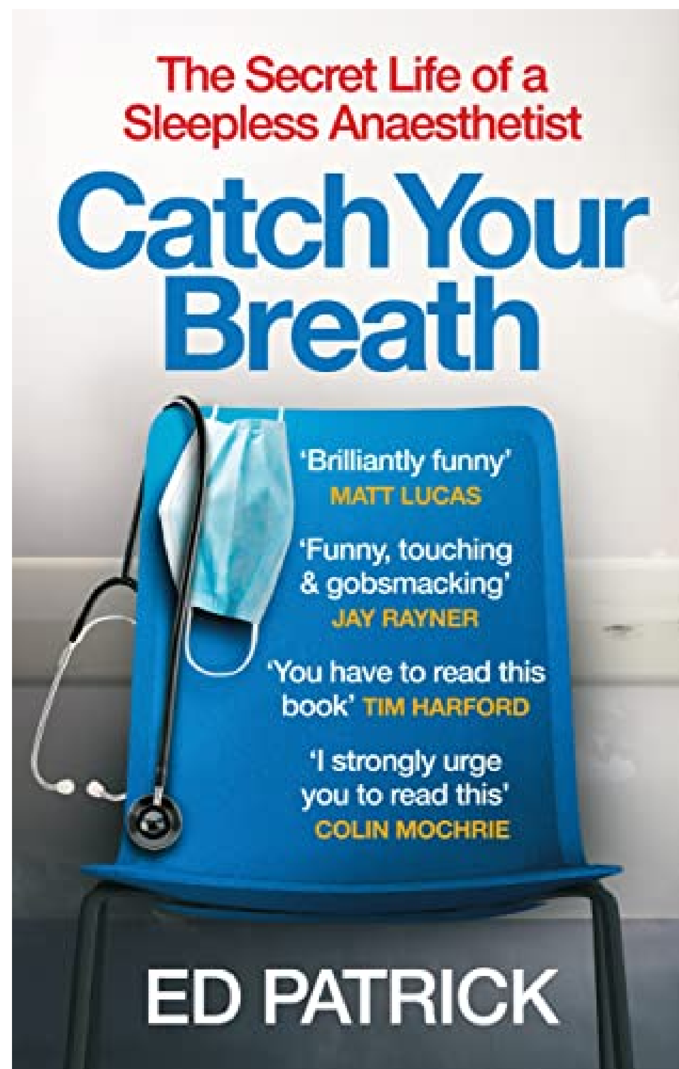
Catch Your Breath: The Secret Life of a Sleepless Anaesthetist

by

Ed Patrick



EBOOK DOWNLOAD

Synopsis

'Brilliantly funny.' - Matt Lucas'You have to read this book.' - Tim Harford'It's funny, touching and gobsmacking in equal measure. At its heart is a breathtaking account of life on the COVID frontline.' - Jay Rayner'Ed's journey is funny, sad, harrowing, hilarious... I STRONGLY URGE YOU TO READ THIS.' - Colin Mochrie'Very Funny.' - Fern BradyA gut punch of a memoir by a doctor - and comedian - whose job is to keep people alive by putting them to sleep.Ed Patrick is an anaesthetist.Strong drugs for his patients, strong coffee for him. But it's not just sleep-giving for this anaesthetist, as he navigates emergencies, patients not breathing for themselves and living with a terrifying sense of responsibility. It's enough to leave anyone feeling numb.But don't worry, there's plenty of laughing gas to be had.'Very funny, very timely, scary in places. Ed writes with wit, insight, surprise and pathos. He is cutting his teeth in anaesthetics, taking people as close to death as you can take them, and then trying to wake them up again. And makes it funny. A joy to read.' - Phil Hammond

Sort review

About the AuthorDr Ed Patrick is an anaesthetist and a comedian. He has performed across the UK, including at the Edinburgh Fringe Festival, and hosts the "Comedians' Surgery" podcast where he speaks to guests including Joe Lycett, Rose Matafeo and Reginald D Hunter about their health stories and experiences.He also created and presented "Infectious Personalities" broadcasted on BBC Radio 2 where his guests include Charlie Brooker and Sindhu Vee. Ed has written and performed on BBC Radio 4, for shows "Now Wash Your Hands" and "Newsjack", and he has also written for the Guardian about the intersection between medicine and comedy.edpatrickcomedy.com--This text refers to the paperback edition.

Download to continue reading...

