Association of Anaesthetists

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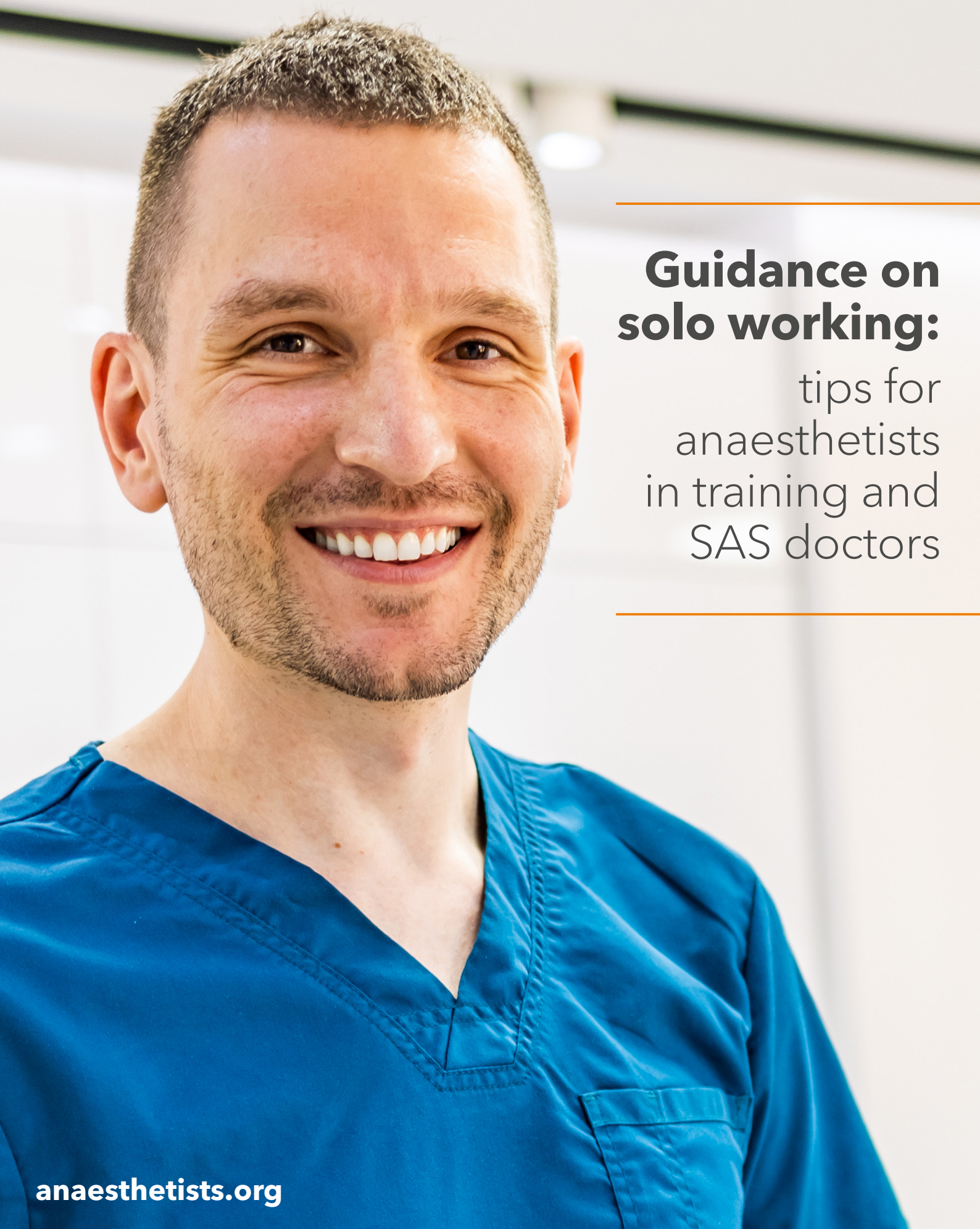

Guidance on solo working:

tips for anaesthetists in training and SAS doctors

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Introduction

As anaesthetists progress through training or embark on a career as a speciality doctor, they will start to work 'solo' on selected lists. For the purpose of this document, 'solo' means you are the only named anaesthetist for that clinical list, with distant supervision from a consultant.

This guidance is aimed at anaesthetists in training and those starting to work as a specialty doctor.

Starting to take on this role can present new challenges and learning opportunities. Much work has already been done to clarify appropriate supervision levels and safe working in this context. This guidance, however, presents some tips on best practice to help to promote success and learning when taking on this work.

How much solo work should I be doing?

