Anaesthesia education of our times

Sir,

Anaesthesia teaching has evolved significantly over the years in terms of various aspects. The anaesthesia teaching of the 70s incorporated seminars and journal clubs with emphasis on certain ‘must-have’ prescribed books (viz. Physics by Hill/Mcintosh, Pharmacology by Woodsmith, Anatomy by Ellis, etc.). The number of postgraduate (PG) students used to be limited, culminating in enhanced individual attention by the teachers. With limited patient-monitoring facilities, one’s clinical acumen in patient care was more relied upon. Teaching used to be thorough and meticulous, incorporating the archaic ‘board and chalk’ with well-organised, regular and devoted teaching hours. The anaesthesiologists of that era were airway adepts securing the difficult airways without the present-day airway made-easy gadgets!

The anaesthesia training of the 2000s involved more of traditional methods, for example, didactic lectures covering salient topics in anaesthesia, seminars, journal clubs and case-based teaching. The PG seminars were conducted using overhead projectors, and hard copies of articles were distributed for journal clubs.

Though the simulators were available, owing to their cost and the need for trained faculty, they were a privilege of a few colleges. The emphasis was more on clinical demonstration, observation and physical practice. The performance of subarachnoid and epidural blocks as well as intubation was a fete, of course under the seniors’ supervision after snitching the precise anatomy of the same! The anaesthesia techniques were refined based on the clinical experiences of seniors and mentors. Peripheral nerve blocks were taught and performed on the basis of landmark-guided techniques either due to non-availability or lack of proficiency of ultrasound. There was no ingress to peripheral nerve block videos of the New York Society of Regional Anaesthesia (NYSORA) and the like as also online tutorials that make the onerous topics in anaesthesia lucid. There was rigorous exposure to neuro, cardiac, paediatric, geriatric and obstetric anaesthesia, urology, plastic surgery, eye and otorhinological surgery, though many of these specialities have now emerged as sub-specialities. Pain medicine was evolving during this time with initiation of many fluoroscopic regional and truncal nerve blocks for chronic and cancer pain.

Especially challenging was the training in critical care medicine because of the already limited exposure at the undergraduate level. Critical care engendered the expert training of the various invasive monitoring skills, knowledge of mechanical ventilation strategies, haemodynamic monitoring, all of which were well directed by the seniors and teachers in classes as well as in intensive care unit rounds.

Difficult intubation situations were well handled by experienced seniors by resorting to blind nasal, oral and retrograde intubations due to unavailability of fibreoptic
bronchoscope or lack of skill. The importance of ‘call for help’ and to deal with every dire situation coolly and with confidence in the absence of modern-day ‘escape airway gadgets’ was well taught and practised.

The access to central library books and journals as well as conferences and continued medical education programmes as in the current era were equally important education imparters of this time.[3] Review of literature for dissertation writing was tedious and needed multiple visits to the central library to search for textbooks and hard copies of journals.

The 3-year intensive PG teaching was followed by a 3-year senior residency period during which all the gained knowledge and skills were implemented; this 3-year senior residency period being a continuum of the PG teaching enhanced one’s confidence and adroitness to handle any situation alone!

The accessibility of ultrasound and simulation has tremendously transfigured the current-day anaesthesia teaching and practice with incorporation of Miller’s pyramid in the true sense.[4]

Current access to various online teaching materials has made anaesthesia teaching more comprehensible. The last 2 years gripped the world in the pandemic, leading to the emergence of new teaching modalities like videoconferencing, Google meets and Microsoft teams.

Anaesthesia teaching has thus dramatically metamorphosed from the 70s to hitherto, and many more changes are expected to take place in the near future.

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