



August 2018



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Editors Note

Hello and welcome to this edition of CAT News. I'd like to begin by thanking the the many contributors to this newsletter, their hard work has resulted in a jam packed issue.

In light of the recent tragic and untimely loss of two of our own we felt it was important that they were remembered here. Close friends of Mark and James have taken time to write pieces remembering these two incredible men.

For the coming year each edition of the newsletter will focus on trainee wellbeing, from mental and physical health to finances and academics. In addition to our themed pieces in each issue, we've added Journal Watch, where we'll be highlighting recent publications, and an expanded events section. We'll be including a list of events, courses, conferences and upcoming exams in every issue this year, including those all important early registration dates. The popular fellowship section is going to continue, beginning with a piece by Dr Aoife Quinn on her recent time in Cambridge.

As ever we'd like to hear from you, if there is anything that you'd like to see included or you'd like to contribute to CAT news please don't hesitate to get in touch.

Bryan

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[@AnaesTrainees](#)

[Committee of Anaesthesia Trainees](#)



Chairperson's Intro

Dear friends,

Welcome to the first edition of the CAT news for this academic year, 2018-2019. As the new chairperson of the CAT, I would like to firstly warmly welcome the new committee members – thank you all in advance for the many hours of hard work that lie ahead. Sincere thanks also to the outgoing committee, expertly chaired by David Devlin, for the foundations on which we stand. A summary of what we achieved last year is included in this issue.

For those of you reading the CAT news for the first time I'd like to take a moment to explain what the CAT is and what we do. The Committee of Anaesthesia Trainees was set up to provide a link between the trainees and the council of the College of Anaesthetists. We are here to represent the views of trainees on issues relating to education, training, and other matters affecting trainees. We meet regularly throughout the year with members of the training department and college council. We can bring forward motions for discussion as well as addressing and answering matters raised by the council or training department. There is a CAT representative on most committees within the college (e.g. Examinations committee, Training committee etc) who is there to represent you. A big part of what we would like to do this year is improve communication with trainees so that we can do that effectively, and best represent the 240 trainees around the country.

This year has been a most difficult one for us as a group. The tragic loss of Mark Owens and James Close has impacted every one of us to some degree. I am truly sorry to the many, many friends who are grieving now. I am also sorry to all those who did not have the pleasure of knowing James or Mark: they were two great humans who both uniquely and indelibly marked the world.

We all have in common our chosen career as anaesthetists: a difficult one, filled with pressures, expectations and many clocked hours. On top of that we are human and face all the other challenges in life. Our main goal this year as a committee is to do whatever we can to make the work aspect of living that little bit easier for everyone, so that each of us have the time to enjoy the good times and cope with the bad times we will all undoubtedly meet.

We will be working with the college on a framework of support services; tackling ongoing issues with working conditions and hours; and we will be advocating for trainees on accessibility to taking time off when wanted or needed. This year, we want to create a greater sense of community and cohesion among trainees. We also hope to bring together trainees a group more often – both locally within hospital sites, and as a larger group in a social setting.

If you have any ideas, suggestions or concerns we want to hear from you. As a committee we want to be a microphone for your voice. Tara Feeley has taken on the role of coordinator for the Lead Anaesthetic Trainees (more information on this is within this issue). You can also contact us directly on cat@coa.ie or lat@coa.ie.

Bryan Reidy has volunteered to be chief of CAT communications, including editing the CAT news for the year. We want to keep you informed and updated on changes or activities within the college. We'll do that by pigeon or owl if necessary, but more conventionally via email, Facebook or Twitter.

I am enthusiastic and looking forward to the year ahead: we have a fantastic committee, all of whom have volunteered to represent you in some capacity in the College of Anaesthetists. We want to make this a great year for trainees and together I am hopeful and confident we can do that. Like most things, Heaney said it best: "hope is not optimism, which expects things to turn out well, but something rooted in the conviction that there is good worth working for".

Sinéad

Committee Bios

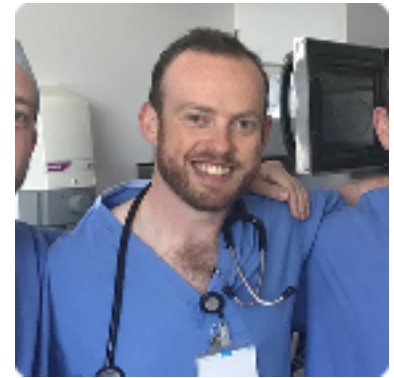
Andrew Purcell

Year on scheme: SAT 4 Current Post: Rotunda Hospital

Committee Position: Treasurer; CAT Representative to the Faculty of Pain Medicine.

How I unwind/Hobbies: First and foremost I would have to say looking at memes. Although you wouldn't think it from looking at me I very much enjoy keeping fit with Crossfit being my main outlet for that (if anyone wants to let me know how I'm "probably always injured" or that "those aren't even real pull ups!", you can shoot an email to cat@coa.ie and I'll get back to you). Anyone who worked with me in Tallaght would say making soup in my soup maker would have to be on this list although I wouldn't necessarily say that it helps me unwind as it can be a stressful pursuit at times.

Last thing you watched on Netflix: "The Vietnam War"



Bryan Reidy

Year on scheme: SAT 4 Current Post: University Hospital Galway

Committee Position: Communications Officer, Editor CAT News

How I unwind/Hobbies: When not at work I can be found watching Netflix, running on the prom (rarely) or working my way through some of the incredible restaurants in Galway. I'm attempting, but failing miserably, to read more so any recommendations welcome!

Last thing I watched on Netflix: Probably something by Louis Theroux, Grace and Frankie or Orange is The New Black



Coilín Collins Symth

Year on scheme: SAT 4 Current Post: Beaumont

Committee Position: CAT Representative to GAT Committee

How you unwind/Hobbies: ; I am still trying to find that hobby that will lead to me not needing a real job. This process started with soccer. But unless they start paying wages to play for the Irish medical team, that won't be my route out of the 9-5 job. I've recently taken up kitesurfing which is great craic but more difficult than expected. I play golf, badly and occasionally take part in a very short distance triathlon.

Last thing I watched on Netflix: Home and away isn't on Netflix.



Deirdre Edgeworth

Year on scheme: SAT 4

Current Post: Tallaght

Committee Position: Intensive Care Representative

How you unwind/Hobbies: I unwind with exercise, holidays, good wine and Instagram

Last things I watched on Netflix: Mindhunter, Pure Evil, The Staircase. I wanted to be a detective but everyone told me the hours would be awful!



Eoin Kelleher

Year on scheme: SAT 4

Current Post: Mater Private

Committee Position: GAT Representative

How I unwind/Hobbies: I am currently an anaesthesia trainee while patiently awaiting my cartoon-ing career to take off.

Last thing I watched on Netflix: the entire two seasons of The Good Place over one weekend.



Gabriel Beecham

Year on scheme: SAT 2

Current Post: Waterford

Committee Position: Secretary, Vice Chairperson

How I wind/Hobbies: Does Twitter count? Learning and speaking ridiculous and sublime languages like Irish, Norwegian, Esperanto and toki pona. Intermittent bouts of fitness freakery.

Last thing I watched on Netflix: The final series of "The Thick of It".



