

Welcome to VGH:

We hope you have a great educational experience here with us. You may find it a large and overwhelming place, especially at first, with a fast pace and high expectations but also very rewarding in terms of clinical experiences.

We thought it would be easier if the general expectations were laid out, and hope it makes life here a little easier. Residency is a busy time, but also fun and sociable.

A couple of general points:

- Anesthesiology residency is almost all on the job training and there is very little 'skut' work compared to other specialties, there is almost always a learning opportunity to be had.
- Your goal is to become a Perioperative Care Specialist. It will help if you take ownership of this role and your patients as early in your training as possible.
- It is expected that when in the OR, your attention be focused on the patient with minimal distraction (computers/phones etc), especially when you are in your first years of training.
- It also works well if you introduce yourself to the OR staff and state your year of training and program

Before you arrive:

- You will get an email from the VA Anesthesia Admin Assistant about all that needs to be done

In general:

- **Photo ID** - ID badge required ASAP – Old Doctors Residence: Rm17 (basement) 2775 Heather St (at 12th Ave)
- **Computer access** – to VCH network, Outlook email, Internet access: Info regarding access (login & password) will be emailed to you by IMIS support. Any questions or concerns, contact the Help Desk @ 604-875-4334 (internally 54334) or email vchservicedesk@hssbc.ca
- **Sunset Schedules** – Daily OR assignment Schedules in the Sunset program will be emailed to you.
 - At approx 3:00 pm daily, assignments for the next day will be emailed to you outlining the OR and anaesthesiologist you will be with - this changes daily. Note that you will also be assigned to UBCH.
- **PCIS** (Patient Care Info System) – training is required prior to your start date in July. Harjeet will send you a link outlining this process.
- **Locker** – (usually shared due to a locker shortage) will be assigned to you

- **Dictation number** – please ensure you get a dictation number at the start of the rotation as you will be scheduled in ACC (anesthesia consult clinic) on occasion. Transcription services 604-806-9696. Call this number to request.

Work Hours:

- Patient in the room time is 7:20AM at VGH, 7:50AM at UBC site.
- Be sure to get to work in plenty of time to set up the room (check the machine, draw up drugs, airway supplies, IV equipment, invasive monitoring etc) and see the patient/check blood work before the patient comes in the room. This will take longer when you first start and should get easier as things progress.
- The anesthesia assignment list is usually finalized by approximately 3:00 PM the day before. You can find copies of the slate at the anesthesia slating office, in the anesthesia admin office or at the desk in preoperative holding area.
- If you are unsure of what type of anesthetic/monitoring/or have other questions, you can always run it by someone the day before (your staff/another resident/the next day's staff).
- You should read the consults (on PCIS) /review the charts and blood work for your cases for the next day. The charts for the next day are located behind the reception desk in the preoperative holding area.
- This will give you a chance to know the patient's history and determine what anesthetic considerations they may have. It will also save you time the next day.
- You should look up the major considerations for the patient/case the night before.
- Cases usually have their IVs started in PCC, unless the IV start is difficult. Make note of this as you will have to set up IV equipment too if they don't have one.
- If you have an interesting case with educational value, it would be better if you stayed longer or you may want to finish a case you have been heavily involved in. Otherwise if you are offered to go, you should go.
- You should be well prepared for the next case during the preceding case because there is a lot of pressure to get the next case started as slates are booked tightly.
- During the day your staff should be able to give you a coffee and lunch break, unless circumstances are crazy. If there is some delay in the room, or you have time, its good practice to grab something while you can. Breaks are generally 20 to 30min (no real rules, just a reasonable amount of time to do what you need to do). (I used to try to chat with my next patient if it worked out time wise to give me a little more time between cases)
- In general, because of the number of long cases at VGH, staff with residents are often asked to do give breaks to other rooms whose cases are scheduled to go all day. Their day usually needs to be planned accordingly, so when you are offered a break, it's usually the best time in their day organizational wise, so unless there is a good reason not to, you should take the chance.

Postoperative Care:

- All patients admitted to the iPACU area should have an admission note, especially if admitted overnight. The note should include co-morbidities, intraoperative events, reason for admission and plan.
- Similarly, at the end of a night shift, progress or discharge notes should be provided for all iPACU patients.
- All complex cases, or pending tasks (e.g. checking CXR/ECG), should be handed over verbally to the Perioperative Resident or the on-call Staff Anesthesiologist
- POPS Orders (Perioperative Pain Service) should be completed during the case using the standard forms. The yellow sheet should be handed to your staff Anesthesiologist.
 - If you have a complex case e.g.: early therapeutic anticoagulation requirement in a patient you put an epidural in, please discuss this with the POPS staff person.
- We have template guidelines for management of OSA or suspected OSA patients available in the PACU. PACU OSA Orders should be completed for all patients with known/suspected OSA.
- We also have templates for glucose management, ventilation orders and inotrope orders.

Rotations:

There are a number of subspecialty rotations; you will most often do these in your senior years: neuroanesthesia, cardiac anesthesia, CSICU, thoracic anesthesia, vascular anesthesia, regional anesthesia.

Perioperative Resident Shift: 1pm to 9pm.

- Involves reporting to the POA, doing perioperative consults and taking care of all patients in PACU/iPACU under supervision of the POA.
- Consults should be photocopied, left in the communication binder at the slating desk and reviewed with the POA (they can show you the process of how it works).
- All iPACU patients are expected to have notes written on them at the end of your shift or before discharge from iPACU. This is important for communication between specialties, between anaesthesiologists and medicolegally.
- The OR desk will have a rough idea of the cases for the day in the morning, but things often change and you often don't know which case is next until the end of the preceding case.

