Interview between Dr Michael Ward and Dr Jane Lim

Key

I: = Interviewer
P: = Participant
[IW 00:00:00] = inaudible word at this time
[IS 0:00:00] = inaudible section at this time
[word] = best guess at word

I: I've now started the recording. So, Jane, hello, my name is Dr Michael Ward and I'm going to be talking to you, Dr Jane Lim, who is a trainee anaesthetist, and I'm going to ask you some questions about how Covid has affected your life and also your training in anaesthesia. So, thank you very much for being part of this.

P: Not at all, it's a pleasure.

I: Let's start at the beginning; where did you do your medical training?

P: So I trained at UCL in London not so long ago really anymore and when I finished medical school at UCL I went straight into the foundation training programme and I did -

I: What attracted you to anaesthesia then?

P: Well, it was actually the foundation jobs that I had. I was very fortunate as a House Officer to be given two months' of Anaesthetics as part of my jobs and then two months of general ITU and during those two months as a House Officer you go through lots and lots of different specialties and Anaesthesia is not one that people often get a chance to work in and I was really quite lucky to have the opportunity and seeing how anaesthetist work, you know, is very intensely one-on-one. You go to a list, you're with your consultant or very senior trainee through the whole of the list and you can really ask them questions about why they're doing what they're doing and assess the best bits in the worst bits of what they thought their job was and I felt like it really gave me the room to be quite informed about whether I wanted to do this. I like that you see all the things that you learn in action immediately in front of your eyes in terms of how the drugs work, what you do, the physiology and all that textbook knowledge is suddenly practical and it really comes to life. I just enjoyed that so much and in my second year of training I then moved on to Oxford and did quite a few surgical-type jobs, but surgery and anaesthesia have always gone hand in hand and seeing how they work

together made me really then decide, actually I really enjoy anaesthesia, and then applied into it, and finishing the first two years of what we call foundation training, which is what you do after you leave medical school, I applied to do core anaesthetic training which is what I'm doing now.

I: Right, where are you doing that?

P: I'm doing this in central London. So I've done my first year of core anaesthetics training at the Royal Free and I've just moved on in the last month to Romford in east London.

I: Did you enjoy the Oxford-bit of the course that you did?

P: Oh, I did so much and I often do think about, you know, the joy of medicine is you can move around and think about if I ever go back or to that deanery and you know, it's very different, London and outside of London actually. I wouldn't say one's better than the other, they just offer very different things in different ways of living alongside different types of work.

I: Which bit so far has been the best of all of your anaesthetic training - which specialty area, say.

P: I think it's not even about specialty area, it's about seeing myself grow more and more independent. You start off, and this is the quirk of anaesthesia is you finished medical school, you feel like you've achieved something because you've done six years of hard work and exams, you searched your foundation year, your F1 year, and you feel that you have to start all over again to learn all that practical knowledge and starting core anaesthetic training felt like that again - you suddenly starting on very much ground zero. Because anaesthesia is so different to anything else that you have done that a lot of the skills that you need to pick up you feel like you're just learning them for the first time, mostly because you are, and so my joy has been in the last year just being so aware of the skills that I've I gained and the confidence that has come with it and feeling like I can manage these patients on my own, I can do these lists, you know, I can now attend these emergencies and not be terrified anymore. My training has translated into skills and confidence that I feel can contribute to situations I find myself in.

I: One of the thoughts that came out of your short article in *Anaesthesia News* was an anxiety that having been taken out of the rigid training programme, whether you will feel confident performing solo anaesthesia again. I put the 'again' in, but you didn't write 'again'

but I could feel it was there. I wonder, it's interesting that that was one of your anxieties. You wrote this a while ago, and time's gone by. Do you still feel that way?

P: Not so much about performing solo anaesthesia again. As I'm sure you're aware, these things come back to you quite quickly. At the time of writing, it felt like, I suppose it just felt like the pandemic was never going to end, and you have at the back of your mind this awareness that you've only just very recently gain the skills and I was so worried that when I finally had to do a list again or I'm given the opportunity to be doing anaesthesia I'd to start at ground zero again and learn them again. And I suppose I surprised myself, these things came back to me fairly quickly and I don't feel as – unconfident, I don't know if that's the right word, I don't feel as rattled as I thought I would have been going back into doing just anaesthesia again.