Janna Finlay

Year on scheme: SAT 6

Current Post: Beaumont

Committee Position: Training Committee Representative

How I unwind/Hobbies: Music festivals, rugby tournaments, sunny holidays, glasses of wine and good company

Last thing I watched on Netflix: Orange is the New Black..... uniforms, 24 hour lock up, questionable food- all very relatable



Orlaith McMahon

Year on scheme: SAT 6

Current Post: Rotunda Hospital

Committee Position: Training Committee Representative

How I unwind/Hobbies: In my free time I like to run a bit to keep fit and have done a few marathons over the years, most recently the Cork marathon last June which was one of my favourites so far!! Planning to explore a bit more of Ireland by bike this year too...although I say that every year so we'll see!

Last thing I watched on Netflix: I'm not great for keeping up with the latest craze on netflix but the most recent series i watched was Happy Valley..would highly recommend!



Sinéad Farrell

Year on scheme: SAT 4

Current Post: St James' Hospital

Committee Position: Chairperson

How I unwind/Hobbies: I like to spend my spare time perfecting the art of whimsical discourse among friends (in other words, chatting). I also like playing music and occasionally knitting or cycling if the notion takes me.

Last thing I watched on Netflix: It was so long ago I've just realised I should cancel my account. To be honest though I don't know what I'll do now that Love Island is over.



Tara Feeley

Year on scheme: SAT 6

Current Post: St James

Committee Position: LAT coordinator

How I unwind/Hobbies: Love sailing, tennis, theatre (the other kind!), and reading in my hammock when not working.

Last thing I watched on Netflix: the Crown - eagerly awaiting the next series.



Tim Keady

Year on scheme: SAT 5

Current Post: Crumlin

Committee Position: Exams Committee

How I unwind/Hobbies: When my bones can take it I like to run, mountain bike and play tag rugby. Too delicate for proper rugby these days. Hill walking, music festivals, and hangovers seem to take up most of the rest of my free time.

Last thing I watched on Netflix: Rick & Morty. A post call necessity.



Dr Mark Owens

I was packing up some possessions recently, when I came across a card written by my friend Mark Owens. When I read the words written in that spidery, almost childlike scrawl, I found it hard to believe that more than 3 months had gone by since his death in April of this year. Mark left us all, far too soon. In the chaos and excitement of changeover, there are people who should be there with us, but aren't. Mark is one of them.

My first NCHD changeover with Mark was in Waterford in 2014, and I had the delight of working with him for another 2 years after that. He was a great colleague, and I'm sure anyone who worked with him will attest to that. If work ethic could be conveyed by how quickly someone walked from place to place, Mark would surely have taken gold - somewhere between scurrying and scuttling.

Having "seen the light" and "moved to the other side of the blood brain barrier" from surgery, Mark never looked back. He embraced anaesthesia and served as the CAT representative for education, and gave his time generously to many trainees who sought his help and advice. His academic achievements were also enviable, including an MD, FCAI, MRCSI, MRCPI, and PG Dip Clin Ed. He chose to undertake a special interest year in ICU in the Mater and St. James' and I'm sure he would have excelled at it - I know how much they were looking forward to having him.

He also maintained a wide array of interests; having played in the National Youth Orchestra as a younger man, he hung up his French Horn, but was still a reliable and frequent patron of the National Concert Hall. His musical prowess even extended to writing a musical based on Ulysses - though I don't think it ever got picked up by Broadway. He enjoyed indoor climbing and tag rugby, playing like a greased up chimneysweep on steroids, and winning the league with the Holles Street team at least once. The pinnacle of his week, though, would be a Thursday night, when he, and a cabal of other likeminded fiends, would invariably win the weekly table-quiz in McSorley's. Even though he knew your knowledge of esoteric new-romantic bands from the mid 80's was not up to scratch and would probably cost them points, you'd still get an invite.

Now, almost 4 months have passed, and this impish, energetic, easily-enraged, wonderful man is still dearly missed by his family, his colleagues, and his friends. We turn to our own affairs; the next rota, the next call, the next exam. But we don't forget. In the chaos and excitement of changeover, there are people who should be there with us, but aren't.

Mark is one of them, and he was our friend.



Conor Skerrit

Dr James Close

What stood out about James was his infectious enthusiasm for the people and things that he loved and his unique way of seeing the world. You could have a conversation with James about something that he was interested in, never given a thought to the topic previously, and suddenly find yourself captivated, purely because of the way that he spoke about it.

James came into many of our lives in anaesthesia in a similar fashion; on the first day of a new rotation, at an induction or some such, with a big welcoming smile, an "ah howiya" greeting and an outfit consisting of a pair of scruffy runners, ridiculous blue cargo pants and a Christmas themed jumper...in July. Everyone's experience working with him was similar; friendly, approachable and infectiously likeable, he made friends fast. He had an uncanny ability to make people talk about themselves, listening intently with total recall of seemingly minor details months later. He was truly one of a kind; so smart, kind and witty. Everyone loved being around him and he left enough memories to fill two lifetimes.



James' time in secondary school saw him develop his passions for helping others, Latin, and life-long friendships. Among many other contributions to school life, he volunteered at Lourdes and Calcutta with his classmates to work with those less fortunate than himself. Those same classmates continue to provide a great source of comfort to his family during their recent sad times. Upon receiving a bursary on graduation from school, his headmaster described him as 'charming, friendly and witty, a student who embodies the finest qualities of a Gentleman.' This remains an accurate description of James to this day.

In September 2004 he entered Trinity College and embraced the adventure that is the journey through Trinity Medicine with creative performances at Medday Talent Shows, first prize at the Halloween Ball Fancy Dress competition, captaining multiple victorious Medcup football teams and sailing through all of his exams at the same time.

The year James spent in Waterford left a huge impact on all of his colleagues who would be lucky enough to consider him their friend for life. Dr Patricija Ecimovic was a guiding light for James, pushing him on to reach his potential and providing him with help and support when times were good and not so good. It was a year marked by some major events for him; the first live performance of A Very Closey Musical, gaining his MCAI, his big trip to Japan, conducting the crowd at a Carly Rae Jepsen concert, and of course his beloved Leicester City winning the Premier League. He also got a new pair of luminous yellow adidas runners, which even by his standards, were truly awful.

AMDG

In Limerick he found another tall red haired mentor and heroine; Dr. Catherine Motherway was a great source of support for James. He referred to the anaesthetic trainees as "Motherway's Army," few higher accolades could have been bestowed upon someone in the eyes of Albus Dumbledore's biggest fan.

Despite bringing a wealth of knowledge and experience to his training in anaesthesia gained from his time in medicine, James remained very humble and self depreciating. His talent was obvious to everyone except himself at times. It was Bertrand Russell who said "the whole problem with the world is that fools and fanatics are always so certain of themselves, and wiser people so full of doubt." If ever there was living proof of this, it was James. James took time out from the SAT scheme to travel to New Zealand to attempt to find relief from his stressors and at the same time continue his training in anaesthesia and intensive care medicine. He commenced work in the ICU in Wellington where his brother John lives. In recent times James was having difficulty sleeping. His untimely death was accidental, after taking medication in an effort to find sleep. His last evening was spent happily with his brother and best friend, John.

Ultimately James' greatest passion was his family. His mother Anne Marie, his father James, his sisters Eiméar, Niamh, Ciara, Éadaoin, his brother John, his nieces Daisy and Evie and his nephew Donnchadh were his best friends of all. They were a constant source of adoration, admiration and love.