It is expected that as you progress through training and your SAS career, you will be entrusted with more elective casework as the named solo anaesthetist on a list, with distant supervision. The amount of this work you are doing should always favour a balance of benefitting your training/development needs. This will clearly vary depending on the subspecialty you are working in and the complexity of the work itself. The Royal College of Anaesthetists stipulates that an anaesthetist in training should have a minimum average of three supervised clinical sessions a week averaged out over 3–6 months and spanning a minimum 7 years full-time equivalent of training.

The Royal College of Anaesthetists gives a general guide on how much solo work you should expect to be doing at each stage of training in their document 'Guidance on supervision levels and practical measures to develop independent practice in training'.

Similarly, all early years SAS doctors should only be undertaking solo work that is within their competence to undertake with indirect supervision. They also should have regular directly supervised lists with autonomously practising anaesthetists to enable them to develop new skills and gain additional experience. This will allow them to obtain supervised learning events (SLEs) or other evidence required to progress their careers.

1 Be proactive – look up patients and plan in advance

Try to make time in the days beforehand to look up your solo list, so you know the procedures planned and can look at the patients' records in advance. This can help to identify any potential problems early and reduce the rush to see your patients on the day of surgery. It is also an effective way to identify parts of the list where you might need more supervision or help, such as regional anaesthesia. This may also be useful to help identify learning opportunities in advance.

2 Consider discussing your list with somebody senior ahead of time

Even if you are quite confident with the patients and procedures on your list, and have formulated a plan, it can be useful to run your list past a senior doctor. They may have useful tips, such as ways a particular surgeon conducts their operations, and if a list looks heavily booked. They can also signpost you to useful protocols or departmental guidance, such as enhanced recovery after surgery (ERAS). If there are any significant problems anticipated, the supervisor can plan to be free for more direct help or can ask that staff be rearranged in advance to ensure you are working on the most appropriate list for you.

3 Flag any concerns to your supervisor as early as possible

Make sure the patient has been adequately assessed and investigated pre-operatively and you are able to see the investigations. Think about where the problem issues might be and approach your supervisor with a plan and be clear about when you will need assistance or direct supervision. Discuss with your supervisor that you both agree the case-mix and list order is suitable for your stage of training. Identifying these concerns may also involve discussion with the operating surgeon ahead of the date of surgery.

4 It is best that you, personally, pre-operatively assess all patients that you will be anaesthetising

Many factors regarding peri-operative planning can only be genuinely appreciated when meeting a patient face to face. If you yourself assess a patient pre-operatively, this will be invaluable when making your own plan for the patient's anaesthetic. If patients have staggered arrival times during the day, a plan should be made so that you can leave the operating theatre complex to meet with them.

5 Know who is supervising you, how to contact them, and where they will be. Check in and ensure they know they are your supervisor

Most departments will have a system for offering support to solo anaesthetists, whether in the form of an identified supervisor or mentor for trainee lists, or a 'duty' consultant to be contacted. It is the department's responsibility to ensure that any supervisor is available when needed by those they are supervising and for ensuring a realistic level of supervision.

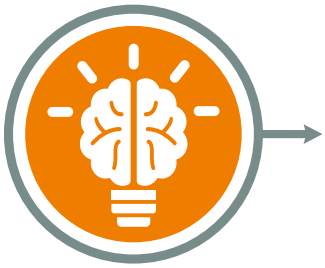
Whatever the system, the supervisor bears responsibility for knowing who they are supervising. It is, however, vital for the supervisee to also know who they should contact for help and advice. Proactively checking in ensures you are on their radar and allows you to confirm that your contact arrangements are correct and that your supervisor is aware of your expectations and needs.

6 Make sure the whole operating theatre team knows who your supervisor is and how they may contact them

It may be appropriate to flag to members of the theatre team that this is a trainee/SAS solo list. The theatre brief is often a good opportunity to do this and to highlight who the supervising consultant is and how they can be contacted. Writing the contact number of your supervisor in an easily seen place such as a whiteboard can be extremely helpful. Having this available to the whole team means one less thing to think about in an emergency.

7 If you are not happy that a case or list is within your competency level, speak up!

Service pressures and rota organisation systems do not always allow for thorough vetting of the case-mix of a list before an anaesthetist is allocated to it. It is important to be aware that there may be cases on your solo list that are outside of your level of training to manage independently or with distant supervision. In addition, some cases will simply require more than one anaesthetist for practical reasons. If this is the case, you should feel empowered to raise this with your supervisor and ask for help including direct supervision or another pair of hands. Just because the case has turned up on your list does not mean you are expected to handle it alone.



