

Dr. Navanit Nagdeve

Consultant Anaesthesia

Aberdeen Royal Infirmary

FRCA, EDIC, MD, DNB (Anaesthesia)

Personal details

Name	Navanit Nagdeve
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GMC registration no.	6138141
CCT date	04/11/2011
Current appointment	Consultant Anaesthetist Aberdeen Royal Infirmary, Aberdeen

Career aim

I am keen to continue working as a consultant in a tertiary hospital and maintain experience across breadth of surgical specialties with a special interest in regional anaesthesia and day case surgery. I am enthusiastic about increasing my role in postgraduate education. I want to make the services safe and productive by engaging in clinical governance activities.

Education and qualifications

European Diploma in Intensive Care <i>European Society of Intensive care</i>	2014
Postgraduate certificate course in medical education <i>Queens University, Belfast</i>	2012
FRCA <i>Royal College of Anaesthetists, London</i>	2007
MD Anaesthesia (<i>PGIMER, Chandigarh</i>)	2003
DNB Anaesthesia (<i>National Board, India</i>)	2003
MBBS (<i>Government Medical College, Nagpur</i>)	1999

Employment history

Consultant Anaesthetist <i>Aberdeen Royal Infirmary</i>	May 2015 to till date
Locum Consultant Anaesthetist <i>Aberdeen Royal Infirmary</i>	Oct 2014 to April 2015
Consultant Anaesthetist <i>Royal Victoria Hospital (RVH), Belfast</i>	Nov 2011 to Oct 2014
Specialty Trainee (ST Anaesthetist) <i>Rotation in Northern Ireland deanery</i>	Aug 2007 to Nov 2011
SHO Anaesthetist <i>Rotation in Royal Victoria hospital, Mater Hospital</i>	Nov 2005 to July 2007
Senior Resident (SpR,) Anaesthesia <i>PGIMER, Chandigarh, India</i>	Aug 2003 to Aug 2005
Junior Resident (SHO), Anaesthesia <i>PGIMER, Chandigarh, India</i>	July 2000 to June 2003

Clinical experience

I am working as anesthetic consultant for 4 years in tertiary hospital. I have 14 years of experience in anaesthesia. Following is my career summary.

Training experience –

My early postgraduate anaesthesia training was in PGI, Chandigarh, a tertiary level 1600 bedded hospital. The training spanned over 5 years during which I gained valuable experience over a range of surgical specialties. With my professionalism and commitment to patient care, I was recommended under ODTs for training in UK.

I underwent competency based training in tertiary and district hospitals in Northern Ireland deanery for 6 years. I trained and provided anaesthesia for all the major surgical disciplines including orthopedics, general surgery, emergency surgery, day surgery, vascular surgery, neurosurgery, cardiothoracic surgery etc. I also underwent 20 months of training in ICU. I have had excellent progression in training as evident by positive feedback in workplace based assessments and multisource feedback.

Clinical experience

Consultant level –

I am working as a consultant for 8 years and have participated in consultant appraisals and revalidation.

Working as a consultant at Royal Hospital, Belfast, I covered orthopaedics, thoracic surgery, day surgery, neurosurgery, ENT, emergency surgery, etc. I have provided anaesthetic cover for ward, A&E emergencies and cardiac catheterisation lab. Since October 2014, I am working as a consultant in Aberdeen Royal Infirmary and been providing cover for plastic and reconstructive surgery, elective and trauma orthopedic, general surgery, urology, gynaecology, vascular surgery, X ray lists, preassessment clinics etc.

With this clinical experience, I have developed and maintained skills in following

- Skilled in central neuraxial block, USG guided upper, lower limb and trunk blocks, invasive monitoring, lung separation technique etc.
- Evidence based safe and quality care to achieve best for patients.
- Experience of organising tasks, delegation and negotiation to ensure smooth running of theatre list or managing emergencies.
- Experienced in managing sick and complex patients undergoing surgery by providing good clinical care and maintaining excellent communication in multidisciplinary team.
- Skilled in provision of day case surgeries by ensuring good preoperative selection, evidence based intraoperative care and discharge planning.
- Well versed with PCA, epidurals for perioperative pain management.
- Experience of preassessment for complex cases such as patients scheduled for major thoracic or orthopedics surgeries and education of nurses to ensure preoperative optimisation of patients.
- Over one and half year experience of working in ICU and HDU.
- Maintaining good working relation in multidisciplinary team and respecting the skills and contributions of colleague.

Research experience

I have been involved in 3 research projects on diverse topics such as physiological changes with anaesthetic agent, changes in physiology with haemodilution and comparison of 2 sedative regimes. All projects have been completed and are published in journals.

Following are the details of the research work.

Study 1 - The effect of different doses of ketamine on intraocular pressure (IOP) in anaesthetised children.

