

How has the COVID-19 pandemic enhanced my clinical and non-clinical skill?

As a new anaesthetist starting my first year of training in the middle of a global pandemic, to say I was nervous was an understatement. Anaesthetists are frequently told as they commence training to expect 'a steep learning curve' but I was to find myself traversing said curve in full PPE and a protective helmet whilst navigating a room of pandemic viral particles following an aerosol generating procedure.

Commencing anaesthetic training at this time brought with it many challenges that were not only impacting new trainees but also effecting colleagues right up to consultant level and across the multi-disciplinary team of surgeons, ODPs and nurses. Elective cases were cancelled vastly reducing training opportunities, many colleagues were facing time out of training due to personal or family sickness and others had been redeployed to critical care to provide vital cover for the surging number of COVID-19 cases. Troublingly, almost 90% of anaesthetists surveyed by the RCOA strongly agreed that the pandemic affected their career, training opportunities and professional development.¹

Despite these immense challenges faced by the team, this past year my clinical skills have grown enormously perhaps accelerated by the pressures of the pandemic. This is testament to the quality of teaching that the department continued, making up for the reduced theatre capacity by running simulation training and ensuring that trainee support was available. This was furthered by the ODP team who were at every turn helpful, supportive and patient. This clinical progression was evident last week as I was intubating a peri arrest patient on ITU when my ODP colleague turned to me and smiled saying 'you've come a long way from day one.' This was the same ODP who had sat with me just under a year ago whilst I had an existential crisis feeling out of my depth in my new role.

Key to being a good anaesthetist is being able to communicate both with your team and your patient. The PPE requirements during the pandemic have brought forth literal physical barriers to communication, decimating the vast majority of non-verbal cues. This barricade was further bolstered by the anaesthetic room being sealed before, during and for a period of time after intubation to minimise the risk of viral aerosol transmission. Forgetting something you may need was not an option and my ODP colleagues were army general esque in their meticulous preparation. Tactics such as implementing closed loop communication in the anaesthetic room and theatre further mitigated the possible risk of human error associated with PPE. These adaptations will continue to improve patient care in the post COVID era.

As clinicians we quickly became used to these requirements but for the general public arriving for their operation they often looked understandably petrified. After all, they could be forgiven for thinking they had stepped onto the scene of a science fiction movie rather than a hospital theatre corridor. For what had become the new normal day to day for us may have been the first time a patient had left the house for a year and perhaps even the first time they had interacted face to face with another human in months. Upon meeting, I would quickly pop my mask down at a distance to show my patient there is a human under here and try to relay their heightened anxieties.

Not only were my patients more anxious, so too were my colleagues. Results from a recent RCOA survey uncovered widespread concern with 34% of members reporting poor or very poor mental health caused by the pandemic and 18% considering leaving medicine together.¹ The mental health crisis already faced by the NHS was exposed for all its raw flaws by the pandemic and intensified in the workplace by the occupational risk of personal infection or by concern of transmission to a loved one. In all the uncertainty of life ruled by COVID we found a deeper comradery with our colleagues.

Working as a hospital doctor, I think you can at times become desensitised to sadness, death and grief. This emotional response undoubtedly developed as a self-protective coping mechanism to deal with the extra ordinary being your routine. Peppered throughout the past there would be patients that stood out, whose names you always remembered and faces you never forgot. During the pandemic, it felt like there was a relentless influx of these patients. Patients were isolated from their families during illness and

there was a real awareness of the need to rationalise care and resources. Discussing sensitive subjects such as DNACPR decisions had to be done over the phone and in the rare exception families were allowed to see their loved ones it sadly meant it was to say good bye. As a result, my communication skills were honed and I have come out of the pandemic with a new renewed empathy for my patients and my colleagues who were also dealing with emotional fatigue.

The pandemic has brought unprecedented pressure and challenges to the NHS, to those under its care and for those who work as part of it. I have come out of the pandemic a better team member and the overyielding impact of a better team will be better patient care. The pandemic meant we needed to adapt and the lessons we have learnt will last. We have been tested as individuals and as a team and have irrefutably come out stronger.

Given all the support received from the whole anaesthetic and wider theatre department, the prize fund would be used to buy a proper coffee machine for our communal break room in gratitude to my team mates. The association of anaesthetists have an ongoing campaign 'Coffee and a gas' that was introduced to improve work place well-being and promote better team work, recognising that now more than ever, it's good to talk.² Chatting over a coffee gives the team a change to rest, recuperate and provides a vital opportunity for debrief. Although the pandemic has certainly brought about polarising views points and instigated many a ferocious debate, if there's one topic anaesthetists can agree on I'm sure it is an appreciation of a good cup of coffee.

References

1. Royal College of Anaesthesia, *View from the frontline of anaesthesia during COVID-19*, July 2020, Online article, Available at: <https://rcoa.ac.uk/sites/default/files/documents/2020-07/View-from-the-frontline-anaesthesia-during-COVID-19-July2020.pdf>
2. The Association of anaesthetists, *'Coffee and a gas' Campaign*, November 2020, Online article, Available at: <https://anaesthetists.org/Home/Wellbeing-support/Mental-wellbeing/Coffee-a-gas>