I: That's probably because your training was good enough for it to stay implanted in you. I'm sure that the Royal Free has looked after you and got that well-ground basis.

P: Definitely, yes.

I: Tell me, when you became aware that something strange was going on. This would be, I guess, back at the beginning of this year 2020, so maybe March, April; when did things start to look funny and what happened to you that changed the work you were doing and where did you go to do different work?

P: So one is my personal awareness of when things started changing and then when things actually shifted a gear. My personal awareness, funny enough, is our friend from Hong Kong came to visit and she works there as a pharmacist and this was in the New Year, so January time, and she – we were just talking about the differences in our work here in her work there. And all she said was oh you know there is this really weird pneumonia going around in Wuhan at the moment and nobody really knows the cause for it. And that was sort of it, and a couple of months later, end of February time, there started to be a lot more news about this mysterious pneumonia she was talking about. I think that's when I thought okay, so even the practitioners in Hong Kong are worried about this thing that's across the border and now it's starting to pick up a bit more news, maybe this is something. When I was growing up, I remember SARS and it was a very big deal where I was and knowing that it sounded very similar to it made me just think a little bit more, but at the time, it still felt really far away. And then it became a real deal, I think, when we started reporting cases here and seeing how quickly, despite the Chinese government locking down, it was so severe there and just trying to imagine that here was very difficult, it's very difficult to imagine until it actually happens. So that was just my awareness of it slowly growing growing from early January until March, and then when things really changed. When things really changed for us was when France started going into lockdown, and that was just about the time when, as a hospital, the Royal

Free started and to really shift things into a different gear in terms of planning, cancelling routine operations, we as a department, the anaesthetic department, supported by ITU a lot more helping to – helping with resus with patients who are coming down that way and how they would intubate those patients and transfer them up, coming up with the policy so that these were red areas and green areas. A lot of it was logistics initially; how would we move these patients around without contaminating everyone else, how would we get from A to B and have all the right PPE that we need, how do we have all the equipment in, because once you're in PPE it's very difficult, as we discovered later on, to get just random little bits of equipment that you would easily able to get if you could reach out of your PPE [IW: 00:08:54]. So I think all of that together shifted really, really quickly. On my part, and which I alluded to in the article where I come back and it's my nightshift and I describe the scene, that was actually one of my first shifts back because I'd been away and we had someone in my family who was really unwell with very Covid-like symptoms so I had to self-isolate for two weeks and in those two weeks the hospital was turned around in such a way that when I came back to work it felt so unrecognisable and that was when it was – when it struck me that this is something, something has really changed, it's really serious. It's not – it's very difficult to gage, it's very difficult to – if you're just a member of the public and you haven't been into hospital and this time, it's very easy to think that we're all just overreacting, you know, nothing's changed, everything's just locked down, it's a big fuss. But actually when I got to work, it was very real and very visceral.

[00:10:00]

I: Did you get training in a new way of doing things? Were you formally trained, for example, in following the new single flow guidelines and routes in the hospital, in donning and doffing your PPE? Did you ever experienced shortages of the equipment, which is something that the press was full of at various stages. There must have also been a huge change in the sort of cases you were being asked to do because all electives were stopping and you were only then dealing with emergency cases. So my first set of questions is about training, what training you got, and secondly to say a few words about the change in the sort of practice you personally were being asked to deal with or were you just in a supportive mode for another more senior anaesthetist?

