

Doctors in Training Grant

PRELIMINARY REPORT

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Exploring London in my first week

In February 2017 I commenced a Neuroanaesthesia and Neurocritical Care Fellowship at the National Hospital for Neurology and Neurosurgery (NHNN), Queen Square, in London. This Hospital is part of the University College London Hospitals National Health Service Trust and is both the United Kingdom's largest dedicated neurological and neurosurgical hospital and a major international centre for research and training. The training program includes a 12 month clinical post as a fellow covering all aspects of neuroanaesthesia and neurocritical care. Furthermore the program incorporates aspects of the Society for Neuroscience in Anaesthesiology and Critical Care (SNACC) fellowship guidelines and is suggested by the Neuroanaesthesia Society of Great Britain (NACCSGBI) for anaesthetists who are looking for additional experience in the field of neuroanaesthesia and neurocritical care.

My decision to pursue this training program at Queen Square was a result of a strong interest in neuroanaesthesia and perioperative medicine that developed throughout my training with the Australian and New Zealand College of Anaesthetists. Last year I worked at the Royal Brisbane and Women's Hospital as the neuroanaesthesia and trauma provisional fellow, which further fuelled this strong interest and consolidated my plan to progress into a dedicated neuroanaesthesia fellowship. I also graduated from a Masters in Perioperative Medicine through Monash University and selected this specific neuroanaesthesia fellowship because University College London is the only other institution that I am aware of that offers a similar qualification.

In the short time I have been at Queen Square I have received focused training and considerable exposure to the area of neuroanaesthesia. I attend weekly teaching sessions where I have acquired further knowledge on intraoperative neurophysiological monitoring, transcranial Doppler ultrasonography, tracheostomy management, local protocols for acute pain management, anaesthetic techniques for awake craniotomy, and intensive care management of complex neurological disorders. I have also recently attended the NACCSGBI Annual Scientific Meeting where I participated in symposiums on enhanced recovery pathways for intracranial and spinal surgery, controversies in brain death, and best practice anaesthesia for thrombectomy. It was exciting to see that many of the organisers and presenters at this conference are also my supervisors and mentors at Queen Square.

The volume of practice achieved at Queens Square is significant with a reported total caseload in 2015 exceeding 5,400 cases. Unsurprisingly this has expanded my logbook as I have had the opportunity to be involved in the perioperative management of many patients presenting for various neurosurgical procedures, including but not limited to transphenoidal surgery, neuro-oncology, transoral and skull base surgery, vascular neurosurgery, epilepsy surgery, surgery for Parkinson's disease and other movement disorders, complex spine surgery, and interventional neuroradiology. I have been fortunate enough to be involved in the management of 10 awake craniotomy cases within a three month period.

The case mix at Queen Square is variable and sometimes challenging. I recall my first night shift where I managed a complex patient with a large intracranial haemorrhage with advanced heart failure who was dependent on a left ventricular assist device.

This was a great case for learning and presented an excellent opportunity to revise the anaesthetic considerations and perioperative management of patients with such devices.

Queen Square has an interventional MRI suite that provides operating theatre and MRI capabilities in a single room. I have found working in this environment particularly interesting, as it is not a resource I have previously had access to. Providing anaesthetic cover to the Gamma Knife Centre is another novel experience as I have learned about the use of radiosurgery for conditions such as glioblastomas, metastatic brain tumours, pituitary tumours, and meningiomas.

As a Clinical Fellow my average week is a combination of days in elective theatre lists or covering the emergency board, overseeing the management of patients in both the medical and surgical neurocritical care units, inserting vascaths for patients requiring therapeutic plasma exchange, liaising with the outreach team about any deteriorating ward patients, and providing after-hours anaesthetic and intensive care cover for the hospital. In theatre I have been able to work independently while providing supervision and training to other trainees. As part of this program I will also be undertaking a dedicated three month block of surgical neurocritical care from August.

As an extension to my Masters in Perioperative Medicine I have become involved in several quality improvement, patient safety and clinical governance activities at Queen Square. Currently, I am writing the patient blood management guidelines for the hospital and reviewing the existing perioperative care pathways for preoperative anaemia management.

I am also involved in a joint project with the neurosurgery department that will investigate the perioperative morbidity and mortality in normal pressure hydrocephalus patients admitted to Queen Square. Working within the University College London Hospitals Trust I have been able to enrol in numerous educational programs, including the After Action Review Foundation, Improvement Science On Line, and Quality Service Improvement Redesign courses. These projects and professional development opportunities will allow me to bring back novel ideas for improving anaesthesia practice and changing the way that Anaesthetic and Perioperative Services work within Queensland Health.

While the professional benefits of an overseas fellowship program are many, there are also personal advantages that are worth discussing. One of the highlights of working in such a centrally located hospital is that I have been able to live and experience the sights and attractions that the city of London has to offer. Walking to work has become routine and I am able to regularly visit the British Museum for an hour to two before night shifts. This is an interest area of mine and I hope to cover most of the displays by the end of the year. Other key attractions such as Big Ben, Tate Modern, Buckingham Palace, The London Eye, Carnaby Street, and Westminster Abbey are all within strolling distance from our apartment. Of course London has a lot more to offer and each day presents new and exciting experiences. I have developed a taste for London's West End theatre shows and I particularly like the variety and choice of restaurants in the area.

I have already had the pleasure of traveling throughout several countries in Europe, including Italy, Belgium, Portugal and the Netherlands with many more to come over the summer months.

I would like to thank MIGA for providing me with a Doctors in Training Grant to assist with the funding of my overseas training program at one of the world's foremost neurosciences hospitals. I look forward to sharing my future experiences in London with MIGA as I continue to complete this neuroanaesthesia fellowship.



1. Looking at The National Hospital for Neurology and Neurosurgery from the Queen Square Park and Garden
2. The front entrance to The National Hospital for Neurology and Neurosurgery
3. Queen Square

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