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COME TO THE PARTY!: AN EDUCATIONAL PROGRAMME IMPROVING QUALITY IN POST-ANAESTHESIA CARE OF CHILDREN

V. Whittaker, G. Dhotar, B. Tingle, NHS Oxford, UK

Introduction and Aims:

The Royal College of Anaesthetists Guidelines for the Provision of Anaesthesia Services 2020 states that in recovery, “staff... should have paediatric experience and current paediatric competencies”[1].

There are many challenges in ensuring quality post-anaesthesia care of paediatric patients in our tertiary, mixed adult and paediatric theatre recovery. These include: high staff turnover rates and variable knowledge and experience in managing paediatric patients. This has contributed to a lack of confidence and low morale.

Our aim was to (i) improve quality in post-anaesthesia care of paediatric patients and (ii) increase confidence and satisfaction amongst our staff by creating and delivering a formal education programme, covering the principles of paediatric airway management and common emergencies that may be encountered in recovery.

Methods:

The Paediatric Airway Recovery Teaching (PARTy) was devised: a structured curriculum consisting of 4 modules, each delivered in a 1-hour format consisting of a theory-based lecture, followed by a practical session. Modules comprised: (1) Basic Anatomy, Physiology and Airway Manoeuvres; (2) Airway equipment; (3) Pharmacology and (4) Paediatric emergencies. This was provided weekly and repeated cyclically over a 12-week period. To achieve full completion of the PARTy programme, participants who attended all 4 modules were invited to perform a multiple-choice question paper and practical assessment.

Our multidisciplinary educational team included paediatric anaesthetists, registrars, practitioners and senior recovery nurses. Collaborating with our theatre matrons and educators, attendance was encouraged with time back in lieu and participation was recognised towards continuing professional development for annual appraisal.

Verbal consent for participation and post-completion feedback was gained from all participants. Participant feedback was collected prior to and after the delivery of each module, as well as on full completion of the programme. Participants rated their knowledge, confidence and comfort in managing a paediatric airway and patient on a quantitative scale of 0 to 10 (0=not at all, 10=very high).

Results:

Over 12 weeks, 33 recovery staff members attended the programme, with most participants having minimal experience in paediatrics. Of these, 10 completed the programme and their average pre- and post-course scores are demonstrated below (see attached table):

Discussion and Conclusion:

Our structured education programme improved general knowledge and confidence amongst recovery staff. Feedback indicates the programme was very well-received. This initiative has highlighted the

value of a dedicated knowledge and skills-based teaching programme for recovery staff; improving the care of our paediatric patients and the wellbeing of our recovery staff. PARTy is being converted into an online resource that can be expanded to other centres.

Reference:

1. Guidelines for the Provision of Anaesthetic Services (GPAS). Royal College of Anaesthetists; 2020. Available online from: <https://www.rcoa.ac.uk/safety-standards-quality/guidance-resources/guidelines-provision-anaesthetic-services>