SEDATION TRAINING

Key point

Only 35% of endoscopists were known to have attended courses on safe sedation.

Good, controlled, conscious sedation is often the key to a successful therapeutic endoscopy. Many of the drugs used can interfere with airway integrity and ventilation; thus it is important that endoscopists are appropriately trained in airway management and sedation skills.

Of the 1,368 cases where we had a response 47% (645/1,368) of endoscopists had attended a course on sedation techniques, whilst 53% (723/1,368) had not done such a course. Many endoscopies are done following referral, and in these cases someone other than the endoscopist will have medically assessed the patient. The BSG 1991 guidelines for sedation[12] recommend the use of a checklist to identify the medical risks. Such checklists are used in some centres and non-medical staff in the endoscopy units usually complete them. Nevertheless, the endoscopist needs to review the findings. Ultimately it is the responsibility of the person providing sedation to ensure they have training in sedation and know the risks and how to respond to them[13]. Training in sedation is part of the endoscopy skills courses run by the Royal College of Surgeons of England [14] and they also run courses on safe sedation for non-anaesthetists. Other than these, there appear to be few courses in sedation available for the endoscopist. The guidelines of the UK Academy of Medical Royal Colleges recommend that each hospital should appoint two consultants (one an anaesthetist and the other a user of sedation from another speciality) to lead and support implementation of their recommendations on sedation at hospital level. These consultants should be able to review sedation practices within their Trust, identify deficiencies in sedation training in colleagues and trainees, and respond to them.

Of the 71% (1,244/1,760) of cases where sedation was given (58 were not answered), concerns were raised about the appropriateness of their practice in 218 patients (Table 17). The advisors made an assessment whether sedation was appropriate, and if not the reasons why. Their answers were based on the patient's clinical condition, the type of procedure, and the type and amount of sedation and /or analgesia and there is no statistical significant difference between those who have attended a course and those who have not when considering poor practice.

Table 17. Sedation training and the numbers and types of sedation problems in cases where concerns were raised about good practice					
	Attended course				
Problem	**Yes**	**No**	**Sub-total**	**Not answered**	**Total**
Excess opiod	2	4	**6**	3	**9**
Excess benzodiazepine	44	58	**102**	30	**132**
Insufficient sedation	0	1	**1**	0	**1**
Excess opiod and benzodiazepine	8	5	**13**	2	**15**
Other	2	4	**6**	5	**11**
Sub-total	**56**	**72**	**128**	**40**	**168**
Not answered	20	19	**39**	11	**50**
Total	**76**	**91**	**167**	**51**	**218**

Considering that in 14% (218/1,579) of cases the sedation practice was questioned by advisors, and that these problems at times occurred even though the endoscopist had received sedation training, it is felt that the issue of sedation training should be reviewed regardless of whether clinicians have attended a course or not.