Australia and New Zealand College of Anaesthetists Rural SIG
Conference
Barossa Valley S.A.
7-10 July 2011

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Emily Cairns

On 7 - 10 July this year, myself and a fellow student from the NT clinical school in Darwin, were lucky enough to be awarded funding to attend the Australian and New Zealand College of Anaesthetists Rural Special Interest Group Conference in the Barossa Valley, SA.

The Rural SIG Conference is an annual conference of ANZCA for those with a special interest in rural anaesthetics. It brings together rural anaesthetists, GP anaesthetists and rural generalists from around the country, to focus on the aspects of anaesthetics that, like a lot of medicine, become even more problematic in a rural setting.

Thursday 7 July

Our day started in typical Darwin style with a flight departing Darwin at 2am. Arriving in Adelaide was a bit of a shock; from Darwin, temperatures of 30 degrees and no rain in four months, to raining and 15 degrees. We were picked up at the airport by a shuttle bus and the opportunities for making professional contacts had already commenced, with many prominent college members also taking the shuttle out to the Barossa Valley.

The first session of the conference was held that afternoon and was entitled ‘Transfusion and Donor Panels’ this brought up an issue of rural practice that I had not previously considered, of the availability of blood products in rural areas. Some rural areas (though these are decreasing in number) have a ‘donor panel’ who are a selection of locals who are able and willing to be regularly screened, and donate blood should the need arise. Though there are some downsides to this, it is an alternative to having no blood products available, or a scant supply that is regularly discarded without being used. This session highlighted for me, the constant adaptability of rural medicine, and that systems put in place in larger centres, are designed for those centres and not necessarily suitable for a rural area.

The conference welcome reception was held on Thursday evening, it was an opportunity to meet some of the 100 or so conference delegates from many rural areas of Australia.

Friday 8 July

Friday morning was filled with two further lecture sessions. The first, entitled ‘It’s All Going Wrong’, involved presentations and discussions of anaesthetic complications such as local anaesthetic toxicity and anaphylaxis. The second session ‘Difficult Airways’ was one of my favourites of the conference, with topics presented including airway assessment, airway and facial trauma and cricothyroidotomy. I think I enjoyed these presentations as I thought they were useful to me at this point in my training, because the cases were engaging and because the discussion surrounding anaesthetists and their use of surgical airways was not what I expected. Through the discussion it was interesting for me to see, that the GP anaesthetists and rural generalists seemed more willing to
carry out a surgical airway than the anaesthetists, and I came to think that this reflected on their experience of having no back up in a rural setting.

The afternoon was set aside for workshops, and as we were not allocated to any of these we were able to take some time to experience a bit of the Barossa Valley culture. However, with our minds never far away from medicine, our conversation with our tour guide turned to the town’s difficulty in acquiring doctors to staff their hospital. We were surprised to learn that this was the case, as the Barossa, aside from being a beautiful place, is only an hour’s drive out of Adelaide. It left me wondering how the remote areas of the NT could ever fill their own doctor shortage.

Friday evening was the conference dinner at the Chateau Tanunda; this was a beautifully restored building in the town of Tanunda. The food was fantastic and the dinner table provided an excellent opportunity to meet some of the conference delegates. The delegates we sat with were from rural WA, Vic, NSW and even a GP from Coober Pedy, some of these were anaesthetists, and some GP anaesthetists, which made for an interesting mix of differing experiences working in rural towns. The delegates were also interested in hearing about our experience as medical students in Darwin, and this reminded me of how lucky I am to have such an experience so early on in my career.

**Saturday 9th of July**

On Saturday we were able to attend a cricothyroidotomy workshop. It was a practical workshop, which involved working through the different methods of creating surgical airways and then practicing these on manikins. Though I hope not to be the first in line to have to do a surgical airway any time soon, I feel that this is a useful skill to be comfortable with.

We also attended a lecture about training in rural hospitals, both for anaesthetic registrars and GP’s who wished to qualify as GP anaesthetists. It was useful to hear about the training process that a GP goes through to become a GP anaesthetist.