P: Yeah. So, the training, I have to say, was very good. People were very aware that in the role that we are as anaesthetists it was a fairly high-risk position to be in with a lot of aerosol-generating procedures and around a lot of patients, you know, in ITU where you do lots of suctioning and you know just airway manoeuvres, so they were very keen to get us all one: trained at donning and doffing, as you said, so you didn't start a shift unless you already had a session with one of the trained staff who were – their job was, the whole day, just to be teaching people to don and doff. And on top of that, coming in for mask fittings, so as the weeks went on, we had various types of PPE masks and some fit some people and some didn't. So every time there was a new mask that came in circulation, everyone would have to go and get fit-tested again because it was just – they were all fairly different and what really helped because of the way of the change in shift patterns was they had somebody who was helping to fit-test at the height of it, even out of hours because if you were only coming in for

night shifts for a certain stretch of time it was very difficult then to catch these people at the appropriate times, so you would have someone on sort of late shift doing all of the fit-testing and it was just a commitment, really. It seemed like such a small, mundane and boring job, but it mattered so much because you knew you could come, you knew you'd get fit-tested and then you'd know that you can use the equipment, even though it's new, that you – you feel safe using it and that you're not just throwing a mask on and hoping that works. If it didn't work then they would source the ones that did work for you and keep it aside for only those people who really didn't fit the new masks that came in. So those systems were in place. I haven't personally not had PPE when I've needed it. I think we did have a few issues with the type of PPE, though, is as it got later on. I remember we got a shipping of PPE and all of it, said large, large scrub tops but on me they fit just nice and I'm not very large. [laughs] On some of my colleagues the sleeves came up to their elbows, you know, technically we had PPE but it didn't really fit a lot of my colleagues and so we were scrambling to, you know, preserve the really large sizes for people who needed them and, at some point, I remember, because things just didn't fit very well, or – the way you need to doff, it needs to be able to be torn off easily so that you don't contaminate yourself. Some of them weren't so easy to do that be so we were putting aprons over – so it was a mix of, you did have to be a bit creative sometimes but I was never personally in a position where I've felt like I really had nothing to put on.

I: Right. Did you ever feel that you are being asked to do stuff that you had not been properly trained to do? I mean you obviously described the training for donning and doffing and putting equipment on. The sort of cases that sometimes you were asked to do, were you ever – you're working your working single-handedly now I take it – so were you ever asked to do things you didn't feel comfortable, was so support if you if you said, 'Look, I'm not sure about this case I'm worried about'

P: The support was always there, so part of restructuring for coronavirus was a change in our rota and a change in the way we work. So, as I said earlier, as anaesthetists you generally work fairly solo. As a junior anaesthetist you always work with one other person who's more senior than you. In this case we were restructured into firm-base groups. So when I came on shifts I was always with the same few Registrars and there was always Consultants on site to help cover the ITU and to help cover the transfer and emergency responses, so I never felt like I couldn't ask for help. Certainly there was always people there who were able to help and I was never put in a situation where clinically I had to do more than my training had taught me but we felt stretched. What you were doing wasn't necessarily in itself, you know, such a heroically different task. It was the scale of things that, you know, I'm sure you know having done ITU, there is something about a normal ITU where you got large bed spaces and it's one-to-one nursing and even though everyone in the unit is really unwell there's as calmness to it. This was not the case when coronavirus hit because you were no longer having one-to-one nursing, it was one ITU nurse to two or three patients or one ITU nurse was supporting two non-ITU nurses and had her own patient so the environment wasn't as it usually would be.

The pop-up ITUs that we had – so, we turned our Recovery into an ITU and those bed spaces are not made for ITU. You had a bed you couldn't get round to the front end without having to go through, under, over wires and on one end you'd have the ventilator on the other side you might have a haemofiltration machine and then all the patient's emergency airway equipment, because it was each patient's own, at the head of the bed and that's not even including the pumps, the drip stands, all the sorts of things that you never really think about are suddenly in the way. [laughs] So just doing really simple things like an ITU review just took so much longer than you thought. You know, we had to transport all of the ITU systems down to Recovery. The paperwork was different. They didn't have the facility to store things you need so you know, even going in and say 'okay, where can I get another drug chart?' and the nurses don't normally work there, they're normally in ITU. Nothing's where it normally is, they've had to clear out the place. So, you know, everything suddenly became such a battle when it's normally easier, and you don't need, you know - you got 11 patients all lined up in a row you walk into the Recovery and there's something quite mentally fatiguing about just watching a whole line of patients who have the same pathology, who got essentially the same problem and are on various scales of the same type of treatment for that problem, that it becomes very – very quickly your mind doesn't distinguish between one patient and another. And I'm not sure if you understand where I'm going with this but – on one level, it just feels like you're seeing the same person again and again and again because they've all presented with the same respiratory failure, the same symptoms and then to get to that point or fail the regular therapy that we would try to get – to prevent them coming in. After a while you just feel like you've been doing the same thing again and again and questioning how effective it is when you're in the situation.

