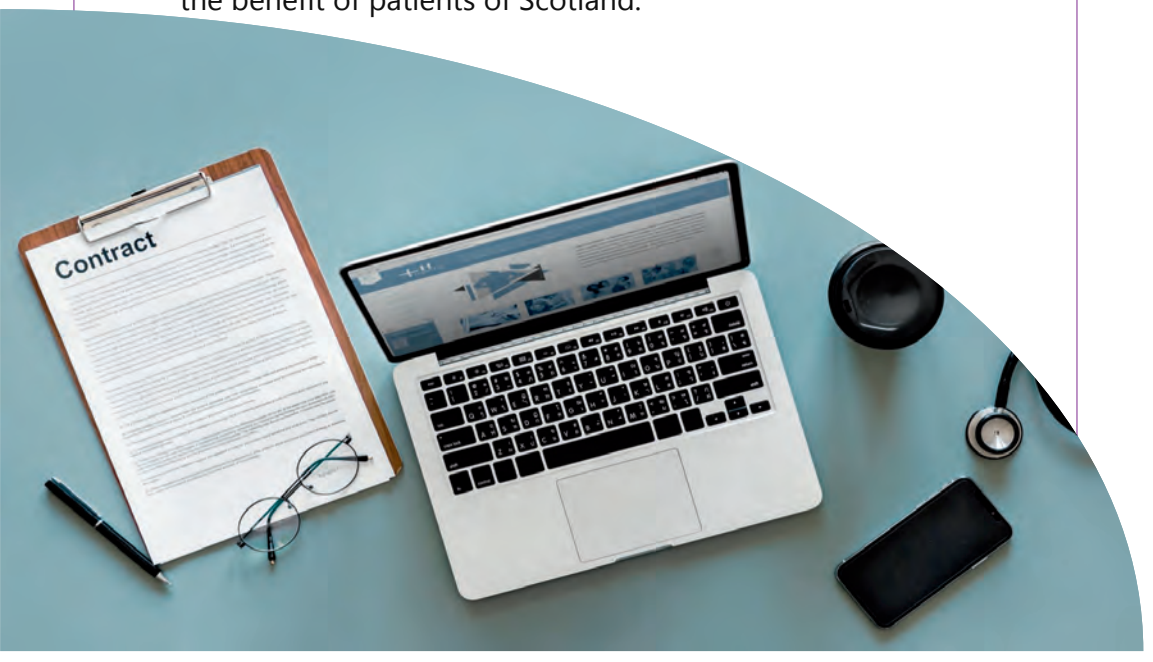
NHS Lothian, NHS Tayside, NHS Highland, NHS Lanarkshire, NHS Ayrshire & NHS Greater Glasgow and Clyde in conjunction with NHS National Procurement Scotland
simoncrawley@nhs.net

In 2016, NHS Scotland charged National Procurement (NP) with establishing the most cost-effective provision of airway equipment through the provision of national awards; reducing regional variation in purchasing and thus costs. Historically individual health boards carried out their own evaluations with little communication of findings to other areas. This meant increased variation and purchasing costs. Airway leads from around the country formed the Commodity Advisory Panel (CAP) to advise this process in conjunction with national procurement managers. The CAP recognized that conventional non-clinical evaluations were not sufficiently robust in some instances to guarantee high standards and so proposed some clinical evaluations to best inform procurement choices for patients of Scotland. The CAP also insisted and gained agreement by NP to allow unranked awards for categories such as videolaryngoscopy and second-generation supraglottic airway devices (SAD) to maintain local control over more advanced equipment.

Airway equipment is vast in its scope so non-clinical evaluations were carried out for suitable equipment against stringent physical and functional characteristics set by the CAP. High volume devices such as anaesthetic facemasks and first generation SADs were deemed to be best evaluated by clinical evaluation and so a smaller network of airway leads created and carried out a multi-centre equipment evaluation to allow a broad evaluation and pooling of results.

