

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I was fortunate enough to have the opportunity to undertake a two-week elective placement in the anaesthetics department at The Royal London Hospital in Whitechapel, East London. During this period of time I shadowed many different clinicians, saw a huge variety of anaesthetic cases and was able to develop my clinical skills considerably. For the purposes of this report I have chosen a few highlights of my elective to discuss in the context of the objectives I set out prior to this placement.

1. Describe how emergency admissions/major trauma affects anaesthetic approach and discuss this in the context of elective procedures

During my elective placement I was able to observe both elective anaesthetic lists and also spend time in emergency theatre. The emergency case that stood out particularly for me was a renal transplant of a 42-year-old male patient who had been notified 24 hours earlier that a donor kidney had become available from a deceased donor, a 29-year-old gentleman who had committed suicide. This patient therefore did not have time to attend a pre-op assessment clinic and subsequently the anaesthetist had limited time to take a history, assess and plan accordingly. Notable anaesthetic challenges for this patient included significant renal impairment that meant some drugs were contraindicated, a history of drug and alcohol abuse which eventually led to him needing higher doses of induction drugs due to tolerance, and a prominent tooth in the centre of his mouth which made intubation slightly more challenging. However overall I was surprised at how similar the emergency case felt to elective procedures; the team remained calm and professional throughout, the case started on time and was well organised and the surgery was successful and without complications. The main rush of the day of emergency theatres was actually between cases, as there was an uncertainty of what was happening next and the anaesthetic team were transferred between different theatres several times during the day.

2. Describe the pattern of anaesthetic care provision in the UK and contrast this with that of other countries

Despite not having experienced anaesthetic care provision in other countries first hand, there were a few cases during my elective which made me consider the differences between the UK and elsewhere. The most poignant for me was while observing a termination list and being part of the care for young women wanting to end their pregnancies. Having followed closely the campaign to decriminalise abortion in Ireland in the news recently, I was glad that women in the UK were able to access services safely and without judgement and was also able to appreciate the role of anaesthetists in supporting these patients through the procedure. Effective communication skills played a particularly important role, and in one case the anaesthetic team were able to let the mother of a patient with bipolar disorder and prone to panic attacks in to the anaesthetic room to accompany her during the induction.

Nevertheless, while I was able to appreciate the positive aspects of anaesthetic care provision in the UK, during my placement I was also made aware of the areas where it could be improved upon. I was fortunate enough to have the insight of my lead anaesthetic mentor who trained in Spain and informed me that in Spain all patients attend a pre operative assessment clinic around one week prior to their operation to allow for patients to be properly informed, medically optimised for surgery and the equipment to be prepared accordingly, meaning that delays in theatre are a rare occurrence. By contrast, although there is a system of pre-op clinics in the UK, not all patients are able to attend and resources to prepare patients are not always available. As a result, during my two week placement I often saw delays in theatre for multiple reasons, from a patient on the labour ward not being properly informed about the risks and benefits of having an epidural by her midwife and thus having misconceptions about the procedure, to group and save blood tests not being done in time for a patient who was at risk of bleeding during the operation, to correct equipment for a hip replacement not being available on the day.

3. Discuss the role of anaesthetists in the advancement of public health in the UK

Having seen a huge variety of anaesthetic cases over only two weeks including obstetrics and gynaecology, renal, orthopaedics, ENT, colorectal, urology and interventional radiology, I feel that anaesthetists are extremely important in the advancement of public health in the UK. Not only are they vital in continuing to provide these services for patients, but also are necessary if more of these services are to be provided to improve public health. The majority of the public has had, or will at some point need at least one operation in their lifetime and most, if not all, patients are nervous and anxious about their operation and especially their anaesthetic. Anaesthetists are in a position to provide not only safe but also positive experiences for patients. It was very interesting to me over the placement to see different patients' perspective on the anaesthetic process and how the anaesthetist was able to adapt. For example, one young patient was extremely scared of needles and the anaesthetist was able to do a gas induction, whilst other patients found the oxygen mask very claustrophobic and so in those cases the anaesthetist did not oxygenate until the patients were asleep.

On the other hand, during my placement one of my supervisors informed me about a recent "awareness" incident at the hospital where a young male trauma patient failed to have an adequate infusion of propofol and was subsequently awake but paralysed during his entire three hour femur nailing operation. The patient now suffers from PTSD and has suicidal ideation. This really brought to light how important the role of the anaesthetist is, and how public health and the provision of services can only truly advance when anaesthetists continue to provide safe and positive experiences for patients.

4. Develop and build on current clinical and practical skills, particularly around management of the airway and gain first hand experience of dealing with emergencies in a supervised clinical environment

During my elective placement I was fortunate enough to have many opportunities to practice my clinical skills, such as cannulation and airway management. I felt that with the guidance of my supervisors I was able to greatly improve my airway manoeuvre techniques to achieve appropriate ventilation of a patient. I also had the opportunity to intubate on a few occasions and this really helped to solidify my understanding of the anatomy and theory behind intubation and ventilation. Furthermore, I was able to witness advanced intubation techniques such as awake fibre optic

intubation. For such a complex procedure I learnt that there are many factors to consider and I greatly admired the teamwork of the anaesthetic team and the patient's resolve during the procedure.

In conclusion I have had an extremely educational and enjoyable two-week anaesthetic elective placement in a busy London major trauma centre. I have had the opportunity to see many different specialties of anaesthetics, and appreciated the difference between emergency and elective cases. In addition I have developed and gained confidence in clinical skills such as cannulation and airway management. Overall I have gained a greater interest in the speciality of anaesthetics and hope to one day have the opportunity to further this interest even more during my career.