I was the principle investigator for the study. I was responsible for ethics and research committee approval. I designed and managed the study while continuing my clinical duties. This was single centre study and recruited 40 children. The study showed that ketamine had a dose-dependent effect on IOP at 5 to 10 minutes.

Study 2 - Comparison of propofol and midazolam infusions for sedation in patients undergoing surgery under spinal anaesthesia.

I was responsible for patient information, recruitment and data collection. The conclusion was propofol provided better titration and adequacy of sedation than midazolam but resulted in more hypotension. The cost analysis revealed that sedation was significantly more expensive with propofol than midazolam.

Study 3 - Comparison of hemodynamic changes following acute normovolaemic haemodilution (ANH) using Ringer's lactate versus 5% albumin in patients undergoing CABG.

I was responsible for patient information, recruitment, and data collection. I also contributed to thesis writing. The study demonstrated that haemodynamic stability was better maintained by 5% albumin than Ringer's lactate for acute normovolaemic haemodilution.

Publications

Research publications

1. **Nagdeve NG**, Yaddanapudi S, Pandav SS. The effect of different doses of ketamine on intraocular pressure in anaesthetised children. *Journal of Pediatric Ophthalmology and Strabismus* 2006;43: 219-23
2. Arya VK, **Nagdeve NG**, Arun Kumar, et al. Comparison of hemodynamic changes following ANH using Ringer's lactate versus 5% albumin in patients on beta-blockers undergoing CABG. *Journal of Cardiothoracic and Vascular anesthesia* 2006; 20: 812-8
3. Yaddanapudi, S, Batra, Y, Balagopal A, **Nagdeve, NG**. Sedation in patients above 60 years of age undergoing urological surgery under spinal anesthesia: Comparison of propofol and midazolam infusions. Journal of Postgraduate Medicine 2007;3:171-5

Peer reviewed case report

4. Arora S, **Nagdeve NG**, Makkar JK, Sharma RK. Fixation of oral tracheal tube to the maxilla in maxillofacial surgery. *Anesthesia & Analgesia* 2006; 103: 1620

Review article

5. Grover S, **Nagdeve NG**, Sushil Kumar. Anaesthetic consideration of strabismus surgery. *Indian Journal Strabismology and Pediatric Anesthesiology* 2005; 4:49-56

Abstract and conference proceeding

6. Laird AE, **Nagdeve N**, Bailie R. Investigating the frequency and volume of blood sampling in critically ill patient in an attempt to reduce iatrogenic anaemia. *Intensive care medicine* 2011: 37 Suppl 2:S137
7. **Nagdeve N**, Kelly K. Audit of ETT cuff pressure measurement with minimal occlusion technique. *Br J Anaesth* 2011; 107: 294P
8. **Nagdeve N**, Kada K. Quality of handover of patients in post-anaesthetic care unit staff. *Eur J Anaesthesiology* 2011:28 Suppl 48: S214
9. Trainor D, **Nagdeve N**, McCaffrey J, Austin S. Survey of practice of therapeutic hypothermia post-cardiac arrest in Northern Ireland ICU. *Intensive care medicine* 2010;36 Suppl 2: S0367

Audits and quality improvement activities

I recognise the value and importance of audit in improving quality of medical services. I have participated in audit projects throughout my career. The projects that I have carried out are

1. Survey of incident reporting in RVH theatres. 2014

Majority of colleagues highlighted issue of poor feedback after reporting critical incident.

Action – Discussion of critical incidents at audit meetings.

2. Re-audit of documentation of nerve block in Royal Hospital. 2013

Poor documentation of nerve block in anaesthetic records was noted.

Action - I reintroduced block stickers and their availability in theatres.

3. Audit of preoperative blood testing in Royal Hospital. 2012

Forty two percent of preoperative blood tests were inappropriate.

Action – Education of medical and nursing staff.

4. Audit cycle of blood sampling in critical care - Antrim hospital 2010- 11

Unnecessary duplication of blood tests in ICU was noted.

Action – The guideline was developed after multidisciplinary meeting. This resulted in halving blood sampling and lab cost, confirmed by re-audit.

5. Perioperative management of Type I diabetic patients - Antrim hospital 2011

Insufficient guidance and insulin prescription errors were highlighted.

Action – Prescription errors were highlighted to medical team and protocol was subsequently formulated.

6. Quality of handover of patients in PACU - Antrim Hospital 2010

High proportions of handover were incomplete.

Action – This was highlighted in local audit meeting and PACU nurses.

Audits and quality improvement activities

7. Survey of therapeutic hypothermia post cardiac arrest in Northern Ireland. 2010
Variations in target temperature, methods and duration of cooling noted.
Action – The need for protocol at regional level was highlighted.

