

especially the plan A nerve blocks recommended in the training curriculum. We incorporated various teaching methods and materials including a pre-session two-page information sheet, relevant video links and live scanning practice.

Results We collected feedback using 5-point Likert scales. 77.2% found the pre-session materials helpful and 95.4% found the practical session useful, scoring >3 out of 5. Prior to the sessions, 90.6% did not feel confident in performing regional anaesthesia. After the sessions, 81.8% of the participants felt more confident, scoring 3 out of 5, and will consider performing regional anaesthesia in their clinical practice.

Conclusions Regular exposure at local departmental teachings using various teaching methods allows anaesthetists at all levels of training to become more confident in integrating these techniques into clinical practice. We hope to cultivate interest in this area among anaesthetists in our department, moving away from a niche subspecialty to a core component of anaesthetic care, available to all [1].

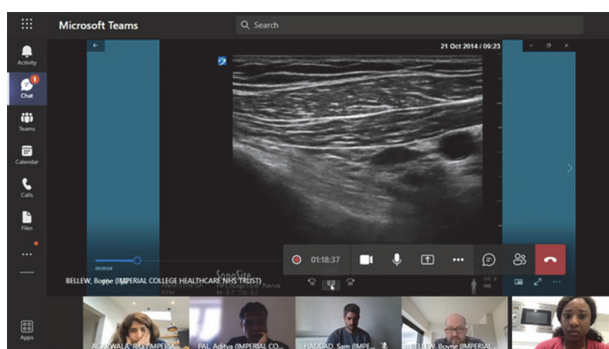
B163 DELIVERING A HIGH-QUALITY REGIONAL ANAESTHESIA FELLOWSHIP DURING A GLOBAL PANDEMIC

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Background and Aims COVID-19 has affected the delivery of postgraduate medical education. Social-distancing measures, lost training time and limited resources have all presented unique challenges. Learning opportunities in Regional Anaesthesia (RA) have reduced since the start of the pandemic, yet less aerosol-generation and improved patient flow when compared to general anaesthesia, has increased RA demand.^{1,2} We aimed to combat these challenges by adopting a novel approach to RA fellowship teaching to maintain high-quality training and service delivery.

Methods Fellows were given access to a repository of learning resources through Dropbox™ including research papers and block performance videos. Tutorials were conducted over Microsoft Teams (Figure 1), utilising sono-anatomy videos and immersive anatomy software (3D Organon™) using virtual reality (VR) headsets (Oculus™). Butterfly IQ™ handheld ultrasound devices were made available for practice at home. A Google Docs™ survey was then distributed to all fellows to rate their learning experience.



Abstract B163 Figure 1

Results All fellows (n=6) agreed/strongly agreed that the Dropbox™ folder improved knowledge of RA and aided preparation for online tutorials. All fellows strongly agreed online tutorials were useful. 5 fellows agreed/strongly agreed that VR software was useful for learning, with 3 agreeing/strongly agreeing that the Butterfly IQ™ benefitted their learning.

Conclusions A growing demand for RA, coupled with a greater emphasis on robust training and service delivery, means the provision of high-quality RA fellowships is more important than ever.^{3,4} Despite limitations on medical education during the pandemic our centre has demonstrated it is still possible to maximise RA learning opportunities and keep fellows engaged.

B164 PRE-EXISTING ANAEMIA AND BLOOD TRANSFUSION RATE IN GERIATRIC HIP FRACTURE PATIENTS

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Background and Aims Anaemia is common condition in geriatric patients. Tolerance and the symptoms of anaemia in those patients are very variable, depending on aging and comorbidities. Preoperative anaemia increases the risk of perioperative transfusion, which itself is associated with adverse effects. This study aimed to investigate risk of allogeneic blood transfusion (ABT) and length of hospital stay (LOS) in elderly hip fracture patients with pre-existing anaemia requiring surgery.

Methods Elderly patients (age ≥ 65 years) undergoing surgery for hip fracture between February 2020 and December 2021 were retrospectively evaluated. The World Health Organization (WHO) definition of anaemia was used. All patients received transfusion when their measured Hb was ≤ 80 g/l, or when any signs or symptoms indicative of anaemia were present. Patients' age, body mass index (BMI), presence of underlying diseases, fracture types and fixations, surgery time, anaesthesia methods were statistically analysed.

