44221 - SASKATCHEWAN FAMILY-PRACTICE-ANESTHESIA SURVEY: A DELPHI STUDY

Murray Dease, University of Saskatchewan, Saskatoon, SK, Canada;

Gary Morris, University of Saskatchewan;

William McKay, University of Saskatchewan;

INTRODUCTION: A Delphi Study is an interactive process between the researcher and 'experts' in a field, in order to develop themes, needs, directions or predictions about a topic^{1, 2}.

Questions are asked of the 'experts' and the information is analyzed and fed back. Further questions based on responses are analyzed and fed back, and so on, until a consensus is reached which offers synthesis and clarity. Experts mean good quality information. The iterative system produces good quality knowledge. The experts do not directly interact with one another to avoid the social processes and contamination of group situations. We report the initial phase of a Delphi Study of family-practice anesthesia in Saskatchewan.

METHOD: Following University Ethics Board approval, family-practitioner-anesthesiologists (FPAs) were identified from provincial billing data. All were sent a questionnaire with 8 questions about demographics and practice profiles, and 12 questions about satisfaction and continuing education issues.

RESULTS: Profile. Twenty-two FPAs billed for anesthetics in 2006, of whom 14 responded. Three of 14 gave anesthetics to children < 2 years old. All anesthetised children age 2 to 10 years, and 11 anesthetised patients > 80 years old. Types of surgery in descending order were: general, gynecology, obstetrics, orthopedics, dental, and ophthalmological. General anesthesia was by endotracheal tube more often than by laryngeal mask airway. Techniques by number of FPAs: spinal anesthetics – 12; epidural techniques - 7; a labour epidural service - 7; epidural or caudal for post-operative pain control - 0; intravenous regional – 8; peripheral blocks – 0; caesarean sections - 12, with general anesthesia used only 5% of the time. Favourite techniques for difficult intubations were light wand, intubating LMA, bougie, and Glidescope, respectively; 3 had fibre-optic bronchoscopes. Training: < 6 months – 3; 6 to 11 months – 5; 1 year – 5; > 1 year – 1.

Satisfaction. By numbers of FPAs: "enjoy doing anesthetics" – 12; "would do more" – 10; "would stop if I could" – 1; "comfortable with my skills" – 8; "too demanding on my time" – 4; "feel isolated" – 5; "comfortable phoning specialists for advice" – 5. Issues. By numbers of FPAs: "would like a designated phone consultant 'anesthesia hotline'" – 9; "family-practice anesthesia conferences/refreshers" – 14. Six FPAs are doing less anesthesia than a year ago; 1 more. Ten felt they had no institutional support, and that there was a barely-hidden provincial and health region agenda to stop surgery in small centres.

DISCUSSION: The next iterations of this Delphi study will enable the university anesthesiology faculty to plan with the FPAs a system of outreach, teaching, and support to the FPAs in the province. Undoubtedly, parts of this system will be generalisable to other jurisdictions.

REFERENCES: 1. J Advanced Nursing 2000; 32(4): 1008-1015. 2. J Advanced Nursing 53; (2): 205–212.