Look inside the book

We all forget that ultimately doctors are the same as patients.We are all veins, heartbeat, blood, emotions.It can seem we're made of stronger, more resilient stuff.In truth, we can be just as unsure or insecure as the next patient in the waiting room. We check our phone too much, we eat unhealthy things, we drink, we develop bad habits, we worry about friendships, relationships, family, money, the future and whether we're doing the right job both for us and for our patients.It can take one traumatic experience,a patient dying in front of you,an error on your part,a toxic work environment that makes someone leave a job,or medicine altogether.It's luck what situation you walk into.Praise for Catch Your Breath:Of course we've all read books about a young anaesthetist with a fondness for parasites, afraid of needles, dealing with medical school, parents, patients, colleagues, bosses and the pandemic that surprised us all. I strongly urge you to read this one. Ed's journey is funny, sad, harrowing, hilarious, tragic and many other adjectives that don't do justice to the description. Catch Your Breath is a testament to the ordinary people who have become our real life superheroes with more humour and drama than anything in the Marvel Universe.—Colin MochrieVery funny, very timely, scary in places.Ed writes with wit, insight, surprise and pathos.He is cutting his teeth in anaesthetics, taking people as close to death as you can take them, and then trying to wake them up again. And makes it funny. A joy to read.—Phil HammondContentsForeword – A Doctor's NoteChapter 1Chapter 2Chapter 3Chapter 4Chapter 5Chapter 6Chapter 7Chapter 8Chapter 9Chapter 10Chapter 11Chapter 12Chapter 13Chapter 14Chapter 15Chapter 16AcknowledgementsHow to Use This EbookSelect one of the chapters from the main contents list and you will be taken straight to that chapter.Look out for linked text (which is in blue) throughout the ebook that you can select to help you navigate between related sections.You can double tap images to increase their size. To return to the original view, just tap the cross in the top left-hand corner of the screen.To Bobby.To Jo.And, of course, to Nelly.For all the impromptu face licks.Foreword – A Doctor's NoteYou're clearly a highly intelligent being. I mean, you're reading this book. (For which I am genuinely most grateful. Hope you enjoy it. Please tell others.) So, you'll know that prior to me writing this book in 2021 something so massive and global swamped the world with death, destruction and sheer exhaustion that barely a soul on earth hasn't been completely bombarded by it.Or maybe you're reading this in the future as some sort of historical time capsule, wondering how anybody coped, or indeed can become bored of a deadly disease. Anyway, if you're feeling totally exhausted, it is mutual – I'm totally and utterly sick of Covid-19, coronavirus or whatever. Yet I've just been given a lovely engraved wooden star by the Intensive Care/Anaesthetics department as thanks for being a 'frontline hero', a nice gesture. In the grand scheme it's like receiving a war medal on a battlefield, where the battle is still ongoing but there's an impromptu medal ceremony in the trenches. Because as I type the foreword to my book, far from this being over, we're still in the grips of a worldwide virus pandemic, currently on the rise again. A sequel in the pandemic saga is coming, and sequels are never quite as engaging as the original. No doubt

