

An Insight Into The Remote ZADP Fellowship

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The Global Anaesthesia Development Partnerships (GADP) has two partner projects in Ethiopia and Zambia. These projects have in-country fellows that are working collaboratively with locals to develop and deliver the anaesthesia training programs. Alongside both these in-country fellow teams are a group of anaesthetists who teach remotely. In-country fellow Dr Erica Morris caught up with Dr Vishal Pai, an Anaesthesia Specialist Registrar in the UK about his role with the ZADP remote program.

What Is The ZADP Remote Teaching Fellowship?

Whilst Zambia has many doctors, the physician anaesthetist training program is still fairly new. The remote fellowship allows us to support the in-country teaching program and give trainees exposure to what is happening in other healthcare environments through collaboration, teaching and discussion. The main aim being to support the in-country teaching program and to improve conversations amongst anaesthetists working in different healthcare settings.

After I got selected to teach with ZADP my father asked me when I was going to Zambia. I told him, 'I'm not! Whilst some

of the fellows live, teach and contribute in-country, my role would be remote, but I would still part of the team.'

My Dad was an anaesthetist, he is now retired. When he was training and working there was not as much international collaboration and certainly the concept of remote teaching was not there. The idea of remote teaching is actually alien to him! I explained to him that the ZADP recruits a team of 3 to 4 anaesthesia trainees biannually as part of an [RCOA](#) endorsed fellowship. Along-side ZADP committee members, these trainees dedicate a flexible amount of time towards the program for a 3–6-month period. They deliver the teaching program over four 1-hour teaching sessions per week. My fellowship was for a fixed term of six months although this is flexible, depending on what a fellow wants to or is able to commit.



Tell Us About The Commitments That

This Fellowship Involves

In terms of the practicalities, the organisers of the fellowship advertise teaching sessions to be covered and then I sign up to the ones that I am able to do depending on my work schedule. I sign up to varying amounts. On average I will do one session a week, sometimes one every two weeks. Sometimes I use my own study time and my own personal time. I don't mind doing this because I get a lot of benefits from doing the sessions. This is one thing that I really like about this fellowship. It is very supportive, no one has pushed me to do sessions when I have a busy work or personal life or to teach sessions which I am not comfortable teaching. Someone will always check whether I am happy to teach that session.

Why Did You Sign Up To The Remote Teaching Fellowship? Why Work Remotely When You Could Work In Zambia As An In-Country Fellow?

The decision to work remotely relates to my personal journey. I did my medical degree and anaesthesia training in India. As part of my advanced anaesthesia training, I spent 3 months in Japan. In 2018 I came to the UK where I am now a Specialist registrar in Anaesthesia. As you can see, I already have experience of working in different healthcare systems because I am attracted to trying to find out what happens in different corners of the world. I have travelled a lot for my anaesthesia training already and I have learned that travelling for training can be a difficult journey. I am now settled in the UK and whilst I do not want to travel anymore, I am still passionate about finding out about other healthcare settings. I think it's so important to know what is going on in other healthcare centres. You may work in the best centre in the world, but if you stop seeking opportunities elsewhere,

your learning and development will eventually stop. There are always opportunities to learn something from other peoples' experiences, from all types of healthcare settings.



Have You Been The Recipient Of Remote Anaesthesia Teaching?

I started receiving remote teaching during the COVID-19 pandemic, prior to this I only received in person teaching. My concept of online teaching was zero. My first experience of online teaching was as part of my preparation for the [FRCA exams](#) that I did in 2021, I ended up doing almost all of my preparation online. I had so many resources available to me. Online teaching has transformed the way that we can learn anaesthesia, at times and locations that are more convenient for the learner.

Additionally, I still have many ties with my consultants and colleagues in India so online platforms have allowed me to attend conferences in India remotely. It's amazing to have access to teaching from experts from so far away. It was during one of these many conferences that I was introduced to the concept of learning regional anaesthesia online. I came to appreciate that I could also learn practical skills in this way.

By the time I came to apply for the remote teaching fellowship I had a strong appreciation that remote teaching does have a role to play in clinical education.

What Are The Challenges Of Teaching Online And How Did You Overcome These?

One of the difficulties of online teaching is not knowing whether your audience is with you, particularly if the recipient switches off their camera, you may not even know whether they are there. You don't get as much feedback as a face-to-face session where individuals are able to nod their

heads and ask questions more easily. When you crack a joke, you may not hear the audience laugh if their microphones are off; you question whether the joke is funny, whether there are technical problems or if there is a time lag in the internet! There are many ambiguous things when you teach online. To overcome this, I make the sessions interactive so that I can get feedback throughout the session. I sometimes put up a [QR code](#) for the audience to scan. I then ask them to answer a question linked to that QR code. The question doesn't need to be hard, the purpose is to engage individuals, get their minds working.

