

## Real-life story - Dr Jonathan Sadler

Dr Jonathan Sadler is a junior doctor working in anaesthetics at the Princess Royal University Hospital in Sussex. He is also the research fellow for Kent, Surrey and Sussex, working at the [Royal College of Anaesthetists](#). [1]



Dr Jonathan Sadler Trainee anaesthetist  
**Employer or university** Royal College of Anaesthetists  
**Salary range** Unknown

### How I got into the role

I decided on a career in medicine when I was in the sixth form where I took A levels in maths and the three sciences. It was my mother that suggested medicine, as she thought that a career that involved science, problem solving and working with people might suit me.

I organised three different work experience placements to help me find out if medicine was for me – one in a GP surgery, one in an A&E department, and the other in medical research. There were no doctors in my family, so I had to use my initiative to organise the placements, by talking to teachers and the parents of friends and sending off speculative letters with a CV.

This work experience gave me an excellent grounding in medicine and helped me to decide that medicine was the right career for me. I then applied for medical school and was accepted by the University of Bristol. The course suited me well as it was a balanced modern medical degree and I liked their style of teaching.

I opted for an [intercalated degree](#) [2] in pathology and microbiology during my undergraduate training. The fourth year included a placement in anaesthetics – to my complete surprise I

really enjoyed it! I loved the content of the work and the way anaesthetists interact with their patients and also work together as part of a cohesive team. I was beginning to think that this might be the career for me.

After finishing medical school I progressed to [foundation training](#) [3], which lasted for two years. I completed six rotations each lasting four months. These were: anaesthetics, general medicine, psychiatry, A&E, general practice and general surgery. I really enjoyed the unique work of anaesthetics. I felt I had more real patient contact and made a greater impact on patient's lives than in any of the other specialties. I had more time to give my patients and the workload was manageable. Even though I really enjoyed all of my foundation jobs my heart was now set on anaesthesia as a career.

During my [foundation training](#) [3] I also worked as a clinical examiner for medical undergraduates at the University of Oxford and had my first article published in a medical journal.

I then applied for core training in anaesthesia, which lasted for two years. During this time I also studied for my membership of the Royal College of Anaesthetists (RCoA). I found fitting in the time to study when I was also working and getting married to be quite challenging.

Part of the core training includes training in anaesthetics for obstetrics and [intensive care](#) [4]. You learn about advanced anaesthesia and about how to put in central lines and vascular catheters, which may be needed in A&E or [intensive care](#) [4] for example for patients with kidney failure. You become very proficient at managing anaesthesia for high risk patients.

## What I do

My current post is a mixture of clinical work and educational development. The educational side of my job involves working on an exciting project to develop the undergraduate curriculum in anaesthetics and [intensive care](#) [4] medicine.

The job also involves teaching medical students – for example I have prepared third year undergraduates for their first clinical placement. This has included teaching the students about clinical decision-making and discussing various clinical scenarios. It also involves giving more informal advice about how to get the most out of each placement.

The clinical aspect of my work involves delivering anaesthesia within obstetrics – so that means anaesthesia for pain-relief during labour (epidurals) and during caesarean sections.

Women who need an emergency caesarean are, not surprisingly, often anxious. It's vital that I remain confident and calm – it's my job to reassure the patient so that their baby can be delivered as safely as possible. It is also essential that the patients put their trust in me. I talk through all the options with the patients and plan for every eventuality. It is all about problem-solving and thinking on your feet.

Most caesarean sections involve spinal anaesthesia, which means the patient is awake during the surgery. The anaesthetic takes about fifteen minutes to work. The patient is continuously monitored during surgery. This means I'm responsible for monitoring things like oxygen saturation levels, blood pressure and their comfort levels. The patient may need a general anaesthetic under certain circumstances, where there is a higher risk to life for either the

mother or her child.

As well as working in obstetrics I also help out in [intensive care](#) [4] and help to cover emergencies around the hospital. This can involve some of the ethical issues around end of life care.

Working with patients and their families is all part of a day's work for anaesthetists. I help them to put things in perspective, and by being calm this enables the whole family to feel less stressed and anxious

Anaesthesia for obstetrics is incredibly rewarding.

## **The best bits and challenges**

Anaesthesia for obstetrics is incredibly rewarding. Your patients are essentially fit and healthy and you become involved during a very special time in their lives.

I've had great feedback from many of my patients as well as the medical students I've been teaching – they told me that I'm very approachable which was encouraging. I thoroughly enjoy the teaching aspect of my work.

Massive responsibility goes with this job. If you're working in obstetrics you have responsibility for the life of the mother and the child. 100% concentration is vital, and I may need to be assertive if a colleague asks me to do another job while I'm preparing a patient for a caesarean or giving an anaesthetic. Emergency situations can develop, and it's vital to remain calm and focussed. There can be conflicting demands on your time, so maintaining effective boundaries is important.

Writing an undergraduate curriculum for anaesthesia is a slower process than I had anticipated. However, I love working collaboratively and the knowledge we have produced a very high quality product which will be used in medical schools across the UK.

## **Life outside work**

A career in anaesthetics offers a great work life balance. I've recently moved to the South Coast and enjoy taking my dog for daily walks on the beach. I also enjoy participating in Ultimate Frisbee competitions, which has allowed me to see all of the UK as well as much of the world. There is plenty of time for a life outside medicine, which I think is important.

## **Career plans and top tips for others**

My next step is to apply for specialty training in anaesthesia. Working in my current post means I've delayed this for a year, but I've gained lots of relevant experience which will only enhance my application.

### Top tips

- when you are applying for medical schools do your research carefully – there are lots of different teaching styles and it's important that you choose a style that suits you
- take an [intercalated degree](#) [2] if you get the chance – it helped me to become an effective scientist, and more well-rounded human being and also improved my academic writing skills
- progressing your medical career is not a race – take your time and enjoy the journey

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### Links

[1] <http://www.rcoa.ac.uk/>

[2] [https://www.healthcareers.nhs.uk/glossary#Intercalated\\_degree](https://www.healthcareers.nhs.uk/glossary#Intercalated_degree)

[3] [https://www.healthcareers.nhs.uk/glossary#Foundation\\_training](https://www.healthcareers.nhs.uk/glossary#Foundation_training)

[4] [https://www.healthcareers.nhs.uk/glossary#Intensive\\_care](https://www.healthcareers.nhs.uk/glossary#Intensive_care)