they'll look at why it happened in a prequel when the franchise runs dry and let's hope it's soon.But here's the thing, my story began differently from all this. Hopefully it will end differently too.Some Years Ago'Have you ever thought about medicine?' Professor Gilmore says.'No, never. Why?'We are chatting over the contents from a large hydatid cyst in the London School of Hygiene and Tropical Medicine (LSHTM) laboratory, taken from the abdomen of a patient who had eaten a dog tapeworm during a meal some years ago, presumably by accident. It looks like one of those sad, saggy old balloons after a birthday party, except this one is full of rancid parasitic pus. The surgeon's aim is to remove it intact. If it bursts inside you, the contents are splashed across your insides, causing massive anaphylaxis and death. It is taken out carefully by the surgeon, hopefully with minimal hand tremble. Luckily this one had kept its football-sized skin intact until outside the body.'Oh, a fine specimen!' Professor Gilmore says excitedly. 'It'd suit you.''Medicine or the cyst?'I didn't take the straight path to becoming a doctor, more the scenic route with stops along the way. As a budding parasitic student (like all students), medicine had never really occurred to me as a career, but the thought of becoming a doctor began to burrow its way into my brain.I never thought anything would usurp my love of parasites. These individual monsters of varying sizes are so much more exciting than a bacteria or virus. Parasites have personality, they feel exotic, probably because you find a lot of them in exotic climes. I study everything from toxoplasmosis (spread through cat poo), pinworm (which causes the classic itchy bum) and malaria (the same thing Cheryl Cole had) to river blindness (a worm that makes you blind), schistosomiasis (or Bilharzia, the 'gap-year' ailment) and Chagas disease (spread by insects that kiss you at night), even forensics and the bugs that colonize dead bodies. I love being in the school's old laboratory, with its wooden benches, characteristic smell and various instruments and apparatus. The microscope is the main tool here, basic but effective, especially in a developing country where resources are scant. Now, by looking down a microscope at a blood film, I can tell you not just whether a patient has malaria, but which type of malaria it is. Who doesn't appreciate that little party trick?The school's John Snow Society was named, not after Game of Thrones, but after the physician who, in the 1800s, found that cholera cesspits leaking into London's water supply might actually, you know, be the cause of the cholera outbreak. The research I was doing for LSHTM wasn't a million miles away from that; in fact, it was only several thousand away, in China.If looking at intestinal worms in kids doesn't sound appealing, the actual groundwork is worse – collecting faeces from schoolchildren. It sounds like the kind of project that wouldn't take off in the UK, but would probably make the news. Staring out at the clouds from the airplane, I still have no idea how the samples will be collected until I arrive in China. The officials there clear this up. They want me to speak to classes of children, in a Western-manon-his-gap-year style, except instead of 'finding myself' or building a school, I am to ask every child to please go home, defecate in a pot and bring it to school like some sort of show and smell. At the first school we visit, a teacher and I stand at the front of the class, and due to my lack of lingual skills I explain in English:'Hi, everyone, I'm Ed. So I'm doing some experiments looking at poo and I would love it if you could all take one of these tiny cardboard

boxes . . .'Why are they cardboard? I think.'. . . and, well, poo into them, then bring them back to school with you. Unless you poo here of course . . .'Silence and stares. The teacher looks at me sternly, then says something to the official who drove me out here. I can't understand the language, but I'm pretty sure it was 'Is this guy for real? Is this a joke? Do the authorities know this crazy English man is going around collecting children's POO?'The teacher side-eyes me while translating my request.But we have LOTS of donations over the next few visits, children enthusiastically bringing pots of poo to me, sometimes with the lid not firmly on. For the next eight weeks in the local laboratory, I live the life of a crap-collecting hermit, with a microscope and a faeces-filled fridge, which is nonchalantly used by other staff to store their lunch.Before I leave for China, Professor Gilmore, who was not content with my shit workload, says he wants me to bring back souvenir samples for the lab in London and proudly presents a letter of permission from the university and some 'airtight' containers.'Just wrap them in some clothes, they shouldn't leak.''Shouldn't' wasn't reassuring. One thing worse than bringing faeces back in my backpack is faeces leaking in my backpack. I pray for a gentle-handed baggage handler, and apply to study medicine on my return.China is on my mind for another reason too. Our last class assignment was a hypothetical disease-outbreak scenario, starting in rural China and subsequently arriving in the UK. We had to gather symptoms and trace contacts, conduct surveys with actors, calculate infection rates, make recommendations and file a report within 48 hours. We needed to work fast. Over the scenario, new outbreaks occurred and curveballs were thrown in by tutors. It was dizzying, caffeine-fuelled and ultimately a success. My contribution of Jaffa Cakes to the group was no doubt an absolute game changer to our energy, undoubtedly saving countless theoretical lives.So there is an oddly familiar sense that years after my outbreak scenario at LSHTM, I'm now a doctor, an anaesthetist (anesthesiologist), on the so-called front line, facing a pandemic outbreak where hygiene is important. People in the upper echelons of government no doubt have a crisis task-force group, like us on our assignment. I remember that strong leadership, acting early, clear communication and planning were key to overcoming it. If a bunch of course students can manage it, surely a real government with money, experts and resources would? We are safe in Boris Johnson and the UK government's hands, right? Maybe someone forgot the Jaffa Cakes.You may have already made the connection between anaesthetics and coronavirus, but if not: coma-inducing drugs, patients not breathing for themselves and ventilators are all to be found in Intensive Care Units (ICUs), where the effects of Covid-19 have hit hardest. Back in the day, in the UK at least, an ICU was staffed almost exclusively by anaesthetists, before it became a separate specialty in its own right. Nowadays all anaesthetists do still train there and indeed staff them overnight or on call, because there just aren't enough doctors trained to look after people's airways. Many anaesthetists leave it behind after their duties through training come to an end. There are several reasons why: it can be exhausting, sad and incredibly draining, plus it's very different from anaesthetics day-to-day. Anaesthetists tend to take patients off ventilators so that they can go home. In an ICU, it can be to live or let die.So when Covid-19 struck, a disease that affects your

