

Anaesthesia residency and the finer points of learning

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Just this morning I was assigned with a senior pediatric anaesthetist-Dr. S, who commented just how terribly I had secured the endotracheal tube between my fingers while holding the head of the unlucky 7 year old who was to be moved onto the operating room table. He had already come intubated from the emergency room and was to have an urgent burr-hole evacuation. While shifting the kid onto our OR bed, being the over-zealous anaesthesia resident I had taken charge of the head end and relegated (ignored) the lower parts of the body to others in the room, taking for granted that my superior skills and sense of purpose would entitle me that privilege. Of course I was brought down to earth when Dr.S pointed out that I would cause an early extubation seeing how *non-anaesthesiologically* I had held the tube just near the Y-piece instead of the patient end. Deeply embarrassed, I readjusted my grip, holding the tube just where it enters the patient's lips and cradled the child's head and neck with my other arm. I quickly checked if all lines and connectors were free of distraction and if all hands were ready to move in unison. I called for it and we moved him onto the operating room table, resumed all lines and monitors and moved on with the rest of the day. It was one of many small moments of teaching, but reflections afterward bring to focus of what just textbooks are not meant to do.

Another day, a really old consultant (Let's call him Dr. X) who had probably been my consultants' consultant in his earlier days, spent an eternity (5 minutes) telling me why I should always hold the Macintosh laryngoscope the way he does and then for effect, like an acrobat, slid the endotracheal tube into our patient's glottis *all the while looking at me to make sure I was paying attention*. Years of experience adds some value and

these seemingly un-tangible bits and pieces of wisdom carry us forward. Dr. X seems to carry tiny bits of them in his pocket. "*Vigilance is the price we pay for safety*". "*Your right hand must never trust your left hand, always check what is going on*". When you anaesthetize everyday for 50 long years, you tend to pick up some of the good stuff.

I have another favorite anaesthetist Dr. T who also happens to be a pediatric anaesthetist and a really really good one at that. Just the other day she found out I had never done a caudal regional block. Naturally she said I would be doing the next one. Sweating, I grabbed my tiny handbook and started revising the anatomy of the sacrum when she snapped the book close and asked me to just do it as she does it. She took me every step of the way (I was so sure she would also tell me how to wear the sterile gloves but it did not happen) and by the end of it, I felt like I knew everything there was to know. Later on I kept practicing the way she held the 22 G hypodermic needle with her thumb, index and middle finger, like a ninja and kept pricking the poor glove box (the cardboard gives away just as a nice ligamentum flavum would).

As I reflect on these moments, I feel I am in a good place and that the tiring hours are worth it to be able to get these amazing pebbles from the shores of knowledge and the seas of wisdom. Technical skills are not exclusive to this speciality and in addition to many other skills, they help shape us to be a dependable anaesthetist. It seems small when we start but they are the ones that come to mind when we work alone or deal with an emergency. Such skills I have discovered can be picked up from many places. I have had



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a technician teach me how to remove extra air while hanging a paracetamol drip. I have had nursing aids show me how to attach

the arm rests. No person is too small not to teach you something and no person is too big not to learn from it.

Conflict of Interest: Nil.
Source of Support: None

How to Cite this Article

Karmakar A. Anaesthesia residency and the finer points of learning. *Journal of Anaesthesia and Critical Care Case Reports* May-Aug 2017;3(2):5-6.