James was a Classics scholar and teacher, a poetry fanatic, a superstar doctor, a mentor, a light-hearted tormentor, a patronus, a part-time movie extra, a karaoke enthusiast, a Michelin star critic, an occasional gluten-eating coeliac and most importantly a once in-a-lifetime friend. We are heartbroken that he is gone. It's hard to imagine not being part of the rest of his adventure but he will certainly be a part of ours. As his beloved Albus Dumbledore said,

'After all, to the well-organised mind, death is but the next great adventure.'

Bill Walsh, Emer Ryan, Andrew Purcell

Practitioner Health Matters Programme

As colleagues, we are all saddened by the recent tragic deaths of two young anaesthetic trainees. It is the ultimate tragedy for these two young men and for their families and friends. These sad events bring into sharp focus how Doctors can often suffer in silence and may find it difficult to seek help.



While we are no different to the general public and suffer with the same mental health and other difficulties what is different for doctors is that they can find it hard to acknowledge they have a problem and there are many barriers to seeking help. These include feelings of shame and guilt, the stigma of having a mental health or substance use issue as well as fears around reputational damage and damage to their career progression. Unfortunately we know that Doctors delay in seeking the help they need and often try to self-manage and self-medicate their problems. This can result in problems being more severe and more entrenched at time of presentation.

The Practitioner Health Matters Programme (PHMP) recognises these problems and offers a service where doctors can come to declare

PractitionerHealth
LOOKING AFTER YOUR WELLBEING IN CONFIDENCE

in confidence the difficulties they may be experiencing. The programme is strictly confidential and is a specially designated service. Presenting problems may relate to stress, burnout, anxiety, depression and alcohol or drug misuse problem. PHMP provides a safe space for someone to come forward regardless of how serious the problem is without the fear of being reported to the Medical Council or to your employer. Because PHMP is a programme designated specifically for doctors, we can focus solely on what strategies are necessary to support the doctor in getting back to full health and getting back to safe working again. We can listen to your problems and work with you to help you find solutions. As doctors we are very good at helping others but when it comes to helping ourselves it can be difficult to be objective. The service is free of charge and so financial concerns need not be an obstacle.

Most referrals we see are self-referrals. You can contact the service via the confidential email address or by telephone and you will be offered an appointment for assessment as soon as possible. You will meet initially with me as the Medical Director of the service and following that a support plan will be put in place. The focus of the service is compassionate and non-judgemental - our absolute priority is to support the doctor and find the best solution for their problem.

Anyone who is concerned about a doctor or medical student can contact us for advice. This includes family, friends or colleagues.

The service that PHMP provides is now supported and endorsed by all of the main medical bodies.

Dr Íde Delargy

Support Services

Practitioner Health Matters

This Programme provides appropriate care and support for health professionals in Ireland who may have mental health issues such as stress, anxiety or burnout or who may have a substance misuse problem. It is fully independent and separate from the regulatory bodies and employers. It has been endorsed by Memorandum of Understanding by the relevant professional councils and is supported by representative organisations and training bodies.

<http://practitionerhealth.ie/>

[01 297 0356](tel:012970356)

Employee Assistance Programme

The Employee Assistance and Counselling Service" (EACS) is a national independent service that is available free of charge to all employees in HSE funded hospitals and community health organisations and divisions.

EACS provides confidential professional support and counselling to employees. This free service is provided to support employees at a time of difficulty with personal and or work related issues.

<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/employee-assistance-and-counselling-service/>

Pieta House

A free and confidential service providing professional one-to-one therapeutic service for people who are experiencing suicidal ideation, people who have attempted suicide and people who are engaging in self-harm.

They also provide free counselling, therapy and support to individuals, couples, families and children who have been bereaved by suicide.

[@PietaHouse](https://www.instagram.com/PietaHouse)

<https://www.pieta.ie/>

[Call 1800 247 247](tel:1800247247)

Samaritans

Provides an opportunity to talk about whatever is getting a person down, whether they are experiencing suicidal thoughts or not. They aim to support a person's own decision making including referral to other organisations for further support.

[Call 116 123](https://www.samaritans.ie/)

Your Mental Health

An online hub containing information on general mental health, the range of services available and how you can provide support to someone in difficulty.

<http://www.yourmentalhealth.ie/get-involved/littlethings-campaign/>

2017 - A year in review

2017-2018 marked the Committee of Anaesthesia Trainees' sixth year of activity in its current form. It was established in 2011 as a standing committee of College, integrating and taking over from the previous Anaesthetists in Training in Ireland (ATI) group. A number of new initiatives were undertaken this year, while progress was made on other long-running matters; this article will summarise what CAT has been doing on your behalf over the past 12 months.

David Devlin chaired the committee's work, and it would be remiss not to recognise and acknowledge the especial work and commitment that he put into representing trainees over the past year

Regular events

Several members of CAT engaged in outreach activity to promote anaesthesia and give career advice to medical students and newly qualified doctors. Committee members contributed to the "Introduction to Anaesthesia" day for new SAT1 trainees, and manned a stand at the national Medical Careers Day organised by the HSE National Doctors Training and Planning section at Dublin Castle in September. The CAI Open Day in November was well attended with participants diving into simulation taster sessions, crash courses in ultrasound and airway management, and advice on how to tailor one's application for the scheme.

Dr Sinéad Farrell administered the "buddy" scheme, which saw each incoming SAT 1 trainee paired with a more senior colleague in their department during their first six months for general advice and support in their new role.

In April, CAT facilitated a consultant interview and CV workshop in April with the kind sponsorship of MSD, targeted at senior anaesthesia trainees and giving advice on how to answer tough interview questions, how to write an effective CV and providing an opportunity to interview technique for that coveted consultant post.

The Irish Congress of Anaesthesia moved to Dublin Castle this year, and CAT contributed to the programme through a session on "Advances in Professional Training". The CAI's interim director of training, Dr Camillus Power, gave a comprehensive summary of how the new competency-based training system of "Entrustable Professional Activities" will add to the SAT programme in coming years. Dr Nancy Redfern, mentoring lead at the Association of Anaesthetists of Great Britain and Ireland (AAGBI), presented various different tools to use to solve problems (clinical and non-clinical) in medical professional life. Lastly was Dr Dara Byrne, director at the Irish Centre for Applied Patient Safety and Simulation, who gave an overview of how to select simulators for simulation-based education in anaesthesia. The CAT Fun Run in the Phoenix park raised €800 for the charitable work of Pieta House.

Representing trainees

Members of CAT sat on a number of internal CAI committees as representatives of the trainee body: Dr Martina Melvin on Examinations; Dr Mark Owens on Education; Dr Georgina Duignan on both Professional Development and Quality & Safety; Dr Sinead Egan on the Joint Faculty of Intensive Care Medicine of Ireland; Dr Andy Purcell on the Faculty of Pain Medicine; and Dr João Vinagre on IT & Communications.

