A younger colleague recently asked me to pass on a few tips. He felt I must have learned something that would be helpful to him over the years. I was initially flummoxed, but have returned to the question from time to time. Looking at a couple of nascent ‘glossies’ (Fatigue and Occupational Health – both strongly recommended reads – they should be published early in the New Year), and reflecting on my own career, I have three ‘top tips’ – not things that I think I have done well, but that I ought to have done better.

‘Have lunch’ is pretty much my No 1 tip. Really, I skipped an awful lot of meals and ate an awful lot of KitKats, and I am not sure I really did anyone any favours in doing so. We need to stay healthy to be able to do a good job.

At the risk of sounding corny, and in the light of my recent experiences as a patient, I would have to say that my No 2 tip is ‘listen to patients’. I mean this in the sense that just listening to their responses to your questions – go a bit further and cultivate empathy. Last, but not least, make an effort to understand yourself better at an early stage of your career. I did some of this work in the course of learning to mentor others, but I could have done with some of the self-knowledge I gained in that way earlier. There are other ways of doing this, and different kinds of knowledge. ANTS training will give some insight into areas that we all find challenging clinically – I think it is still the case that most of us learn that we too can err (for example by making a drug error) the hard way, in the clinical forum. It doesn’t need to be that way - simulation can help us to learn these lessons about our behavior.

My husband (also an anaesthetist – Phil Bayly) has two tips: Say ‘yes’ to opportunities – you’ll be surprised what you can do; and put as much money as you can into an equity (not cash) ISA every year. My husband (also an anaesthetist – Phil Bayly) has two tips: Say ‘yes’ to opportunities – you’ll be surprised what you can do; and put as much money as you can into an equity (not cash) ISA every year.

The Wylie Medal will be awarded to the most meritorious essay on this year’s topic related to anaesthesia. The overall winner will receive the Wylie Medal in memory of the late Dr W Derek Wylie, President of the Association 1980-82. Preference will be given to those applicants who can show the relevance of their intended elective to anaesthesia, intensive care or pain relief.

For further information and an application form please visit our website: www.aagbi.org/undergraduate-awards or email secretariat@aagbi.org

Closing date: 06 January 2014

Val Bythell

PS: we haven’t included a Christmas quiz, but you could pursue the historical theme and tackle the History of Anaesthesia Society’s online quiz at http://www.histansoc.org.uk/2012-quiz.html

• A new NHS Consultant Contract that recognises that there are some hospital specialties that provide a lot of complex and acute care out-of-hours, and that the best way to reward consultants in these specialties, and to make sure that high-quality medical graduates continue to embark on careers in these key medical specialties, is to pay them properly for working at unsocial and non-family-friendly times, even if this means paying anaesthetists, intensivists, obstetricians, surgeons and A&E doctors quite a lot more than doctors who are almost exclusively clinic-based during weekends.

• A totally new reward system to replace the current Clinical Excellence Award scheme that is fair to all specialties and does not lead to the inequitable situation in which the self-same, clinic-based doctors who stay in their beds all night, every night end up with four times as many local and national awards than genuinely clinical excellent specialties such anaesthesia and A&E medicine.

• A system of training in hospital specialties that does not keep changing every other year in response to political pressures, that appreciates that trainees are hard-working and dedicated professionals, that “generalists” in anaesthesia are in reality highly specialised, and that an ever-shorter training period means even less clinical experience.

• A pension scheme for doctors that is not downgraded at every politically convenient opportunity.

• Hospital managers who are motivated to put patient safety well ahead of “cost improvement” in any list of priorities.

• Senior NHS leaders with unimpeachable reputations who value the work of healthcare professionals and put patient safety first.

• A Government that does not view doctors as soft political targets for repeated financial attacks but values them as being at the very heart of healthcare, and worthy of just reward for a lifetime of commitment.

• A healthcare system that understands that the safety of surgical patients is best served by promoting and supporting teamwork in the operating theatre rather than adding layer upon layer of top-down, mandatory dictates that only serve to overcomplicate patient care and foster a blame culture.

• Surgeons who respect and value the theatre team rather than interpreting a “team-based approach” as an opportunity to shout at the whole team rather than at individuals.

• A non-Luer spinal and epidural needle connector design that is based on ISO standards, has been appropriately bench-tested and then clinically trialed, and is introduced in a logical and systematic way.

• An effective solution to the workforce problems in the Republic of Ireland that means that all those completing their training in anaesthesia will wish to stay in Ireland rather than leave for countries in which they view consultant anaesthetists as being more valued, better rewarded and less overworked.

• Massive donations to the Lifebox Foundation that will allow it to put a pulse oximeter in every one of the 75,000 operating theatres in the world in which patients are treated without this literally vital form of physiological monitoring.

• A Ducati Multistrada 1200 S Granturismo.

I do realise that giving me all of the above for Christmas will be a bit of a tall order so, if you can only grant one of these wishes, I think I will opt for the Ducati Multistrada. Meanwhile, the AAGBI is working on its New Year’s Resolution, which is likely to bear a strong resemblance to last year’s: to continue to advance safety, education and research in anaesthesia and its related subspecialties.

Happy Christmas!

William Harrop-Griffiths
AAGBI President

Anesthesia News December 2013 • Issue 317