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## **Clinicians in the Classroom: the Consultant Anaesthetist**

### **Abstract**

In 2013-14, 26.2% (166,081) of deliveries in England were by caesarean section (Health and Social Care Information Centre (HSCIC), 2015). Epidural or caudal anaesthesia was required in 16.4% (86,673) of deliveries (mainly for instrumental deliveries) and spinal anaesthetics were used in 15.1% (79,975) of deliveries (mostly for caesarean deliveries) (HSCIC, 2015). Support from Obstetric Anaesthesia Services (OAS) is also required in obstetric emergencies such as postpartum haemorrhage (13.8% of deliveries in 2013-14) (HSCIC, 2015) and eclampsia (approximately 1 case every 4,000 pregnancies). As modern day maternity services demand a multi-professional approach to providing high quality care, it is important that pre-registration midwifery education prepares student midwives to work in such an environment.

This is the fourth in a series of articles exploring expert clinicians' participation in teaching pre-registration midwifery students in the classroom setting. This article will consider sessions facilitated by Dr Kalpna Gupta, Consultant Anaesthetist, Northampton General Hospital NHS Trust.

Keywords: Consultant Anaesthetist; theory practice gap; multi-professional working; pre-registration midwifery education; high risk obstetric care

### **Background**

The midwife is the lead professional in low risk maternity care and the co-ordinator of care in complex cases where a multi-professional approach is required (Power, 2016). With caesarean sections accounting for over a quarter of all births in England and Obstetric Anaesthesia Service's (OAS) input in pain management in labour and the management of obstetric emergencies, the University of Northampton feels it is good practice to provide its student midwives with an opportunity to learn about the role of OAS and, more specifically, the Consultant Anaesthetist in the safe environment of the classroom.

### **Role and responsibilities: Dr Kalpna Gupta**

I became a doctor by choice. I love doing anaesthetics and very early on in my career I became interested in Obstetric Anaesthesia. I worked at a Maternity

and Children's hospital abroad for 5 years. In my present place of work, I was offered an opportunity to be the Lead Clinician for Obstetric Anaesthesia Services; a role I fulfilled for about 6 years. During my time at the Trust, the Labour ward has undergone a lot of expansion and now has two dedicated theatres for Obstetrics along with facilities to provide high risk obstetric care on labour ward if required. The Trust has approximately 5,000 deliveries per year and there is a dedicated epidural service for mothers requesting pain relief.

I currently cover labour ward for one day a week and have witnessed changes in service provision over the last 10 years as the service has evolved to meet the changing expectations of the women who use it. In terms of multi-professional working and training, we have regular multi-professional training sessions for midwives, medical students and doctors using a state of the art simulator to manage emergencies such as antepartum haemorrhage, cord prolapse and shoulder dystocia.

### **Why teach?**

I became interested in teaching when I was at school. I would watch my teachers with awe when they made a difficult problem look so easy. They seemed to know everything. This fascination with the sharing of knowledge stayed with me throughout my training to become a doctor specialising in anaesthetics. I started my journey into midwifery teaching about 4 years ago and I currently teach the midwifery students in all three years of their pre-registration programme. The topics given to me are interesting and challenging, which is good for the brain!

### **The sessions**

I teach homeostasis, fluid balance and regional analgesia in year 1; general analgesia in year 2 and in year 3 we explore the role of the anaesthetist in an obstetric emergency and clotting and DIC. I use power point presentations with video clips of procedures like insertion of an epidural and induction of general anaesthesia as I believe that visual prompts in lectures capture more attention than mere reading from a text!

### **Student evaluation**

I feel it is very important to get feedback, not only for my own personal development, but to ensure I am providing the students with a valuable learning experience. Feedback is generally very positive, with recent comments following the session on homeostasis, fluid balance and regional analgesia from first year students including:

### **Good Points**

- Good timing having it just after the renal system exam – good way to consolidate learning
- Interesting presentation with excellent detail that was explained at a relevant level to first year student midwives

- I liked how Dr Gupta related the slides to clinical situations – easier way to take it all in
- Well presented, Dr Gupta explained fluid balance in simple terms related to clinical practice
- I found the session very informative and I understood what the session was about due to the session being in simple terms. I also liked how Dr Gupta ensured we understood everything
- I have no suggestions, she was brilliant!

### **Suggestions**

- More examples related to midwifery practice would have been more informative for us
- Maybe include some activities for the cohort to help aid our knowledge and consolidate it all at the end of the session with activities
- There was some technical language [which was] difficult to understand, a lot of writing on the slides
- A little bit too much information for midwives, but very interesting

I take on board students' comments regarding the complexity of the information I share with them; however my take on these comments is that they should be prepared for the realities of the service and so need to have an understanding of what I consider to be the basics of anaesthesia to be able to interact appropriately within the multi-professional team and participate in the care of high risk patients.

### **Summary**

Obstetric Anaesthesia Services are embedded within maternity services as caesarean sections accounted for 26.3% of births in England between 2013-14 (HSCIC, 2015); current policy dictates that women should have choice and control with regards pain management in labour (including epidural anaesthesia) and obstetric emergencies require prompt, professional and appropriate management by a well-drilled multi-professional team. By inviting Dr Gupta into the classroom, student midwives have the opportunity to learn from an expert clinician in the classroom setting in preparation for the realities of practice.

### **References**

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