A General Fellowship in Vancouver

Dr Holly Edmond was the recipient of the 2022 BWT Ritchie Scholarship towards attending a General Fellowship at Vancouver General Hospital in British Columbia, Canada.

Vancouver General Hospital (VGH) is an adult teaching hospital and is a 1,000 bed, level 1 trauma centre. It is the principal referral centre for British Columbia and Yukon, covering a population of over 5 million people. The surgical intake includes patients referred for neurosurgery, trauma and burns, complex orthopaedics, major oncology, spinal cord injuries, vascular surgery and solid organ transplantation (excluding hearts).

I chose to undertake a General Fellowship, aiming to attain a broad exposure to high acuity, complex cases in preparation for a General Consultant position when we return to Aotearoa New Zealand. After having been accepted into the Fellowship in May 2021, I became pregnant and was granted a deferral to allow me to take some maternity leave. We moved to Vancouver in December 2022, with our 9 month old, in preparation for a January start date.

The Fellowship

Clinical hours are approximately 6.45am to 4.30pm, four days a week, with the fifth working day reserved for academic work. General Fellows rotate through month-long blocks of work in various subspecialties, which take up three of the four clinical days. The fourth day is allotted to a service provision list.

The Fellowship lead tries to accommodate Fellows' areas of interest, and it is possible to spend more than one month working in a preferred subspecialty. My clinical areas of exposure so far have included Burns and Plastics, Neuro, Airway, Hepatobiliary and Regional.

BWT Ritchie Scholarship Recipient Dr Holly Edmond working in Vancouver General Hospital.

Due to the system of Staff (SMO) payment, there is always a Staff Anaesthetist assigned to any patient interaction. The Staff will usually be present at the start of the day and might assist with lines or procedures for efficiency. However, the general expectation is that the Fellow will run their cases autonomously.

There are no Anaesthetic Technicians in Canada, and I have missed them! In their place there are a team of Anaesthesia Associates (AAs). AAs are usually Respiratory Therapists, primarily from an ICU background, who have undertaken a year of additional training. Cardiac and Transplant rooms are always allocated an AA; this leaves only four AAs covering around 20 other lists. This means that we undertake all the set up for most of our own cases. This would include setting up for neuraxials, airway management, additional lines and blood product administration.

My current academic project aims to assess the clinical and cost impacts of a prehabilitation programme which was introduced to VGH in 2019. The programme spans multiple domains including exercise, nutrition, patient blood management, smoking cessation and glycaemic control.

Workplace Culture

The expectation here is to be highly autonomous in one's work. The case mix at VGH is complex, and the Staff Anaesthetists are capable Generalists who deal with a wide range of surgical subspecialties. There is a system of subspecialty interest groups covering elective work during daytime hours. This works well for keeping exposure high with some of the more complex elective procedures. Out-of-hours, however, the General Staff are expected to cover all subspecialties with the exclusion of on-pump Cardiac cases and Lung or Liver Transplant.

It was challenging to be thrown into this environment after almost a year of maternity leave. The system was unfamiliar and fast-paced. I frequently suffered from cognitive overload in the first few weeks as I refamiliarised myself with giving an anaesthetic, and adjusted to working in a new hospital, with new colleagues and a complex electronic record system.

Clinically, I focused on keeping things as simple as possible. I am grateful for the high level of training I received in Aotearoa, which kept me safe during these demanding few weeks. Whilst many of my new colleagues were understanding of my situation, my return to work was more difficult without the mentorship I would have had to support me at home.

As the days and weeks have passed, I have come to feel comfortable in my new environment and am now really enjoying the clinical exposure afforded by this Fellowship. I have been able to undertake a varied and challenging case mix, seeing everything from carotid to cerebral artery bypasses, to liver transplants and multi-day spine procedures. For me, one of the key advantages of this Fellowship has been the ability to experience such a variety of subspecialty work under one roof.

View from one of the Operating Theatres at Vancouver General Hospital.

There are, of course, plenty of differences in clinical practice between hospitals here and back home, and it has been interesting to use my observation of these differences as an opportunity to reflect on my own practice.

One of the key differences in theatre culture that I have encountered, is the relatively siloed communication within the various groups working in the theatre. It is not common for surgeons to introduce themselves, for example. More often than not surgeons will refer to 'Anaesthesia' rather than use our names. Some surgeons also choose to undertake the safety briefing (sign in/time out) via speakerphone, and engagement with safety aspects of the briefing is fairly cursory.

I have found that this environment can result in delayed or incomplete communication when we encounter surgical difficulties such as significant blood loss. I have reflected on how much better the culture around this is where I have worked in Aotearoa. In general, surgeons engage more openly with us on their requirements and the case's anticipated difficulties and this improves the dynamic of the entire theatre team.

Life in Vancouver

With a population of 2.6 million, Vancouver is a large city by New Zealand standards. The city is bike friendly and has excellent public transport and car share schemes. This means we have been able to live without a car. There are incredible opportunities locally for skiing in the winter and biking and hiking in the summer.

The main barrier to undertaking a Fellowship here is the cost of living. We knew that our rent would be extremely high, but were not so prepared for the expense of other everyday costs, such as groceries. Childcare is also extremely challenging, particularly for families with very young children. Eighteen month waitlists for day-care places are the norm, which is not ideal for a visiting Fellow on a 12-month placement.

I am extremely grateful for the support of the BWT Ritchie Scholarship in allowing me to undertake this Fellowship.