The 2-month rotation during the 2-year internship is unique – the interns have become more interested and motivated and appreciate the more rigid structure of the programme.

From our experience during the last 2 years, we have seen that by making the interns welcome in the department, and changing the attitude of the various trainers, the interns have become more interested and motivated. The new 2-month anaesthetic rotation includes a 2-week rotation requiring them to ‘perform’ 40 general anaesthetics. This period mutated into finding the quickest way to obtain 40 signatures for presence in theatre, and then taking the balance of the 2 weeks as vacation!

Important changes

The Health Professions Council of South Africa has laid down guidelines for interns’ achievements during the 2-year period. With regard to anaesthesia this includes achieving certain skills and an assessment of the rotation by the interns and of their performance by their trainers.

Changing the ‘mind set’

The first challenge when this comprehensive training programme was put into place was to change the long-standing attitude of interns and anaesthetic trainers to this rotation. We do not believe that 2 months in an anaesthesia department will make a competent anaesthetist, but a carefully structured and monitored programme will send doctors into the community with some basic anaesthetic skills.

Competent trainers

The 2-month anaesthetic rotation during the 2-year internship is unique – the interns are not menial servants, but part of the team. Every day should be a step up the learning curve. With this in mind the first change has to be the approach of the trainers. It is always quicker and easier to ‘do it yourself’. If the intern is to achieve any skills, the surgeon has to be tolerant, and the trainer has to have the self-confidence to allow the intern to be an integral part of every case.

Increasing numbers

A major problem is the inevitable increase in intern numbers, the diminishing theatre time and the finding of suitably qualified and interested trainers. There is a huge variation in the quality of medical graduates, both in their knowledge and attitude to work. This is especially evident in the interns’ sense of responsibility. Constant vigilance and encouragement by the trainers in a well-structured anaesthetic rotation can markedly improve the performance of poorer interns, and can aid the transformation from medical student to competent, well-informed and professional doctor.

Programme structure

In the Pietermaritzburg Hospital Complex there is a comprehensive structured programme. At the beginning of the rotation the interns are given a booklet containing:

- protocols with regard to the functioning of the department and where they fit in
- a list of skills required, with space for 3 trainer signatures certifying competency
- a list of discussion topics for theatre and ICU
- log sheets to record details of cases and with space for trainer signatures
- a daily attendance sheet
- a collection of basic notes replacing the inevitably lost undergraduate notes
- a programme of tutorials and topics for presentation.

Interns are expected to be part of the preoperative assessment for both elective and emergency patients. In theatre, emphasis is placed on understanding and operating anaesthetic machines and achievement of skills related to airway management. Safe insertion of lines and administering of regional blocks are encouraged. Knowledge of drugs, monitoring of anaesthesia, and recovery room management are stressed.

Regular academic meetings are held with presentations by consultants and interns. Here attendance sheets, log sheets and tick lists are reviewed so that problems are identified and corrected before the end of the rotation. At that stage the intern must give a regional, a general and an obstetric anaesthetic under supervision, with tick-box assessment by the trainers. The intern then has an interview with the domain co-ordinator for a final assessment of his/her performance and a discussion on the merits or problems of the programme.

From our experience during the last 2 years, we have seen that by making the interns welcome in the department, and changing the attitude of the various trainers, the interns have become more interested and motivated and appreciate the more rigid structure of the programme.

Failed intubation in the district hospital

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The twin potential consequences of failed tracheal intubation are the onset of hypoxia and emergence of the patient from the anaesthetic. The former may result in hypoxic brain injury or cardiac arrest and death of the patient, while the latter may impair conditions for effective management of the situation. Thus, when tracheal intubation has failed, the primary objective of resuscitation is to establish ventilation by any other means so as to ensure continued oxygenation of the patient.

The first step at this point is to revert back to manual ventilation with a facemask and 100% oxygen to ensure oxygen saturation is above 90%. This will allow an opportunity to re-appraise the situation and formulate the next plan of action, i.e.