

Claire Ann Jamison

GMC No [REDACTED]

MAIN QUALIFICATIONS

- 2007** **Certificate in Medical Law**
Distance Learning programme with Glasgow University
- 2007 October** **Joint CCT**
Anaesthetics and Intensive Care Medicine
- 2004 June** **Diploma in Intensive Care Medicine**
Conjoint Board In Ireland, Royal College Surgeons Ireland and College of Anaesthetists RCSI
- 2002 July** **Fellowship Anaesthetics, FCARCSI**
College Anaesthetists, Royal College Surgeons Ireland
- 1998 July** **MB BCH BAO (distinction)**
Queens University Belfast

CURRENT POST AND RESPONSIBILITIES

Current **Consultant anaesthesia and intensive care medicine**
Ulster Hospital Dundonald, Belfast

- Full time 11 PA consultant post with major workload in the intensive care unit providing a consultant lead and delivered service on a dedicated rota
- Also have a role in anaesthesia for major colorectal surgery
- Instructor on FCCS, ALS and EPLS courses
- Provide teaching on a rolling calendar for ICU trainees
- Consultant responsible for collecting ICNARC data in the ICU for national audit purposes

TRAINING AND EXPERIENCE

- Jan 07-Nov 07** **SpR 5 Anaesthesia**
Ulster Hospital Dundonald
Final 11 months of training
All major specialties.
Working as a registrar on the second on call rota
- Aug 06-Jan 07** **SpR Yr 4-5 Anaesthesia**
Belfast City Hospital
Vascular, thoracic and oncology anaesthesia
- Feb 06-Aug 06** **SpR Anaesthesia /ICM**
Royal Group of Hospitals
Final 6 months training in ICM at advanced level
- Feb 05-Feb 06** **Out of Programme Year**
Flinders Medical Centre Adelaide Australia
Senior registrar Critical Care Unit
Prospective approval by RCA as 6 months training in anaesthesia
and 6 months approved for advanced level training in ICM
- Aug 04-Feb 05** **SpR Anaesthesia Year 3**
Joint appointment QUB Department Anaesthesia and Royal
Group of Hospitals
- May 04-Aug 04** **SpR Year 3 Anaesthetics**
Mater Hospital Belfast
- Aug 03-May 04** **SpR year 2-3 Anaesthetics/Intensive Care Fellow**
Royal group of Hospitals Belfast
Cardiac, vascular and ICM modules
- Feb 03-Aug 03** **Intensive Care Fellow**
Belfast City Hospital / Royal Victoria Hospital
Complimentary specialties Nephrology and Cardiology. General
medical take in experience and on-call commitment to RICU
- Aug 02-Feb 03** **SpR Anaesthesia Year 2**
Royal Group of Hospitals
- Aug 01-Aug 02** **SpR Anaesthesia Year 1**
Antrim Area Hospital

- Aug 00-Aug 01 **SHO Anaesthesia**
 Altnagelvin Hospital, Co Londonderry, N Ire
- Aug 99-Aug 00 **SHO Anaesthesia**
 Ulster Hospital Belfast
- Aug 98-Aug 99 **PRHO**
 Royal group Hospitals

ANAESTHESIA TRAINING AND EXPERIENCE

General surgery and Major vascular surgery

- Managed simple and complex cases with both immediate and distant supervision. These included Colorectal, Upper GI, Vascular, Hepatobiliary and Transplant surgery.

Gynae and Urology Surgery

- Supervised training in both regional and general anaesthesia for simple and complex cases in these specialities.

Orthopaedics and Trauma

- Experience in anaesthetising both adults and children for orthopaedic joint replacements and emergency trauma cases
- Wide experience in managing problems specific to the elderly in trauma emergencies and elective lists

Major Head and Neck Surgery, ENT and Maxillofacial

- Gained experience in radical neck dissection and micro vascular flaps, maxillofacial trauma and management techniques for the difficult airway
- Trained in the use of fibre optic scope for difficult intubations

Plastic Surgery and Ophthalmology

- Gained wide experience in the management of elective and emergency minor and major plastic procedures
- Trained with supervision in the placement of peribulbar and sub-tenon blocks

Paediatrics

- Supervised training in paediatric anaesthesia for ENT, general surgery, orthopaedics, dental lists, CT and MRI sessions at various district general hospitals.
- Training in anaesthesia for complex paediatric cases and neonates during training in the Royal Belfast Hospital for Sick Children

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Cardiothoracic

- Gained experience in the use of different techniques of anaesthesia required for off-pump, on-pump CABG and valve replacement operations.
- In out of programme year was involved with the post operative care of cardiothoracic patients
- Gained experience in the management of thoracic cases and the use of the jet ventilator and placement of double-lumen tubes.

Day Case Surgery

- Gained experience in the running of day case lists, whilst gaining an understanding of the specific needs and logistics related to day case anaesthesia.