CAT liaised with a number of allied and outside bodies to ensure that the interests of Irish anaesthesia trainees are listened to. Dr Eoin Kelleher, who was co-opted onto CAT from the Group of Anaesthetists in Training (GAT) at the AAGBI, represented our views within GAT and within the AAGBI's Irish Standing Committee. He also acted as the Irish delegate to the Trainee Committee of the European Society of Anaesthesiology. In addition to his role as Chair of CAT, Dr Devlin also served as a co-opted member of GAT. Dr Kelleher and Dr Gabriel Beecham represented CAT at the ESA Trainee Committee's annual general meeting in Copenhagen in June. Dr Barry Singleton was co-opted from the Irish Medical Organisation's NCHD Committee and provided regular updates on that body's industrial relations activities. Dr Andrew Purcell represented our interests on the Trainee Subcommittee of the Forum of Irish Postgraduate Medical Training Bodies (the overarching groups that develops co-operation and exchange between the specialty training bodies in Ireland).

Communicating with trainees

Dr João Vinagre continued his role as editor of CAT News, and put a lot of work into producing a quality newsletter with fellowship reports, updates from the College, interviews with individuals of interest to trainees and mock exam questions for MCAI and FCAI candidates.

The Lead Anaesthesia Trainee (LAT) network was co-ordinated by Dr Peter Moran, providing a way for trainees to communicate with their respective consultant bodies and with the CAI centrally.

Active issues

This year saw changes in the way in which SAT training rotations are allocated, in order to facilitate SATs who may wish to undertake a Special Interest Year in SAT6 and to account for idiosyncrasies which had entered into the system over the years; we are grateful to Dr Power and to Ms Ann Kilemeade of the Training Department for responding to CAT's feedback on this process and ensuring that rising SAT6 trainees were not adversely affected by these changes.

Fatigue and burnout are topical in anaesthesia internationally at the moment. This year saw the CAI formally endorse the "Fight Fatigue" campaign, and CAT has met with representatives from the AAGBI with a view to further investigating and tackling the phenomenon of fatigue among anaesthetists in training in Ireland.

2017 saw the Entrustable Professional Activities project enter a "live beta" phase, with consultants and trainees compiling feedback reports using custom-built mobile phone apps across the initial domains of vascular access, labour analgesia, paediatric anaesthesia and basic general anaesthesia. CAT provided facilitators at the EPA tutor training day in the College and has actively fed back to the EPA working group on trainees' experiences of using the EPA framework to seek feedback.

The case of the UK paediatric trainee Dr Hadiza Bawa-Garba was extensively covered in the medical press and on social media. College facilitated a well-attended "Hot Topic" evening in May to discuss the overlapping nexus of blame, accountability and training; frank and honest discussion was had on several issues surrounding reflective practice and supportive training. It is intended that a consensus statement from the CAI will follow on this topic.

Dr Farrell and Dr Kelleher have taken the lead on an evolving project in relation to improving patient safety during inter-hospital transfers of critically ill patients carried out by trainees, with a survey being circulated which, it is hoped, will form the basis of improved training and supports for SATs undertaking emergency transfers.

Many trainees, NCHDs and consultants will have been affected by the recent deaths of our colleagues and friends Dr Mark Owens and Dr James Close; for those who did not have the pleasure of knowing them personally, see the reflections elsewhere in this edition of CAT News. These tragic events will necessarily define the approach taken by CAT in advocating for trainee welfare over the next 12 months, and we have been grateful for the support willingly offered by the College to this end.

Dr Gabriel Beecham

AAGBI #FightFatigue

"Fatigue is defined as a physiological state of reduced mental or physical performance capability resulting from sleep loss or extended wakefulness, circadian phase, or workload (mental and/or physical activity) that can impair a crew member's alertness and ability to safely operate an aircraft or perform safety-related duties"

Fatigue is known to lead to decreased cognitive performance and has been compared to driving under the influence of alcohol.

The results of a survey assessing fatigue amongst 2170 trainee anaesthetists in the UK was published in Anaesthesia in July 2017. The authors found that fatigue was commonplace amongst trainees negatively affecting both physical and mental health, over to thirds reported a negative impact on personal relationships.

Working night shifts with inadequate breaks and rest facilities contributed significantly to the fatigue experienced by trainees. Worryingly 84% felt too tired to drive home after a night on call, with 57% having an accident or near miss post call. These ranged from being woken by rumble strips to collisions where vehicles were written off.

In response to the survey the GAT Committee, AAGBI and RCoA came together to form a Fatigue Group and launched the #FightFatigue programme. A range of resources have been compiled for trainees to help overcome and mitigate the impact of fatigue. These include tips for working at night, a self assessment checklist for fitness to work and tips for getting a good night's sleep when not on call.

The campaign also encourages us to look for fatigue in colleagues. The SLEPT-NOD tool is designed to be used at shift handover to identify fatigued colleagues and put a plan in place to allow them to get home safely.

While working patterns in the UK tend to be more shift based the issue of fatigue is universal in anaesthetic practice. The guidelines highlight the need for a cultural shift that emphasises rest and fatigue reduction strategies. The guidance document delineates organisational and individual responsibilities in the fight against fatigue while also setting down the minimal acceptable standards for rest facilities for trainees.

For full guidance and copies of the resources see:

<https://www.aagbi.org/professionals/wellbeing/fatigue/fatigue-resources>

USEFUL TIPS TO AID SLEEP

In order for sleep to occur, there needs to be deep relaxation. Focus on this first. Deep relaxation is very restorative. Sleep should follow, but if it doesn't, don't worry. Here are some tips that might help improve your sleep.

Unchallenge your brain

- The absence of light stimulates melatonin release; invest in an eye mask and blackout blinds or curtains.
- Avoid using electronic devices for 30-60 min before bed.
- Eliminate unwanted sound with earplugs.
- Consider listening to a podcast or hypnosis audio on a gentle volume to help you fall asleep.

Have a hot bath

- The drop in temperature the body undergoes after a hot bath or shower aids the onset of sleep.
- Bed socks encourage peripheral vasodilation and can help optimise body temperature. Keep your room cool and your bed warm.

Sleep in a way that works for you

Before the existence of artificial light, natural sleep was in two distinct phases, with a break of several hours in-between. Not everyone manages to sleep for a solid 8 hours; it's what's right for you that matters.

Be prepared

Here are some suggestions to help reduce anxiety and cognitive load, facilitating relaxation.

- Exercise regularly, but not too close to bedtime.
- Download a yoga nidra or meditation audio and use it.
- Write a 'to do' list rather than inevitably thinking of one as you try to sleep.
- Accept help with tasks you can delegate.

References
www.sleepfoundation.org
Murphy PJ, Campbell SS. Nighttime drop in body temperature: a physiological trigger for sleep onset? Sleep 1987 Jul; 10 (7): 525-31
Miyajima Y, et al. Sleep 2010; 33 (10): 1355-60
Fangshu M. Fifteen-minute consultation on problems in the healthy paediatrician: managing the effects of shiftwork on your health. Arch Dis Child Educ Pract Ed 2016; 16: 1-6

GAT The Faculty of Intensive Care Medicine **RCoA** Royal College of Anaesthetists **AAGBI** FOUNDATION

www.aagbi.org/fatigue The AAGBI Foundation is registered as a charity in England & Wales no. 202275 and in Scotland no. SC24089

FATIGUE: THE FACTS

"Fatigue is the subjective feeling of the need to sleep, an increased physiological drive to fall asleep and a state of decreased alertness."¹

- 1 Restorative sleep**
Most adults require 7-8 hours of uninterrupted restorative sleep per night.
- 2 Sleep debt**
A sleep debt occurs after restricted sleep for 2 or more nights.
- 3 Sleep restriction**
Moderate sleep restriction to 6 hours per night for 2 weeks impairs performance equivalent to one night of complete sleep deprivation.
- 4 Wakefulness**
Cognitive function is impaired after 16-18 hours of wakefulness.
- 5 Dangerous driving**
20 hours of wakefulness can cause impaired performance equivalent to being over the UK legal driving limit for alcohol.
- 6 Age**
Sleep patterns are altered and the ability to recover from lack of sleep is reduced by age.
- 7 Microsleeps**
Fatigue induces sleep lapses or microsleeps, which are spontaneous, uncontrolled and often go unrecognised.
- 8 Recovery**
2 consecutive nights of restorative sleep are needed to recover from sleep loss.

