

Working as a anaesthetist

New Zealand anaesthetists talk about the reality of working within this field

Why did you choose anaesthesia and what do you like most?

Anaesthesia is a particularly procedural specialty that equips you with a wide range of transferrable skills, enabling you to gain employment almost anywhere in the world. The work is always interesting as you deal with a wide variety of patients on an individual basis. There are plenty of opportunities for teaching and research and it is possible to focus on a subspecialty area such as paediatric, obstetric, neurosurgical, cardiac or trauma anaesthesia. The specialty has a reputation for being a supportive, collegial profession - it is well paid and rosters tend to be reasonable. Some anaesthetists said they liked - no long term follow up with patients, plenty of action and excitement and the precise and practical nature of the specialty with immediate results.

What strengths and abilities make a good anaesthetist?

It is important to have strong interpersonal skills since there is considerable patient contact and you need to be able to establish trust immediately. Anaesthetists work with a variety of other specialists on a daily basis so you need to be a team player. Under pressure you need to be calm, decisive and able to take a leading role. Being self-directed, conscientious and able to balance risk with caution are also useful attributes, and you need to pay attention to detail and possess good practical skills. It is also vital to have a wide knowledge of (and keen interest in) basic medical sciences, particularly physiology, pharmacology and research methodology.

As a specialist, can you describe a typical day?

For most anaesthetists, the clinical day is organised around either full-day or half-day lists. A list is a plan of operations completed according to a specific time schedule, each patient on the list needs to have appropriate pre-operative consultation. This is increasingly being done on the day of surgery for outpatients, or in pre-admission anaesthesia clinics as preparation for major surgery. For inpatients it may occur the night before surgery is scheduled.

In New Zealand, a list typically starts at 8.00am or 8.30am, with anaesthesia commencing about half an hour earlier. The day may include scheduled tea and lunch breaks and it is common for other anaesthetists to relieve you during the day for a few minutes at a time. As well as providing intra-operative anaesthesia, you need to plan each patient's first 24 hours of post-operative fluid management and analgesia. Once you have finished in theatre you will have a chance to see patients for the next day and you may make post-operative visits to check on patients you have recently anaesthetised. In all departments there is a call roster that will require you to be available for acute after-hours cases. In most departments this can involve working late, so increasingly there is provision to be rostered 'off' the next day to catch up on sleep if necessary.

In larger hospitals your role as a specialist may be to supervise the operating rooms, provide emergency backup, prioritise acute cases and co-ordinate the constantly changing plans. You may

also be involved in teaching and supervising registrars. Non-clinical days are scheduled in public hospital departments to provide anaesthetists with an opportunity to teach, keep up-to-date with reading and catch up on administrative duties. The latest work contracts are aiming at 30% of your time being spent in this out-of-the OR work.

In many departments a combination of private and public practice is possible. Private practice offers higher pay and specialists forego assistance from registrars. Private practice also allows for greater diversity of cases, and a more regular work pattern allows for close, long-term relationships to be established with surgical and nursing colleagues.

What do you think are the future challenges of anaesthesia?

Anaesthesia is an expanding discipline that is coping with several demands. Technological progress is inevitable and is a significant factor in improving patient care. Elderly people with poor health status comprise an ever-growing proportion of patients, while surgical procedures are increasingly complex. This combination is becoming more challenging by the year, but expertise is constantly improving to ensure better outcomes. Training new specialists and maintaining competency in the existing workforce are challenges that face all disciplines in medicine, including anaesthesia. There is presently a worldwide shortage of anaesthetists and clinician educators are in demand.

What advice would you give someone thinking about a career in anaesthesia?

Undergraduates and house officers who are interested in anaesthesia should gain some experience as early as possible and discuss the specialty with people who work in the field. Anyone with a history of addiction is advised not to consider anaesthesia as a career - it is a requirement of the College that applicants for training are free from alcohol and chemical abuse. This particular policy is based on consideration of the danger posed to patients by an impaired anaesthetist providing care in critical circumstances, and on concern for the health of the anaesthetist, since the ready availability of medicines may prove too tempting for someone with a history of drug abuse.

What are future opportunities in anaesthesia?

The job prospects in anaesthesia are reasonable, with opportunities to move into the related disciplines of intensive care and pain medicine. Anaesthetists are also well represented in administrative, advisory and other non-clinical areas of health care. Both CMDHB and ADHB currently have anaesthetists as their Chief Medical Officer. There are often many applicants for specialist anaesthetic posts in Auckland, while jobs in the provinces may be easier to get.

What is the work/life balance like?

Training can be undertaken part time if necessary - the five-year full time programme must be completed within ten years. One full year of training can be completed overseas. Spending PGY3 overseas before entering training is not discouraged, particularly if this provides some experience of anaesthesia or acute medicine. When making appointments, most teaching hospitals prefer candidates with overseas post-fellowship experience. Once you have completed training it is almost always possible to take parental leave followed by part time employment.

The specialty is supportive of families. There are strict guidelines regulating the amount of time you spend in theatre and 'welfare of anaesthetists' groups exist to assist with management of some of the pressures entailed by the job. These groups can extend to providing support for partners as well.

What are the disadvantages of anaesthesia?

The work can be demanding and stressful, not only during training but also in practice as a specialist.

Any comments on the current training?

Trainees have commented that the programme is well supervised and that it offers a high level of individual attention (particularly at the beginning of training). There is a moderate amount of flexibility in the system to allow for time off while you study for exams.