'I don't think of all the misery but of the beauty that still remains,' Anne Frank.

Throughout time, people have kept diaries to document their personal thoughts, feelings and life experiences. Many of these diaries have since become important sources for learning about historical events. Whilst I do not profess to be a prolific writer, I recognised that the COVID-19 pandemic will also one day be viewed as a defining moment in history and so I decided to keep my own diary as an anaesthetist in training. Here I have collected a series of excerpts which I feel best show how the pandemic helped me to improve my clinical and non-clinical skills.

20th March 2020

"How are you going to expand your medical services, allocate your resources and protect your workforce?" These were the questions the military ED consultant leading the tabletop exercise on major incident management put to us as medical students. Now it's not just a tabletop exercise, it's actually real and I am putting into practice what I learnt then. I have thrown myself into writing COVID-19 intubation checklists and protocols and departmental sit rep forms. I have been involved in discussions about oxygen, PPE and drug supplies and planning staff and patient flow through the ICU. I feel as prepared as I'll ever be…

31st March 2020

Trying to communicate with colleagues during a COVID-19 intubation wearing full PPE with the suction on and the monitor beeping via a baby monitor is challenging. But what is even harder, is trying to introduce yourself and explain what is happening to a frightened and confused hypoxic COVID-19 patient in that environment. And so, I have had to think outside the box and get creative with communication. I have laminated photos for all the anaesthetics and ICU doctors to stick to their PPE and have written a short script that we can give to patients to read (if they are able) before intubation. Simple ideas, but hopefully they'll make a big difference!

6th April 2020

It's exactly like Alice said, 'I can't go back to yesterday because I was a different person then.' Before COVID, I didn't even know what I didn't know. It's like I have been on a crash course in the management of ARDS with the consultants sharing years of experience and passing on every trick in the ARDS book. And now I suddenly find myself at the top of the bed, the place where my consultants once stood, with all eyes on me to lead the proning manoeuvre in an intubated COVID-19 patient. And instead of drinking the 'drink me' bottle and shrinking down to ten inches small, I step up to the challenge, eat the 'eat me' cake and become more than nine feet tall!

10th April 2020

Today a strange thing happened – I found myself teaching one of the Anaesthetic consultants how to don and doff PPE! I realised that by working on the ICU so much over the past few weeks I have actually become somewhat of an expert in this. I have been teaching medical students, physiotherapists and now consultant

colleagues this invaluable skill. Maybe Albert Einstein was right: teaching by example is not another way to teach; it is the only way to teach…

1st May 2020

Who would have thought that my first chest drain on a real person would be on a COVID-19 patient?! Patient X had been mobilising with the physiotherapists with his tracheostomy and attached to the ventilator, when suddenly his saturations dropped to 80% and he went very pale. On his chest X-ray there was a very large right-sided pneumothorax that needed draining, and apparently it was my lucky day! It turns out that putting a chest drain in a real patient is not as easy as in a model: he couldn't really hold his arm above his head and he had quite a thick layer of muscle and subcutaneous tissue overlying his ribs. Fortunately I had a very patient teacher who guided me back to the mid-axillary line when my ultrasound probe drifted anteriorly and who rescued my Roman sandals suturing around the chest drain. I was filled with a sense of achievement when I saw my chest drain in the correct place on the chest X-ray. What an amazing learning opportunity!

10th May 2020

I recruited a patient to a research study for the first time today! He is an intubated COVID-19 patient on the ICU and therefore can't consent for himself so I had to ring his wife to ask for her consent on his behalf. It is nerve-wracking (especially when you are put on loudspeaker) long-winded, time-consuming but rewarding and has given me a newfound respect for the excellent work the Research nurses do!

14th May 2020

I never dreamed that as a CT1 in a small rural district general hospital I would get the opportunity to be part of an ECMO retrieval. However today we referred a patient to London - and they accepted! He was so unstable we had to wheel him round to theatre proned, and only un-proned him when the ECMO team arrived. Whilst we waited for radiology, I had the chance to ask the ICM registrar from London about his ECMO training. It was very inspiring to watch him, the consultant and the perfusionist work together to cannulate and establish the patient on VV ECMO so swiftly. However shortly after the patient started to deteriorate. He went into fast AF and although he was successfully electrically cardioverted, he soon became increasingly hypotensive until he lost cardiac output. Sadly our resuscitation attempts were unsuccessful. May he rest in peace.

'We do not learn through experience…we learn through reflecting on experience,' John Dewey.

Although COVID-19 may have changed the way we communicate forever, one thing that has stood the test of time is the written word. I would like to donate the prize money to purchasing new furniture for our anaesthetics and ICU department, so that there is always a place people can sit, write, reflect and learn.