The AAGBI guideline Fatigue and Anaesthetists 2014 includes information about good sleep habits and recommendations for individuals and departments about how they can mitigate the effects of fatigue.
Reference
1. Association of Anaesthetists of Great Britain and Ireland. Fatigue and Anaesthetists 2014. London: AAGBI, 2014. <https://www.aagbi.org/sites/default/files/Fatigue%20Guideline%202014.pdf>

GAT The Faculty of Intensive Care Medicine **RCoA** Royal College of Anaesthetists **AAGBI** FOUNDATION

www.aagbi.org/fatigue The AAGBI Foundation is registered as a charity in England & Wales no. 202275 and in Scotland no. SC24089

Lead Anaesthetic Trainees

In 2015, Lead Anaesthetic Trainees (LATs) were nominated for the first time. Thus, it is a relatively new role, and as such, is currently evolving. However, one thing is clear; anaesthetic trainees need representation within the College of Anaesthetists of Ireland (CAI).

The Committee of Anaesthetic Trainees (CAT) represents the trainee body to the CAI. At a local level, it is hoped that LATs can advocate for the needs of trainees in each hospital. I aim to have excellent communication links between the LATs and CAT. In my role within CAT as LAT coordinator I will liaise with the CAI bringing any issues that may arise to their attention

Furthermore, I envisage that LATs will form a network, with solutions to issues/ suggestions for change provided among ourselves. Problems encountered in one hospital may well have already been solved in another – solutions can be exchanged.

The CAT have agreed that any trainee can be nominated within the department for the role of LAT. However, it is likely that a senior trainee, SAT 3 or above will be the most suitable. The role of the rotamaker is an arduous one, and extremely time-consuming. In addition, many issues that trainees have are with the rota (not with the rota-maker). Thus it may be best if the rota-maker is NOT the LAT. However, this is simply a suggestion.

Please find attached link to LAT section of CAI website – it does need to be updated but it gives the general idea of the role of the LAT:

<https://www.anaesthesia.ie/index.php/cat/cat-lat-network>

All trainees should have received an email from me giving further details of the role. If you have not received this email, please do contact me at the email address below.

Ideally the person to fill the LAT role will already be decided within each department, however as of 24th August, there are many departments who do not yet have a LAT.

I suggest that in each department, trainees decide among themselves who will be the departmental LAT, and email lat@coa.ie as soon as possible.

Tara Feeley

SAT 6

LAT Coordinator 2018-2019

Innovation

Anaesthetists as Innovators

It has been demonstrated that there is a positive association between workplace innovation and individual wellbeing.

As you have read in our editor's piece and Sinéad Farrell's article, wellbeing is the focus of this issue of CAT News. Indeed, the CAT have committed to making the wellbeing of trainees the principle focus of our efforts over the coming year.

Innovation within your workplace can be something as simple as bringing an easily implementable idea from your previous place of work to your current place of work. Small quality improvement projects can be proposed by any of you, SAT 1 to SAT 6. You are all extraordinarily clever, innovative and creative. Share your ideas. It will make you feel good!

The capacity of clinicians to conceptualise improvements within our working environment is now being recognized by the HSE.

Detailed below are some of the high-profile projects that have recently been started with substantial funding, all in order to help individuals like you to bring your great idea into reality. This is not an exhaustive list, and you may find other projects ongoing in your hospital.

National Fellow for Innovation and Change

Only in its second year, Ms Christine Kiernan has taken on the role of National Fellow for Innovation and Change. This role has been developed by National Doctors Training and Planning (NDTP) to empower you as NCHDs to develop your ideas; improve healthcare delivery; and progress your training and career development.

Christine sent an email to all of us on 2nd August this year, from email account dime@hse.ie. It is worth going back and reading.

Spark Innovation Programme

NDTP established Spark in July 2017 as a national NCHD-led programme to encourage, support and recognise innovation among doctors in Ireland. NCHD-led – how empowering and refreshing!

Have you an idea that will improve your service, patient safety, efficacy of resources, NCHD wellbeing? NDTP can help. There are bursaries up to €3,000 to be won to help with your initiative.

This year there will be two rounds of funding. The first round will open on the 6th of August 2018 and will close on the 7th of September 2018. NCHDs are invited to submit their idea on a one page template outlining your innovation project. Successful applicants will be invited to attend for a workshop on the 19th of October 2018.

This workshop will equip you with the necessary skills to refine your proposal and prepare you for the pitch session that evening. Successful applications will be required to submit a progress report by the 13th of December 2018.

The second round of funding will open in January.

All projects that receive funding are eligible to apply for the Bright Spark awards to be awarded in June 2019. It is not only funding that is provided, but also the necessary mentoring and support required to aid you in your project's development.

See more on the link below:

<https://www.hse.ie/eng/staff/leadership-education-development/met/spark-innovation-programme>

NOVA University College Dublin

In a very exciting new venture for UCD's NOVA (the university's hub for new ventures and entrepreneurs), this year they have opened Knowledge Transfer (KT) offices in St. Vincent's Hospital and the Mater Hospital.

The idea is that clinicians bring their idea to the KT office, and the viability of the idea is considered. KT offices will protect the resulting intellectual property (IP), assess its commercial potential, and where appropriate licence this IP to life science companies or create new start-up companies to bring the innovations to market. The KT Offices will be led by Dr Ena Walsh, UCD's life sciences knowledge transfer expert, who will provide a wealth of resources and advice to clinicians to enable the market potential of their innovations to be fully realised.

Clinicians can meet with Dr Walsh the first Wednesday of each month in SVUH and the first Friday of each month in the Mater.

For more information contact Michelle Doyle, University College Dublin, Communications Manager (Innovation), t: + 353 1 716 3716/ 087 067 7561, e: michelle.doyle@ucd.ie.

So if you think of an idea; if you think 'there must be a better way to do this'; or see a simple (or more complex) way to improve our working environment and patient care, why not act on it? Even if your idea does not come to fruition, and many do not, the very process of actively engaging with your working environment is empowering; your first idea may sow the seeds of the next more successful idea.

Happy Innovating SATs!