My time spent at the ANZCA Rural SIG Conference was thoroughly enjoyable, and I am extremely grateful to the RAMUS Conference Placement Program for giving me this opportunity. I was able to gain both theoretical and practical knowledge, discuss the challenges of rural medicine and training in rural areas, and to meet many health professionals from throughout rural Australia. The ANZCA Rural SIG Conference was a wonderful experience and I will take the lessons that I have learnt into my future career.
Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Sally Jones

In July this year I was privileged enough to have the opportunity to attend the 2011 ANZCA Rural SIG Conference, “Challenging the Rural Anaesthetist” as a 5th year undergraduate medical student. The conference was held in South Australia in the beautiful Barossa Valley and had delegates from all over Australia, predominately those working in regional and rural areas of anaesthetics.

The conference touched on many areas of professional importance for anaesthetists and GP anaesthetists but its primary focus was issues of importance in rural practice. The first day of the conference began with a case report from Dr Neville Bailey which touched on some of the dangers of surgery in isolated locations. His case report raised many interesting issues I had not really considered before including how best to manage the availability (or lack of) blood products in this places, and how this impacts on health care when routine procedures go wrong. This talk raised many contentious issues in the room and paved the way for the other talks of the day such as Dr Tibballs’ from rural Victoria who presented the information he gained from an audit of blood products available in Victorian hospitals. I found this very interesting as he discussed cases of hospitals performing procedures (for example, obstetric procedures) with no access to any blood products and the obvious consequences of this. This talk was followed by one presented by Dr Chater who discussed the use, safety and efficacy of using donor panels in these towns and situations to deal with sudden blood loss situations. Donor panels were not something I had encountered before even though I have studied in Queensland where donor panels have been used. I found it a really interesting and practical solution to the myriad of problems encountered in rural and remote areas in relation to storing and using blood products routinely.

The next day the conference dealt with a raft of clinical issues such as toxicity, anaphylaxis and muscle diseases. I found this clinical information extremely useful and relevant to my current level of education and believe it would be helpful information for most practitioners. Dr Rosewarne presented information about the management of local anaesthetic toxicity, giving practical information on how to pick it up clinically from cardiovascular and CNS signs as well as basic principles of management. Another talk focused on a group of conditions, the dystrophinopathies, which can be disastrous in the context on anaesthetics administration to affected children. The next talk given by Dr Elizabeth Maycock, was about anaphylaxis related to anaesthesia. Its content was extremely practical and useful, focusing on common questions encountered about this area. Important information such as frequency, common causative agents, management and investigation and treatment was covered.

The part of the conference I found the most beneficial and worthwhile was the morning on airway assessment, trauma and management. Dr Lagana gave an excellent talk on practical ways to identify difficult airways and predict cases which might be difficult to intubate and/or ventilate. The talk was presented in a really accessible way and was full of information that will be really helpful in the future. I also really enjoyed the session presented by Dr Chris Acott, “The Airway and Facial Trauma”.

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This was another talk centred on practical, clinical information and one that I found really interesting. My favourite talk of the conference was however, Dr Keith Greenland’s talk on Cricothyroidotomy, which definitely stirred up a lot of debate amongst the doctors attending. I had always had the impression that surgical airways would be something that anaesthetists would feel comfortable performing but from listening to the debate and perspectives of the doctors there I learnt that this is definitely not the case. This seemed to be a big issue amongst the doctors and I learnt about a stigma that seemed to be attached to needing to “resort” to that option and how it is often interpreted as a failure of the treating doctor. We were also lucky enough to get to practice the practical skill of surgical airways and I definitely hope that I never need to put the skills into action!

Overall, the content of the conference was incredibly stimulating and thought provoking. I encountered a lot of issues I had never considered associated with performing speciality services in rural and remote areas. The thing I enjoyed the most was being able to meet and talk to lots of doctors (especially GP anaesthetists) living these realities and get their unique perspectives on these things. I enjoyed meeting doctors and hearing why they continue to work in these places in spite of the challenges and how they choose to see their work and choices. It was an extremely worthwhile experience and one I definitely thank the RAMUS team for providing me. It provided me with a new level of insight into the challenges of rural practice and opened my eyes to a lot of new opportunities in rural medicine I was previously unaware of.