The project was supported by the Director of Public Health for Scotland and National Caldicott Guardian. Approval was sought from the Public Benefit and Privacy Panel for Health for information governance purposes for both SAD and facemask streams. Three trusts were involved in both streams with selected consultants at each trust agreeing to adhere to a strict assessment methodology. Leads at each trust were responsible for data transfer; an airway lead in each stream being responsible for data analysis and presentation of results to the CAP and National Procurement at the end of the process.

In 2017, four SADs and four facemask manufacturers were accepted for clinical evaluation with an aim to evaluate two hundred of each device unless evaluations were stopped by unacceptable failure rates. Definitions of equipment failure, an accepted failure rate, assessment criteria and methodology were agreed for both SAD and facemasks. In total, 633 SADs and 810 facemasks were evaluated allowing detailed reports to be submitted back to the CAP, informing the choice of equipment award by National Procurement. This was a fantastic project and a great example of networking with airway leads coming together on a national level for the benefit of patients of Scotland.



Best Practice Example

THE UHS AIRWAY ROADSHOW

University Hospital Southampton NHS Foundation Trust

Dr Delia Hopkins and Dr Alice Aarvold

Email: delia.hopkins@uhs.nhs.uk

NAP 4 highlighted shortcomings in practice that contributed to poor outcomes from major complications and one of the recommendations given was to deliver multidisciplinary training using advanced airway equipment in all areas where airway skills are required.

University Hospital Southampton (UHS) is a large acute and specialist teaching hospital in the south of England. In 2016, multidisciplinary advanced airway drop-in sessions were introduced following an example seen at the Airway Leads Day, 2016. Attendance from theatre staff was high but it was low from ICU and ED colleagues and there was no attendance from Maternity hospital staff. To overcome this issue caused mainly by geographical and timetabling hurdles, a multidisciplinary difficult airway management teaching roadshow was introduced.

The principle of these roadshows is to bring the teaching to the relevant departments to make attendance easier and therefore more likely. There are 6 stations set out during these sessions:

DAS guidelines and trolley

Face mask ventilation

Maintaining oxygenation and SAD insertion

Tracheal intubation

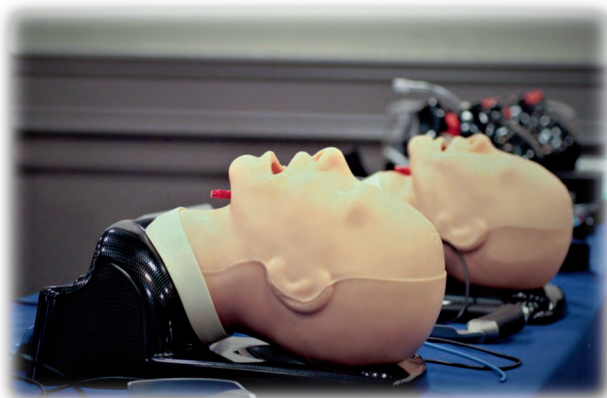
Front of neck access and airway ultrasound

Fibreoptic intubation/Double lumen tubes

During these sessions we focus on effective utilisation of the multidisciplinary team. This highlights the skill sets of different team members available and also enables all team members to gain practical experience as performer, assistant and observer on manikins at each station. We feel that this role swap helps candidates better understand their part in the team. We, as faculty are able to give a real time critique of performance, to reinforce learning through visual, auditory and kinaesthetic routes. We feel this is important to aid effective, timely and pre-emptive assistance in a potential airway emergency.

Since starting these roadshows, difficult airway training has been provided to 250+ airway practitioners from the subspecialty ICUs, ED, maternity and theatres. Formal feedback scores have averaged 4.88/5. It has also provided advanced airway trainees with the chance to organise and facilitate the sessions giving them valuable teaching experience and also supporting their advanced competencies. Audit has shown better maintenance of the DATs' contents in those areas where this training has been provided.

While formal assessment of the impact on patient safety is difficult, numerous emails of thanks to roadshow tutors have been received and it has been reported that the skills learnt during these sessions have been put into practice a number of times in the management of difficult airways.



A photograph of Edinburgh Castle at night, illuminated by warm lights, with the dark silhouette of the city and the spire of St. Giles' Cathedral in the background under a twilight sky.