I: But since then we've seen certain changes and successes in new therapeutic measures. Were you involved very much in turning – proning – patients? Did that come along as a new approach whilst you were working?

P: Yeah, that was definitely one of the new skills. So, something that the Royal Free did very early on was recognising that these patients would benefit from proning. They set up simulation training for proning – setting up not just for anaesthetists but also the surgeons and the nurses to be aware of our proning protocol, how we were going to do it; very clear direction and steps where you gonna put the pillows, on what count and how you were going to move the patient. So, I felt equipped to do that and it was definitely a skill that I will take with me wherever I go and actually seeing it works in patients who – their parameters were just not getting better and then you prone them and suddenly, you know, things – it works and yeah, sometimes we surprise ourselves when our own therapies work, don't we [laughs]

I: So you've seen some successes and you must have seen some failures as well. Would you like to guess at a ratio?

P: I honestly can't tell and I think that is a testament to how out of touch – when you're, when you're in that moment, how out of touch you are with the context of everything else that's going on. I think something that we did talk about a lot during out breaks is, how long should you prone these patients for, and if they've been through, you know, one set of proning and they get worse again does proning them a second time really work. There were all these questions and at that time we didn't know whether or not given them steroids. So the information was changing constantly, so on top of the fatigue of doing the job there was – your mind was always thinking, 'well, what should we be doing, what is the right thing to be doing, what is the evidence out there', and all, you know, trying to keep up to date. [laughs]

I: And how long were the shifts that you were doing?

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P: So, we were all doing long shifts, so 12, 12 to 13-hour shifts. When we restructured, because all elective operating was cancelled, it was really just you come in for a long day or you came in for a nightshift, and we would just rotate between the day and the night teams that way, that way, you – well, you, you only ever did emergency work at this point.

I: I don't know your own personal position, family: were there anxieties from your family? Were they concerned for your well benefit, were you concerned for your benefit?

P: Yeah, I think it was something that really changed 'cause normally with Anaesthesia you can leave work at work and that's one of the things that I was drawn to in Anaesthesia is that your work is fairly sessional, you go to do work, you do your job and very rarely do you need to be called about the one patient that is your patient and so you can leave work there. I think coronavirus changed that. You couldn't leave work at work. You could literally bring work home with you and there was a lot of anxiety about contamination. Maybe not so much in my household because my other half is also medical, but there's concern about family members who then you can't see, who you know are vulnerable. All my family are abroad and that just changes things a little bit because then you can't really see them and you worry about the kind of policies there instead in the healthcare systems there are different but there's not much you can do, really. And you accept that this is something that you can't change. There's not really much point mulling over it too much and I just have a shower when I come home. [laughs]

I: Do you feel that things are better now? We've now moved on, we've had – I can't remember how many months, eight months of this, that one gets the impression at the moment that there are far less patients dying. I don't – no longer work clinically, I report what I see in the papers and that may well be wrong. There are far fewer deaths than there were at the beginning. That the chances of a patient that has Covid succumbing to it are less now

depends on a number of factors but do you think that that fear, that anxiety your family had, is lessened now or is it still there?

