

STUMBLING BLOCKS IN THE REGIONAL ANAESTHESIA CURRICULUM? USING A REGULAR TEACHING SESSION TO IMPROVE REGIONAL ANAESTHESIA TRAINING FOR ANAESTHETIC RESIDENTS.

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Background

Since the introduction of the Royal College of Anaesthetists (RCoA) 2021 Curriculum for a CCT in Anaesthetics, regional anaesthesia (RA) has been a core competency domain at each of the three stages of training¹.

The RCoA and Regional Anaesthesia UK (RA-UK) recognise there is variation in the provision of RA training opportunities nationally². Experience also varies by block site, with reduced exposure to truncal compared to limb blocks².

We aimed to demonstrate that a regular teaching session can improve anaesthetic residents' (ARs) confidence in RA.

"So hard to get blocks done because of on call commitments"

*"Lots of lower limb blocks... no problems getting experience.
Much fewer upper limb blocks available"*

Method

We performed a baseline survey of ARs at Gloucestershire Hospitals NHS Foundation Trust to establish AR's confidence to meet curriculum requirements for upper limb, lower limb and trunk blocks.

We ran regular RA teaching sessions, (18 over a six-month period):



5 upper limb



7 lower limb



5 truncal



1 neuraxial

We surveyed whether confidence had improved for each block after the session using a five-point Likert scale.

"Small group and safe environment to ask questions "

"Informal. Social. Relaxed early morning teaching"

Results

22 ARs responded to our baseline survey; 41% in stage 1, 32% in stage 2, 18% in stage 3 training and 9% other.

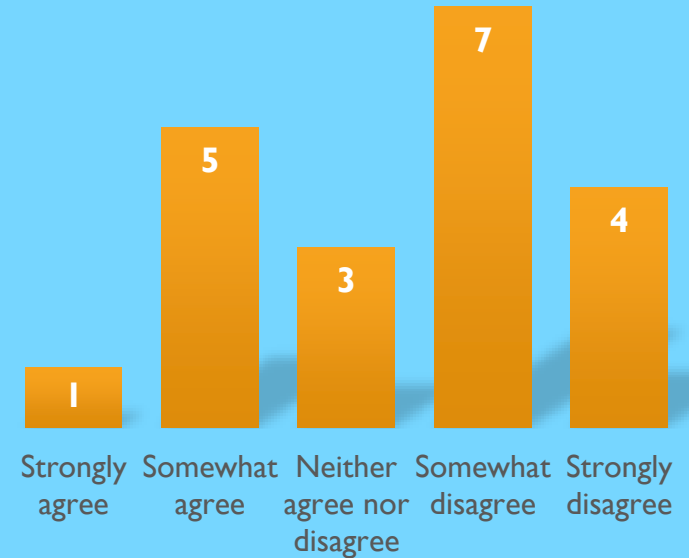
100% of stage 1 ARs required direct or local supervision for all ultrasound guided blocks.

The percentage of Stage 2 and 3 ARs self-reporting a current supervision level which already met that expected for their stage of training was 27% for both brachial plexus and trunk blocks.

Expected supervision levels for lower limb blocks are only specified in Stage 3 and were already met by 75% of Stage 3 ARs.

Overall, 50% of ARs surveyed either somewhat or strongly disagreed they would be able to meet their expected curriculum requirements in RA by the end of their stage of training (66% at Stage 1; 57% at Stage 2; 25% at Stage 3).

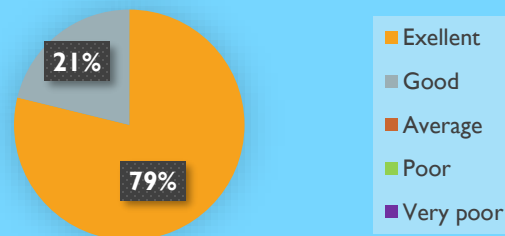
Do you expect to be able to meet the suggested supervision level for RA by the end of your stage of training?



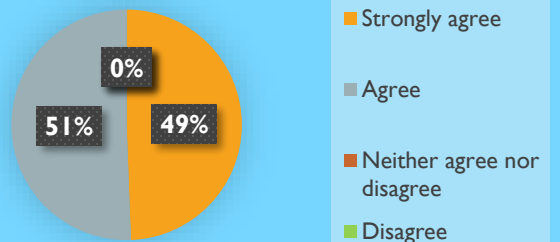
Results

There were 85 individual responses to our 18 post- teaching session surveys. 100% of responses reported increased confidence with the block surveyed.

How would you rate the RA teaching session overall?



I feel more confident performing this block after the RA teaching session



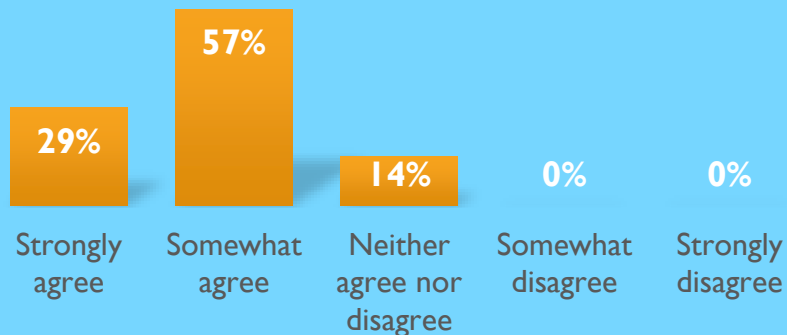
"We'd love it to continue - one of the most useful bits of teaching we get"

What could be improved: *"Bit more time/equipment for more scanning"*

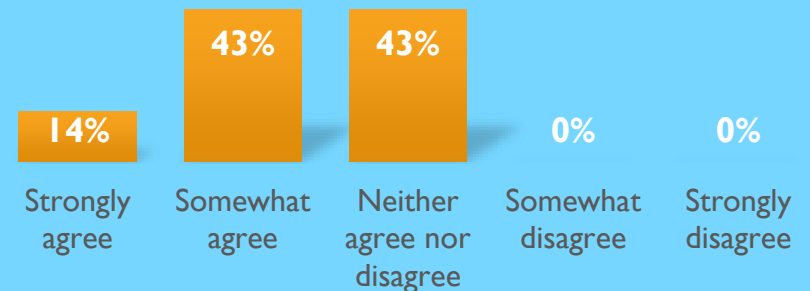
What could be improved: *"Phantom practice/ use of kit"*

"I have thoroughly enjoyed and learnt a lot from the clubs I have attended. It's a fantastic resource"

RA teaching sessions have improved my technical skills in Plan A blocks



RA teaching sessions have affected whether I feel I will be able to meet suggested supervision levels



Conclusion and Discussion

We have demonstrated in our survey that ARs do not have confidence that they will meet the RCoA supervision levels expected for their stage of training in RA, particularly for upper limb and trunk blocks. We have shown that regular teaching sessions can improve confidence in RA and help close the gap between what ARs expect to be able to achieve and their curriculum requirements in RA.

No funding sources were required to complete this project. We declare no conflicts of interest.

References

1. Royal College of Anaesthetists. Curriculum for a CCT in Anaesthetics 2021. Available from <https://www.rcoa.ac.uk/documents/2021-curriculum-cct-anaesthetics/introduction>. (Accessed 22.02.2025)
2. Bellew B, Burkett St Laurent D, Shaw M, Macfarlane AJR, Kearns RJ. Regional anaesthesia training in the UK—a national survey. BJA open. 2023 Dec 1; 8: 100241