breathing so badly that you need ventilating, and with limited ICU capacity due to the chronic underfunding of our health service, there was an army of nervous anaesthetic trainees, like me, drafted into ICU front lines. Whereas our A&E (ER) department enjoyed less footfall in the first ever lockdown, just a few steps away my anaesthetic colleagues and I were sweating away in a makeshift ICU, where enabling people to survive a few hours was a success. In my hospital, it was mainly the trainee anaesthetists or staff grades. Anaesthetic consultants who were not already working in ICU were largely protected and ran whatever surgery we could keep going, leaving us younger, supposedly less at-risk ones to the front line. Yet there are only so many of us, so doctors from other specialties were drafted in to help and anaesthetists were rationed across the rota to ensure there were always some airway doctors on.I don't know if I'm allowed to say this in a book, probably not at the beginning, but I'll be honest with you. Despite being in the thick of this pandemic in the NHS, there's a part of me that feels completely inadequate, unqualified even, to tell a story that I was wholly part of. A first-hand-witnessed account, yet am I fit to tell the story? I don't know if it's pathological of the whole scenario, where feeling helpless became the new norm. Facing a deadly disease that you and even your seniors are oblivious to, hearing news reports from abroad telling you more than medical training, the horror of every day not really knowing what you're doing or treating. We create guidelines and strategies to follow, to keep safe. But they're just guidelines, not rules, and no one knows the rules of Covid-19. Maybe those processes and guidelines are simply to stop us going mad. ICU became a minefield where anything you touched could lead to death, a constant gripping anxiety. Thirteen-hour days, with a one-hour commute, left me nine hours to eat (one hour), stare at the TV/phone/wall (two hours) and sleep (zero to six hours, depending on anxiety levels). I told myself I was OK, getting through it. But the candle quickly burned through both ends and only now do I realize that. During full lockdown, I assumed the freedom of working in hospital would make life easier. But it was more prison to day-release prison and back.Of course, pre-pandemic I had difficult days/ nights in hospital too. But my usual coping mechanisms, like many other people's, disappeared overnight. My mind fluctuated, I thought that I'd lost it on a number of occasions. I became acutely aware of the hospital, the building and its structural failings, what with all the time spent staring at the walls. Every hospital I've worked in seems to be crumbling. As you go through the gears from medical school to junior doctor to consultant, you naively believe things will improve, structurally and practically. But over time, you realize that things won't change. Why are we still using crappy IT systems that take ten minutes to log in? Why are NHS staff paying for parking? Why isn't there sufficient local-transport infrastructure for health-care workers? Why can't they provide food for workers forced to use food banks or pay them more? The reason why NHS workers are 'heroes' is simply due to the conditions we find ourselves working in, not our jobs.I digress. Let me tell you how I ended up here.Chapter 1Anyone can be a doctor. OK, not everyone but, you know, most people could be.One of my best friends recently called me after his wife gave birth in hospital. He was drunk on endorphins and telling me about their baby, the delivery, but most importantly their anaesthetist.'They were incredible, just fantastic! Then I