8 Identify any learning opportunities and plan for supervision if necessary

Beginning to work solo in anaesthesia is an important milestone in your development as an anaesthetist, and an opportunity which will generate a variety of useful educational opportunities. You will have control over your anaesthetic plan, which can be a valuable educational experience in isolation. Solo lists also generate the opportunity to achieve important SLEs, most notably an Anaesthetic List Management Assessment Tool (ALMAT). Consider discussing this with your supervisor before the list starts. Utilise a debriefing session after the list has finished to identify any learning points for the team. Some cases may present opportunities for specific educational opportunities or SLEs – if this requires supervision or observation, arrange this in advance.

9 Your breaks should be facilitated by your supervising consultant

Adequate rest time is essential to functioning at your best as an anaesthetist. Your supervising consultant should facilitate this, and your department should have a policy on providing breaks for anaesthetists working solo. It should not be your responsibility to organise this, but it can be helpful to discuss how this will happen before the list starts. For any shift longer than 5 hours you should have at least one 30-minute paid break, and if the shift is more than 9 hours long you must have a second 30-minute paid break.

10 If your list is due to overrun, contact your supervising consultant so a plan can be made for cover

We all know that operating theatre lists can be unpredictable. A skill you will develop in beginning solo working is list management. It is a continual balance to prioritise safety and success while aiming to minimise delays and foresee any disruptions. Unfortunately, a list overrun is sometimes unavoidable. Inform your supervisor and/or the co-ordinating consultant as early as possible so that a plan can be made. This might be cancelling cases or arranging cover for you – this is not your responsibility, and you should not be expected to stay late.

Conclusion

This document is intended to provide anaesthetists in training and non-autonomous SAS doctors with some advice on how best to approach solo work. The priority of this work will always be to maintain patient safety within the peri-operative period. However, these lists can provide significant opportunities to develop new clinical skills, communication and leadership, and list management techniques. These tips aim to provide a framework on which you can get the most out of these opportunities while maintaining the best care for your patients.

The Cappuccini Test

This is a six-question audit test for anaesthetists in training and non-autonomous SAS doctors. It is designed to check the robustness and safety of supervision in an anaesthetic department.

The test is named after Frances Cappuccini, who sadly died after giving birth to her son in 2012. The subsequent coroner's inquest into her death noted that the supervision levels at her hospital were 'undefined and inadequate'. The six questions are:

For supervisee:

1. Who is your supervisor?
2. How would you get hold of them if you needed them now?

For supervisor, if contactable:

3. Which list(s) are you currently supervising?
4. What surgical specialty are they anaesthetising for now?
5. Do you know of any issues that they are concerned about?
6. If they needed your help now, would you be able to attend?

For this test to display safe supervision, the supervisor must be named, contactable, aware of the challenges of the list they are supervising and able to attend for help at any time when asked.

Association of Anaesthetists

Our vision

The Association of Anaesthetists' motto is *in somno securitas* (safe in sleep). Our vision is that every patient under our care is kept safe.

Our mission

Our mission is to safeguard patients by educating, supporting, and inspiring every anaesthetist throughout their career, enabling them to provide the best care in every healthcare setting.

Our values

Committed
We are a respected and independent organisation, committed to speaking up and speaking out on behalf of our members and the anaesthesia community.

Trusted
For over 90 years, we have helped to set standards, share knowledge, and support thousands of people in a vital profession. Our expertise matters to our members and globally.

Innovative
We look forward, not back. We care about the future of anaesthesia and actively help shape its future on behalf of our members by listening, responding, and innovating.

Connected
We are a dynamic, diverse, and inclusive community. We exist because of, and on behalf of, our members.

Our strategic priorities 2024 to 2029

Patient care and safety

- Advance and improve patient care and safety in the field of anaesthesia.
- Inspire and support our members always to practice with safety in mind.
- Be the leading publisher of anaesthesia safety guidelines and expert advice.

Education and research

- Preserve, develop, and share the heritage of the specialty.
- Develop and provide world class education in anaesthesia.
- Promote global access to anaesthesia education.
- Work in partnership with others to build capacity through national and international research initiatives.

Advocacy and support

- Be the leadership voice for the anaesthesia specialty.
- Represent and advance the interests and wellbeing of our members.
- Protect and support our members throughout their careers.
- Promote anaesthesia as a specialty led by and delivered by doctors.

Innovation and growth

- Research and promote innovations in sustainable working practices for the specialty.
- Use the latest technology to enable us to deliver the best services for our members.
- Promote the diversity, wellbeing, and continuous development of our people.
- Invest wisely, protect, and optimise our assets, and always act with sustainability in mind to ensure the future of the Association.

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