

## **Meeting up to the challenges of our evolving roles**

The present day anaesthesiologist is no longer a person whose only role is to give an intravenous injection, hold a mask or squeeze a bag to induce a deep sleep to enable the surgeons to perform surgery. We have moved on to be multi-talented, multi-tasking individuals with many newly acquired skills and up to date knowledge.

We anaesthetize patients not only for a surgeon in an operating theatre. We have moved out of a theatre environment to anaesthetize patients for interventional radiological procedures, MRI's and CT's with radiologists, endoscopy procedures with physicians, cardiac interventional procedures with cardiologists, for electroconvulsive therapy with the psychiatrists and for provision of labour pain relief in the labour ward. Each of these non-operating theatre areas poses their own challenges for the safe delivery of anaesthesia.

Even in the delivery of anaesthesia, our traditional role has changed. We are now peri-operative physicians and our role includes preoperative assessment, identifying the co-morbidities and risks for surgery, optimizing the patient for the surgery, planning and provision of anaesthesia based on established care plans or new care pathways, prevention and prompt treatment of complications, and post-operative management including fluid balance and pain management. As the surgical specialties are moving towards acquiring more advanced technical skills the unmet need of peri-operative patient care falls on us.

In Sri Lanka and the rest of the world our role as an intensive care specialist is well established. In the intensive care units, we are today looking after sicker patients, patients with severe sepsis and organ failure and patients who have had complex surgical procedures. With our skills in managing the airway, breathing and circulation we are at the

fore front in providing advanced life support and resuscitation of patients in emergency treatment units, trauma resuscitation rooms and in all other hospital locations. We are best trained for intra hospital, inter hospital and even international transport of the critically ill patients.

Our traditional role in the management of acute pain in the surgical patient has expanded and we are now called upon to manage acute pain in the non-surgical patient too. Anaesthesiologists head acute pain teams in hospitals. In addition to acute pain, anaesthesiologists now manage chronic pain too and this has led to the establishment of pain clinics run by us.

All these roles require sound knowledge and competence in skills. The specialist anaesthesiologist fulfills the role of a medical expert, collaborator, communicator, health advocate, manager, professional and scholar.

So how do we meet the challenges of these roles? We all have training in basic airway skills and we have now moved on to acquire advanced skills such as fiberoptic laryngoscopy and per cutaneous tracheostomy. The invasive and non-invasive ventilatory strategies used on patients are more complex and advanced and we have mastered the knowledge and skills for them.

Our skill in accessing veins and arteries is well known. We are using this skill for more advanced haemodynamic monitoring to give a better outcome for patients. Our newly acquired skill of ultrasonography during central venous cannulation makes it even easier for us and safer for the patient.

The skill and knowledge of ultrasonography is used for many other aspects too such as regional anaesthesia for intraoperative and post-operative

pain management and for interventional procedures in chronic pain management. It has become a useful tool for us in the intensive care unit for transthoracic and trans-oesophageal cardiac function monitoring, for thoracic and abdominal diagnostic and therapeutic procedures and in trauma.

A Sri Lankan trainee in anaesthesiology acquires current knowledge and skills as a novice trainee for 6 months or more and then for a 3yr period of pre MD training, prior to the MD Anaesthesiology examination followed by another year of post MD training in Sri Lanka and 1-2 years in a recognized centre abroad. The training programme of a minimum period of 7 years takes them through all areas of the challenges faced in order to obtain the necessary knowledge and skills. The College of Anaesthesiologists of Sri Lanka very frequently conducts workshops and training sessions to provide the new knowledge and skills that are continuously developing.

We have an evolving, challenging role to play in providing the best patient care in a hospital environment. It is our individual and collective responsibility, whether we are young or not so young, to keep abreast of the new knowledge and skills required to meet the demands of this evolving role.

## **References**

1. Statement on Roles in Anaesthesia and Perioperative Care. Australian and New Zealand College of Anaesthetists. PS59; 2013. [www.anzca.edu.au](http://www.anzca.edu.au)
2. Grocott MPW, Pearse RM. Perioperative medicine: the future of anaesthesia? Br. J. Anaesth. 2012; 108 (5): 723-726  
<http://dx.doi.org/10.1093/bja/aes124>  
PMid:22499744

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