Emergency Surgical Theatre

- Worked in various departments with dedicated emergency theatre, consultant anaesthetist and theatre staff. I have gained experience in the co-ordination, and prioritising of services, to enhance communication and ensure smooth running of the lists, thereby ensuring equity of access regardless of specialty and based on clinical priority.
- Wide on-call experience with immediate and distant supervision both in and out of hours

Obstetric Anaesthesia

- Gained modular training experience through placements in Maternity hospitals with immediate and distant supervision of complex cases in tertiary referral centres
- Wide experience gained in the day to day running and management of patients in delivery suites within multidisciplinary team in district general hospitals both in and out of hours.
- Trained in the delivery of PCA and regional analgesia for labour including general anaesthesia for caesarean sections on both elective and emergency basis.

Trauma and A&E

- Gained experience in the assessment, initial management, resuscitation, investigation, transferring and subsequent treatment of polytrauma patients
- Trained in the management of both medical and surgical emergencies in the A&E department
- Recently certified in ALS and ATLS

Neurosurgery

- Supervised training and experience gained in a tertiary referral centre for the investigation and management in both trauma, emergency and elective neurosurgical conditions

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TRAINING IN INTENSIVE CARE MEDICINE

UK Experience

- Have undergone modular training in Intensive Care Medicine.
- Training has been as a joint trainee in Intensive Care Medicine under the parent specialty of Anaesthesia after attaining a training number in Intensive Care Medicine following competitive interview process. This has provided a streamlined training programme of experience at basic, intermediate and advanced level within intensive care units throughout Northern Ireland and Australia
- Further expansion of knowledge and skills was attained with experience in both Nephrology and Cardiology as complimentary medical specialties alongside General Medical acute take-in experience.
- Wide experience has been gained in the management of critically ill patients from the initial assessment, resuscitation and management from admission through to discharge.
- Gained experience in working under pressure as part of a multidisciplinary team
- Gained experience in communicating effectively with liasing specialities
- Acquired communication skills valuable in discussions with patients and their relatives, also experience gained in dealing with difficult ethical and moral issues of consent, limitation and withdrawal treatment
- Wide experience gained in placement of invasive therapeutic and monitoring devices and placement of percutaneous tracheostomies, along with experience of various techniques of renal replacement therapies.
- Involvement in bed management, Data collection and Audit within units, which I have worked
- Experience gained within these units allowed me to attain knowledge and skills to fulfil competencies required to meet the requirements of the Intercollegiate Board for Training in Intensive Care Medicine in order to be eligible to be awarded Joint CCT in training for Intensive Care Medicine and Anaesthesia
- Non-clinical interests are those of teaching, am an instructor for the FCCS course on the faculty both in Northern Ireland and Ireland
- Have recently presented poster at the State of the Art meeting of the ICS in London
- Attended an EHCO in ICU course to update skills and knowledge in the use of ECHO and ultrasound in ICU

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EXPERIENCE GAINED DURING OUT OF PROGRAMME YEAR

- Gained experience while working for a period of 12 months as one of 2 senior registrars in Critical Care Unit Flinders Medical Centre, Adelaide Australia
- This is a 27-bedded unit, which manages more than 2000 patients per year. All major medical and surgical specialities being represented including over 400 post cardiac surgery patients. The unit acted as a state resource for the "sick obstetric" patients. It is also the state centre accepting acute liver failure patients and a transplant unit. It is one of 2 major trauma centres in South Australia with responsibility for the Aero medical Retrieval Service which undertakes approximately 250 missions per year, through this I gained experience in assessment, resuscitation continuing management and transferring both trauma and medical patients from the roadside and country hospitals by both air and road.
- Gained experience in the day to day management of a busy Intensive Care Unit with responsibility for bed management and patient movement
- Gained experience in overseeing 14 full-time registrars and their duties within the unit and as members of a medical emergency team and aeromedical retrieval team.
- Clinical skills consolidated whilst working in Flinders were those of renal replacement techniques, percutaneous tracheostomies and invasive monitoring.
- Wide experience gained in the placement of Intra-aortic balloon pumps and pacing wires.
- During the working week "first-on call" was alternated with the consultant gaining experience in the management of patients from a distance.
- Whilst in Flinders was also responsible for ICNARC and APACHE data collection along with input into weekly morbidity and mortality meetings.

