Letter to the Editor

Positioning prior to endotracheal intubation on a television medical drama: Perhaps life mimics art

Sir,

Pulmonary resuscitation skills, including the ability to intubate the trachea, are expected from Canadian trainees in anesthesia, medicine, surgery and emergency medicine. However, following an audit by educational directors from Canadian Critical Care Medicine programs, we identified common recurrent deficiencies. Inadequate positioning of the head and neck was especially prevalent prior to intubation attempts, and improving this was seen as a simple but important first step. The optimal position involves flexion of the lower cervical spine; extension of the atlanto-occipital joint and raising the ears anterior to the sternum.1–4 This should align three airway axes (oral, laryngeal, and tracheal), optimize the glottic view, and increase the likelihood of endotracheal tube placement.1–4

We found that only less than 50% adequately positioned the head and neck. As part of ongoing nationwide efforts to ensure basic resuscitation skills5 we explored all potential causes for the inadequate positioning, and this included trainees’ prior experiences. Many trainees reported limited supervision or hands-on training. Remarkably, however, when asked how they had therefore learned, after “trial and error”, a surprising number answered that television medical dramas had been an important influence. Almost all had seen intubation on television, and “ER” was by far the most common source. While nobody is suggesting this is the only reason for suboptimal head airways skills, we thought it would be interesting to review “ER” for the adequacy of positioning prior to intubation attempts.

We therefore assessed these three components in the 41 intubation attempts that occurred over the 42 episodes that comprised the latest two seasons of “ER”. Fourteen were excluded due to inadequate view, and 5 more involved cervical-spine precautions which precluded optimal positioning. Of the remaining 22, none (0/22) achieved more than one, let alone all three, components of optimal airway positioning. In terms of individual components, the lower cervical-spine was flexed in 0/22, the atlanto-occipital joint extended in 1/22, and the ears level with the sternum in only 3/22 cases.

While few would suggest that medical dramas can be held responsible for physician performance, it has been previously suggested that they can significantly influence beliefs.6,7 Of note, the producers of “ER” retain numerous medical experts. This suggests that either optimal airway positioning is poorly appreciated, or not understood to an important aspect of successful intubation. Diem et al. similarly studied cardiac arrests on television dramas.6 They argued that the unrealistically high survival means families might be similarly misinformed without comparable educational efforts. Our audit highlighted the perils of leaving pulmonary resuscitation to the inexperienced or unsupervised. It also highlighted the need for deliberate and comprehensive resuscitation education.

Conflict of interest statement

There are no conflicts of interest.

References


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