



MANAGING EMERGENCIES IN PAEDIATRIC ANAESTHESIA (MEPA)

www.mepa.org.uk

MISSION STATEMENT

MEPA aims to give all anaesthetic trainees in the UK the opportunity to develop management strategies for emergencies in paediatric anaesthesia using high fidelity simulation.

MEPA Charter

It is agreed that specified standards to be attained by all MEPA centres is desirable. This should not be an inhibition to new centres running pilot MEPA courses but that once established, the centre might reasonably be expected to meet the standards in the charter after a specified introductory period.

Faculty

- At least one full-time consultant paediatric anaesthetist should be present on the faculty at every course.
- They should be present at, if not lead, every scenario de-brief.
- If there are not dedicated paediatric anaesthetists at the particular MEPA centre then they should be invited from the regional tertiary referral centre to contribute to the DGH MEPA course.
- The emphasis is to avoid deterring paediatric trained anaesthetists currently in practice in District General Hospitals, whilst at the same time utilising the experience of day-to-day practice of paediatric anaesthesia.
- It is also agreed that there should be one simulator-trained educationalist on the faculty of each course and they need not be a paediatric anaesthetist.

De-brief

- All debriefs should be using the same MEPA-issue PowerPoint slides.
- These are available on the MEPA website.
- It is planned that they will be up-dated and standardised with respect to font, layout and background in the near future.
- Video de-brief is recommended but not mandatory.
- The technique and style of the de-brief will not be via the Pendleton model.
- Various alternatives are available including one proposed by Dr MacKinnon.
- In due course these suggested models are to be added to the website.
- There is a "Train the Trainers" faculty training course where debriefing strategies can be learnt and MEPA scenarios honed.

Scenarios

- The core five are to remain mandatory.
- Other scenarios, if run, should be advertised as *not* MEPA-ratified.



- The core five can be programmed into the SimBaby software rather than run “on the hoof”.
- The scripted programmes can be made available on the website for running at MEPA centres – especially new centres – as this would increase the pre-packaged, off-the-shelf appeal of starting up a MEPA course centre.
- All centres are to include a failed venous access workshop session.

Manikins

- Ideally infant and child manikins should be used to increase the fidelity to the ages of the patients in the agreed scripts.
- Availability of only one size of manikin should not be an impediment to running MEPA course however.

Target audience

- It is agreed that MEPA is aimed at trainees in anaesthesia.
- An emergencies course for the occasional paediatric anaesthetist will soon be available.
- Diversification to include non-training grades as candidates is now acceptable.

Control and Evolution of MEPA

- A trainee anaesthetist will retain role of National Co-ordinator
- There will a Consultant Paediatric Anaesthetist (elected) who will be National Lead for the trainees’ course.
- There will a Consultant Paediatric Anaesthetist (elected) who will be National Lead for the consultants’ course.
- There will be regional directors, a secretary and treasurer.
- There will be at least annual MEPA committee meetings and AGMs.
- All changes in course content and delivery will be motioned, debated and voted in before national adoption.
- Local customization of course content is acceptable.