Results A total of 92 elderly hip fracture patients were included, average age 84±8 years, 80% female. According to the initial haemoglobin value, there were 46% patients anaemic. Total of 94% anemic females and 87% anemic males (p=0,52), and 38,5% nonanemic females and 9% nonanemic males, p<0,001 received ABT. The number of transfused packed red blood cells per patients were median 490 ml (IQR 250–730 ml) for females, and 500 ml (IQR 490–515 ml) for males, p=0,97. There was no statistically significant association between the presence of anaemia on admission and LOS.

Conclusions Pre-existing anemia presents significant factor affecting perioperative blood transfusion but not LOS in elderly hip fracture surgery patients.

B165 COMPARISON OF MACHINE LEARNING ALGORITHMS IN PREDICTING EEG EPILEPTIC SEIZURE DURING ANAESTHESIA

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Background and Aims Artificial intelligence (AI) has been widely used in anaesthesiology, but recent advances promise to revolutionize its application in the field. Epileptic seizure prediction is clinically useful for patients with epilepsy, improving safety, increasing independence, and allowing for acute treatment.

Methods In this paper, eighteen AI algorithms were used in two different EEG datasets to predict epileptic seizures and obtained good results.

Results In the Bonn EEG database, ETC has the best test accuracy, SGDC has the smallest SD, and SVM has the highest F1 score; in the CHB-MIT Scalp EEG database, RF has the best test accuracy and the highest F1 score, SGDC has the smallest SD. The test accuracy of all artificial intelligence methods is above 75%, the standard deviation is less than 0.7, and the F1 score is above 0.06.

Conclusions The tree classifier may be the best predictor of epilepsy during anaesthesia in the EEG database. In the future, more AI algorithms suitable for epilepsy prediction will be further explored and verified. More unpopular but important AI algorithms will be applied to explore better ML solutions. AI could be a valuable ally for anaesthesiologists who want to increase their productivity and potentially improve their accuracy.

B166 DELIVERY OF REGIONAL ANAESTHESIA TRAINING IN THE NEW CURRICULUM

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Background and Aims The Royal College of Anaesthetists is the UK's professional governing body which innovates and augments training within the specialty. Medical education has developed the concept of 'spiral learning' and competency-based training programmes [1]. Anaesthetic training in the UK continues to evolve, with the introduction of a holistic curriculum, implemented in 2021. Training is divided into stages, with progression from novice to fully independent anaesthetist in all areas of practice, including regional anaesthesia. □

Our aim was to evaluate if the current level of exposure at Aberdeen Royal Infirmary (ARI), Scotland, a busy tertiary centre, is sufficient to meet the new curriculum needs and identify methods to maximise training opportunities from a trainee and trainers' perspective.

Methods An online survey was sent out to the Anaesthetic Department of ARI.

Results We received 48 responses from 29 consultants (60.4%), 16 trainees (33.3%) and 3 SAS doctors (6.3%). 65% of respondents were familiar with the changes to the RCoA curriculum. 21% of respondents believed that trainees could meet these requirements. If a training opportunity in regional technique was identified, 52% wanted it communicated via WhatsApp and 54% wanted it to be highlighted on CLW/Rota. 73% of respondents felt it would be helpful to have a regional enthusiast available to provide advice, observe, or perform the block during the day.

Do you think you (or your trainee) can meet the current RCoA curriculum requirements regarding regional anaesthesia with the current training and practices employed?

[More Details](#) [Insights](#)



Abstract B166 Figure 1

Would you like a 'block person' to be available to advice/observe/perform the block? (regional enthusiast with Ascom)

[More Details](#)

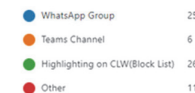


Abstract B166 Figure 2

If you are a trainer - how would you prefer to communicate regional opportunities on your list to the trainees?

If you are a trainee - how would you prefer regional opportunities to be communicated to you?

[More Details](#)



Abstract B166 Figure 3

Conclusions The anaesthetic training programme is designed to expand a clinician's ability over time. In order to achieve competency in regional anaesthesia, both trainees and trainers will be required to engage in innovative approaches in order to achieve learning objectives.

B167 REGIONAL ANAESTHESIA PASSPORT: A MODULAR TEACHING PROGRAMME FOR TRAINEES TO IMPROVE CONFIDENCE AND SKILL ACQUISITION IN REGIONAL ANAESTHESIA

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Background and Aims The new anaesthetic training curriculum in the UK demands high levels of competency in regional anaesthesia (RA)¹. Training in RA may be incomplete, as evidenced by a departmental survey showing that three-quarters of trainees felt RA skills were not easily obtained. Although most trainees had previously received teaching or accessed RA educational resources, 72% still stated they had little or no confidence in RA.