8. Survey of use of video laryngoscope (VL) in tertiary hospital. RVH 2014
Majority of anaesthetists indicated benefit with VL over direct laryngoscope although 52% experienced difficulty introducing endotracheal tube.

9. Tracheal tube cuff pressure with minimal occlusion technique (MOT). 2008
Significant incidence of over and under-inflation with MOT was noted.
Action - Importance of cuff pressure measuring device was stressed.

10. Maternal satisfaction with labour analgesia - RJMH 2009
High satisfaction rates were noted among mothers with labour analgesia.

11. Patient satisfaction during cataract surgery with local anaesthesia. RVH 2006
Patients were highly satisfied with anaesthetic services indicating high standard of care.

Management and administrative experience

Team and service management

- Liaising with multidisciplinary team of surgeons, trauma coordinators, ortho-geriatrician, ICU, medical specialties for managing complex patients.
- Experience in organising tasks for trainees and nursing staff.
- Regularly attending audit and divisional anaesthesia service committee meetings at Royal hospital.
- Organisation and management of teaching for medical students in perioperative emergency medicine module at Antrim hospital.
- Experience in time management, working within deadlines and dealing with unexpected when working on a research projects.
- Developed patient feedback questionnaire.

Clinical governance

- Reintroduction of nerve block stickers to improve documentations of blocks at Royal hospital.
- Survey of new airway device at Royal Victoria hospital.
- Guidelines for blood sampling in ICU patients at Antrim hospital.
- Patient satisfaction surveys at Royal hospital.
- Audits addressing patient safety such as perioperative management of diabetic patients and quality of handover in recovery.
- Engagement in CPD and audit activities.

Management training

1. Clinician Leading, Improving & Managing Effectively (CLIME) workshop.
Belfast, Feb 2012

This workshop was aimed for consultants to improve awareness about the challenges facing clinicians, services and organisation.

2. NIMDTA management development course – Belfast. April 2011

Presentations

1. Investigating the frequency and volume of blood sampling in ICU patients in an attempt to reduce iatrogenic anaemia. ESICM congress, Berlin 2011
2. Use of minimum occlusion technique of cuff inflation. RCOA congress, London, May 2011
3. Quality of handover of patients in PACU staff. Euroanaesthesia, Amsterdam 2011
4. Therapeutic hypothermia post cardiac arrest – A survey of current practice in Northern Ireland ICU - ESICM Congress, Barcelona 2010
5. Effect of two doses of intramuscular ketamine on intraocular pressure in children. International paediatric anaesthesia Conference, New Delhi 2003
6. Quality of handover of patients in postanaesthetic care unit staff. Dundee Medal, Belfast 2011
7. Post intubation sore throat – comparison of clinical vs pressure controlled cuff inflation. Neuroanaesthesia & Critical Care Conference, 2005

Courses/conferences

Life support courses

Advanced Life Support	Belfast, 2010
Advanced Trauma Life Support	Antrim, 2009
Advanced Paediatric Life Support	Londonderry, 2006

Other courses and conferences

- Scottish airway meeting Glasgow 2016
- Joint WSM with SSA Aberdeen 2016
- Pain study day Aberdeen 2016
- AAGBI congress Harrogate, 2014
- 32nd ESRA congress Glasgow, 2013
- One lung refresher course Belfast, 2013
- Euro-anaesthesia Congress Barcelona, June 2011
- Royal College inaugural congress London, May 11
- PROMPT course Antrim hospital, Feb 11

Courses/conferences

- USG guided regional anaesthesia refresher Aberdeen 2015
- 23rs ESICM annual congress Barcelona, Oct 10
- USG guided regional anaesthesia RCOA, London, Sept 08
- Challenging airway workshop Templepatrick, Feb 08
- NISA obstetrics day Belfast, Feb 12, Feb 11, Feb 08
- Anaesthesia for proximal hip fractures NISA, May 09
- NISA meeting, Belfast Mar 11, Dec 10, Apr 09
- Core topic days, Belfast Jan 13, Oct 12, Oct 11, Oct 10
- Fundamental critical care support Belfast, June 2006
- Research methodology & biostatistics Chandigarh, Oct 2002
- Conference of Neuroanaesthesia Chandigarh, Feb 05
- International paediatric anaesthesia conference New Delhi, Nov 03

Membership & affiliations

- Royal College of Anaesthetists (RCA)
- Association of Anaesthetists of Great Britain and Ireland (AAGBI)
- European society of regional anaesthesia (ESRA)
- Society of Ultrasound Anaesthesia (SUA)

Personal statement

I believe in excellence and innovation. My colleagues see me as committed, reliable and supportive person. I have received positive feedback and comments in consultant appraisal and 360 degree colleague feedback. I have demonstrated leadership qualities in clinical commitments as well as lead investigator and audit lead. Over years of experience, I have developed strong communication skills which help me to build good relations with patients, other professionals and colleagues.