

## A day in the life of a trainee anaesthetic practitioner

You may wonder why I applied for the position of trainee anaesthetic practitioner. I completed a BSc in physiology and pharmacology in 2003, and continue to be interested in the subject, particularly as applied to medicine. I felt that this would be an ideal way to combine my interest and knowledge, combined with my 16 month clinical experience in medical microbiology and clinical biochemistry, whilst working closely with members of the theatre team and patients.

Before the initial screening interview I shadowed a consultant anaesthetist at The Royal Sussex NHS Trust, which allowed me to gain first hand experience of the demanding role of an anaesthetist. This encouraged me to apply and confirmed that I have the personal qualities needed to be part of a multidisciplinary team; self reliance, understanding, good communication and interpersonal skills.

The preliminary screening interviews were held at the Bristol Royal Infirmary Education Centre over two days. Approximately 80 candidates, all with a strong science background, were interviewed, with only 12 being selected to undertake and complete a four week selection programme. The interview panel consisted of three consultant anaesthetists, one from each of the participating hospitals (BRI, Southmead, Bath and Swindon) as well as a representative from human resources. The panel was split into pairs who then interviewed me alternatively. Once I had successfully passed the initial interview I was awarded a place on the four week selection programme. After this time

only eight of the twelve would be appointed onto the two-year Post Graduate Anaesthetic Practitioner Diploma Programme.

After completing a three day introduction at UBHT, I spent the next four weeks at the Royal United Hospital, Bath. I now had the opportunity to experience how a hospital works and what occurs in a theatre suite. This helped me to understand what the role of an anaesthetic practitioner would be and what impact the role would have on patient care. Working and observing an anaesthetist and seeing operations in progress was a fantastic opportunity, and if I was lucky a nice enough surgeon would answer my questions. Sometimes they're a bit grumpy, but it's worth a try! Being able to observe an emergency AAA was one of the most overwhelming experiences of the four weeks and demonstrated that it's inevitable some patients will die despite the best efforts of the theatre team.

During the third and fourth week, the work and pressure was pretty intense. We were spending more time in theatre, having competencies assessed by the consultants we shadowed and also having to complete written assignments. The titles included: 'Write short notes about any problems you noticed that were encountered during provision of care for this patient. Do you think they could have been avoided?' Elective surgery: 'Choose a case and write short notes on why the patient needs the surgery and why it is elective and not emergency?' and 'Identify five key people in the theatre team; what are their roles and responsibilities?'

The course was a nice balance of hands-on and theory work. We were able to implement the knowledge that we had picked up in theatre at the simulation centre at BRI. Our performance was also assessed. The simulation was an excellent, although terrifying, experience. Even though it's only a manikin your heart soon starts to beat faster.

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The final stage of the assessment period involved a team training simulation presented by an external company. Communication skills were assessed by team building exercises i.e. 'who do we throw out of a sinking boat?', but we also had psychometric analysis to determine our personality traits.

I received mixed feelings from the anaesthetists I worked with during my four weeks concerning the role of the anaesthetic practitioner. A common point that was raised was our lack of medical training and therefore our lack of medical knowledge for such a responsible role.

I would recommend a career as an anaesthetic practitioner. It's a new field with job satisfaction. I believed in the role of the anaesthetic practitioner and appreciated the challenging opportunity that would have come with the training. I had to unfortunately decline the job offer: my main reasons 1) there is no guarantee of a job at the end of the intense two and half years training, and 2) if a job was available, long term career progression was limited, pointing me more towards a managerial position than continued hands-on development.

I enjoyed meeting the whole UBHT team. They were kind and gracious throughout the interview process. I only wish that circumstances allowed me to accept their offer.

**Mathew Williams BSc**

## GAT Seminars

'So you think you want to go flexible'

The GAT committee are thinking of organising a seminar relating flexible training. If you would be interested in such a day please let the committee know by e-mailing

GAT2@aagbi.org

## Magill Symposium Chelsea and Westminster Hospital 369 Fulham Road, London

Wednesday 16th of November, 2-6pm

### 'What Fails to Work in the Critically Ill Patient'

Course Fee: £75.00

Further details available from:  
Elizabeth Ogden  
Department of Anaesthetics  
Chelsea and Westminster Hospital  
369 Fulham Road, London, SW10 9NH

Tel: 0208 746 8816

Email: e.ogden@imperial.ac.uk

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## 13TH ANNUAL PAEDIATRIC ANAESTHESIA UPDATE

Friday 10th February 2006  
The Manchester Conference Centre

Organiser: Dr D Patel  
Manchester Children's Hospitals  
Department of Anaesthesia

### PROGRAMME

09.25	Registration and Coffee
09.55	Introduction <i>Dr Davendra Patel, Manchester</i>
10.00	Ultrasound for regional blocks <i>Dr Steve Roberts, Liverpool</i>
10.40	Sedation of children during radiological procedures <i>Dr Neil Morton, Glasgow</i>
11.20	Coffee/Tea
11.50	Child protection issues <i>Dr Alistair Cranston, Birmingham</i>
12.30	Transfusion of blood & blood products <i>Dr Andrew Will, Manchester</i>
13.10	Lunch
14.10	Assessment & management of a child with stridor <i>Dr Robert Walker, Manchester</i>
14.45	Childhood asthma <i>Dr Julian Vyas, Manchester</i>
15.20	Management of status asthmaticus <i>Dr Mabil Samuel, Manchester</i>
15.55	Discussion
16.15	Tea & Depart

Course Fees £165

Approved for 5 CME Points

All enquiries should be directed to:  
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