

CLINICIAN AIRWAY MONITOR COURSE COMMUNICATION FRAMEWORK

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April 2015

Spot the problem



Graded Assertiveness

□ Definitions

- Assertiveness “the quality of being self assured”
- Vs Passive
- Integrated to “Co-operative”

- Graded scaled, sequenced

Graded Assertiveness

- Background
 - ▣ Useful where power imbalance or cultural problem, steep authority/experience gradient is perceived as an inhibitor to communication, or a barrier to assertiveness
 - ▣ Aviation
 - ▣ Military

Graded Assertiveness

Phase 1

- A simple problem
- Focus on **what is wrong** not who is wrong
- Conversational gambits
 - ▣ Address senior person by name “attention getter”
 - ▣ State concern
 - ▣ State a solution
 - ▣ Obtain agreement

Graded Assertiveness

Phase 2

- Phase 1 - no progress towards a better outcome
- Make it your problem (not someone else's)
 - ▣ I am unclear why.....
 - ▣ I don't understand why we haven't.....
- Explore alternatives
- Ask for an evaluation
 - ▣ Would (Could?) we do x.....?
 - ▣ What are we hoping to achieve by...
 - ▣ How will this benefit.....

Graded Assertiveness

Phase 3

- Acceleration
- I am uncomfortable that we have not addressed....
- I am not happy with the airway....
- This is a big problem
- Please stop, this is unsafe

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Overview, Background, Aims

Safe Sedation Practice

April 2015

Overview today

- Background to this course
- Policy and regulatory environment
- Learning objectives for today
 - ▣ Understand policy environment
 - ▣ Understand sedation continuum, drugs
 - ▣ Capability to perform patient risk assessment
 - ▣ Update/reinforce airways skills
 - ▣ Capability to assess & communicate risks

Background-how did we get here?

- Non-anaesthetist sedation widespread
 - ▣ >300 000 per year NSW
 - ▣ increasing
- Clinician driven
 - ▣ Need for training, support
- IIMS data
- CEC focus report
- Patient complaints

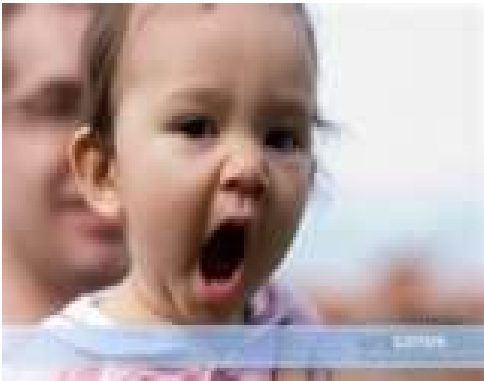
Policy Environment

- ANZCA PS09 since 1981!!
 - Necessary but not sufficient
 - Never formally implemented
 - Cardiologists have their own document
 - Medical college focus
 - Etc
- NSWPD_036
- ACI Minimum Standards

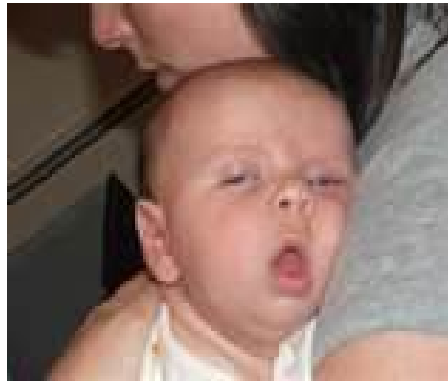
3 Minimum Standards

1. All patients are assessed for sedation risk
 - ▣ Why?
 - ▣ How to, and what to do is a local process
2. There is a nominated airway monitor AND someone in the room can provide BMV
3. Recovery-handover, monitor, discharge criteria

Sedation/Anaesthesia Continuum



Conscious sedation
drowsy, responds to
command



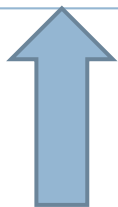
Deeper sedation
responds to pain



Unconscious/GA no
response to painful
stimulation

AWAKE

DEATH



Drugs and skills



What we will cover today

- Sedation continuum (often!)
 - ▣ Drug info on USB
- 3 Minimum Standards
 - ▣ Tools for use (if you want)
- Patient assessment
- Airway skills
- Communication issues
- Simulation exercises

Where you may wish to go with all this...