Another challenge is getting individuals to speak up in sessions. When teaching globally you may find that different cultures do not readily want to speak up or may be used to a teaching style that isn't interactive. I myself am an introvert and previously found it difficult to speak up in teaching sessions. When I moved to the UK, I found that this comes more naturally to British people, they often speak more at teaching sessions. Over time in the UK, I found my voice; I now try to encourage others to find their voice. The remote nature of teaching is also a barrier to getting individuals to speak up. A method I use to encourage people to talk is to ask open questions, ones without a right or wrong answer. So instead of asking the chemical formula for ketamine I will ask a question like, 'Can you tell me about the last time you used ketamine in your clinical practice?'

I think it's also important to appreciate that online teaching is a teaching session of convenience so perhaps people are joining after a busy day in theatre and are just hoping to listen rather than interact, its important to respect that too. Learner and teacher should meet half way.



Did You Do Any Preparation To Be A Remote Teaching Fellow?

I did an [Anaesthetists as Educators](#) course which gave me more insight into how to teach seminars online and allowed me to practice this skill. I learnt how to plan and formulate a session, how to optimise the delivery and how to use different online teaching platforms. I did not know how to do interactive sessions so the course taught me how to use tools like polls and break out rooms. I was taught other practicalities about how to optimise the teaching environment like the position of the camera and the lighting.

I would recommend this course as good preparation for online teaching. It is assumed that all doctors are good teachers, but I don't think this is the case despite it being a huge part of our job. Also, there is little evidence to say that doctors are good at information technology, so it's worth considering spending some time doing a course like this to

improve your own skills in this field.

What Impact Has Being A Remote Teaching Fellow Had On Your Role As An Anaesthetist?

Being in the UK and volunteering to help trainees in Zambia may appear like a one-way dynamic but this is very much not the case. Actually, I have taken far more from this experience than I have given. I have learned so much from the trainees' experiences of managing clinical situations with fewer resources and how to navigate these challenges.

I'm a big advocate of having good clinical intuition and skills in anaesthesia. I think with technological advancement and availability in the UK there is risk of losing some of these skills. Recently, I attended a suspected cardiac arrest call on a ward and the junior doctor at the patient's bedside was setting up an ultrasound machine instead of doing a basic initial assessment of the patient, like looking for signs of life. My work with the Zambian team focuses on the basics, the essential components of good clinical care when there may be diagnostic or treatment limitations.

I have also developed new insight on how I can do anaesthetic techniques with a more limited selection of drugs and equipment. As long as the principles behind the plan are safe and meet the goals of the anaesthetic there surely isn't a right or wrong plan. Learning and then using different anaesthetic techniques provides you with the liberty to choose different methods of anaesthesia, have more flexibility in your practice, particularly at times when you may be forced to use a different technique.

What Is The Process Of Applying To The Fellowship?

This was so straightforward. I was given a flyer from one of the previous fellows although if you follow the GADP social media pages on Twitter, Facebook or Instagram you will see posts for when they are advertising these roles. I polished my CV, spoke to previous fellows and asked some Consultants for advice about how to prepare for the role. I then wrote a statement and submitted it with my application. After that I did an interview. After finding out I was successful, I started the role approximately six weeks later.

What Advice Do You Have For Those Joining A GADP Remote Teaching Fellowship?

Most of the teaching sessions occur outside of day time working hours, either before work or after work. Sessions should consider that trainees are likely to be tired. I therefore changed my teaching style to be simpler in its approach, involving lots of images and graphics and avoiding crowded, wordy slides. I also changed my presentations to have a maximum of 10 or 15 slides for a 30-minute presentation.

To ensure that the teaching is appropriate to the Zambian setting I encourage the trainees to discuss what their anaesthesia plans would be in the context of the resources available to them. There's no point solely teaching about unavailable techniques. I encourage these discussions as these sessions are also an opportunity to learn things that aren't written in text books. These teaching sessions are for sharing experience. For example, it's possible to read many resources about eclampsia, but it is also useful to hear about the clinical challenges of managing complex and difficult clinical

situations such as the management of an eclamptic seizure on the operating table. Textbooks give you facts but discussions allow you to be reflective learners. Sharing our reflections on cases that we have managed allow a more practical and rounded approach to learning and keeps learners interested.

Finally, the real reason behind doing this fellowship is to be both a teacher and a learner. Try to contribute to the overall teaching plan by suggesting some topics, perhaps topics that you don't normally do so that you also have an opportunity to learn.

Final thoughts...

Just two weeks ago, I was doing a list with one of the Anaesthesia Consultants in the hospital that I am currently based. We were discussing my current involvement with the remote fellowship. We suddenly had a special moment where my Consultant told me that she had been an in-country fellow with ZADP when it first started a decade ago. She spoke very fondly of her time in Zambia, and appreciated the contribution it had towards her anaesthesia training when she was a registrar. She was amazed that it is now possible to get this insight without having to leave the UK. Our conversation gave me an appreciation of how flexible teaching and training can be nowadays and that the ZADP community is bigger and closer than you think.

If you'd like to get involved with a GADP remote teaching program then please get in touch with either of our two teams via email;

[ZADP REM0te teaching](#)

EADP REM0te teaching