

## **MBBS Year 5 SSC5c (Elective) Report**

**Queen Elizabeth Hospital, King's Lynn, Norfolk  
Anaesthetics Department & Critical Care Unit (CCU)  
Supervisor: Dr. Helen Hobbiger, Consultant Anaesthetist  
22<sup>nd</sup> April – 30<sup>th</sup> May 2014**

**Gillian Malik**

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## **SSC5c (Elective) Objectives – Part 1**

### **1. Describe the pattern of ICU admissions in West Norfolk**

In the year 2000, the Critical Care Unit (CCU) in the Queen Elizabeth Hospital, King's Lynn, was treating approximately 300 patients per annum. However, this number dramatically increased to approximately 850 patients in 2010.<sup>1</sup> Although I am unable to access the most recent data from the Intensive Care National Audit and Research Centre (ICNARC), I would not be surprised if the number of annual admissions now greatly exceeded 1,000 patients; during my placement, there were many occasions where beds on CCU were desperately needed, but unavailable.

Most conditions are treated in the CCU, although neurosurgical patients and those for cardio-thoracic surgery are treated at other centres in the East of England.

### **2. To practice and improve my clinical skills already learned during medical school**

Unsurprisingly, the main skills I was able to practice on a number of occasions, was performing airway manoeuvres. I was able to practice jaw thrusts on a number of anaesthetised patients, under the supervision of a Consultant Anaesthetist. I also practised my cannulation technique and basic respiratory examination.

Moreover, I was allowed to draw up a number of drugs which, although an extremely simple task for an experienced clinician, can often be a source of embarrassment for the far less experienced newly-qualified doctor, so for this practice I was very grateful!

### **3. To learn new clinical skills specifically related to anaesthetics and ICU.**

I learned about pre-oxygenation of patients, and how to hold a face mask in order to maximise the oxygenation, while minimising the sensation of claustrophobia for the patient.

I learned how to insert a laryngeal mask airway (LMA) properly, although I know I still need a lot more practice, even though it is apparently a straightforward procedure.

I learned how to hold a face mask on to a patient's face, while simultaneously maintaining a jaw thrust to keep the patient's airway patent. Although the experienced doctors make it appear very simple, my arms were aching after only a very short time, so I know I need to improve my technique!

### **4. Personal/professional development goals: to ascertain whether or not I might wish to pursue anaesthetics as a career**

Having spent 6 weeks in both anaesthetics and ICU, I have decided that I would really like to pursue anaesthetics as a career. There are many things about the specialty that appeal:

- Pharmacology and physiology are major parts of the specialty and both of which are topics that I really enjoy studying
- The training programme is extremely well-structured
- One is able to and indeed required to focus on one thing at a time; this is something that does not happen in medicine. I dislike constant interruptions and being pulled in many different directions; many anaesthetists have told me that this is one of the many reasons they love their jobs.
- Often, results are seen very quickly in anaesthetics: a drug is given and there is either a relatively rapid response or no response. There is no waiting for 3 months to see whether or not a particular drug has taken effect.

With regards to intensive care medicine, I do not think it is for me - this is not because I do not find it interesting (I find it very interesting indeed) - it is because I do not think I am emotionally strong enough to be able to cope with the regular breaking bad news discussions with relatives (amongst other reasons).

**Reference:**

1. Humphries, R (2010). QEH critical care 'amongst best in Europe'. *The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust* Available at <http://www.qehkl.nhs.uk/news-story.asp?id=199> [Accessed 15/05/14].

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## SSC 5c (Elective) Reflection - Part 2

Elective address: Queen Elizabeth Hospital, Gayton Road, King's Lynn, Norfolk

Elective contact / Supervisor: Dr. Helen Hobbiger, Consultant Anaesthetist

Contact address / Telephone / E-mail of elective placement:  
[Helen.Hobbiger@qehkl.nhs.uk](mailto:Helen.Hobbiger@qehkl.nhs.uk)

Subject: Anaesthetics and Intensive Care

### Was it what you expected?

- For the most part. I had expected it to be more hands-on rather than observational, although in hindsight, this was probably an unrealistic expectation, given the specialty in which I was doing my elective.

### Clinical experience?

- In theatre, I had the opportunity to insert laryngeal mask airways (LMAs) and had some practice with pre-oxygenating patients, then manually ventilating them once they were anaesthetised. I also used a laryngoscope to view the vocal cords before intubation; I had expected to be doing a lot of this, but LMAs were used far more often. I inserted just one peripheral line in the whole placement, simply because most patients already had them before arriving at theatre.
- I observed a great number of surgical procedures, including the insertion of PICC lines, caesarean sections (where spinal anaesthesia was used), and various types of regional anaesthetic blocks to enable various surgical procedures.
- In the ICU department, I watched a "vas cath" (vascular catheter) being inserted, and also assisted during a tracheostomy tube insertion.

### What did you learn about the people and the country?

- People in Norfolk and in this particular hospital (a district general hospital) are far friendlier than those of a large city like London! Staff and patients alike were interested in who I was and what I was doing; it was a far more personal experience than that which I have had in London.

### What did you learn about the health care professionals you worked with?

- They were all (without exception!) very passionate about their jobs. I can honestly say that I did not meet a single anaesthetist who was unhappy with their job. They were all very friendly, very interesting people, who were happy to tell me about their jobs and how/why they had gone into that particular area. They advised me on things like less-than-full-time training (LTFT) and also explained the structure of the training for anaesthetics.

### What were the best bits?

- Doing hands-on practical things, no matter how small.
- Being taught with two other final year medical students, being quizzed on topics that I thought I had forgotten completely, and realising that I did actually know something after all!

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**What were bits you least enjoyed?**

- Feeling extremely light-headed after standing for hours in surgery with no food or water for hours!

**Were there any shortcomings?**

- I had hoped to be more involved in some of the research projects taking place, but this didn't happen. I think that was mainly because the research team was very new, and just finding their way themselves.

**Would you recommend it to another student?**

- If interested in a career in anaesthetics and/or ICU, then definitely.

**Would you do anything differently?**

- I would draw up a list of clinical skills and procedures that I would like to practice throughout the duration of the elective.

**What did you learn about yourself?**

- I really enjoy being in theatre a lot more than I previously thought! I would happily "hang out" in theatre with the anaesthetists, as I found their jobs so interesting.
- I need to be more vocal about what I really want to do; as in, I need to ask to be allowed to do more practical procedures (if possible) or at least speak up and ask to be shown how to do something.

**Were there any deviations from the risk assessment?**

- No – I was in the UK!

**How was your accommodation?**

- Fantastic – I was living at home with my husband and son for the first time in 2 years!

**How were your travel arrangements?**

- Fantastic – I drove 5 minutes from my house to the hospital every day!