

Impact of Covid-19 on Training Opportunities

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Background:

New start anaesthetic trainees are expected to obtain an Initial Assessment of Competence (IAC) within 3-6 months of the start of their training. Covid-19 has significantly reduced the number of elective operations undertaken in hospitals across the UK. Our aim was to quantify this reduction in workload, and hence the reduction in training opportunities, secondary to the Covid-19 pandemic. In addition, we sought to determine how the pandemic impacted upon opportunities for new start trainees to develop their airway competencies. Approval from clinical governance was not required, as the project did not include patient or trainee identifiers.

Methods:

To assess reduction in workload, a retrospective analysis was undertaken examining the total number of theatre cases, general anaesthetics and spinal anaesthetics performed. The period of assessment was 23rd March – 1st October for the year 2019 and the same period through 2020, and data was extracted from the Opera theatre system. To determine the impact of Covid-19 on new start trainees commencing in August 2020, data was collated from their logbooks. Specifically, the total number of cases, endotracheal intubations, laryngeal masks, and rapid sequence inductions performed over the first 12 weeks of training. This was compared to the logbooks of five new start trainees, over the same time period, in 2018 and 2019. Data was entered into Microsoft Excel for analysis.

Results:

The average number of cases undertaken per month between April – September 2020 was 409. This represented a 53% reduction in workload compared with the same period in 2019.

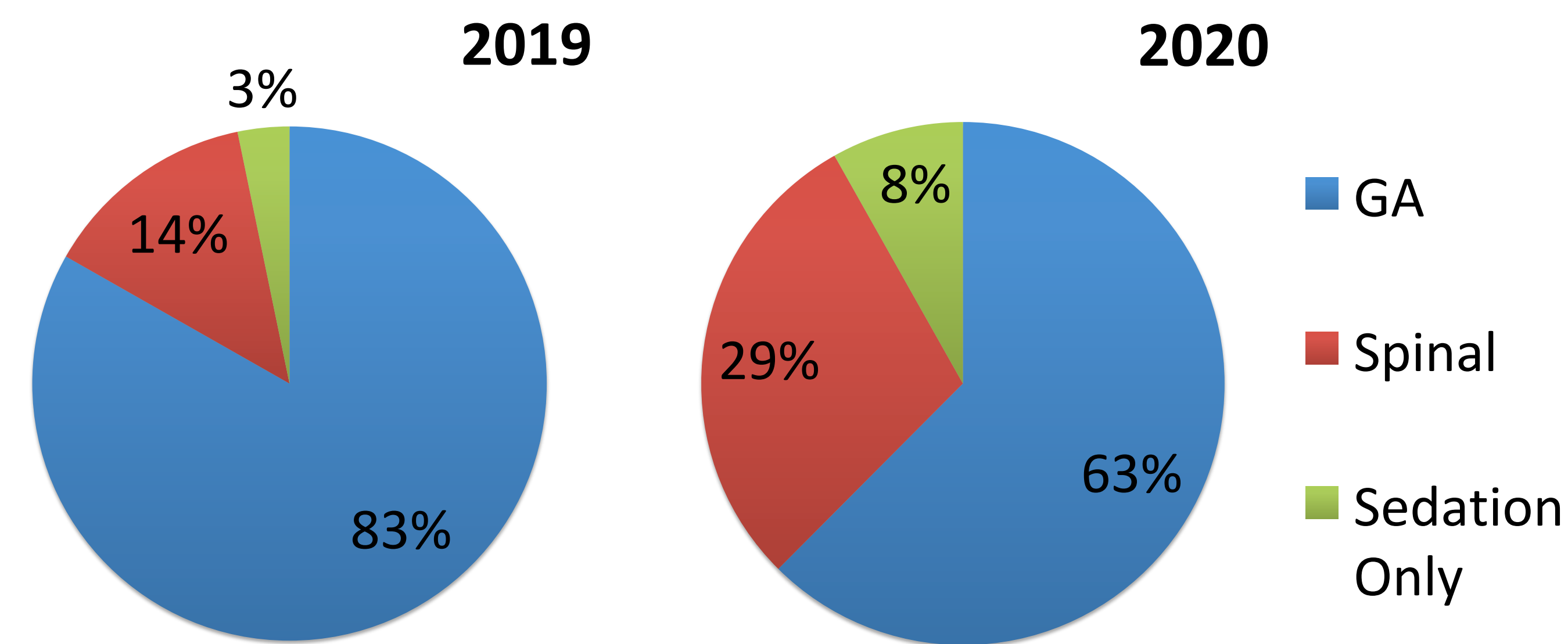


Figure 1: Anaesthesia performed between 23/03 – 01/10 in the year designated above each chart

