

Junior Elective in Anaesthetics, Dublin, Ireland

Children's Hospital Ireland
WOSAT funded elective



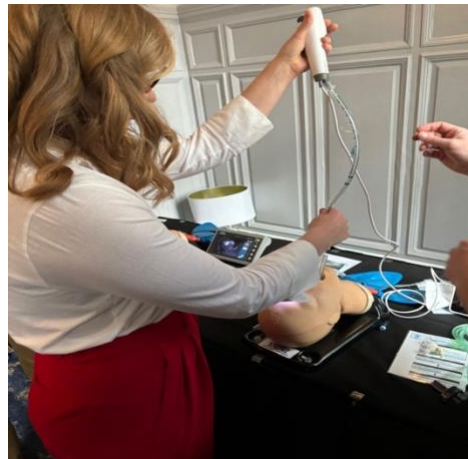
Zara Tebay, 4th Year, University of Glasgow

Objectives/Outcomes:

- Describe the role of the anaesthetist within the hospital
- Consider the specialist role of the paediatric anaesthetist
- Explain the purpose of pre-operative assessment in patients presenting for surgery/procedure
- Describe the patient journey and the experience for the patient's relatives
- Outline methods of pain management in the peri-operative period
- Demonstrate basic airway management techniques
- Demonstrate safe preparation of intravenous medications
- Demonstrate professional behaviours and attitudes throughout

I attended an incredible 4-week elective at Children's Hospital Ireland (CHI) in paediatric anaesthetics and paediatric intensive care. I chose Dublin, Ireland, for its proximity to Scotland, to spend time with my 102-year-old nana, and in part because I have a chronic illness so it was convenient to return to Glasgow for appointments.

CHI offers care for over 100,000 children a year and accepts children from across Ireland. The hospital had a busy theatre department with seven concurrent operating rooms and I was able to shadow a wide range of anaesthetists during their training, fellowship and consultant work. I was enormously grateful to WOSAT for offering me a bursary to facilitate the travel,



accommodation and living costs to visit a hospital outside of the UK; it made an enormous difference to my quality of life whilst abroad.

This elective surpassed all my expectations. My prior experience of anaesthetics during the 3rd year syllabus was very limited, and I desperately wanted to explore a wider range of anaesthetic teaching and opportunities. I anticipated that hands-on experience may be intrinsically more difficult to obtain in a paediatric setting. However, I was warmly welcomed to CHI and from the first day I was closely facilitated in intubating patients with child-sized airways. I genuinely could not believe it! Close mentorship occurred throughout the block and most anaesthetists were keen to supervise and teach.

In addition, I attended the Association of Anaesthetics trainee conference at the end of week 2. I most enjoyed the workshops where I learned how to use fiberoptic intubation for more complex airways and practise emergency front of neck access. I was able to fully appreciate the fiberoptic technique when I saw it applied on a patient at QEUH when I was doing extracurricular anaesthetics shadowing in September. It is great to see theory applied in practice.

My supervisor was delighted with how keen I was during the elective, and even helped me organise a day attending a chronic pain clinic. I was fortunate to learn from a multidisciplinary team who met face-to-face

with kids and their parents to help them address their pain by applying a biopsychosocial model. On the team was a consultant anaesthetist, a specialist nurse, a psychologist, and physiotherapist. I really liked the approach and the patient and family all felt heard. I was grateful for the experience within paediatric ICU, seeing a variety of children, many of whom had complex additional support needs. I spent a lot of time speaking to their parents about the challenges of having one of their children in PICU, often long term, whilst working busy jobs, with other children at home who depend on them, and whilst trying to maintain their own mental health. I had several heavy conversations with parents struggling with the weight of trying to manage it all. This is the reality of medicine and it is important to begin these conversations as a student, so I am not taken by surprise as a F1 doctor.



One of the highlights of this experience was getting to see my 102-year-old nana several times a week. I would pop by after the placement (nap dependent - her not me!) and spoil her dinner by bringing in her favourite treats (strawberry pavlova). Then she would annihilate me at scrabble (pictured).

Another very memorable highlight was an interaction on PICU that I had with an 8-year-old girl. She was being monitored post-operatively and during the daily rounds one of the doctors would do an exam, having a listen to her chest. I thought it would be nice if she could have a listen to her brother's heart sounds, as there is only so much colouring an 8-year-old can do! I could see she appreciated getting to play with the tools the doctors use, and it was the first time I had experienced her genuinely smiling. It was joyful.

Upon speaking to friends and colleagues in my year, I appeared to have had one of the most positive elective experiences with plenty of learning opportunities from consultants, professors, doctors, the experienced nursing team, physiotherapists, pain specialists, and of course the parents and patients. I enjoyed it wholeheartedly and would not have had the option to go abroad without the generous WOSAT bursary.

Thank you so sincerely to the West of Scotland Anaesthetic Teaching (WOSAT) charity for facilitating my learning abroad and my continued obsession with anaesthesia.

Summary of key learning from placement

- Plenty practice of varying intubation techniques
- Understanding complexities of chronic pain in young patients
- Reflecting on the challenges parents face when their children are ill and how to support them
- Feeling comfortable with pre-operative assessments
- Appreciating a multidisciplinary team in the context of paediatric medicine
- Individualised approach for children, especially those with additional support needs
- More understanding on the triad of anaesthesia

Thanks for reading! If you made it this far, please enjoy this gratuitous picture of me in paediatric farm animal leads in front of the repairs board.