remembered, Ed, you're an anaesthetist . . . Fucking hell! I can't believe that . . . no disrespect . . . you've got that responsibility.'I like to think I'm an inspiration to all budding doctors that anything is achievable. No matter how late you choose.I secure my place at medical school so late that I join a mass of new University of Aberdeen recruits without accommodation, so my second Freshers' week starts in a Premier Inn, which is actually comparative luxury compared to student digs. My first friends are other Premier Inn outcasts and after nights out we hang in the hotel bar like the last guests at the wedding. When I finally move into halls and restart the friend-making process, I have a fair heft of impostor syndrome, as people already know each other. Trying to get to sleep on my uncomfortable new bed, I know how much first impressions count, so I plot how to get off to a good start here.This is when Mum calls.'Mum, it's 11pm. Why are you awake?''Ted, you need to go to the supermarket.''What, why?'Mum tells me urgently that there will be a run on food tomorrow due to the swine flu outbreak news.'It's going to be in the newspapers tomorrow, we've stocked up, you should go, now!'Never has my mum exaggerated, never. Always the voice of reason, and a total sense of calm. There's a famous adage in medicine to always be worried about the farmer with no past medical history who turns up to see a doctor, because they wouldn't normally make a fuss. This feels similar.I pull some clothes on and leave my room. Suddenly I'm filled with guilt about my fellow soon-to-be-starving students. What if they need something? I decide to knock on each door.'Hi. Listen, don't tell anyone . . . but I'm going to the supermarket. Do you want anything?'All of them look bewildered before thinking I am pulling some kind of joke. I try hard to assure them that my mum is never wrong on these things, but I can't raise their levels of concern. I return just after midnight with bags of panic-bought tuna, pasta and mayonnaise. Survival will taste dull, but survive I will.The next day, nothing, no panic. Nothing in the news either. I look outside and there is no one from the university advising people. A text arrives from Mum.'False alarm, so sorry for calling late. Hope you're having a great time! x''Ohhhh, shit!' I say out loud.I walk into our shared kitchen where everyone has already seen the huge mass of tuna sitting on the worktop.Outside, word spreads and for my first few weeks I am known as that crazy Swine Flu Tuna guy.There's a unique mystery to starting medical school. On one hand you learn in depth about human physiology and disease processes, on the other you spend a lot of time with dead bodies.Body donations these days are sometimes so frequent that anatomy departments have to turn them down, or even turn donations down because of the day you die. Since bodies need to be received within 48 hours of death and anatomy offices are closed at weekends, dying on a Thursday or Friday can rule you out. The same goes for Christmas and New Year. Death needs to call back between 9 and 5pm, Monday to Wednesday and when Santa isn't around.Most people remember the first time they ever see a dead body. For me, it's on my first day in Anatomy. Classes are held, for the last ever year, at Marischal College in Aberdeen. This huge building is not only the second-largest granite building in the world, but was also purported to be Hitler's favourite building in the UK, apparently a rumour made up by students decades ago, apparently. Still, as the only students entering through the back door into an eerie, frosty, grey stone courtyard, you can more than

believe it. The anatomy staff know this and attempt to accustom us to the odd learning environment by laying out an entire dead body for our arrival, along with some other dissected body parts. We all mingle about, looking and nodding thoughtfully, wondering who will be first to mention the terrifying dead body in the room. The smell of embalming formaldehyde is rank and everywhere, intensifying all the body parts and anatomy tools. I look at the body, a bald, elderly man, and notice something strange. It is complete except for the genitals. What is the reason for this? Were the genitals not donated along with the rest of him? Were they stored elsewhere?'Could it be a dying wish?' Max, a friend that has lasted past Freshers' week, says.'What? A dying wish to have your balls cut off?''Hmm, maybe not.'We finally decide to ask the person in charge, Professor Yates, head of first year.'Excuse me, Professor, we were just wondering why the penis and testicles have been removed from the body?' I gesture across, in case he hasn't noticed the dead body in the room.I feel happy that we aren't squeamish, acting like sensible medical students. Dr Yates' eyebrows raise in an impressed manner of 'what a very good question!' I let a dream swim before me: this will be the start to an exceptional first year, where I'm well regarded among the teaching faculty, with possibly even a distinction at the end. When they present it to me, they will pat me on the back and, out of earshot from the other students, confide: 'We knew you were special when you made that observant remark in your first anatomy class.' I will return a knowing smile and we will file out of the lecture theatre in professional silence. When I suddenly see Dr Yates' face contorting from pride into astonishment, my golden future looks to be shifting further from reality. He looks around, then at me and Max, then at the body, then to me again. His face settles on puzzlement.Taking a slight cough, he clears his throat.'That's . . . a female and that's . . . a vagina.'I suddenly become very hot. Very hot indeed. Sweat manifests itself from places I didn't even know sweat glands existed, ready and waiting in silence, all my life, to reveal themselves at this very moment.'We . . . just shaved the head. Did . . . did you not think about that first? Before asking who had mutilated a dead person's genitals?'I was rosy by this stage and glistening like a disco ball in the light.Professor Yates looks around the room to see if he is being filmed for a prank, or whether security has accidentally allowed a non-medic in. Max stares at me, hoping I have a way out of this.'Oh, yes, well . . .' I say, trying to sound calm, '. . . I've never seen . . . a vagina before.'Dr Yates raises his eyebrows again.Nothing has ever felt this awful since my parents gave me business cards for a 16th birthday present, with my picture, home address and landline number, telling me it will help me make friends at my new school. I have no friends from that school.As a medical student it's normal to spend half a day around dead body parts. It helps you become acclimatized to the formaldehyde, which also has a side effect of making you incredibly hungry, then nauseous because of what you're looking at, then hungry again. Sort of like having food poisoning but without the release.When not dealing with dead bodies, I am, perhaps even more uncomfortably, dealing with alive ones, mainly classmates. Clinical skills sessions require learning the systems and examinations in working bodies – the lungs, the heart, the abdomen, etc. You practise and learn on each other. Luckily, there were always people willing to be

