Anaesthetic Manpower Development: A Case Study of the WFSA Obstetric Anaesthesia and Pain Fellowship in Israel

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Abstract

Introduction: The issue of Anaesthetic Manpower development is very apt. It comes at a time when all surgical specialties are concentrating on sub specialization and anaesthesia seems to be lagging behind. No stone should be left unturned by anaesthetists to ensure that manpower development and sub specialization becomes a reality the world over.

Aims/Objectives: The aim of this paper is to critically evaluate the World Federation of Societies of Anaesthetists (WFSA) Education programme with a view to analyze the impact of the Fellowship training on our manpower development.

Materials/Methods: An overview of the current training programme is presented and the authors experience at Edith Wolfson Medical Center, Holon, Israel is discussed.

Results: Quite a number of Anaesthetists have benefited from this training programme and are back to their locations, to put in to practice what they learnt.

Conclusion: It is important that Societies of Anaesthetists in various countries in conjunction with the WFSA should identify avenues to strengthen the gains from these training programmes. There should be partnerships for example in the West African Sub region with the West African College of Surgeons (WACS) and the National Postgraduate Medical Colleges (NPMC) to establish subspecialty training programmes in Anaesthesia in designated centres. This will further help in capacity building and position anaesthetists to face the challenges of contemporary practice.

Introduction

Post-graduate training is an important way of ensuring that appropriate skills are acquired for capacity building. Advances in surgery have been possible worldwide largely due to specialized manpower and innovations in modern anaesthetic techniques and drugs. Shortage of specialist manpower in anaesthesia has continued in West Africa despite various available local postgraduate training programmes. Records reveal that from April 1992 to October 1996, there was a ratio of 32 prospective surgeons to one anaesthetist and the end point of the training produced 1 anaesthetist to 49 surgeons.

Discussion

The World Federation of Societies of Anaesthesiologists (WFSA) was formally constituted at the 1st World Congress of Anaesthesiologists held in 1955 in Scheveningen, the Netherlands. It is a unique organization in that it is a society of national societies. An anesthesiologist is automatically a member of WFSA by virtue of his/her membership in a national society. There are now 122 member societies including Nigeria. The objectives of the WFSA are to make available the highest standards of anesthesia, pain treatment, trauma management and resuscitation to all peoples of the world. These goals are achieved through the work of the WFSA standing committees - education, publications, safety and quality. Subspecialty committees on obstetric anesthesia, pain, pediatric anesthesia, trauma and resuscitation provide a focus on their particular areas of expertise. The WFSA offers Fellowship Training Programs for young anaesthetists from low income countries around the world.

The Edith Wolfson Medical Center (EWMC) opened in 1980 in the municipality of Holon which is on the southern Tel Aviv / Jaffa border. The Anaesthesia Department is staffed by doctors and nurses (in the recovery room) and each year they conduct Anaesthesia for over - 12,000 operations. Department's medical staff includes 25 physicians: 12 consultants and 13 residents. Currently, only 2 Fellows can be accommodated at EWMC the same time.

The programme is a 6-month Fellowship in obstetric anaesthesia and pain management organized in conjunction with the WFSA at EWMC. It is a hands-on education programme with direct teaching sessions by the trainers. The Obstetric Anaesthesia Unit is located in the Delivery Ward and has state of the art equipment and a caesarean section rate of 25% and also a high epidural rate of 65%.
We observed various procedures and in due course we were doing the epidurals, combined spinal and epidurals proficiently. There were rotations in Pain Management, Neonatology, Paediatric ICU and Adult ICU and they were all pleasant experiences. It also involved a lot of reading and research. In the Pain Clinic nerve blocks and epidurals are performed. Invasive pain management procedures are performed in the main operating theatre under fluoroscopy guidance. I learnt to perform medial branch blocks, facet joint blocks, epidural blocks and other modalities of interventional pain management. The exposure is very good and we acquired the practical skills and became proficient within a very short time.

The low rate of request for epidural analgesia in labor in Nigeria has been attributed to lack of resources (including manpower) rather than lack of expertise, as well as lack of patient education and a lack of awareness of the role of anaesthetists. A recent study showed that health care providers’ attitudes are in contrast with their knowledge and practice of pain relief in labour.

There is an urgent need to establish a routine for epidural labor analgesia in our hospitals as more women will be asking for these services.

Conclusion

Anaesthetic manpower shortage has continued to be a challenge in our practice. There is however a slow but steady increase in the number of anaesthetists produced in the various training programmes. The WFSA education has helped to develop manpower in our country and build capacity in our resource-limited environment. It has also helped in developing subspecialties and subspecialty training in Anaesthesia. This training partnership should be encouraged and strengthened in order to ensure that the manpower development drive is sustained.

References

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