- ACI 3 Min Standards
 - Implementation project
 - Need clinical champions
 - ACI support
 - Formalise CAM role
 - ?Future role delineation, scope

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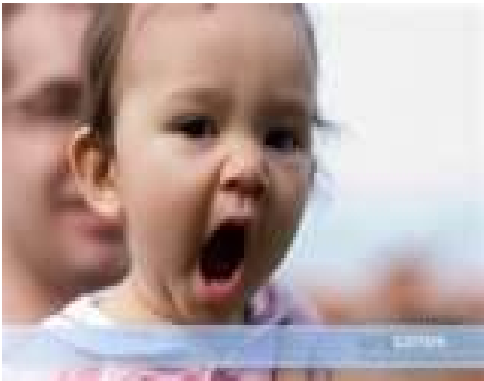
Pre Sedation Assessment
April 2015

Pre Sedation Assessment

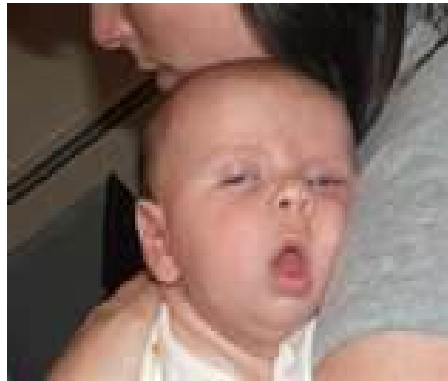
The purpose of assessment

- ▣ Gather information
- ▣ Risk stratification
 - Do we have the right team for this patient?
- ▣ Disclose information
 - Sedation/anaesthesia continuum
- ▣ Make a plan (risk management)
 - Variance
 - MET criteria

Sedation/Anaesthesia Continuum



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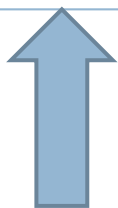
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Drugs and skills



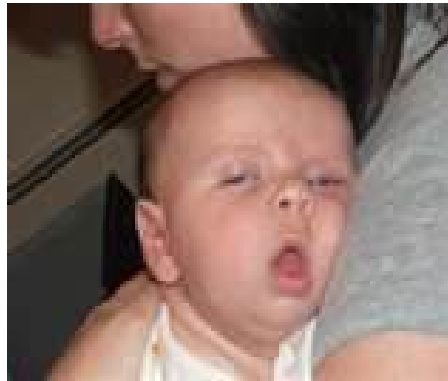
Poor outcomes

- Airway complications
- Other
- Red Flags
 - ▣ History of adverse events
 - ▣ Frailty, reduced functional reserve
 - ▣ OSA, Increased BMI
 - ▣ Substance abuse
 - ▣ Other (?local issues)

Sedation/Anaesthesia continuum: target level, and **discuss with patient**



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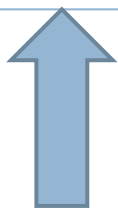
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DEATH



At the end of the assessment

- Sedation Provider has
 - ▣ Identified risks
 - ▣ Aligned resources/team with patient (based on need/risk)
 - ▣ Communicated risks to patient
 - ▣ Outlined expectations including depth of sedation

Pre procedure assessment tool

- Red flags
 - ▣ Factors which increase risk of airway problems
 - ▣ Factors which reduce effectiveness of sedation
 - ▣ ?Others- local issues e.g. Position, painful procedures, timing of stimulation
- Example- take 5 mins and feedback

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Summary
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What we have covered

- Background, issues
- Policies, guidelines
- Assessment
- Airway skills
- Communication skills
- Simulation exercises
- ?Project-ACI 3 Min standards

What have we missed?

- Blackboard
- Local burning issues

Where to from here?

- Project
- Talk to your critical care specialists, anaesthetic department
- Further training
 - ▣ ?recovery
 - ▣ ?anaesthetists
 - ▣ ?in situ simulation
- Certificate