P: I think there's a mixture of the anxiety still there, but also at a fatigue. There's only so much mental space you can give the anxieties and then after a while it just turns into a tiredness and a fatigue, not really being sure whether you should still take other precautions and, yeah, I think that it's – people are confused a little bit. I have not – I have since obviously not been doing ITU when things started to calm down a little bit and as we try to open up slightly more semi-elective operating, have gone back to Anaesthesia but even there, I think, with staff, there is a feeling of fatigue – of anunrelentingness. How we've all just done this [surge] and trying to pick up and trying to go back to normal. It feels like an uphill battle because, we're all coming from different places and acknowledging that if this isn't normal, trying to reach the new normal and trying to agree what this new normal is going to be has been a bit of a conversation with staff; how we're being managed, what is important, what isn't important. How, how do we make the most use of our time? And even now theatres aren't back to 100% of its elective operating. We're still trying to figure out how, how we're going to keep patients, you know, who are coming in for elective operations in 'clean zones' and your staff are, you know, moving between both zones and how does that change the risk that we pose to our patients then. So, I think we're still figuring that bit out and, you know, the ideas evolve week on week.

I: Have you been able to have any, any breaks at all, any weekends off or periods off where you had a chance to just relax and to think about better things, other things? Have you?

P: Yeah, when I was at the Royal Free they were very kind and when we started de-escalating the surge rota, anyone who had annual leave that they needed to clear were given in as much possibility the time off. So I was able to take a week, two weeks off actually after the end of it, and even though I didn't go anywhere, it was just useful to not be constantly at work. It changes your perspective a little bit, and not doing night shifts every week definitely helps. [laughs]

I: You mentioned your other half and you said that they are also in medicine. Are they in acute medicine like you, or are they in a training role or what?

P: Yeah, no, well, so he is training but in ophthalmology so very far from acute and he was redeployed to go into medicine at the height of it so that was his own – not a shock, so to speak, because he's been doing medicine not so long ago as a foundation doctor, but definitely his training was also severely affected. On some level, my training is still fairly similar to what my day-to-day job would have been in terms of looking after acute patients, transferring patients, doing tracheostomies in theatre, so that was still a reflection of mine, but for him completely different. He was not operating at all, he was on a Stroke Ward for a

bit. Completely not anything to do with his training for quite a few months and then when they finally started elective, semi-elective ophthalmology operating they didn't allow more than one person to be in a room because of the risk that clinicians posed to the patients, so he didn't really go back into normal training until much later compared to me.

I: Right. How much do you think your training has suffered inasmuch as you may have been due to do a cardiovascular or a cardiothoratic rotation or something and that hasn't happened, I mean I don't know if that particularly it's where it's affected you, but has there been an impact? Do you think you are going to be delayed completing the rotations that you need to do for the next stage of your career?

P: Yes and no. So there has been a delay in a practical sense for doing the exams because it was cancelled during the peak of coronavirus and as you know, that's one of the requirements for moving on to Registrar posts, but the College has changed that and said that you can apply for your ST3 jobs with only the written, not having done viva or the OSCE. So it has changed but the college has changed with what has happened to help us get what we need to progress and some acknowledgement, really, of the fact that that's quite unusual. It has changed in terms of feeling like I can do solo anaesthesia which we were talking about earlier. I suspect I would be more confident, I am confident but I could be more confident and better skilled if all of that period I was doing elective lists because I was coming to the point where was being allowed to do things on my own much more and really been given the first signs of wings as a novice anaesthetist. [laughs] And now I do do that but I suppose you don't know what you would have been had things been different, do you, and you just work with what you have. I see now that I've moved to a different Trust, there are novices where I am, and I think their training is probably more, much more impacted than mine. I was able to do all of my initial competencies in fairly normal circumstances and, you know, had at least six or seven months of normal anaesthetics training before coronavirus hit, whereas the current novices and CT1s are coming in at what is a very unusual time. It's very difficult for them to get the number of lists and really the kind of patients that you would have had before because theatres is not working to 100% capacity and there are lots of trainees who want to be back in operating lists so you end up having two or three trainees in one list, which is not so ideal for them but it is unfortunately what we have to work with at the moment.

I: Did you keep a diary during all this period?

P: I did, yeah. [laughs]

I: A professional diary or a more general, personal diary of thoughts?

