PULLING EDUCATION OUT OF THE PANDEMIC

Dr Paul Balfour, ST7 Anaesthetist, St Bartholomew's Hospital, London
Dr Anders Hulme, ST6 Anaesthetist, St Bartholomew's Hospital, London
Dr Roger Cordery, Consultant in Cardiothoracic Anaesthesia and Intensive Care, St Bartholomew's Hospital, London

Barts Heart Centre (BHC) was formed by merging the cardiothoracic services of St Bartholomew's, The London Chest Hospital, and The Heart Hospital in 2015. Subsequently, it has become the UK's largest cardiothoracic centre.

Since February 2021, our new teaching network, the Cardiothoracic London Anaesthesia Partnership (cardiothoracicanaesthesia.com) has offered free national cardiothoracic anaesthesia educational meetings which now welcome delegates and speakers from across the UK and further afield.

Bulletin | Issue 131 | January 2022

Before the pandemic, BHC anaesthetic department ran monthly 'Fellows' Club' peri-CCT-level cardiothoracic anaesthesia education for advanced trainees. This would usually include talks from fellows, consultant anaesthetists, and occasionally the odd surgeon. During the first phases of the pandemic, teaching was broadly abandoned. Along with everywhere else in the country, trainees at BHC were pulled from theatre lists into service-provision roles on the COVID-19 ICUs, both at St Bartholomew's Hospital and the Royal London Hospital.

COVID-19 has created challenges in getting the required clinical experience across the board, but particularly for advanced-level subspecialty training. Surgical activity at BHC reduced to three theatres, and we imagined that cardiothoracic centres across London were probably experiencing similar reductions in teaching and training opportunities. We conducted a brief survey of London cardiothoracic centres to confirm this. We found that 82 per cent of respondents confirmed that they did not receive any formal advanced cardiothoracic anaesthesia teaching; 100 per cent reported that they would like some. Intriguingly, 73 per cent said that they were willing to help delivery of a structured teaching programme.

One of the authors had a long-held desire to develop something akin to orthopaedic 'Bone Schools' to provide advanced teaching in cardiothoracic anaesthesia. This, combined with the clear desire for a teaching programme from BHC fellows and their willingness to assist with it, along with the COVID-19 driven popularity of videoconferencing software, led to our creation of the Cardiothoracic London Anaesthesia Partnership.

We identified a cardiothoracic anaesthesia education gap between annual deanery-delivered post-FRCA teaching and societal conferences aimed at consultants. We felt that our broad subspecialty had ample content to fill a monthly teaching programme. A timetable of teaching afternoons running on the final Thursday of each month for 11 months per year (excluding December) was created. Topics are based on themes within cardiothoracic anaesthesia, for example, mitral valve, thoracics, and transoesophageal echocardiography. Currently, we have topics to cover an estimated three years of monthly teaching. We invited speakers from outside our own institution to cover topics delivered in the most specialist units (transplant, for example) which has worked well and added variety to the meetings.

Initial feedback was universally positive, and so we widened our scope, contacting every cardiothoracic centre in the country. Our session on adult congenital heart disease had speakers from three different institutions, was multidisciplinary with talks from cardiologists, anaesthetists and surgeons, and was watched by 20 socially-distanced people on site and more than 70 online from around the UK and Europe. The warm reception given to this meeting has encouraged us to recruit speakers from across the UK and from as far as South Africa for forthcoming meetings!

In addition to teaching we have introduced a fully featured website – cardiothoracicanaesthesia.com – which features meeting summaries and videos, as well as clinical, educational and careers resources.

We feel that this novel approach is driving a broader and hopefully better educational experience than would be achievable if teaching was delivered within our single centre. The change from face-to-face to online meetings caused by COVID-19 has allowed us to open these educational opportunities to like-minded trainees across the country and beyond. The RCoA has also contributed by assigning each meeting CPD points, incentivising attendance by consultant cardiothoracic anaesthetists, for whom these talks are a useful update.

Creating the Cardiothoracic London Anaesthesia Partnership has not been without challenges. Diversion into website development, tweeting, and dealing with a Zoom-bombing incident has provided a rapid education in the requirements and dangers(!) of the online environment.

Despite the difficulties, we feel that the benefits of creating an educational network have been vast. The regular expert-level teaching complements clinical experience obtained during advanced training, and multi-institution expertise allows us to share knowledge that may improve clinical practice and patient experience. In addition, we have been able to provide colleagues with opportunities to present to a national audience.

We have gained rich experience by setting up this group, and it has certainly taught us some management skills that we can build on in the future. We would encourage friends and colleagues in other anaesthetic subspecialties to do similarly, whether it be paediatrics, neuroanaesthesia, or any other. Creating an educational network has been a rewarding experience.

We are indebted to the support of the entire BHC Perioperative Medicine department, who have helped present at meetings, recruit future speakers and provided invaluable tech support.