DAS ASM 2018 Highlights

Simulation workshop

The airway management Simulation Day will build on the success of previous simulation events at the DAS ASM. The workshop will be held at the Scottish Centre for Simulation and Clinical Human Factors, and will be delivered by a faculty of airway and human factors experts. The workshop is designed for all grades of anaesthetist from CT1 to Consultant, and will also benefit Operating Department Practitioners and Anaesthetic Assistants.

The over-arching learning objective of the day will be to improve management of airway emergencies through the practical application of improved non-technical skills. The importance and impact of human factors in airway management will be highlighted by participation in numerous simulation based clinical scenarios. An 'Airway Tool Kit', will be introduced, as a mechanism to improve performance in both individuals and teams, in airway emergencies, and will be rehearsed throughout the day. Familiarity with airway guidelines and equipment will be provided.

The workshop will provide ample opportunity for candidates to participate in simulated airway scenarios with a high faculty to delegate ratio. The day will provide 5 CPD points and will include transport, lunch and refreshments. Participants will arrive back at the Edinburgh International Conference Centre in time for a welcome reception. Space at the workshop is likely to be highly sought after so please book early to avoid disappointment.

Please visit www.das2018.co.uk for registration

Dr Rachel Harvey, Dr Michael Money Penny and Dr Ed Mellanby,
on behalf of the DAS Simulation Faculty.

Airway Skills Workshops

We are proud to once again offer the popular DAS airway skills workshops, on Wednesday 28th November 2018. These will feature a range of modern airway management techniques and allow delegates the opportunity to gain hands on expertise with advanced airway techniques, taught by an experienced faculty of national and international experts.



The successful format of eight practical stations with a high faculty to delegate ratio remains. Space at the workshops is likely to be highly sought after so early booking is recommended.

Awake Intubation

This workshop will focus on awake intubation, allowing further fiberoptic handling practice and introducing delegates to the concept of awake videolaryngoscopy. Delegates will learn topicalisation techniques, sedation regimes and practical tips to improve success with these techniques.

Videolaryngoscopy

This workshop will allow delegates to learn techniques and practical tips for using a range of channeled, hyperangulated and Mac-style devices. They will gain knowledge on the merits of each device and get lots of hands on experience.

ORSIM/Practical Fiberoptics

This workshop will allow delegates to develop fiberoptic-handling skills utilising both the ORSIM bronchoscopy simulator and mannequin trainers. The ORSIM can simulate a variety of airway pathologies so delegates can challenge themselves. This station will allow a lot of hands on experience.

Ultrasound in Airway Management/ Airway Decontamination

This workshop provides two separate stations allowing delegates to learn some basic airway ultrasound and introducing them to a novel technique for managing heavily contaminated airways. Delegates will be taught and get hands on practice with identifying airway sono-anatomy and assessing gastric contents on volunteers.

Paediatric Difficult Airway

This workshop will aim to refresh and build on skills for managing paediatric difficult airways and be led by a team of specialist paediatric anaesthetists. It will focus on videolaryngoscopy and fibreoptic techniques.

Tracheostomy Emergencies

The workshop will discuss and allow practical simulation of managing tracheostomy emergencies. Delegates will learn to recognise “red flags” in patients with tracheostomy and a simple structure to managing problems in line with National Tracheostomy Safety Project Guidance.

Emergency Front of Neck Access

This station will focus on the “Can’t Intubate, Can’t Oxygenate” scenario, transitioning and the DAS surgical technique for front of neck access and allow delegates to practice this technique.

Conduit Intubation

This workshop provides delegates with an opportunity to learn and practice a conduit intubation technique using the Aintree Intubating Catheter and supraglottic airway device.

For further details, please see the website www.das2018.co.uk



 @dasedinburgh18

Dr Simon Crawley

DAS LOC

Abstracts are a very important part of any DAS meeting, and Edinburgh 2018 will continue in that tradition. Abstract submissions are invited to be considered for presentation (both poster and oral) in the following categories:

Audits / surveys

Case reports

Equipment

Science (basic or clinical)

Quality Improvement / Service Development (incl. Human Factors)

Abstracts should describe work that develops, delivers or evaluates the delivery of anaesthesia related to airway management. This can be in or outside theatres, cover adult or paediatric practice, and can include audits and surveys or lab-based scientific work, and everything in between.

