Episode 1 – Welcome to PAAC

Intro (Aislinn): Do you have upcoming surgery? Are you feeling a little bit overwhelmed? Then this is the podcast for you. Welcome to 'Operation Preparation'. You are listening to the Pre Anaesthetic Assessment Clinic podcast or PAAC for short, from St. James's Hospital in Dublin. Here, we put together a series of short episodes to help you, your family, and your loved ones learn more about your upcoming perioperative experience.

Aislinn: You're all very welcome to the very first episode of 'Operation Preparation'. This podcast is aimed at guiding you through your journey as you prepare for your upcoming surgery. Today's episode will focus on introducing our team members and our individual roles. With that in mind, Julie, can you tell us a bit about the clinic and when it was set up?

Julie: Well, Aislinn, where to start? I suppose we'll start where we are, St. James' Hospital, the largest teaching hospital in Ireland, located in Dublin 8, the heart of Dublin City and Trinity College being our academic partner. Although we serve the local community well, St James' is also a national cancer referral centre for several specialties. So, effectively, we see people from all over Ireland. More people means more surgeries. And, no, there isn't a person in the country that doesn't sigh and roll their eyes when they hear the words waiting list in a hospital. So in 2005, St. James, being the pioneer it is, opened the 1st standalone day surgery centre in Ireland.

To alleviate the pressure and reduce waiting lists, we opened 3 operating theatres with 18 beds opening at half 7 and closing at half 6 every evening. And although this concept of day surgery wasn't new, in the hospital prior to that, patients were delayed because they didn't have a stand alone unit. With that in mind, the new model operates as a fast track system, turning patients over quickly, having a lot of surgeries in a short time frame. And as a result, then an anaesthetic clinic, to pre assess these patients was set up. The idea behind it being we wanted the correct patients that were fit and ready for surgery, which reduced delays on the morning, avoided cancellations, and ensure that the patients attending were ready.

Aislinn: Thanks for that, Julie. So I suppose why do we bring patients in to the pre anaesthetic assessment clinic?

Julie: For lots of reasons, really, Aislinn. But I suppose, as I said earlier on, the idea for a day surgery is that it's a fast track system. We want patients prepared. We don't want cancellations, and we don't want delays. So bringing the patient in, it provides them with, like, an individualized risk assessment. So we're picking the right person and that we're optimizing them, which really means getting the match fit for another word. That, if you have any issues that need to be addressed, we do them before you come in. We address them before you come in. We get you as well as you can be. And it means then that when you come in in the morning, you are ready to go.

Aislinn: Okay. So with that in mind then, do you want to introduce our team and our different team members?

Julie: Yeah. So in James', we're very lucky. We have a great team. We're made up of clerical officers, clinical nurse specialists, consultant anaesthetists, and we also have a trainee

anaesthetist as well joining us in the clinic. So we are nurse run, consultant led, which means in the clinic, there are 4 clinical nurse specialists. We meet them all throughout the podcast.There's Pam, Claire, Rosie, and myself, Julie. We're all nurses with many years' experience, anywhere from 10 to 30 years nursing experience with backgrounds in specialist areas such as intensive care, anaesthetics and recovery, operating theatre. So a wide variation of knowledge there. There's also clerical officers who will be in charge of making your appointments, contacting you if you need to come in and see us. They are Miranda and Katelyn. Most likely, you'll get to speak to them over the phone. And then we have our 2 lead consultant anaesthetist, Dr Alan Broderick, and yourself, Dr Aislinn Sherwin. Other consultants from the department also work in the clinic and a trainee anaesthetist, as I said. So that's our team. We're very lucky to have such a great team.

Aislinn: Thanks for that, Julie. We do have a great team. So, Alan, do you want to introduce yourself and myself and our roles?

Alan: Thanks, Aislinn. Yes. My name is Alan Broderick, and I'm a consultant anaesthetist or anaesthesiologist here at St. James' Hospital. Anaesthesiologists are medically trained doctors who have undertaken further specific postgraduate training in anaesthesia. Our training takes between 6 -7 years on average, and the majority of anaesthesia consultants undertake additional training in fellowships in areas they are specifically interested. And both yourself, Aislinn, and myself are interested in what is known as perioperative medicine, which includes pre anaesthesia assessment.

Aislinn: And we also have Rosie here, who's another one of our clinical nurse specialists, and this whole podcast idea was hers. So I'm going to hand you over to Rosie to tell us a bit about where that idea came from.

Rosie: Yeah. Thanks very much. So I suppose when I was expecting my second child, I found myself listening to more and more pregnancy podcasts. And even since my first pregnancy, podcasts have become an awful lot more popular and accessible in those few short years. So I found, you know, while I was out and about getting jobs done, going to work, going for walks, I was listening to these podcasts because they were just so easy and accessible. They're in your pocket, you know, for most people who have smartphones. So while listening to those throughout the pregnancy, I became more educated even though I had been through pregnancy already.

I knew what to expect more. I knew which questions to ask. I felt more empowered, more in control. And looking back, just it was a much nicer experience. So when I came back to work and I was seeing patients again and seeing many different patients, they were again asking the same questions, which is never a problem. We're always very happy to answer questions, but I wondered, was there something similar out there to help answer these questions for patients who were coming up to have surgery? So did a little bit of research, and, unfortunately, there was quite limited information out there for patients who were coming along to have their surgery. So, I spoke to all of my fellow team members in the clinic, and everyone agreed that setting up a podcast like this to help patients get prepared for their surgery would be a really good idea, and hence, 'Operation Preparation' was born.

Aislinn: That is true. We've had many of meetings to get to this point, so it's great that we're recording our very first episode. Do you have any aims and objectives that we want to get through with all of our future episodes?

Rosie: I suppose what we're trying to achieve through this podcast would be to help patients prepare for their anaesthetic, to better understand their journey towards their surgery, what happens during their appointments, why we're involved, their preoperative instructions, their types of anaesthetics and their choices, how to optimize their health prior to their surgery and enable them to make more informed decisions in relation to their care.

Aislinn: That's fantastic. Thanks, everybody. So for our next episode, we'll focus on your appointment at the pre anaesthetic assessment clinic, and we will see you back for episode 2.

Outro (Aislinn): You've been listening to 'Operation Preparation', the Pre Anaesthetic Assessment Clinic podcast from St. James's Hospital Dublin. Don't forget to subscribe and check out our website, links, and abbreviations in our show notes to learn more about the topics we've covered today. If you have a question that you would like us to cover here, email the podcast at perioperativepodcast@stjames.ie. Thank you for listening. Until next time.