

REMOTE AND RURAL MEDICINE

An emerging opportunity for anaesthetists?



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Remote and rural medicine and advanced airway management can go hand in hand as a new exciting and emerging teaching opportunity for anaesthetists with a flair for adventure.

There is a widely accepted mantra that advanced airway management belongs uniquely in the hands of anaesthetists, thus placing them at the forefront of teaching in the field of acute medicine. Teaching primarily takes place in large university teaching hospitals. However, once we start looking beyond the needs of large academic centres, we discover that there are vast and uncharted teaching opportunities for anaesthetists in remote and rural areas.

Let's imagine a remote hospital in the dead of winter with deep snow and ice, treacherous roads, surrounded by mountains or sea, and a clinical emergency attended by only one senior clinician such as an anaesthetist. In such a situation, a clinician has to rely on the help of people immediately to hand: predominantly foundation doctors, nurses and paramedics. When a patient's life is at risk and time is precious, there is no time to wait for senior help to arrive. Telemedicine and other perks of modern technology are widely promoted, but clearly cannot replace direct hands-on skills and expertise in emergency situations. The only way to save the patient is

to teach everyone around the same highly specialised skills that one would normally teach anaesthetic trainees.

Teamwork and training are key

Healthcare in remote parts of Scotland is provided by a few district general hospitals together with scattered community hospitals and health centres

with limited resources. All these facilities permanently struggle with recruitment and subsequently with long-term staff retention. If a small community hospital loses just one specialist who provides a well-run service, that whole service and indeed the whole hospital suddenly finds itself in complete jeopardy. The high quality of care provided depends on the total dedication of



every individual involved. This vulnerability creates a weak link which causes repetitive crises. In such a working environment, it is very easy for the whole team to become overwhelmingly demoralised thereby creating further staff losses and spiralling into disaster.

One way to fight the blues of remoteness and isolation is by boosting the morale of healthcare practitioners by enhancing their clinical expertise and practical skills as a multi-professional team. Every team member needs to know their role and how to respond to clinical emergencies. By teaching highly professional and technical skills among all emergency personnel, one can make a significant positive contribution to the morale of all healthcare workers. Everyone must feel that they can trust each other and be confident in the safety of their working environment.

Sharing learning: advanced airway workshops

To promote safety and good medical practice in remote locations, regular advanced airway workshops were organised by Dr Gray's Hospital, a small district general hospital in

the north of Scotland. Dr Gray's International Airway Day was first held on 25 June 2016 and again on 10 June 2017 in the new state-of-the-art conference venue, the Alexander Graham Bell Centre at the University of the Highlands and Islands in Elgin. Workshops were primarily tailored for foundation doctors with no clinical experience, anaesthetic and recovery nurses, operating theatre nurses, accident and emergency staff, and paramedics. Delegates came from across the whole north of Scotland from as far as Shetland and the Western Isles.

The workshop delegates were taught by nationally and internationally renowned faculty lecturers, including past president and secretary of the European Airway Management Society and Difficult Airway Society Dr John Henderson, and Dr Jairaj Rangasami, Dr Subrahmanyam Radhakrishna, Dr Kemal Tolga Saracoglu, Dr Ayten Saracoglu and many other highly experienced international airway experts that teach at similar advanced airway workshops worldwide. Every delegate had ample time to practise with a variety of supraglottic airway devices, videolaryngoscopes, oral and nasal fiberoptic intubation

and an array of advanced airway techniques. A separate workshop station was provided for surgical cricothyroidotomy on animal models and manikins.

What did we learn?

By teaching these advanced anaesthetic techniques to such a diverse group of healthcare professionals we achieved our goal of improving our hospital out-of-hours safety profile by retraining a vast majority of operating-theatre nursing staff in Dr Gray's Hospital. Human factors and awareness of critical situations by multi-professional teams is critically important in creating the same mindset as to how to resolve time-sensitive emergencies. This advanced training also provided all levels of staff with a deeper insight into what anaesthetists were trying to achieve – and gave all team members a huge sense of job satisfaction. This self-satisfaction and professional development is crucial in boosting team morale and safety of the work environment in remote rural settings.

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