AUDIT

2006

Audit of Inhaled Nitric Oxide Usage in the ICU

- This was a retrospective audit covering the previous financial year in the regional intensive care unit, which involved identifying all patients who had received NO treatment.
- To determine whether NO is a cost effective treatment
- 30 patients were identified
- Physiological data regarding both respiratory and other organ support on these patients was collected from stored Carevue flowsheets and analysed
- The audit identified that patients were placed appropriately on NO while on maximal respiratory support

- This data showed that total expenditure on NO treatment was £67,000
- It is an expensive treatment as in this audit there was no significant benefit in outcome of the iNO group.
- This audit brought about the introduction of check sheet for commencement of NO

2004

Audit of glycaemic control in ICU

- Contemporaneous audit looking at glycaemic control in all patients in ICU over 2 week period showed patients were within defined guidelines 88% of the time
- Hypoglycaemic episodes were few
- Infusion increases rather than boluses were being used to control hyperglycaemic episodes
- Outcome was introduction of bedside BM machines rather than ABG analysis
- Protocol for the blood sugar control was introduced

2003

Audit of prescribing errors In ICU

- Aim to review errors on drug charts over 24 hour period
- 18 patients charts were reviewed over a 24 hour period for corrections to prescriptions printed for that day
- Found errors on 10 cardexes
- Identified reasons were, staff unfamiliar with drugs used in ICU were printing charts, changes in prescriptions made on the rounds were not being transcribed to new chart and the time for drug chart 24hour period clashed with nurse handover
- Changes made included splitting workload of drug chart printing
- Changing time for 24 hour period of drug chart
- Re audit was to be carried out

2002

**Audit of patient satisfaction with epidural analgesia
Antrim Hospital**

- Aim to audit both the delivery of the epidural service and patient satisfaction, with reference to RCA standards
- Prospective audit of 100 patients receiving epidural analgesia
- Information was gathered on indications for the epidural, patient characteristics, time spread of requests, delays if present, method of placement and any difficulties encountered
- Results showed the service provided epidurals within 60mins 92% time as compared with RCA standard of 100%
- 100% mothers were happy with information provided
- Conversion rates to C section were 5% compared with standard of 3%
- Delay was due to anaesthetist being busy in another clinical area.
- Reaudit was to be carried out

1999

**Audit of emergency theatre usage
Ulster Hospital**

- Assesses retrospectively speciality usage of emergency theatres and analysed reasons for delays
- Identified reasons for unused theatre time was mainly unavailability of surgeon or anaesthetic cover
- Implemented dedicated anaesthetic covers and explored options for surgical time.

RESEARCH

2004

Department of Anaesthesia QUB

Participated in ongoing recruitment and carrying out of ongoing studies
Involved in the continuation of the high dose rocuronium study

2002

Winner NHSSB Multiprofessional Audit competition

Awarded for research/presentation on "Patient Satisfaction with Epidural Analgesia"

PUBLICATIONS

2007

Chapter: Airway management and Endotracheal intubation

Parrillo&Dellinger (editors): Critical Care Medicine:Principles of
Diagnosis and Management in the Adult,3rd Edition
Co-Author of the above Chapter, G.G.Lavery, C.A.Jamison

2006

Is Inhaled No therapy Cost effective in ARDS?

P.Glover, C.Jamison, D.A.McAuley, et al
Published as abstract in ICM following the State of the Art meeting
London 2006
Also pending publication in the supplement issue of the Journal of
Intensive Care Medicine, following poster presentation at the ESICM
2007

PRESENTATIONS

- 2006** **Is Inhaled Nitric Oxide Therapy Cost effective in ARDS?**
Presented in poster form at the State of the Art meeting London 2006
Accepted for presentation at the ESICM Berlin 2007
- 2004** **Reporting and Follow-up of Suspected cases of anaphylaxis: a questionnaire of current practice in N.Ireland**
M Shields, RK Mirakhur, G McCarthy, C Jamison, K McCourt
Presented in poster form
- 2003** **Case presentation: "Too Much Adrenaline post Tonsillar Bleed"**
Presented in poster form at the Irish Intensive Care society meeting
- 2003** **Case Presentation: "Cardiogenic Shock following Tonsillectomy"**
Copple prize presentation submission
- 2002** **Patient Satisfaction With epidural analgesia**
Oral presentation and winner at NHSSB Multiprofessional Audit competition
- 2001** **Ventilation strategies in ARDS**
Oral presentation at Copple Prize

CLINICAL AND RESUSCITATION COURSES

- 2007** **European paediatric life support (EPLS)**
- 2007** **Echocardiography in Intensive care**
- 2007** **Advanced Life Support**
- 2007** **Advanced trauma and life support**

TEACHING EXPERIENCE

Formal Teaching experience

- Gained during my time in the Department of Anaesthesia QUB
- Organised and taught on the postgraduate revision course for FCA
- Involved in teaching of first year medical and dental students CPR skills, BLS, Peri-operative medicine lectures and simulator based teaching.

Formal training in teaching

- Attended Teacher Training for SpR course 2004
- Interprofessional communication skill course 2
- Completed the Generic Instructors Course and am now registered Instructor with UK Resuscitation Council for both ALS and EPLS

MANAGEMENT

- Involved in Rota organisation in Antrim Area Hospital 2001-2002
- Trainee representative on the group for implementation of Investors in People for the royal Group of Hospitals 2004
- Trainee Specialist Registrar representative on the Training Committee for Anaesthesia 2004

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