P: It was a more personal. You know just to keep track of where my mind was during coronavirus.

I: Have you looked back at it to read it?

[00:30:00]

P: Yeah, you know funny you say that because when I did look back on it, it was just like – you could tell that it was so inescapable. It was there at work and we went home and when you went home people at work were still talking to you about it and everyone at home and your family were still talking to you about it, and it was on the news and it was on social media and when you left the house, even on the day when you weren't at work, you're just reminded of it, when you have to queue up for anything or how everything's shut. And I think that just made me feel really tired in a way that you felt nothing was going to ever end and you just pine for when days were normal and you went to work and you did your list. Your usual avenues for decompressing weren't there. So, you'd normally be able to go out for a drink with the rest of your colleagues after a day of work, especially after a hard day and you couldn't do that anymore. So the usual routes for debriefing and decompressing weren't there and work was so intense that actually sometimes you didn't even have the energy to talk about it any more and you'd just come home and just sit in silence and try and calm that all down [laughs]

I: It's only fairly recently that we managed to get properly set up a bubble with our son and daughter-in-law and granddaughter. Now your family, I don't know whether they're still back in Asia or whether some of your family are here but it must be the same for you too I guess.

P: Incredibly frustrating. So, my family are in Malaysia and I've got a brother in Australia, and like you said, we do try and meet regularly, I try to see them at least once a year and I was actually meant to go back in June for my brother's wedding. So he had to call that off and I couldn't go and now it's been such a long time since I've seen any of them.

I: What do you think about the present? How do you think things are going and how can, I don't know, how can all of us in the medical profession, in particular in anaesthesia, which probably [does] have a big part to play, how can this help the future?

P: Well, I think it's thinking about the relationship anaesthesia has in every hospital with the rest of the departments. What I saw at the Royal Free was a very good demonstration of stepping up to a very different challenge to what you signed up for. I imagine no one as an anaesthetic consultant there imagined that they would one day have to step up and do this pandemic-style-ITU [IW:00:31:48] but there was a sense of 'we're all in it together, we have

some training in this with some guidance and some work with the rest of our intensivist colleagues, let's try and make the best setup that we can for all these patients coming through the door and try and expand on what we already have'. I think the role of the anaesthetists as education leads and supporting leads for the rest of the staff that we work with all the time, so, you know, the nurses who work in theatres, the ODPs who work with us very closely, just working with them to build them up so that they feel able to contribute in the role that's not normally theirs, in helping the ITU nurses, is really important. And I think a big part of making sure people feel comfortable in stepping up in such unusual times is making sure that they felt like they had the support. So I felt, even though it was hard, I felt very well supported when I was at work. As I said, I never felt clinically like I was pushed to do anything that was terribly out of my depth because I knew I always had someone to turn to. and so I think that's really important to remember going forward that people can step up and people have so much more to give and in a well-supported environment where you had the training that you need and you have the help at hand if you really need it and that there's no reservations asking for that help and there's no repercussions to needing that help. I think that sense of openness and support really helped during the pandemic and, you know, who knows if we have to step up again soon.

I: One other question I'd like to ask you, slightly different tag, is – I asked you about keeping a diary and I'm delighted you did keep a diary and I hope you also kept a log book going of some kind, a professional log book. I'd wondered if you've given any thought at all to research at any time during this episode, whether there was any time you thought 'I wonder if such and such might be helpful' and thought about developing that. There might not have been time but did you, did that ever cross your mind?

P: Not personally, no. I'm aware of a lot of other research that was going in the Department but I didn't feel like I had, at that time, the capacity to, well, think about that.

I: You strike me as that sort of person that might possibly do so in the future, however. I hope so.

P: [laughs] I may well do, I may be tempted into it, yes.

I: Here we are now in September. We're looking, as – at the moment, as if things with the infection rate are going up as if we may be about to see the beginning of a second surge. Does that fill you with dread or do you feel confident that you'll be able to change again, back perhaps a little way to the way before to get on with it, or do you, are you more optimistic or more pessimistic? How do you feel about the present?

