

Anaesthesia Taster Programme

Introduction

Every doctor is eventually faced with a career path decision which will determine which speciality he or she will train in. Aptitudes developed towards that speciality based on factual experience would undoubtedly facilitate a favourable outcome.

The taster programme in anaesthetics is designed to provide the foundation trainee with such exposure.

Objectives

Becoming a specialist is a complex process that imparts specific knowledge, skills and behaviours. The taster programme is envisaged to cover the following areas which are relevant to a better understanding of what becoming and being an anaesthetist means:

- 1) Becoming an anaesthetist
 - a. **Entry:** aptitudes (team player, enjoys physiology/medicine and hands on skills, etc), understanding the peculiarities of the speciality and its subspecialities (e.g. preop communication-, 1:1 ratio with patients, clean environment, not much followup, rapid response to clinical presentations and acute complications such as difficult intubation, arrhythmia, resuscitation etc) .
Supply trainee **starter pack**.
 - b. **Training:** outline of academic program and clinical training (training coordinator). Mentorship (meet mentorship coordinator). Attending educational activity (evening CME, Tutorial, journal club etc)
 - c. **Responsibility of patient care.** The perioperative care of the patient within the healthcare team and the importance of good communication with patients and other healthcare providers.
- 2) Role of anaesthetist in the multidisciplinary team
 - a. Preoperative assessment and optimisation (elective....emergency)
 - b. Intraoperative management (induction, maintenance, emergence)
 - c. Post-operative management (deciding for ITU/HDU care, normal recovery, pain relief, fluids, haemodynamic monitoring, common complications in recovery and their management)
 - d. ITU
 - e. Chronic pain
 - f. Subspecialities. The foundation trainee will need to understand that there are some major differences in the various subspecialities:
 - i. Paediatric anaesthesia
 - ii. Cardiothoracic
 - iii. Obstetric
 - iv. Orthopaedic
 - v. Neurosurgical
 - g. POAC
 - h. CEPOD
- 3) Career development and progression.



Time table

	Preliminary meeting	Monday	Tuesday	Wednesday	Thursday	Friday
Activity	Meeting with Key contact 2 weeks before: review of proposed programme and consider any specific request	830: Welcome -Meet key contact. -Revise programme -Discuss Entry (1a) -Tour dept -Tour theatres, recovery, ITU 1000: meet training coordinator -Discuss Training (1b) 1100: mentorship coordinator 1200pm: meet Dr.A for short overview on preop assessment 130: accompany Dr. A for assessment of patients for Tue.	745: journal club (or CME activity of that week) 815: Dr B in General surgical list. AND Recovery room	800 – 1400: Dr. C. Minor gynae list. 1400 – midnight: Shadow senior trainee/ specialist registrar during typical on call including theatre and A+E resuscitation.	8:00 – 1400: Dr. D. in ITU/resuscitation room 1900: Evening CME meeting	800-noon: Dr. E. Cardiac Theatre Noon: Review meeting with Key contact and discuss career planning for anaesthesia and critical care.
Notes	Identify any specific preferences and modify program accordingly as far as possible. Supply orientation material on becoming an anaesthetist.	Discuss: preoperative assessment and optimisation.	Discuss: The anaesthetic machine, Induction, Maintenance, Emergence, Anaesthetic implications of medical comorbidity present in patients on list eg HT Postoperative recovery and pain relief.	Airway assessment: Look, listen, feel. Bag valve ventilation. Rapid sequence induct.	Discussion: morning ward round. Ad hoc discussion on case cohort available/resuscitation in casualty	Discuss: central lines, arterial lines, CABG