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

In March 2020 I was a CT2 anaesthetic trainee in the North West of England. I was due to finish core training in August 2020 and had just completed my 3-month ICU block and moving on to my obstetric placement.

I was two weeks into my return to theatres and introduction to obstetric anaesthesia when our hospital began to prepare for the presumed onslaught of overwhelming numbers of COVID patients requiring critical care. There was heightened anxiety of what was to come across the board.

At this point, I got involved in helping the department to prepare new and unprecedented protocols for many aspects of COVID, including running simulations of GAs in COVID-presumed patients, training in proning and donning and doffing of PPE. This unique experience of being involved in a department preparing for a major incident of uncertain extent has been an important although unexpected aspect of my training.

For five months I worked in COVID ICU in Manchester, with some time in the summer where I learned to advocate for my training and compromised further maternity experience in order to ensure completion of my core training in anaesthetics.

From August, having been unsuccessful for ST3 recruitment because of the interview cancellations, I was appointed as a fellow in critical care in Newcastle, as one of seven to be available to staff the designated COVID ICU. During the summer lull in coronavirus transmission, I worked in a general ICU, developing my skills in managing and assessing critically ill patients including acute resuscitation, often out of hours as the most senior doctor on the unit. I became more adept at central and arterial vascular access, familiar with renal replacement therapy and confident in transfers of critically ill patients within a tertiary major trauma centre.

When COVID patients took over most of the ICU beds for a second time from November, I was able to utilise and practise my key critical care knowledge and skills as well as my existing COVID experience to further develop skills such as management of primary lung pathologies (transferable to ARDS patients), a deeper understanding of respiratory physiology and ventilator management and in particular, the rationale, decision making, and process of proning ICU patients. During my 3-month ICU training pre-COVID I had only ever seen one patient prone on the unit and was not involved in their management. I suspect that the incidence of patients meeting proning criteria usually is low enough that junior trainees may never gain sufficient experience in how to do this safely or witness the risks and benefits involved. I can say that I am now confident in all aspects of proning, which also provides many transferable skills such as safe airway management, optimisation pre-procedure, managing pressure areas, and most importantly, not tangling up all the lines!

COVID ICU presented many unprecedented and somewhat unexpected challenges to overcome. One particular problem that I still have certain trouble with is communication

through full PPE. I wear a 3M reusable mask with filters, which muffles my voice more than disposable masks, and more so when I have a full-face visor on top. There have been many shifts where I have finished with a sore throat from shouting. Following an incident where patient safety was affected because no one could hear me yell over a hubbub of nursing activity during a proning procedure, I found that I developed new ways to communicate involving body language and touch. My communication skills particularly in crises have improved tenfold now I am more aware of clear and direct communication using minimal chatter and inclusive of more body language.

My confidence has soared in leading critical care teams, having been a sole resident out of hours in COVID ICU. COVID patients often also have more familiar medical and surgical complications, which can be much more difficult to treat with hurdles of donning PPE, having to request extra equipment and unfamiliar environments in wards which have been converted to ICUs, where sometimes no one knows the location of where equipment is stored.

My decision making has become more confident and more direct, and I have noticed that I spend less time and energy fretting over small decisions and more aware of my own limitations and when I need to call for senior help.

For the past four weeks I have returned to theatres, giving anaesthetics to elective and emergency non-COVID patients. The first induction felt very strange. The airway was clean and healthy looking, with a grade 1 laryngoscopy view. The oxygen saturations did not drop lower than 99% during a 60 second apnoea time. Ventilation was easy, with low pressures. Last week I took over a hemiarthroplasty of an elderly patient on a trauma list. Halfway through the surgeon informed me of some bleeding. There was a brisk arterial bleed of approximately 1.2L over 15 minutes. Communication was clear and thorough throughout the incident; I gave appropriate resuscitation and led the anaesthetic team in management of the haemorrhage, and I reflected later that throughout the incident I didn't feel that familiar stress or worry I had become acquainted with as a trainee to date.

Working for almost a year as a COVID ICU resident has provided me with so much valuable experience in managing sick patients. My hotly anticipated return to anaesthetics now feels like before COVID I was swimming with difficulty, but the weights have now been removed from my ankles. I am so ready to continue my training and can't wait for the next phase of my career to begin with my ST3 post in anaesthesia in August.

Gaining entry to ST3 training has been complicated for me and my peers over the last 12 months by the impact of COVID on the recruitment process. If I were to win the prize, I would help trainees with the current recruitment challenges by running ST3 application and interview sessions, assist with boosting portfolio points, and supporting wellbeing for these trainees who are finding the current recruitment situation difficult.

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