P: To be honest, a lot of dread. You know, the first wave that hit, a lot of it was driven by the fact that this was, there was a bit of a sense of novelty, not in a gleeful way, but you know, as clinicians we are curious to see how – what we can do should be doing, it is new and everyone really went all in hard, but if it happens for a second time that novelty has worn off a little bit. I'm not saying we go to work to do things that are new but all I can remember is that it is going to be really hard work. Maybe the first wave – we went in, I went in certainly with a bit of naivety of 'Oh, how bad can it be? I'm sure it will be okay', but now I know how bad it can be and we know it's not always okay for the patient to come through and fills me with a bit of dread. And yet, I hope that because it is a second wave, that we've learned enough from the first and we're not scrambling as much as we were in the first wave. In the first wave policy was really changing every other day. New beds and new spaces and you wards were being created overnight where we were, and logistically, things just seemed to change every shift. So I think that, at least that I hope that if these things happened again and that we would be a little bit wiser as to what resources we really needed from the last round to have them in the right places now, and that hopefully staff feel a little bit more familiar with what to expect. I think all of that we're primed for but mentally it is a bit – I wouldn't – it's not a place you want to go back to.

I: So what's your next step, where, what, tell me what the immediate future holds for you and training, where you'll go next, building on what you got so far.

P: Well, so, immediately will be more exams as anaesthesia is famous for having. So, I will be attending the viva/OSCE in November. And the pandemic has changed the way that we're going to be doing this exam, it's all going to be completely online so that will be a new experience for everyone. And all going well, I will be applying for an ST3 job to start next August. This year, in my second year of core training is what I'm doing now. I will be doing a rotation through ITU and doing the basics of obstetrics anaesthesia. So lots of new things to look forward to and hopefully that will not be interrupted.

I: Well, Jane, thank you so much for your time today. Anything else you want to add? We got time to do it. Is there anything I haven't asked you that you would like to record as your personal thoughts during this extraordinary period of months of the pandemic that I haven't addressed?

P: I think – I think the pandemic shone a light on how important is to look after healthcare workers. I think that, you know, pre-pandemic there's been al lot of discouragement, feelings of 'being a doctor is not worth it anymore', morale wasn't very good where, you know, everywhere you went, really, and a lot of it came down to feeling looked after and feeling like someone cares about your well-being, which is what I allude to a bit in my article, which is while the pandemic has shaken up my training and has taken a lot of time out of what I would like to be doing, has changed the fact that I can't do my exams, has changed so much of our personal lives everyone has experienced. There was also a lot of positivity around

trying to support us. There was a lot of awareness among the general public about what we do and about the role that we played and appreciation for doctors and nurses and, you know, all the healthcare workers at the time and I think that helped. And I know that – just knowing that your job is appreciated by people made a difference. Where your work generally, especially as an anaesthetist, goes by fairly unrecognised, it was definitely a new feeling and it definitely galvanised us to work together and to just do this task and I hope that going forward, as things start to become normal again, that people don't forget that. One of the things that really got me through was feeling like my consultants cared, my training programme directors cared, the people who were there who could support us were doing their best to do that, and it's not often in other jobs that I've done that you feel this way. And the resources are there to just there to help you to feel like you're in, you're safe and that you can unwind and that if you had got any concerns you can safely raise it with someone in the department.

I: That's a wonderful end to our conversation; very, very encouraging to feel that the profession as a whole but particularly the anaesthetic bit of our profession feels that way. And I'm sure you're right. Mercifully I was never involved in anything quite as dramatic as what you've just been through over the last few months, but I loved what I did and I get the feeling that you actually enjoy what you do as well, so it's been a pleasure to speak to you, thank you very much.

P: Likewise, it's been lovely, thank you so much for speaking –

I: It's a pleasure. Let me formally thank you for taking part in this and giving me your time. It's been very encouraging for me today to hear your views and I think it gives me hope for the future of anaesthesia. Thank you.

P: Thank you so much.

[Interview ends]