A Dead – end Job? Not Quite!

A Personal View

Many doctors of all grades think an SAS job is a dead-end. I beg to differ and think the same could be said about many Consultant jobs. An SAS career need not be dead-end; it is how you look at it and how you do it which makes it dead-end. Unfortunately some SAS doctors think that they should get everything on a platter and do not want to make any extra effort. The NHS is changing and so must our approach to the job.

It takes a lot of effort to change people's view but goal-directed effort will slowly and surely win you friends. I know that there have been obstacles and there always will be. It is YOU who has to decide how best you can make your job worthwhile and more interesting to give you maximum satisfaction. Along with Consultants, we should have annual job appraisals when we can discuss how we can develop our career. This article suggests some avenues which will help you achieve this.

Teaching and Training: I cannot emphasise enough the importance of teaching and training. This is one single skill that will earn you respect and you will be regarded in a completely different light by your colleagues. Teaching and training works both ways. On one hand, it gives you the opportunity to improve your own knowledge of the subject and on the other hand when you teach, you help the juniors improve their knowledge and skill. The vast amount of experience that SAS doctors have can make teaching and training a valuable exercise. No matter how qualified we are and no matter what our field of expertise, we all have enough knowledge and experience to teach and train. Simple practical tips will go a long way in our trainees' career and they will not only remember it but may also thank you forever. Although, in the past, possession of the Fellowship was a mandatory requirement for teaching and supervision of trainees, this is no longer the case if you have the relevant experience and competence.

You can choose who to teach, what to teach, where to teach and how to teach. You can also teach medical students and I know a few SAS doctors who are involved with this. PBL facilitation has opened up new horizons for undergraduate teaching. There is a PBL tutor course run by most Universities which you can attend, and thus enrol yourself as PBL tutor. You can also attend a 'how to teach' course run by The Royal College of Anaesthetists and get yourself on the Royal College approved panel of teachers. This will enable you to teach SHOs and SpRs in small group teaching and also in theatre. If you want you can offer your skills to Paramedic training centres, the School of Nursing, ALS, APLS, … the list is endless. The same can be said about teaching specific skills from simple eye blocks to percutaneous tracheostomies.

Sub-speciality interest: Choose a sub-speciality or an area where you think you can excel and before long, people would be coming to you for advice. For instance, you can become expert in ENT anaesthesia. I know someone who does special needs dental lists which are quite challenging and he takes a lot of pride and job satisfaction in doing it. You don't have to stick to it all your life. You can change your interest as and when you want. Life keeps changing and so does one's interest.

Examining: Universities are often looking for examiners for their Undergraduate OSCE Exams. By attending an OSCE Examiners course, you can become involved in another aspect of academic life.

Audit and Research: People think that research is only the remit of SpRs and Consultants. That isn't the case. Yes, you will have to put in extra effort, and research has become more difficult (for everyone) in the last few years. However, research and publications establish you in a different league and improve your CV significantly. Audit should be an integral part of our working life and its importance cannot be stressed enough. You ought to do one audit per year. This also gives you a platform to make an impression, as well as showing your interest in a particular field. Audit your own performance which will open your eyes and help you with revalidation. Presenting your audit to the department will help brush up your Powerpoint and presentation skills.

Journal Club: A journal club is a valuable teaching aid for any department. Being a permanent member of the department, an SAS doctor is an ideal person to organise and run a Journal Club.

Management/Rota: You can approach your department head to become involved in some management responsibility. For instance, preparing the weekly rota is a big responsibility for which the department will be eternally grateful!

Directorate Meetings: Regular attendance at Directorate meetings is important as it keeps you aware of departmental affairs and gives you the chance to discuss issues, put your viewpoint and offer your services to help.

Representation: Another way of improving your profile is by forming a SAS forum in your hospital and representing it at various meetings such as LNC, MSC, Improving Working Lives, etc.

Mentoring: This is something that SAS doctors are very well suited for. You can be mentors for SHOs, SpRs and other Staff Grades. The advantage is perhaps SAS doctors may seem more approachable than consultants, so the trainees are not afraid to come and talk to you. Therefore you can be very successful in this role.

Consultant Ladder: If you wish to progress to become a consultant, you can either enter the SpR training or pursue article 14 route to the PMETB. I know a couple of my colleagues who have gone back and successfully completed their training to become a consultant.

I hope I have given you enough food for thought and some motivation. I conclude by saying that the sky is the limit for our grade. You don't have to do everything in this article, but you should certainly do some. How do you make a start? You may need some help to get started and do not be afraid to ask for it. The first step should be a good audit in an area of your interest. You also need the support of a few consultants in the department who can make a difference when there is a window of opportunity. Actively participate in directorate meetings, giving your suggestions and volunteering for certain responsibilities. You will also need to put in extra time. Remember, there is always give and take in these issues. Offer something and don't just stick to "your rights". This will slowly but surely make an impression.

I accept that many of us are not in a very favourable environment and the recent changes in the NHS (ISTCs, CATS, threat of redundancy, etc) are going to make the situation increasingly difficult but perseverance will ultimately help you succeed in your goal.

Best of luck

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New Technique for Inhalational Induction Described

From our correspondent Scoop O'Lamine

Members of the Gas Induction Techniques Society attending this year's annual meeting were delighted to hear about an innovative idea described by Dr Ivan O'Brain which dramatically improves the efficiency of inhalational induction in male adults.

The technique is based on the recently reported genito – diaphragmatic reflex (GDR), which describes the respiratory reflex associated with stimulation of the genito-femoral nerve.

"Most of us (well, half of us) have experienced strong stimulation in this area at one time or another" explained Dr O'Brain. "My own clinical observations have been based on a randomised study of televised sportsmen who received a sudden blow to the testicular region during a number of sports. The reflex I observed is the same regardless of the nature of the blow. Normally a deep inspiration, followed by breath-holding for an average of 20 seconds then a rapid respiratory rate settling over around 60 seconds."

In his practice, Dr O'Brain prefers to use the single vital-capacity breath induction of anaesthesia. The technique is often limited by the inability of the patient to understand how to maximise their inspiratory effort and then hold the breath effectively. "I have found that by combining the single breath technique with Firm-Grip Testicular GDR, the technique of induction is transformed. There are training requirements for the FGT technique but when mastered, the trained Gripper is often able to control the depth and apnoea very accurately, resulting in a speedy, safe induction."

Dr Isle Killim, Clinical Director at Dr O'Brain's Trust appeared uncertain of the place of the new advance in clinical practice. "As far as I know this technique is not widely used in our trust, although from a number of complaints I am dealing with, I can certainly confirm it has been attempted."