## EDITORIAL VIEW

# National anesthesia mentoring program

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## SUMMARY

Pakistan has a big population, with large parts mainly centered in larger cities and towns, although majority of the population is scattered in villages and remote areas. A major part of the healthcare facilities and professionals are thus concentrated in towns and cities. The anesthesiologists who have to serve in peripheral areas remain cut off from the more fortunate and more experienced senior colleagues serving in the larger institutions with better facilities. Hence, they have little access to the opportunities to enhance their professional competence. To fulfil the gap, a WhatsApp group, 'Anesthetists Support Group' was started by some of our Pakistani colleagues currently serving in UK with collaboration of their counterparts in Pakistan. The group has recently conducted a national survey and proposed to have a countrywide mentoring program to provide an opportunity to these peripheral anesthesiologists to enable them to seek help in case of emergencies and enhance their professional competence.

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The population centers in Pakistan are as diverse as in any country of the world. There are few big cities, out of which Karachi is an exception as it has entirely a different psyche-the psyche of a metropolitan city, which very rightly it is. It is a big, big city with a population of over 24 million people[1], has a wide spectrum of healthcare facilities, from one of the most advanced in the world to the most inadequately elementary in suburbs. The administrative heads of health departments are stationed here, which have poor insight about the health matters in remote parts of the province. Rest of the Sindh can be termed peripheral area in terms of healthcare facilities. The next two of the three big cities of Sindh, e.g., Hyderabad and Larkana, had no qualified FCPS anesthesiologist for many years. The rural areas are in deplorable state.

On the contrary, there is only one big city in Balochistan province. There are few small towns, which lack the services of qualified anesthesiologists, and junior diploma holders take the responsibility of providing anesthesia and critical care service.

Same is the situation in other provinces, with slight exception to the provinces of Punjab and KPK, which have much scattered population as compared to the other two. Both of these provinces have chains of small to medium sized towns along the main highways and rivers in addition to few big cities. The health facilities at these smaller population bases are of the lower medium quality at best.

Let us take the example of Punjab. There are 34 districts and 84 tehsils in this province.[2] This means that we can very reasonably assume that there are 34 districts headquarter (DHQ) hospitals and about 50 more Tehsil Headquarter (THQ) hospitals providing healthcare facilities to the people, as every district is usually also a tehsil. It means we have about 45 small to medium level hospitals. According to one survey recently conducted by 'Anaesthesia Support Group' (ASG) (a What'sApp group being run by a group of Pakistani anesthesiologists in Pakistan and abroad) there are about 30 qualified anesthesiologists in these 45 hospitals; most of them working as the lone anesthesiologist in that hospital; and even some of them being employed to provide anesthesia services at more than one stations simultaneously.

Once posted to a peripheral hospital, the nature of the job and the work load usually isolate the

peripheral anesthesiologists from their comrades in the main cities, from where they were formally trained and became qualified anesthesiologists. One may claim, that during the modern era of telecommunications and media development, it is the fault of the peripheral anesthesiologist not to keep him or herself abridged with the ongoing progress and current trends in the medical field; but when we consider the amount of work load on a single anesthesiologist in a peripheral hospital, plus the fact that he or she has to deal with enough emergencies off working hours to leave lasting imprints upon his or her psyche and personality due to constant fatigue and psychological preoccupation, we get inclined to grant some space of relief to him. We also need to consider the fact that the standard guidelines and protocols, of which we are so fond of, are usually not applicable in the peripheral hospitals, due to simple reason that neither adequate equipment is provided nor the expertise is there. Just take the example of a case of difficult intubation. It may be hard to believe for many from the developed countries, that a supraglottic airway or a bougie or a McCoy laryngoscope may not be available in many of the peripheral centers. A flexible intubating bronchoscope was just a dream about six months back at my hospital, which is a tertiary care referral hospital in the heart of our capital city. Here comes the darkest side of professional learning. You read or are instructed about some procedure or about the use of a particular piece of equipment, and you never have the chance to practice that procedure under expert supervision or to use that piece of equipment and learn all about it. What will happen when the real need does arise? You will be error prone, your performance will be far from adequate.

Hence, peripherally working anesthesiologists have to work at a disadvantage; someone has to recognize it, accept it and come forward to address it. ASG has stepped in to embark upon an ambitious plan to offer help to Peripheral anesthesiologists in the shape of a mentor program.

What is a mentor? A mentor has been defined as, "A person who gives a younger or less experienced person help and advice over a period of time, especially at work or school".[3]

The word mentor means "wise advisor", from Greek Mentor, who was a friend of Odysseus and adviser of Telemachus. The mentor has to be a senior, proficient and experienced person.[4] The person mentored by the mentor is usually called a 'mentee'. ASG plans to involve senior anesthesiologists who willingly volunteer to be part of the game. Pakistan Society of Anesthesiologists (PSA) has been taken on board and it has been suggested that regional offices of the society should maintain databases of the mentor program.

To get maximum benefit out of this comradeship, initial person to person contact is essential, and it will be advisable if both of the partners have previous acquaintance with each other. Periodic face to face meeting will remove the perceived or genuine difficulties, and help in outlining areas of weakness in the knowledge or skills of the mentee. The type and means of intercommunications also have to be agreed upon.

At times it may not be possible for the mentor to respond in urgent need of the mentee, so an alternative arrangement within the system needs to be preplanned.

In conclusion, National Anesthesia Mentoring Program needs sincere efforts by all concerned to be a reality. This will prove to be one big step towards provision of safe anesthesia to the population of Pakistan, and also fulfil the targets set by *WFSA* - (World Federation Of Societies of Anaesthesiologists) of providing safe anethesia to all.

**Conflict of interest:** None declared by the author

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