Vacation/leave Requests:

- All requests should be done through the Chief Resident and they are granted based on the number of residents at the site.
- Any conflicts are managed through the residency coordinators

- If you have to miss work for any reason, make sure to let the people affected know as soon as possible (Slater/person you are scheduled to work with & anesthesia office 604-875-4304) and if you are scheduled to do call, you need to make arrangements to switch those calls.

Call Requirements:

- Depends on number of residents at the site.
- Call schedules and call schedule requests go through the Chief Residents.

Inpatients:

- If you have inpatients, it is expected that you see them the night before and CALL your staff member for the next day to review the consult with them.
- The staff person phone numbers are all available in the Anesthesia Office, at the OR desk or in binders in every OR.
- Sometimes the patients coming to the hospital from other hospitals arrive late in the day. If they arrive after 9PM it is unrealistic to see them.
- If they do come in the evening and you have plans that night, it is best if you arrange a deal with a fellow resident and pay them back at some point. If you are really unable to see them, let your staff person know ASAP.
- This helps you know your patients, identify any potential issues and read around the case issues. Remember you are the person who will end up knowing the patient the best and have first line responsibility for them.

Academic Activities:

- Wednesdays are usually academic time (late starts – 1 hr later) except in the summer.
- The R2 Introduction lecture series runs on Wednesdays in the summer, you are not expected to be back in the OR after these sessions unless you are on call (D1/N1/Periop etc). If there are just afternoon sessions you will be expected in the ORs in the am.
- Anesthesia Grand Rounds are Wednesdays from 7-8:00am in the Cafeteria Round Room, Jim Pattison 2nd Floor, which residents attend if the academic day is at that site or if there is no academic day.
- Journal Clubs are call protected, but it is expected that you come in at a reasonable time afterwards to do your night call.
- Staff may forget that there is journal club, so a reminder email/phone call/conversation is best

Evaluations:

Evaluations are a challenging part of anesthesia training and will continue to evolve, especially since the introduction of CBD (competence by design). We use paper evaluations for non CBD residents while

those in the CBD program use the royal college website (you may need to help your staff navigate this program during this transition time).

Daily Evaluations: non CBD residents

- The evaluation forms are to be printed/or picked up from the Anesthesiology Admin Office Rm 2449 and handed to the staff person at the end of every shift.
- If that is not possible, let them know it will be in their mailbox.
- The staff person should fill it out and hand it in to the Anesthesia Admin Office in the mail slot bottom row (labelled). They may ask you to do this for them.
- Please encourage verbal feedback from your staff ... it can only make you stronger.

Daily Evaluations: CBD residents

- These are done through the royal college website (daily observations or EPA's)
- Your staff may need some assistance navigating the website during this transition phase
- If you would like to complete an EPA please ensure you discuss this prior to the task (these are not retrospective)
- Please encourage verbal feedback from your staff ... it can only make you stronger.

End of rotation evaluations: all residents

- In the last week of your rotation at VGH you should talk to the residency site coordinator to get feedback on your time here. Please seek them out.
- If there are any problems during your time here, or any patterns from evaluation forms that need to be addressed prior to the finish of your rotation, please see the residency site coordinator.
- Midblock rotation evaluations: it is YOUR responsibility to find the residency coordinator for feedback

If you are having problems, it is best to deal with them early. If you have concerns or are having difficulties, please come and speak to the residency coordinators.

Your residency coordinators for VGH:

Drs. Christopher Durkin & Travis Schisler

Contacting Staff/Important Numbers:

Office Administrator to Department of Anesthesiology and Perioperative Care
Vancouver General Hospital, Jim Pattison 2, Room 2449
899 West 12th Avenue Vancouver, BC V5Z 1M9
604-875-4304
604-875-5209

email: Brenda.kay@vch.ca

VGH OR desk: 604 875 4472

Staff anaesthesiologists:

All phone numbers are in a binder in each OR or you can get them via the Anesthesiology Admin office, or the OR desk or in PAR

Email is a useful way too, as most of us get our emails on our phones: all anaesthesiologist have the email: Firstname.Lastname@vch.ca

Addendum:

Pregnancy and Radiation exposure:
February 13, 2013

Strategy for avoidance of radiation for pregnant residents (VGH/UBCH)

The following option is available for pregnant residents that are rotating through VGH/UBCH: Residents are slated daily into operating rooms by one staff anesthesiologist (the "slater"). The slater changes weekly.

Slaters have the ability to choose rooms that are free of radiation for residents that are pregnant. This does not significantly alter the experience of the resident, nor does it usually limit the scheduling options of the slater, but also not a guaranteed fix as slates can change.

Because there are so many slaters, and so many residents it has been difficult in the past for the slater to know if a given resident is pregnant.

A proposal has been put forward whereby a resident can confidentially identify themselves to Harjeet and Joanna will "flag" the resident on Sunset as pregnant, thereby alerting the slating anesthesiologist to avoid ORs with radiation for that resident.

Unfortunately, radiation avoidance is most important in the early stages of pregnancy, at a time when the resident may not necessarily wish the information public. Although confidentiality will be requested, ultimately many people will see the information, therefore it cannot be guaranteed.

We hope to make this a viable option to help the pregnant resident schedule into radiation-free rooms. Any suggestions as to how to make this process smoother can be forwarded to Jacqueline Trudeau (jacqueline.trudeau@vch.ca), or Juliet Atherstone (juliet.atherstone@vch.ca)