Tara Feeley

Calendar

Exams

Name	Date	Applications Close
MCAI MCQ	05/09/18	10/08/18
MCAI OSCE/SOE	23-24/10/18	08/10/18
FCAI Written	26/09/18	31/08/18
FCAI Clinical	27-28/11/18	9/11/18
EDRA	12/09/18	02/08/18
EDIC Part 1	22/10/18	27/08/18
EDIC Part 2	22/11/18	October 2018

Conferences

Name	Location	Date	Early Bird Deadline	Cost	Link
ESRA	Dublin	12-15/09/18	21/08/18	€435/€485	https://esra-congress.com/2018/
Dingle ICU Conference	Dingle	8-12/10/18	01/09/18	€125-590	https://ebpom.org/Dingle2018
ESICM LIVES	Paris	20-24/10/18	09/08/18	€220/€290/€410*	https://www.esicm.org/events/31st-esicm-annual-congress-paris/
Practitioner Health Summit	London	4-5/10/18	n/a	€384	https://www.healthcareconferencesuk.co.uk/practitioner-health-summit
AAGBI Annual Congress	Dublin	26-28/09/18	02/08/18	€200-350* €255-415	http://www.annualcongress.org/
Critical Care Reviews	Belfast	17-18/01/19	n/a	€300	https://www.criticalcarereviews.com/index.php/2014-07-17-22-24-12/ccr-meeting
Patient Safety in Anaesthesia	Dublin	16/11/18			
Irish Society of Obstetric Anaesthesia	Limerick	07/12/18			

*ESICM/AAGBI Members

GAT-CAT SOCIAL!



MV CILL AIRNE, opposite the Convention Centre
Wednesday, September 26 @6pm

For all anaesthesia
trainees

COLLEGE OF ANAESTHETISTS OF IRELAND



CAI
SALUS DUM VIGILAMUS
College of Anaesthetists of Ireland

2018

AUTUMN WINTER

Education Calendar

12-15	September	36th Annual ESRA Congress, Convention Centre Dublin
26-28	September	AAGBI, Annual Congress, Convention Centre Dublin
9	October	Local Anaesthesia for Ophthalmic Surgery Workshop, Royal Victoria Eye & Ear Hospital, Dublin
8-12	October	20th Dingle Conference, Current Controversies in Anaesthesia & Peri – Operative Medicine Dingle, Kerry
13-17	October	ASA, San Francisco, USA
20	October	Irish Pain Society, Annual Scientific Meeting, UCD, Dublin
26	October	Difficult Airways Management Workshop, CAI
3	November	Intern/Medical Student Anaesthesia Information Open Day, CAI
16	November	National Patient Safety Conference, KP Moore Medal Presentations & WCL, CAI
17	November	Irish Standing Committee Meeting, CAI
22&23	November	ICSI BASIC Course, CAI
7	December	Irish Society of Obstetric Anaesthesia Annual Meeting, Limerick Strand Hotel, Limerick
7	December	Gilmartin Lecture, CAI
14	December	ISRA Consultant Foundation Workshop, CAI

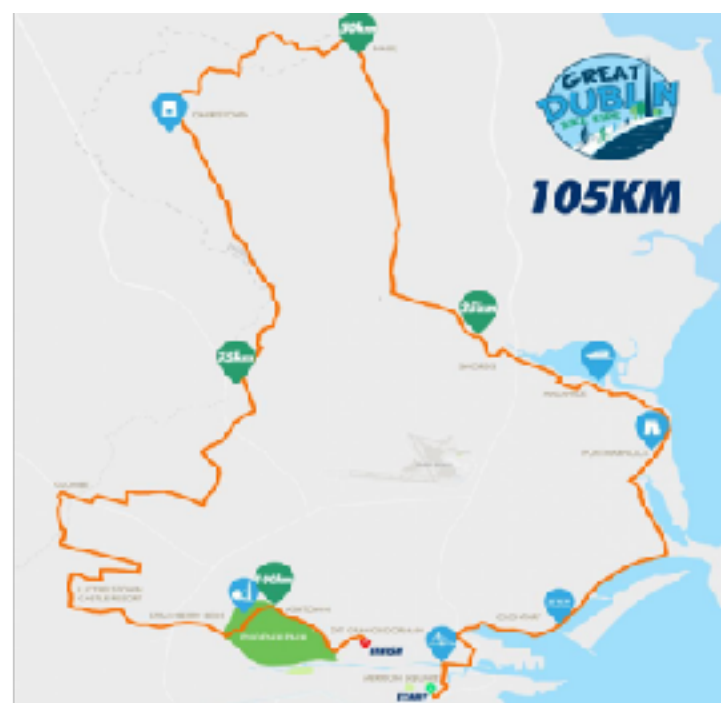
DATE FOR YOUR DIARY

Annual Congress of Anaesthesia 2019
Incorporating the Intensive Care Society
Annual Summer Meeting
Croke Park,
Thursday 9th & Friday 10th May

For further details on College meetings please contact Orla Doran at odoran@coa.ie or visit www.anaesthesia.ie



We at the CAT would like to invite all anaesthetic colleagues, consultants and juniors alike, to join us in doing the Great Dublin Bike Ride on Sunday September 23rd. <http://greatdublinbikeride.ie>



This event involves either a 65km (€33) or 105km (€50) cycle through Dublin's fair city and surrounding hinterland.

The CAT is not organising this event but we are enthusiastically hopping on the band wagon as we think it will be a great way to gather together friends and colleagues after what's been an exceptionally difficult few months.

Anyone who attends will get an exclusive CAT t-shirt and will be invited to a the post cycle barbecue. (Details to follow)

Registration closes on September 16th. So if you'd like to join us, please register on the official website (see above) soon and send us an email on cat@coa.ie so we can organise the t-shirts.

Hope to see you soon!

Tim Keady, Andy Purcell

Exams: Tips for MCAI and FCAI

MCAI

This is a difficult but rewarding exam. Passing even just the MCQ indicates to your peers that you're ready to be trusted with more responsibility. Unfortunately this doesn't come without a great deal of work. The first part of this is mental preparation; motivating yourself to study for an exam that is six months away is tricky, as is resigning yourself to the fact that it's about to take up a significant amount of your time and energy. The other part is logistical preparation; booking courses, speaking to people who've already taken the exam, actually booking the exam, deciding on which books and question banks to buy, and plotting your assault on the syllabus.

A good route planning guide (although written with the UK's version of the exam in mind) can be found at the following link: <http://www.frca.co.uk/documents/Guide%20to%20Passing%20Primary%20FRCA%202014%20update1.pdf>

The key MCAI specific information can be found on the college website:

Exam Regulations <https://www.anaesthesia.ie/index.php/examination-regulations> (download and print the syllabus - it should form your roadmap for the exam.

MCAI Information: <https://www.anaesthesia.ie/index.php/membership-mcai> (contains updated sample questions for 2018)

You should also note that the structure of the exam has changed slightly, with more focus on single best answers (see below). In general these questions prioritise good conceptual understanding over minute and less relevant detail. Personally I think it's a step in the right direction.

MCAI MCQ Examination

Jan 2018	June 2018	Sept 2018	Jan 2019
90 MTF - 3 hours	90 MTF - 3 hours	90 MTF - 3 hours	90 MTF - 3 hours
40 SBA - 1.5 hours	40 SBA- 1.5 hours	40 SBA- 1.5 hours	50 SBA- 2 hours

Dr Grainne Rooney wrote an excellent article for the CAT news on passing the OSCE/SOE part of the exam, it can be found here: <http://collegeofanaesthetistsofireland.newsweaver.com/newsletter/1b5mxsskkg118jhffjk8i?a=1&p=50805714&t=28566094>

I would just add that group study is key, both for moral support and practising answers aloud.

