

the level of supervision mainly distant (60%). Of those receiving supervision (direct / indirect) the supervisor was a consultant in 76% cases.

Most trainees recognise the need for an anaesthetist in theatre for Donation after Brain Death (DBD) organ retrieval (71.2%) but not for Donation after Cardiac Death (DCD) organ retrieval (55.8%). The common reason trainees gave for these cases occurring outside normal working hours, was to minimize the impact on daytime theatre lists. However, 12 trainees stated organ retrieval cases are lower priority than "living" cases.

All trainees felt anaesthetic management during organ retrieval in DBD donor patients was important, and 49 (94%) felt that an update session on the management of all organ retrieval patients would be beneficial. The 3 trainees who felt it wouldn't be beneficial already had experienced formal training.

Conclusions: Although knowledge and experience of organ retrieval anaesthesia is a requirement for CCT, most trainees have received no formal training in this field. The majority of these cases occur outside routine working hours, so it is important to ensure our trainees have the relevant supervision and skill set to deal with these. Together with our trainees we feel a regular formal update session in the management of organ retrieval patients would be beneficial. We are now setting up a teaching program to update our trainees, and plan to repeat this questionnaire after this process has been completed.

15AP3-2

Assessment of obstetrical anesthesia training of residents in Catalanian, Spain

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Background and Goal of Study: Obstetrical Anesthesia has presented changes regional anesthesia has increased against general anesthesia that has decreased. General anesthesia is used only for emergent c-section cases. The important decrease of c-sections under general anesthesia could produce an important deficit of residents training. The aim of the study was to know the state of practical training in obstetrical anesthesia of the residents of Catalanian (Spain).

Materials and Methods: Residents who assisted to Difficult Airway Management Course of the "Societat Catalana d'Anestesiologia, Reanimació i Teràpia del dolor" (SCARTD) answered a questionnaire specially designed for this purpose.

Data recorded: Year of residency (3rd or 4th), hospital data (size and availability of obstetrical department), type of training in obstetrics anesthesia, time of rotation, number of procedures of epidural analgesia and c-section with regional and general anesthesia and finally self-evaluation of training with a Likert scale.

Descriptive statistical analysis. We used χ^2 to know relationships between variables and the Tau-B of Kendall to know linear relationships between variables.

Results and Discussion: Eighty-three residents answered questionnaire. Thirty-one residents were on his 4th year. Fifty-three came from big hospitals. Obstetrical rotation was 3 or 6 months for 63% of residents. The 84% had realized more than 10 epidural analgesia procedures. Only 12 had carried out more than 10 c-sections under general anesthesia and 7 had performed more than 10 emergent c-section under general anesthesia. The 49.9% considered his training in general anesthesia like poor or very poor.

Conclusion(s): We concluded time of training was correct and similar to other European countries, training in regional anesthesia is correct and well-evaluated, but training in general anesthesia is poor and bad-evaluated. The number of c-section under general anesthesia has decreased and the most part of cases are emergent, it could produce a poor training that could suppose an increased risk for patients. Options to resolve this problem could be simulation, case discussion and special programs for obstetrical anesthesia learning, like other rare situations.

References:

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15AP3-3

Preparation to the European Diploma of Anaesthesia-Part 1 in Madrid-Spain: is a course necessary and worth it?

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Background and Goal of Study: Nowadays the preparation of the European Diploma of Anaesthesia-Part1 (EDA-1) is an important challenge in Spain, since the number of medical specialist willing to move to another country is increasing. In Madrid Since 2008 a course has been organized to help and motivate future candidates to prepare the exam. We have assessed the impact of this course on the final level of preparation of candidates.

Materials and Methods: All the candidates of the EDA-1 2012 training course were included in this study. During the first class of the preparation program, trainees answered a pre-course set of 20 MCQs (PRT) covering the 5 topics of the training (physiology, pharmacology, physics, general anaesthesia and specialized anaesthesia). The same 20 MCQs were repeated after the last class (POT) and the results were analyzed and compared. After completion of the training, candidates were asked to communicate their results of EDA-1 exam to evaluate the impact of the course on their final results. Quantitative data were analyzed with ANOVA or t test as appropriate, and a Spearman correlation was searched between POT results and final EDA-1 exam results. $P < 0,05$ was considered significant.

Results and Discussion: In 2012, 65 candidates participated in the training. 36 and 17 candidates answered PRT and POT questions respectively. Mean marks increased during the training (PRT: $58,6 \pm 14,7\%$, POT: $67,7 \pm 6,1\%$, $p=0,01$). Comparing the evolution of the 5 topics marks, though all grades were higher, only pharmacology (PRT: $56,4\% \pm 20,3\%$, POT: $69,2 \pm 11,6\%$, $p=0,02$) and physics (PRT: $55,7 \pm 17,7\%$, POT: $68,5 \pm 12,6\%$, $p=0,01$) were significantly higher at the POT. 15 candidates of 2012 course presented to EDA-1 exam and 9 (60%) succeeded. POT global marks were correlated to EDA-1 paper A results ($r=0,893$, $p < 0,01$), POT marks in clinical sciences correlates to EDA-1 paper B results ($r=0,735$, $p=0,04$), and POT general marks tends to correlate to EDA-1 exam pass ($r=0,684$, $p=0,07$).

Conclusion(s): Introducing PRT and POT questions in the training seems an efficient tool to assess the progression of candidates. The correlation between POT grades and EDA-1 results could help us to coach better the candidates: those with more difficulties should be advised to study more until the exam. The impact of this training on the EDA-1 results in Madrid is probably underestimated because candidates sometimes don't present the exam the same year they follow our course.

15AP3-4

Anaesthesiology residents survey on airway management training in Catalanian teaching hospitals

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Background and Goal of Study: Airway management (AM) is one of the domains of specific core competencies included in the ESA training guidelines in which residents are expected to acquire the highest level of expertise and autonomy. In order to achieve this goal and reduce variability among different institutions, the Catalan Society of Anaesthesiology (SCARTD) is designing a common training program in AM for residents in anaesthesiology. The goal of this study is to assess the type and level of actual training in AM for residents in Catalanian teaching hospitals.

Materials and Methods: An anonymous survey was distributed among 3rd and 4th year residents attending annual AM courses of the SCARTD. The survey focused on demographic data, airway evaluation, use of guidelines, type, number and length of training sessions received, availability and experience in different techniques recommended in local AM guidelines. A global score of training was included.

Results and Discussion: A total of 76 surveys were collected, 48 corresponding to 3rd-year and 28 to 4th-year residents (80% and 46% of all 3rd and 4th year residents, respectively). The overall filling ratio was 90%. Results were similar for both groups. Mean global score was 7/10, showing a high self-perception of training. Most residents declared to routinely evaluate the airway (72%) and to follow AM guidelines (78%). All residents received theory and practice courses and case discussion seminars, but 30% had never participated in simulation sessions. The reported experience in different techniques varied widely among centers.

Although the necessary equipment was available in most hospitals, 50% of residents rated as insufficient their training in tube exchangers, intubating laryngeal mask, fibroscope and surgical airway.