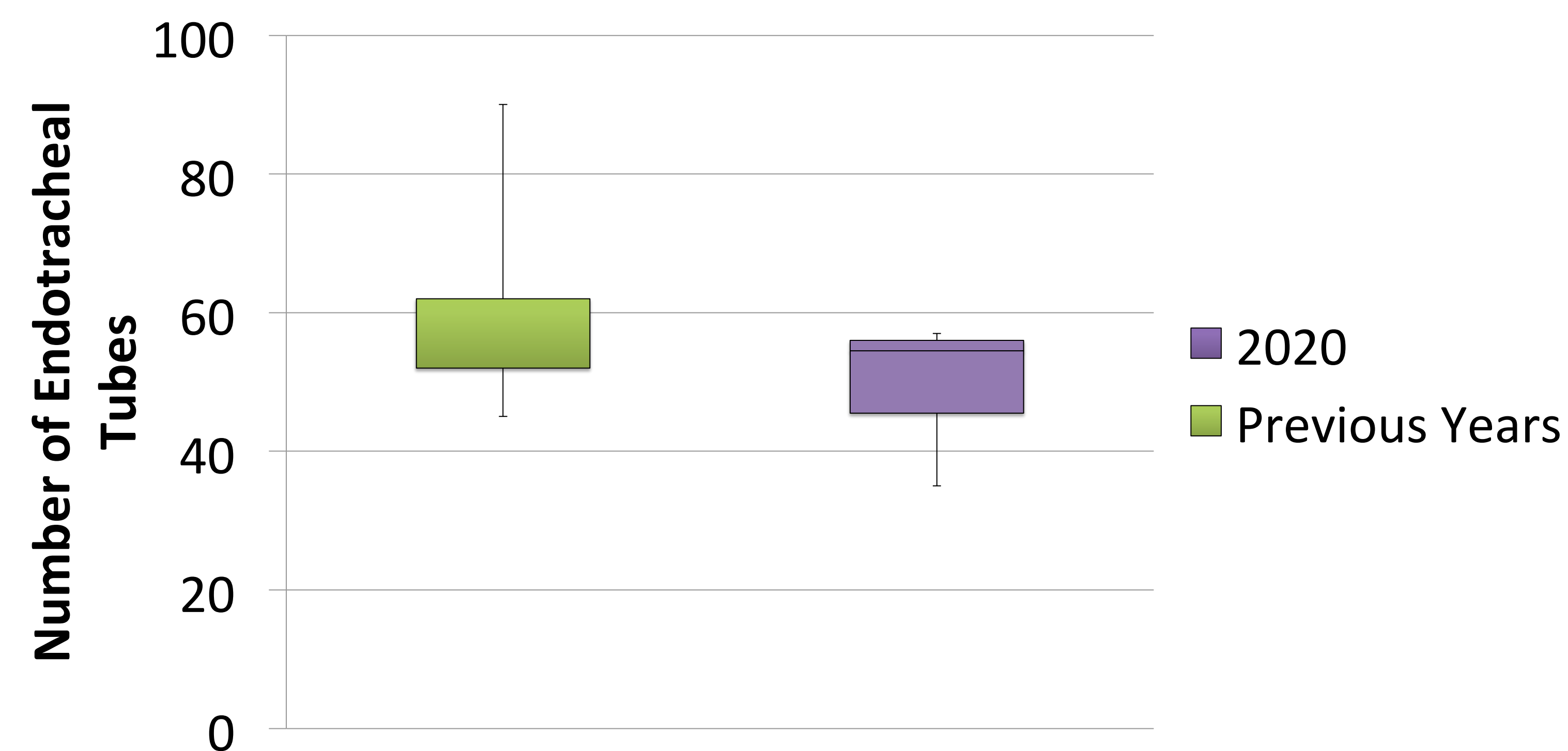


Figure 2: Number of endotracheal intubations performed in first 12 weeks of training