FCAI

This exam is again split between a Short Answer Question/MCQ part and a Structured Oral Exam part. It can be overwhelming in its scope and innate importance. The best advice I can give is to do a course, and do it early. Apart from having been shown to increase your chance of passing, it gives a birdseye view of a syllabus (see link above) that can seem daunting. A list of courses can be found at frca.co.uk. The second best advice I can give is to study in a group whenever possible. Difficult concepts can be discussed and resources shared.

Again a good route map can found at the following link <http://www.frca.co.uk/documents/Preparation%20for%20the%20Final%20FRCA%202014%20update1.pdf>

You should also be familiar with the specific guidelines as well as the recommended resources on the CAI website: <https://anaesthesia.ie/index.php/examinations/final-fcai>

The planned changes to the MCQs are outlined below, and again there is an increasing trend towards single best answer type questions. These test your conceptual knowledge and ability to apply clinical judgement. In this regard, BJA education articles are your friend and while practising SAQs and SBAs is important, you should spend a large amount of your time reading and becoming familiar with these well written papers. Another new and positive change to the exam is that the SAQ paper now has the allocation of marks for each sub part on the exam paper itself.

Two often overlooked but important resources are the Northern Ireland School of Anaesthesia website which has suggested answers to previous SAQs, and the RCOA website which has reports on where candidates performed well and poorly.

FCAI MCQ Examination

	Spring 2018	Autumn 2018	Spring 2019
Short Answer Questions (SAQ)	10 Q - 3 hours	10 Q - 3 hours	10 Q - 3 hours
	BREAK	BREAK	BREAK
Single Best Answers (SBA)	50 Q- 100 mins	70 Q - 140 mins	90 Q - 180 mins
Multiple True False (MTF)	30 Q - 60 MINS	20 Q - 40 mins	0 questions

To leave things on a positive note, the study you do for the written part is directly applicable to the SOE. Partaking in group study at this stage is hugely beneficial as well as much more enjoyable.

Best of luck to everyone.

Tim

Fellowship

I have just finished a 12 month clinical fellowship in the Neurocritical care unit in Addenbrooke's, Cambridge, UK.

This was a great fellowship. It provided exposure to a really broad range of complicated patients with excellent access to diagnostics. The staff are incredibly helpful and supportive.

NCCU is a 23 bedded unit, and dedicated to the care of neurosciences and trauma patients. The bulk of the patients are neurosurgical and major trauma, with some neurology interspersed.

Every morning kicks off with a multidisciplinary handover to make the plans for the day. Rounds follow - you see your patients and do the consultant round a little later. Procedures follow rounds - lines, perc tracheostomies, and bronchoscopies. The NCCU patient cohort can deteriorate rapidly, so you become adapt very rapidly at dealing with deteriorating patients, and prioritizing tasks. Although neurosurgeons are involved in the decision making process, in the first instance ICP management is by the intensivists. The Addenbrooke's protocol for ICP management has formed the basis for many other institutions. Triple bolts are inserted by the neurosurgeons and provide info on ICP, brain oxygenation, and micro-dialysis. This allows for targeted therapy. Management of aneurysmal subarachnoid haemorrhage is another major component of work. MAP targets for the treatment of vasospasm are determined by CT perfusion imaging. The burden of transfers to scan is offset by a portable CT scanner (non contrast CT Brains only)

Addenbrooke's is the major trauma centre for the East of England. This means a typical day also involves trips to the ED to attend to trauma calls. Other members of the trauma team include pre-hospital who have frequently transferred in by air ambulance, ED (who lead), anaesthetics, general surgery and orthopaedics.

Teaching occurs in the afternoon. Sessions are arranged jointly with the John Farnham ICU, which is the general med/ surg ICU. The schedule is emailed out at the start of the month. Journal club happens once a month. It is a reverse classroom affair, and powerpoint is banned. The presenter emails the article and a blog piece prior to the meeting, and all participants are expected to comment. During the year there are full day joint meetings between both the JF unit, NCCU, and Papworth (the cardiac centre). The topics for these meetings centre on the specialist areas of each unit, neurotrauma, cardiac, and liver transplant. Pure neurocritical care is a niche and isn't for everyone.

There is an option to incorporate a rotation in the unit in conjunction with both Papworth and the JF ICU; this is another great way to get exposure to the specialty. Furthermore it can be combined with a PG certificate see <http://cambridgecriticalcare.net/education/> for details



One of the things I liked best about doing 12 months in NCCU was becoming so familiar with the management of complicated cases, and getting a feel for the trajectory of the patient. Obviously with traumatic brain injury end of life management is a part of the workload. The option of organ donation is discussed with every family, the Specialist Nurses in Organ Donation are an amazing resource, and help us facilitate both DCD and DBD.

I cannot speak highly enough about the staff. You will make friends with other fellows from all over the world. There is a large group of nurses who are skilled, helpful, kind and were suitably outraged that I was doing nights on St Patrick's night, so threw me a party in the staff room to compensate. There is a pharmacist dedicated to the unit who has prescribing rights. There are two Advanced Critical Care Practitioner trainees. The consultants are world experts in the field, and who will teach and challenge you, and will support you with future endeavors. Research is a core component of life in Cambridge. The pilot phase of Cogitate is ongoing - a feasibility study with regards to personalized CPP targets in TBI. There is a process to access data for audit, which takes weeks, and I would suggest starting this early.

The rota can be tough. There are two people on long days, which is until 9pm, two on short days, and a foundation year and two people on at night. Usually people do four nights at a time with a few days off after. People are up all night every night. There are two consultants on every day, one of whom does a week at a time. The fellowship posts are advertised on the Addenbrooke's website. Appointments are based on competitive interview. I arranged my job about two years in advance. In hindsight that was excessive, and a year is adequate.

Cambridge is a great city to live in. It is beautiful, historic and quirky. A bike is essential; parking for your bike can be a bit scarce, particularly when all the students are back. Cambridge is expensive, not quite as expensive as London. The point on the salary scale is determined by previous experience, and there is banding to compensate for nights. There is a decent train service to Stanstead - taking about 30 minutes, though the onward journey can take longer depending on the vagaries of Ryan Air. It takes about an hour to get to London on the train.



Moving to the UK is relatively straightforward. Brexit may of course impact this in the future.

The department head is Dr Andrea Lavinio who can be contacted at a.lavinio@addenbrookes.nhs.uk. The NCCU fellowship is busy, and challenging and satisfying and occasionally heart breaking. I loved working on the unit and living in Cambridge. I will be returning to a consultant post there in July, and am happy to chat to anyone interested in a fellowship there (aoiquinn@gmail.com)

Dr Aoife Quinn



The Specialist Anaesthesia Trainee Audit and Research Network (SATARN) is a collaboration which aims to promote and develop trainee-led Anaesthesia, Pain and Intensive Care Medicine audit and research within Ireland.

Our primary role as an organisation is to orchestrate and support national, collaborative and trainee-led audit and research in anaesthesia, pain medicine and intensive care.

The first project, the Difficult Airway Trolley Audit (DATA) has completed data collection and is being prepared for presentation at the AAGBI Annual Congress in Dublin this September. We thank everyone for their assistance in bringing this to fruition

We are now looking for anaesthesia trainees to join our 2018-2019 and help lead our next project

If you are interested in joining, please email:
satarnireland@gmail.com

SATARN - An Update

The Specialist Anaesthesia Trainee Audit and Research Network (SATARN) aims to promote and co-ordinate trainee-led audit and research within Ireland in the areas of anaesthesia, pain and intensive care medicine.