The best abstracts will be submitted to the BJA for publication, and we will be awarding both oral and poster prizes at the meeting.

The abstract submission process will open on 1st June 2018 and close at 23:59 BST (NB this is 22:59 GMT) on Sunday 16th September. We will aim to contact you with a decision on your abstract by Friday 5th October.

For further information, and to submit your abstract see:

<https://www.das2018.co.uk/abstract>

We look forward to receiving your work!



Andrew Dalton

Abstracts convener, DAS 2018 LOC

DAS ASM 2018: **Social events**



We have designed a social programme to help you enjoy the social side of DAS Edinburgh as well as the academic side. We invite you to join us on Wednesday at the end of the first day for a welcome drinks reception and opening of the Trade exhibition. This will be held in the EICC from 18:00 after the workshops, allowing you the opportunity to catch up with friends and network with colleagues. The venue is conveniently located for

those of you wishing to sample some more of Edinburgh's attractions after the reception!

On Thursday evening we'd be delighted if you could join us at The Hub for a memorable evening of the finest Scottish hospitality. This iconic landmark on the Edinburgh skyline towers over the old town in the heart of the festival city and is set on the historic Royal Mile beside Edinburgh Castle. You will be greeted on arrival with a drinks reception, then treated to a three-course dinner with wine in the stunning main hall. After dinner, we invite you to take to the dance floor for a traditional Scottish ceilidh. Or you may prefer to retire to the Dunard Library bar and relax with fellow airway friends, or chat and view the dancing from the balcony.



10 reasons to visit Edinburgh!



The Castle

This world famous icon takes centre-stage in the Edinburgh city's unique skyline, and offers a wonderful vantage point to look out over the city. The castle is home to the Scottish Crown Jewels, the mighty "Mons Meg" cannon, and the fascinating National War Memorial.

Bagpipes

Love them or loathe them, but the sound is unmistakably Scottish, and will often be heard as you stroll the city's streets.



Ceilidhs and kilts



There will be a traditional ceilidh at the DAS Edinburgh meeting. This involves a good band, some directions and a lot of enthusiasm. There may well be a drink or two, and you might even get a wee flash of what true Scotsmen wear beneath their kilts!

Whisky

You'll find an outstanding range of whiskies in the pubs and specialist shops in Edinburgh, and the Scotch Whisky Experience beside the castle is well worth a visit.



Green spaces



If the above leaves you in need of some fresh air there are spectacular parks and walks to be found all over the city. Choose from the Botanic Gardens, Arthur's Seat, Princes St Gardens and the Meadows. Others may choose to visit the green space of the golf course instead!

Museums and galleries

Enjoy some culture in the National Museums of Scotland, or the Writers' Museum. If galleries are more up your street we have lots to choose from: the Scottish National Gallery of Modern Art, the Scottish National Portrait Gallery or The Fruitmarket to name just a few.



Haggis

Haggis might be what the Scots are known for but it's not all we eat! Edinburgh has a fantastic selection of eateries and restaurants with great cafes, Michelin starred restaurants and everything in between. Whichever option you go for you can sample amazing Scottish produce.



Family fun

Even if you don't visit with family, you'll still have fun at places like Edinburgh Zoo, the Dynamic Earth Project, the Edinburgh Dungeons, or on a night time ghost tour!



Christmas markets

Now is the ideal time to make a visit to the Christmas markets. You can choose between doing some shopping, braving a trip round the big wheel, ice skating, or just warming up with some mulled wine.



DAS 2018

After reading the above you might be tempted to skip the meeting and have a holiday! But rest assured- the DAS meeting will be the star event of your trip to Edinburgh and is not to be missed. We have excellent workshops, engaging speakers, and thought provoking topics in store for you. We look forward to welcoming you to Edinburgh this November.