examined, mainly because it means you get to lie down for a bit. First-year medical students are the most experienced at examining people with hangovers.Now, of course, there are some things you obviously wouldn't examine on classmates: rectal or genital exams are a no-go. So instead, these are talked about in theory and then we practise on models, which sadly aren't the best, because no matter how much you try to believe that a pair of rubber buttocks in front of you is a patient and address them with 'Hello, Mrs Brown, I just need to do a rectal exam . . .', it just never feels convincing enough. For instance, I almost always forget to put on gloves to insert my finger into the Mrs Brown model, but I guarantee you that is the first thing I'd grab in real life – hell, I'd even double-glove.After learning on each other and the odd Mrs Brown model, we are allowed to move into hospital to try out both our new skills and name-engraved stethoscopes on real patients. Patients are usually amenable to students, but if someone has interesting chronic signs or a heart murmur, it often results in a consultant and around ten excitedly apologetic medical students all crowding into a cubicle, desperate to get experience and exam practice.Outside of medical school, I throw myself into undergraduate lifestyle and counter impostor syndrome, going from steady adult life to doing Jägerbombs on a Tuesday night around Belmont Street in the city centre, where students and oil-rig workers party side by side. Even my relationship goes the way of most pre-university romances, splitting up with my girlfriend shortly after starting medical school. Keen to spread my social wings, I take up Ultimate Frisbee, a very 'university' activity that attracts a mixture of characters, some of whom take it very seriously. It's a sport yet to gain much UK traction outside of university circles, the exception being on my nipples. One afternoon, a mixture of cold Aberdeen air, rain, a nylon top and a lack of base layers results in much chaffing. Sore and now late back from training, I don't have time to shower before a tutorial, so instead I pull on a shirt and run to hospital. I have no idea why my classmates are silently gesturing until the person sat next to me gasps and I look down. My nipples are bleeding through my shirt. Humiliating at the best of times, even more so in a tutorial on breast cancer.As I slip through the gears and years of medical school, I start thinking about what specialty I'm heading for. I have no strong feelings, but I'm pretty sure it isn't going to be surgery. I tell this to my dad, who needs an operation to repair an aortic aneurysm.'Apparently I need a vascular surgeon. Could you do it?' he says. 'Probably, but I wouldn't rate your survival chances after, or during.'An aneurysm is a widening of the blood vessel, in this case the biggest artery in the body, the aorta. If it bursts, the chances of surviving are much worse than planned surgery. That being said, it's still a high-stakes procedure and is only done when the risk of bursting outweighs the risk of surgery.I head back to Nottingham and see Dad before he heads in for his operation. There is still a risk of things going wrong, so a few nervous hours are spent pacing around before he's out and into the high-dependency unit. We visit the hospital and, among the family relief, I notice that I am pretty much lost in the surrounding clinical environment. I naively assumed that having now been in a hospital, I'd find this one all familiar and comfortable, but I don't. The general set-up is the same, but I don't recognize anything – the equipment, monitors, computers – everything is slightly different. This is the moment I realize

