BRIDGING THE GAP

TRAINING AND EXPECTATION

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Conflicts of Interest

Declaration of interests

– No financial interests
– Not receiving any financial gains
– Offers may be considered

ANZCA

– DPA (Professional Documents)
– PS08 Chair of DDG
Why me?

• What experience do I have?

• Teaching?

• ANZCA?
Bridging Gaps

Anaesthetist and Nurse tie the knot
Plan

• In the context of Assistants to the anaesthetist
  – Acknowledge the presence of gaps
  – What can we do to bridge the gaps
  – What is expected of assistants
  – Training, and training providers
  – ANZCA’s role
Big Gap
Small Gap

Even small gaps can be perilous
What are the Gaps?

• Anaesthetist - expectations
• Assistant - competencies
• Anaesthetist – needs
• Assistant – skills
• Anaesthetist – communication
• Assistant – communication
• Differences in perspectives
Differences in Perspectives
Failure to recognise a shared common goal

• Purpose of a vehicle is to move

• When you’re a wheel a bearing is important to you
  – A faulty bearing – nuisance but not a disaster
    • Distracting to the wheel

• The big picture is the vehicle maintaining its motion
  – Distractions from individual “components” impair performance

• PATIENT CARE – the big picture/shared common goal
  – Appreciation/acceptance of team member concerns
    • In context of shared common goal
    • Re-focus distractions towards achievement of shared common goal
      – Effect of bug on the windscreen
Bridging the Gap

• Build bridges
  – To see the other side and allow passage in both directions
• Assistant (side)
  – Professional contributing to the welfare of patient
  – Indispensable: skilled; expert; valued team member
• Anaesthetist (side)
  – Professional contributing to the welfare of patient
  – Indispensable: skilled; expert; valued team leader
• Bridging
  – Welfare of patient (commonality)
  – Optimise performance through coalescence of complimentary and/or overlapping skills
  – Collaboration through effective team communication
    • But also at the level of stakeholders
BRIDGES NEED TO BE STRONG

TO AVOID COLLAPSE AND POTENTIAL DISASTER
BRIDGES NEED TO BE COMPLETE

PARTIAL BRIDGES MAY APPEAR COMFORTING BUT IN THE END THEY DON’T COMPLETE THE PURPOSE
Bridges that are strong will allow passage back and forth.
ASSISTANTS

- Assistants versus Assistance
  - Verb format => actions/tasks
  - Noun format => person
    - Qualities
    - Attributes
    - Skills
    - Competencies
  - Describes WHO and WHAT they are.
Non-technical Skills

• NOTSS; ANTS; SPLINTS

• Afternoon session
  – Frances Lannigan
  – David Sainsbury
DESIRED SKILLS

"Thanks, you're an angel!"
It’s not just about safety

"Here—the Royal Safety Council said you have to wear this."

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IMPORTANT TO GET IT RIGHT

If not then can end up looking like a horse’s rear
EXPECTATIONS

• Stakeholders
  – ANZCA
  – SWAPNET
  – ASAPO
  – NZATS
  – WATP

• Expert Group representation
  – Educationalists
  – Technicians
  – Nurses
  – Nurse/technician combined
  – Anaesthetists
Maintenance of standards
Mandated by AHPRA
Importance of Assistants

- J. M. Weller,¹ A. F. Merry,² B. J. Robinson,³ G. R. Warman⁴ and A. Janssen⁵

Anaesthesia. 2009. 64, pages 126-130
The impact of trained assistance on error rates in anaesthesia: a simulation-based randomised controlled trial*

Our conclusion reflects the fact that anaesthetists do not work in isolation, but depend on other people within the operating room team.

The use of a trained anaesthetic assistant is entirely congruent with this commitment to patient safety.

.... provides objective evidence supporting the requirement for trained assistance to the anaesthetist
Importance of Assistants

• M. T. KLUGER*, M. BUKOFZERt, M. BULLOCK*

Anaesth Intensive Care 1999; 27: 269-274
Anaesthetic Assistants: Their Role in the Development and Resolution of Anaesthetic Incidents

Data from 5837 AIMS (Anaesthetic Incident Monitoring Study) reports were evaluated for issues concerning anaesthetic assistants in the generation and resolution of anaesthetic incidents. "Inadequate assistance" as a contributing factor was identified in 187 reports, whilst "skilled assistance" which minimized the incident was present in 808 cases.
Supporting Assistants

- **ANZCA**
  - Recognises the value of the assistant
  - Working towards defining the attributes of a good assistant
  - Identifying what is required of the assistant
  - Making recommendations to employers about staffing

- **At the individual level**
  - Communication
  - Support (team approach)
  - Education and experience
There’s an elephant in the room
COLLABORATION

• INSTRUCTIONS
• COMMUNICATION
  – Two-way
• “Don’t” does not work
Does this sign stop people feeding the bears?
Collaboration results in shared “ownership”
TRAINING OF ASSISTANTS

• ANZCA
  – Sets standards
  – Does not compete (not a training provider)

• TRAINING PROVIDERS
  – Set curriculum
  – Determine training
  – Perform assessments
  – Evaluate recognition of prior learning
TRAINING

• Determined by providers based on
  – ANZCA standards
  – Other goals/aims/aspirations
    • Professional
    • Clinical
    • Industrial
Maintenance of standards

• Regulatory issue
  – Who?
  – How?
  – What?

• Equitable with others – doctors, nurses, technicians
Setting standards can be quite challenging
Risks
Response
What’s the problem?
How Does ANZCA Address Standards?

• Guided by its Mission Statement
  – To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine
    • Promote professional standards and patient safety
    • Promote education
    • Advance the science and practice

• Processes
  – Council
    • Committees and subcommittees
    • DPAs
Dissemination of Standards

• Website
  – http://www.anzca.edu.au

• Professional Documents
Procedures for Developing/Reviewing Professional Documents

• Need – what is the problem?
• Purpose and intent of document
• Formation of DDG +/- expert group
  – Consider the issues
  – Review the literature
  – Develop guidelines, policy or statement
    • A01 Policy for the Development and Review of Professional Documents
    • Background paper
• Submit to Council
• Circulated to Regional committees, SIGs, stakeholders
• Feedback used to inform further considerations/amendments
• Submitted to Council
• Released for 12 month “pilot” phase
• Final edits – lifespan 4 years in the absence of major development
Overlapping Skills
Confusion

• Overlapping skills - overlapping roles
  – Who does what?
  – Who is responsible?
  – PS59 *Statement on Roles in Anaesthesia and Perioperative care*

• Development of skills is great as long as roles are clear
  – Determined by ultimate/over-arching responsibility
  – Collaboration – provides input/shapes output
Conclusions

• Acknowledge presence of gaps
  – Awareness
• There needs to be a desire to bridge the gap
  – The wider the gap the less effective we become
  – Form a relationship
• Collaboration is the key
  – Training
  – Team
  – Tasks
• Gaining a bigger picture (perspectives) aids in better decision making and therefore better outcomes
In the interests of our common shared goal of patient care we need to work constantly at bridging the gap
Collaboration?