DATA, SATARN's pilot audit that measured the provision and composition of Difficult Airway Trolleys (DATs) in all theatre and non-theatre clinical areas in a total of 22 hospitals in Ireland, has yielded some very interesting results that will be presented at the AAGBI Annual Congress this coming September, in Dublin. Following the presentation of the results, SATARN will also aim to have the audit published in a reputable journal.

DATA has given SATARN an opportunity to prove that multi-centre audit can be co-ordinated by trainees in Ireland. Besides this proof of concept, DATA has also highlighted a number of organisational and structural challenges within SATARN that we aim to improve on. One of the most relevant points we consensually agreed on was that the committee would benefit from significant expansion as the number of members was too small to manage data collection within all the audited centres. SATARN will therefore seek to recruit additional committee members to a set target of 10, taking into account an appropriate gender ratio, as presently the committee is solemnly composed of male members. The advertisement for candidacies will be published soon in CAT News/ Facebook page and sent out to current SATARN members and we encourage your involvement.

As the executive committee of SATARN goes through the above changes, we would like to take this opportunity to express our appreciation to Dr. James Gilroy for all of the work developed and wish him all the best in future ventures as he sadly resigns from his post in SATARN's executive committee.

As DATA comes to a close, we look into future projects for SATARN. We are keen on seeking collaboration with a UK audit project, an endeavour that would give SATARN an opportunity to learn from a trainee-led audit and research group with experience and access to organisational and funding supports. A de novo Irish project was also discussed at our last meeting, but there is no concrete ideas to divulge at the moment.

We once again appreciate your support and collaboration, and hope you will join us in future projects. Please email satarnireland@gmail.com to let us know if you would like to be involved in SATARN.

SATARN Executive Committee

Journal Watch - Intensive Care Medicine

EOLIA Trial - Extracorporeal Membrane Oxygenation for Severe Acute Respiratory Distress Syndrome

Combes A, Hajage D, Capellier G et al

N Engl J Med 2018;378:1965-1975

This study's publication is much anticipated and is on the bill for discussion at the Critical Care Reviews Meeting in January next year.

The use of VV ECMO for severe respiratory failure in adults has become increasingly widespread despite limited evidence.

The CESAR trial from 2009 randomised patients to conventional management or referral for consideration of ECMO. A survival benefit with referral was shown however almost a quarter of those referred ultimately did not receive ECMO. Simply put this was not an ECMO vs no ECMO study and the survival benefit demonstrated cannot be attributed solely to ECMO treatment.

The multi-centre EOLIA trial randomised adults with severe ARDS and mechanically ventilated for <7 days to veno-venous ECMO or protocolised conventional 'lung-protective' management. 249 patients were recruited over 6 years. There was no mortality difference seen between the 2 groups. Patients randomised to conventional ventilation could receive rescue ECMO for refractory hypoxaemia. The primary end-point was 60 day mortality.

28% of the control group received rescue ECMO, this group were sicker at baseline and their mortality was higher. Severe thrombocytopenia and haemorrhage requiring transfusion were more common in the ECMO group

The accompanying editorial suggests that based on this data VV ECMO is safe and its use is supported in those beyond the capacity of conventional ventilation and prone positioning. There is almost certainly a dilution effect in mortality data of the sicker group of patients crossing over into the ECMO group. Unfortunately the trial has failed to answer the question of whether VV ECMO is superior to conventional treatment of severe ARDS.

Deirdre Edgeworth

Journal Watch - Anaesthesia

Anaesthesia, surgery, and life-threatening allergic reactions: epidemiology and clinical features of perioperative anaphylaxis in the 6th National Audit Project (NAP6)

N. J. N. Harper, T. M. Cook, T. Garcez et al

British Journal of Anaesthesia, 121 (1): 159e171 (2018)

Continuing the work of the national audit projects, the NAP6 study evaluated preoperative anaphylaxis in the United Kingdom between November 2015 and 2016. In contrast to NAP 5, Ireland was not included in this audit.

All NHS funded hospitals in the UK submitted data to the study. A total of 266 cases of confirmed anaphylaxis were included in the final analysis, using an estimated denominator of 3,126,067 anaesthetics in the study period the calculated rate of perioperative anaphylaxis was 1:11,752 (95% CI: 10,422-13,303) anaesthetics. However if all reported cases were included the rate approaches 1:7000 anaesthetics.

The most common causes for perioperative anaphylaxis were antibiotics (47%), neuromuscular blockers (33%), chlorhexidine (9%), patent blue dye (5%) with 81% of cases occurring between induction and starting surgery.

The most common presenting feature of anaphylaxis was hypotension (46%) followed by bronchospasm (18%) and tachycardia (9.8%). A rash was the presenting sign in less than 15% of patients. 10 patients died as a result of anaphylactic reactions, the estimated risk of death from a preoperative anaphylactic event is 1 in 313,000 anaesthetics. Of those who died all were over 46 and 9/10 were overweight. Cardiac arrest occurred in 40 cases, with 9 cases resulting in death. The rhythm was PEA in all 9 of the fatal cases.

The relatively high rate of anaphylaxis to teicoplanin was highlighted as an area of concern. Despite accounting for 12.3% of antibiotics used it was responsible for almost 40% of antibiotic related anaphylaxis. The authors attribute much of the teicoplanin use to patient reported penicillin allergy.

The authors highlight the prolonged delays in patient follow-up after an anaphylactic event with average wait times of 100 days to be seen in an allergy clinic, far exceeding the 6 week target time.

Anaesthetic practice in Ireland is not dissimilar to that in the UK and so the results and recommendations may be useful in informing practice here.

Fun Run 2018

Congratulations to all who took part in the Annual CAT Fun Run this year on Friday May 25th in Phoenix Park! Pierce Geoghegan was actually so quick at running it we had barely set up the finish line by the time he got there. Eoin O'Rathallaigh was hot on his heels and took second prize. Fastest consultant was Philip Hu and the inaugural "fastest college president prize" was awarded to Brian Kinirons.

We raised a grand total of €800 for Pieta House, an Irish not-for-profit organisation that provides suicide prevention support and bereavement counselling. <https://www.pieta.ie/>

Many thanks to all who ran or donated. Looking forward to next year already!



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03rd August 2018

To Whom It May Concern,

On behalf of everyone in Pieta House, I would like to thank you sincerely for your very kind and wonderful support for the work of Pieta House and your most recent generous donation of €600.00. We are eternally grateful for your very kind thoughts, your support is so important to us.

Your support allows us to sustain our service which provides one-to-one counselling for people who are suicidal, people engaging in self-harming behaviours and people who are bereaved by suicide.

Our service is free of charge.

In 2017 Pieta House received 86% of its income through fundraising and donations. Support from people like you is vital to us.

Yours sincerely,

Maria Reale

Maria Reale
Deputy Director of Funding & Advocacy
Project Leader Darkness into Light
Email: maria@pieta.ie

Business: Fergus Clancy (Chair), Declan O'Brien
A.C. Conroy
Registered Office: Greenhills
Pieta House | Charitable Registration No. 100000000