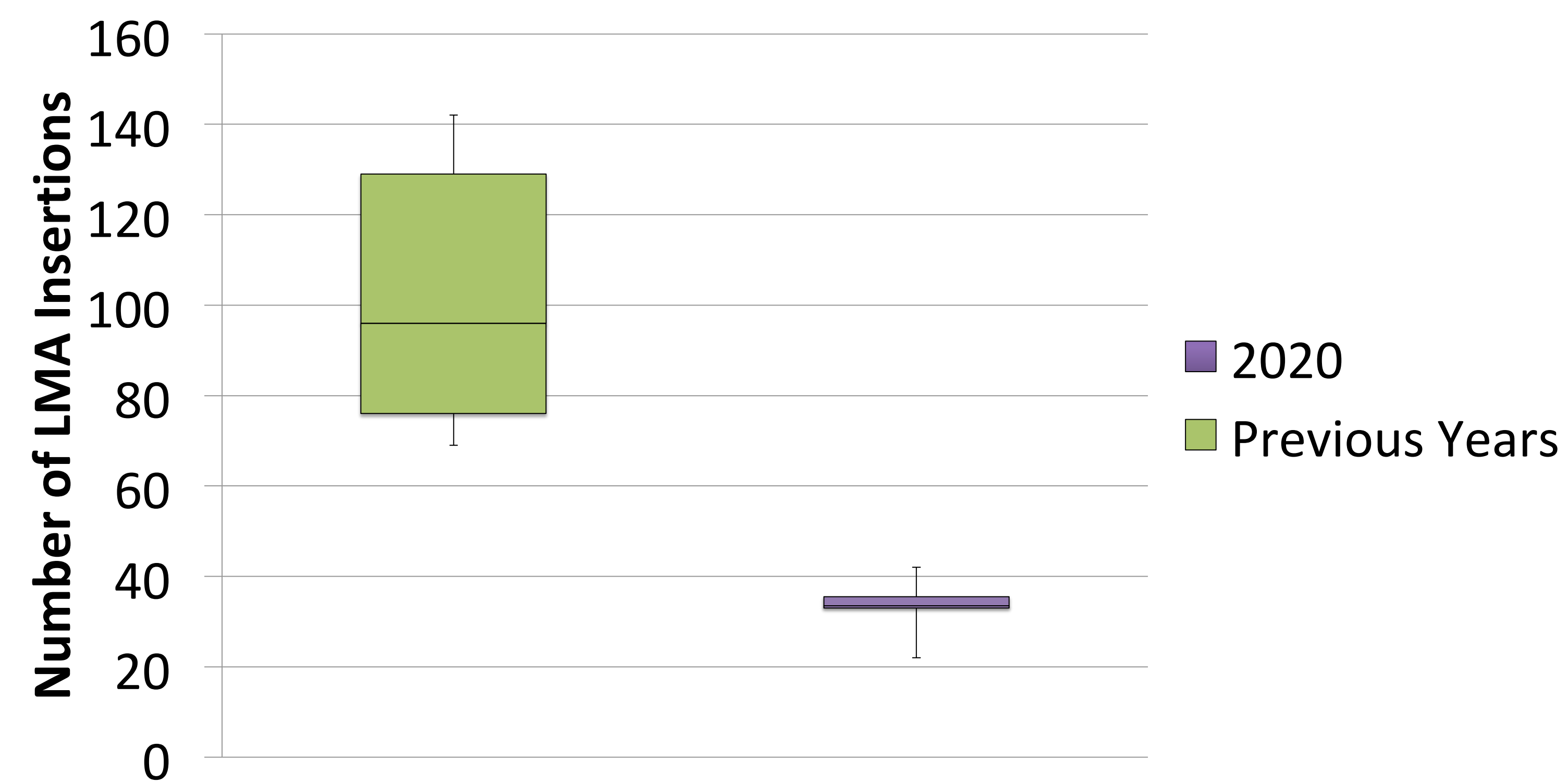


Figure 3: Number of laryngeal masks inserted in first 12 weeks of training

Results (Cont):

Figure 1 illustrates the anaesthetic technique performed as a percentage of the total number of cases undertaken between the selected dates. The data shows a significant reduction in the number of general anaesthetics in 2020 compared to 2019. The increase in spinal anaesthetics in 2020 was found in both elective and emergency work. The number of regional blocks performed were similar for both years, as a proportion of the total number of cases undertaken.

On average, doctors commencing their training in August 2020 had undertaken 39% fewer cases in the initial 12 weeks of their training compared to previous years. Prior to Covid-19, trainees performed an average of 62 endotracheal intubations within the first 12 weeks of training (Figure 2). Trainees starting in 2020 undertook 12% fewer endotracheal intubations, an average of 50. Opportunities to develop skills in laryngeal mask insertion were also significantly impacted by the pandemic (Figure 3). Typically, trainees would perform an average of 102 laryngeal mask insertions during the initial 3 months of training. However, trainees starting in 2020 had only performed an average of 33 laryngeal mask insertions over the same time period, a 68% reduction. Comparisons between year groups could not be made with regards to the number of rapid sequence intubations performed due to incomplete data.

Conclusion:

The Covid-19 pandemic has resulted in a significant reduction in the number of theatre cases being undertaken in 2020 compared to 2019. In addition, the number of spinal anaesthetics being performed has increased as a proportion of total cases. This has had an impact on the opportunities to develop airway skills available to new start anaesthetic trainees commencing in August 2020. Whilst this is unlikely to impact upon a trainee's progression at the annual review of competence progression, consideration must be given to the reduction in clinical experience and number of cases performed.