Claire Gillan



Kate Theodosiou

DAS 2018 LOC

TRAINEE ESSAY COMPETITION 2018

Theme: **Training in airway management:**

Opportunities and challenges

We are pleased to announce the DAS trainee essay competition. Entries are invited on the above essay title from any trainee member of the DAS.

- Only one entry is allowed per person and only a single author is allowed. The submitting trainee should be a DAS member. Please refer to DAS website for Registration Process if required.
- Members of the DAS committee will judge anonymised entries. We will be looking for a well-developed viewpoint.
- Word count should be kept to a maximum of 1500 words excluding references. Please use Times New Roman size 12 font and double line spacing. References should be formatted as for the BJA.
- Please e-mail your entries to trainee@DAS.uk.com and to k.dua@nhs.net, along with a completed submission form (which is attached to the e mail invite or can be downloaded from the DAS website). Please label your word file 'DAS trainee Essay Competition – your DAS Membership Number'.
- Prize money of £100 and a certificate will be awarded to the authors of the top essay. The winning essay will be published in the DAS newsletter. Further prizes may be decided by the judges.
- Winners will be contacted by the early September 2018 to give plenty of time for them to register for the DAS–ASM Nov 2018 where they will be presented with their prize and certificate.
- Deadline for receipt of emailed essays: Midnight on **15/08/2018**

Elana Owen & Kanika Dua

DAS Trainee Representatives.

COURSE REPORT: SMART COURSE

We recently celebrated the 25th edition of **SMART** (Structured Management Airway Response Team) Course at Medical Education Centre, University Hospitals Coventry & Warwickshire NHS Trust, Coventry



Course team with UHCW CEO Mr Andy Hardy

This course started as a DAS Project in 2009, was designed by Dr Ravi Dravid, the previous Human Factors and Education lead DAS, and has been held in different centres in the Country. The interactive course is designed

along on the lines of Human Factors Courses in Airline Industry. It teaches human cognition, limitations and fallibility, genesis of errors and rule violations, decision errors and strategies to improve situation awareness and decision-making. Simulations and Tactical Decision Games session provides delegates the practical opportunity to use the above non-technical skills learnt during the interactive sessions.

The course teaches developing knowledge, skills and strategies at error avoidance and mitigating error 'not just crisis management'. Individuals and group of anaesthetists from a department where there were adverse anaesthetic incidents have been referred and benefited from attending SMART Course.

A big thanks to the entire Faculty including Prof Cyprian Mendonca, Drs Radhakrishna, Bhagyashree Netke, Priya Gauthama, Ajay Swami and Mr Trevor Dale for all their hard work, dedication and innovation. It would not be a success without their continued support.



Dr Christina Tourville
Airway Fellow, UHCW

**Human Factors and Patient Safety in
Airway Management**
SMART[®] Anaesthesia course



WANTED!

DAS is inviting applications from enthusiastic members with relevant skills for the **webmaster** and **newsletter editor** positions. Webmaster oversees the regular updating and maintenance of DAS website. Previous experience in website development / management would be advantageous.

Newsletter editor co-ordinates compilation, editing and printing of the DAS Newsletter four times an year. He/She also liaise with advertisers and raise invoices. Experience in Desk Top Publishing (DTP) is essential. If you need any more information about the roles, please contact webmaster@das.uk.com or newsletter@das.uk.com. Applications with a brief bio should be sent by email to secretary@das.uk.com

SAVE THE DATE

WAMM
WORLD AIRWAY MANAGEMENT MEETING
AMSTERDAM 2019
13-16 November

www.wamm2019.com

Difficult Airway Society, Annual Scientific Meeting 2018

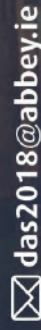
Abstract Submission / Early Bird Registration
closes 16th September

To register visit www.das2018.co.uk
28-30 November, Edinburgh, Scotland



DAS

Difficult Airway Society
Annual Scientific Meeting



das2018@abbey.ie



www.das2018.co.uk



[@dasedinburgh18](https://twitter.com/dasedinburgh18)