they are absolutely not the same: every hospital will force me to learn afresh.After Dad recovers, I head back to Aberdeen, although not for long. A General Practice (GP) rotation means I am sent to Castle Douglas, a small semi-rural community where everyone seems to know or be related to one another. I join the local practice and live with a couple of other students in a B&B. My room was advertised as a four-person room, yet I have it to myself. What junior suite is this, I wonder? Is there a minibar and an indoor hot tub? It turns out to be a dank double room, with four single beds crushed inside, leaving little room to move or store anything. But it does mean falling out of bed results in falling into another bed. The collective noun for doily mats is something I could do well knowing, as is a conversational level of DIY-ability, since most of the lights have no bulbs. All good experience for NHS on-call rooms. One thing you cannot fault is the hearty breakfast served each morning, a daily intake of fried breakfast at 6am. There is no menu, it's just presented to us as a fait accompli. Eventually, we gently request less and less, until a single piece of toast is provided.One evening, we plan a night out in local Dumfries.'Dummmfries!' booms Dr McBride, one of the General Practitioners (GPs), as I tell him of my plans.'Hang on there, laddie.'He goes next door and comes back with a brown paper bag.'Well, then, you'll need these.'Inside are 12 condoms.'I don't think . . .''Yer can never be too careful,' he says, coming close to my face and wagging a finger.If nothing else, he was painfully optimistic.My time in Castle Douglas is followed by my elective placement. This gives medical students the opportunity to go anywhere in the world and gain experience of different health-care systems, in both developing and developed countries: it's your choice to organize. I decide to look at skiing and snowboarding injuries, because I really want to save the world from middle-class injuries. After managing to sneak onto a fully booked rotation with the promise of bringing some whisky, I head to Montana, USA, where, for six weeks, I spend half a day working in the GP practice on the slopes and the other half playing in snow. It is slightly different from Castle Douglas: I have to ski to work each day and people pay for health care. It is such an odd change – seeing people pay for medical treatment, that is.As someone brought up on health care being free at point of use, a human right, it is a completely different culture. Money matters. As the only British student there, I watch conversations about which specialties people will apply to, similar to conversations I have, but with a key difference being how much money they will make in their chosen field. In the UK, no one chooses medicine to make a lot of money; there are much better paid and perked jobs out there. GP is one of the most popular medical jobs for lifestyle in the UK, building rapport with patients and a love for primary care. In the US, at least for some, family medicine is discounted purely because it doesn't make the best money.Medical exams are like nothing I've done before, but they represent the nature of exams we'll take for the rest of our doctor lives. Yes, exams don't stop when you become a doctor, as you shell out exam fees again and again to make it to the next levels of your career. Eventually they stop, when you retire. Observed Clinical Structured Exams (or OSCEs for short) are the practical exams. Essentially, they have around 15–20 stations, each like a mini escape room, where you enter a curtain to find a variety of challenges – a patient to talk to or examine, a test to conduct, results to interpret, a

mannequin to do chest compressions on or similar. Some of the actors would put on the tears and provide Oscar-winning performances of upset or angry patients.It's an exam in which you can never be fully sure how well you've done. During one OSCE, the examiner asks me to examine and listen to the patient's heart sounds. I go through my routine and haphazardly pop my stethoscope onto his chest to listen to the heart. As I place it in the different regions on his chest, each time I hear absolutely nothing. Is my stethoscope broken? The examiner asks me to present my findings.'I . . . I found it difficult to hear . . . anything . . . anything.''Really?''Yes, I cannot hear this patient's heart beating.'This raises eyebrows from the patient who was looking very alive. The examiner asks me nothing more, looks low and scribbles on the mark sheet.I write that station off, but when the results come back, I have scored full marks in that station and much less in the ones I thought had gone well. So, either that patient has dextrocardia (the heart is on the right instead of the left side) or the mark sheets got mixed up.The other exams are written, mainly single best answer (SBAs) with a few short answer ones, although the short answers are being phased out, either due to marking being easier by machine or to prevent medical students showing off their uninformed guesswork. One exam question asked 'name a treatment for mastalgia' (breast pain) and it was estimated that around 80 per cent of male students in our year wrote 'massage'. Thus, SBAs are fast becoming the popular exam, where a question is followed by five possible answers: any could be right but only one is the single best.You quickly learn that anything definitive is generally incorrect. If a question or answer contains words such as 'never' and 'always' you know they are false because real life has caveats and anomalies, there's always an exception. It's a technique that becomes ingrained in medical professionals taking these types of exams. If an exam question were to ask 'Is the anus always outside the brain?', doctors would confidently answer 'False'.

Download to continue reading...

catch your breath the secret life of a sleepless anaesthetist what is the best way to catch your breath what is the meaning of catch your breath where does the phrase catch your breath come from what is the meaning of the idiom catch your breath ed patrick catch your breath what does the phrase catch your breath mean catch your breath what is the meaning what does the term catch your breath mean the phrase catch your breath meaning of the phrase catch your breath in the catch your breath catch my breath against the current the saying catch your breath how to catch your wife cheating catch your breath iris what is catch my breath about catch her breath the how to catch your breath faster catching my breath all the time what does catch your breath mean catch my breath train the trainer not being able to catch your breath catch your breath to what to do when you cant catch your breath

What people say about this book

Jan Butterfield, “Medicine Meets Covid. A Well Told Tale. This was both fascinating and sobering as we follow Ed becoming an anesthesiologist just as Covid strikes. He gives us a glimpse of his life, and that of the other medical professionals, in the ICU as they helplessly watch patients die in spite of their best efforts. But the book isn’t a downer - it has enough humor and humility to balance out the genuine sadness brought on by something out of everyone’s control. The author is someone I’d want by my side if it were ever necessary.”

