

"Seeing patients wake up safely and with good pain relief after any surgery always makes my job worthwhile."

Dr Sarah Plummer is a consultant anaesthetist at University Hospital of Wales in Cardiff.

Dr Sarah Plummer

Consultant anaesthetist

Employer or university

University Hospital of Wales in Cardiff



-

**How I got into
the role**

**Expand /
collapse**

From the age of 12 I wanted to be a doctor – I loved finding out about different diseases. I'd always had a practical and scientific bent, preferring the sciences and maths to humanities subjects at school.

After taking A levels in the sciences I studied medicine at the University of London, and was based at the Royal Free Hospital. Exposure to anaesthetics at medical school was limited to a two-week placement. I completed my medical school training with no real idea about my future specialty.

It was as a senior house officer (SHO), working in A&E that I first thought about anaesthetics as a career option. I trained before the introduction of [foundation training](#) ^[1], and my first SHO post followed a year working as a junior house officer directly after medical school. The work of the anaesthetists really stood out – I was impressed by their calm and confident manner when faced with life-threatening situations. I loved working with patients who came to A&E with serious conditions needing resuscitation, rather more than dealing with minor injuries.

My next job was senior house officer in an anaesthetics post for a year in Worthing, which was a chance to try out the specialty. From day one I felt very well-supported by the consultants and I loved the practical aspects of learning to [intubate](#) ^[2] and insert central lines for the first time. During this year I studied for and passed my part 1 FRCA (Fellow of the Royal College of Anaesthetists ^[3]) examination.

A further SHO post in anaesthetics followed at the Bristol Royal Infirmary, where I had more responsibility in a different environment working with more complex cases. I enjoyed the additional challenge that this job provided and gained valuable experience. After passing my part 2 FRCA examinations, I moved on to a six month post as SHO in paediatric neonatology (the care of sick babies) before applying for a registrar rotation.

Competition for training places in anaesthetics is stiff, but I was successfully appointed to a higher training post in Cardiff. This enabled me to develop my skills and become steadily more competent in managing complex situations in challenging circumstances. I really enjoyed working in a busy teaching hospital alongside very supportive consultants, and developing my sub-specialty training in neuroanaesthesia. At the end of my training I was awarded my [CCT](#) ^[4] and worked as a locum a year before being appointed to my current post.

-

What I do

**Expand /
collapse**

Here at the University of Hospital Wales in Cardiff I work as part of a very large team of 100 anaesthetists. I have one or two lists for neuroanaesthesia each week, which is

often emergency work for brain tumours or spinal surgery.

Most weeks I spend four days in the operating theatre. Each Monday I alternate between neurosurgery and oral and maxillo facial surgery, both of which are now my sub-specialty areas. Both of these lists often have patients with difficult airways. I may have to [intubate](#) ^[2] these patients under sedation rather than general anaesthesia which is always a great teaching opportunity for our trainees. The major cases also often need invasive monitoring (arterial and central lines).

Every Tuesday morning I have an ophthalmic list, where the operations for conditions such as glaucoma and cataracts are more straightforward. I inject a local anaesthetic around the eye to block the pain. On Wednesday mornings I have a dental list, which includes extractions for teenage orthodontics and adults.

On Thursday mornings I have another neurosurgery list which can include children, where I work very closely with our paediatric specialists. These operations can take longer as children need to have an [MRI](#) ^[5] scan after neurosurgery to ensure the tumour has been completely removed. If not, then the child may have to return to theatre for more surgery.

My [on call](#) ^[6] commitment is relatively small as we are such a large department. This means that I am generally [on call](#) ^[6] about one day in every 20. However, [on call](#) ^[6] is always busy and it's not uncommon to be working throughout the night, in which case I have the following day off. As the consultant anaesthetist [on call](#) ^[6], I cover all the major specialties including vascular, transplant, trauma and neurosurgery.

I always aim to see patients before their surgery, ideally on the day before, but failing that on the day itself. They may be anxious about their surgery or the anaesthetic itself, and it's my job to reassure them and explain everything in a friendly and simple way. An important part of my job involves undertaking an assessment of fitness for surgery. Sometimes patients will need further investigations before surgery can proceed safely, perhaps if I discover a heart murmur or something else that might indicate that the patient needs further tests before we can assess the risks of anaesthesia for the individual patient.

Effective communication with the whole team is essential, and I always keep in touch with surgeons about upcoming complex cases. It's important that we're all aware of any issues or concerns we may have about a patient. We share our expertise and experience, to ensure the best outcomes for patients. I'm really lucky as I work with a great team where we all respect each other.

Nurses, medical students and other theatre staff are all equally important members of the theatre team. Before we start an operation we make sure that everyone is happy about the operation that is about to take place. We use the World Health Organisation surgical safety checklist, which ensures patient safety from the time patients arrive in theatre until the operation is complete and their anaesthesia is finished.

Since I became a consultant I have undertaken various management roles. I'm currently the lead for neuroanaesthesia which involves close collaboration with our neurosurgeons. The work includes preparing rotas with our medical secretaries,

ensuring our trainees are allocated appropriate work and dealing with safety issues and complaints. I have also been deputy clinical director for theatre and anaesthetics.

I'm also educational supervisor for our anaesthetist in training, teaching them and medical students inside and outside theatre. I also undertake audits and attend national conferences. Keeping up to date with clinical skills is also important, and I have recently retaken the European Paediatrics Advanced Life Support training (EPALS).

-

The best bits and challenges

**Expand /
collapse**

I love communicating with patients and making a difference to their lives. Working with such friendly colleagues as part of a highly supportive team is very enjoyable. I have always enjoyed the practical aspects of intubations and insertion of invasive monitoring lines. Seeing patients wake up safely and with good pain relief after any surgery always makes my job worthwhile.

Communicating effectively with different surgical teams and in A&E is vital as in large hospitals you may not know the other members of the team. Our busy on calls can be both challenging and tiring – but I know I have the experience and training to deal with life threatening situations in a calm way.

-

Life outside work

**Expand /
collapse**

I am parent to two teenage children and have always worked full-time. Having good childcare in place is important, and I have a good work life balance with time for my family. I also enjoy keeping fit and am running in the forthcoming London Marathon.

-

Career plans

**and top tips for
others**

**Expand /
collapse**

I have just taken on a new development in our hospital – [perioperative](#) [7] medicine for the elderly. Our increasingly elderly population often require surgery, and a team approach combined with care from physicians is something I hope to develop. We'll be examining research in the field, and hope to improve outcomes for these patients.

Top tips

- look for taster sessions in anaesthetics if you're at medical school
- try to develop good communication skills with patients as early in your career as possible.
- use any time you have in surgery (as a medical student or later on) to talk to the anaesthetist about their work. They're a very friendly bunch!

Source URL:<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/anaesthesia/real-life-story-dr-sarah-plummer/real-life-story-dr-sarah-plummer>

Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training

[2] <https://www.healthcareers.nhs.uk/glossary#Intubate> [3] <http://www.rcoa.ac.uk/>

[4] <https://www.healthcareers.nhs.uk/glossary#CCT> [5] <https://www.healthcareers.nhs.uk/glossary#MRI>

[6] https://www.healthcareers.nhs.uk/glossary#On_call

[7] <https://www.healthcareers.nhs.uk/glossary#Perioperative>