JanG. - byrdgrl, “Thank you!. Thank you Dr Patrick for taking the time to share your story with us, especially on the heels (hopefully?) of this Covid nightmare.I enjoyed the time spent with a book that is so well rounded. You've given us the perfect mix of wit, wisdom, humor, and heartbreak.”

Paul Olenick, “Great and insightful read on being a healthcare worker in the age of Covid. great and insightful read. Really enjoyed the book -glad Dom Holland flagged it. interesting behind the scenes - I work at a hospital in Kentucky USA and found the comparisons interesting. . looking forward to your next book”

M. Schwinn, “Two Books In One, Both Excellent. The first two-thirds of the book tell of Dr. Patrick’s time in medical school and his first few years as an anesthesiologist. The funny anecdotes had me laughing out loud, both for the content (the stories are usually at his expense) and for his wry, understated humor.The last third of the book is a searing account of the first two waves of Covid in Britain. He does a great job of conveying the awful working conditions, the fears, and the frustration as the death toll mounts, as well as the alien environment the hospital becomes. It’s not an account I’ll soon forget.”

Matthew Wood, “Funny, well written, insightful and moving - a great read!. It's often said that the best comedians make terrible writers - have you read books by David Walliams, Roy Chubby Brown or Jim Davidson? Ed Patrick is the exception to that rule. It's also been said that the best writers are not funny - not many laughs in Tolstoy, Chaucer or Shakespeare (don't quote me his 'comedies'). Ed also smashes that rule - this is a beautifully written book which is also incredibly funny, with regular laugh out loud moments. On top of this it's moving without being overwrought, and insightful about the issues facing the NHS without being preachy. The stories ring true throughout and offer a real feeling of the reality of work on the frontline of national healthcare. Overall a definite 5 star read and fully recommended as your next purchase. (*Declaration of Interest* - I know the author personally, however if you also know him you'll understand why this only makes a positive review even more valid. I have written this through gritted teeth but it is a truly honest assessment of the book.)”

Carol Murphy, “A Must Read!. You cannot fail to be moved by this book! It tackles an emotive and

current situation...the Covid 19 Pandemic...seen through the eyes of the first line of defence. But it somehow manages to also raise a smile...it is told with humour too...a very difficult task to pull off. But Ed does it brilliantly, with incredible aplomb! Definitely recommend the book....and a medal to Ed please!”

lightdove, “A Very Readable Book. I read this book because I wanted to know what it was like on the front lines of the Corona Virus Outbreak & it didn't disappoint. It's a very easy read & it takes u along with the writer; with his actions, his hopes, his fears & how he coped with it all. I learned a lot about life as an Anaesthetist & what a Cockapoo is. It's very readable & if u want to know more about Covid 19 from the inside I fully recommend this book.”

Donny Rock, “Forget your own frustrations. An anaesthetist's first hand account of his early life in medicine and, more recently, his experiences as a very much front line worker in the recent Covid 19 pandemic. I admire his honesty as he shows his frustration with inadequate staffing levels and the never ending stream of ill patients whose lives are in danger, while all the time retaining a sense of humour and a compassion for the sick. A very easy and even more worthwhile read, especially for anyone who may lack tolerance and patience with the pandemic.”

JJ, “Absolutely incredible.. I loved this book. After reading similar ones I think this one has the edge. Ed is a brilliant writer and he writes so that you can understand what he is saying.There is lots of funny bits, some sad bits, but when I got to the end I wanted more. It was a good ending but a little bit sad and I realise how much hard work and pressure everyone involved must have been through and possibly still going through. Thank you Ed you are amazing.”

The book by Ed Patrick has a rating of 5 out of 4.6. 186 people have provided feedback.

Title Page Contents How to Use This Ebook Foreword – A Doctor’s Note Chapter 1 Chapter 2 Chapter 3 Chapter 4 Chapter 5 Chapter 6 Chapter 7 Chapter 8 Chapter 9 Chapter 10 Chapter 11 Chapter 12 Chapter 13 Chapter 14 Chapter 15 Chapter 16 Acknowledgements Copyright

Book Information

Language: English
File size: 1794 KB
Text-to-Speech: Enabled
Screen Reader: Supported
Enhanced typesetting: Enabled
X-Ray: Not Enabled
Word Wise: Enabled
Print length: 256 pages
Lending: Not Enabled

DMCA