Fellowship in Canada

At the height of a global pandemic, it was quite a feat for Dr Mike Webb to travel to Canada with his family to undertake his fellowship in regional anaesthesia and acute pain management. He writes about his experience, including the learning opportunities as regional anaesthesia came to the fore, the challenges of COVID and why the experience fostered a stronger appreciation for wellbeing and trainee mentoring.

Dr Webb's fellowship was made possible by the BWT Ritchie Scholarship, offered by the NZSA and ANZCA NZNC.

A regional fellowship in Toronto, Canada

Canadian fellowships are typically arranged 12-24 months in advance of the start date of the fellowship. The process included formal application documentation, letters from three referees and a relatively informal Skype interview. My main reasons for choosing this fellowship were: to improve my regional skills to the point where this could be something that I could offer an anaesthetic department as a specialist; Sunnybrook Hospital's regional fellowship which offered a high volume regional anaesthesia program; and my wife, our three children, and I all hold Canadian citizenship, plus our extended families live in Toronto and Vancouver.

Sunnybrook Hospital is the second largest hospital in Canada, with the biggest trauma service in the country. A large volume of orthopaedic procedures, both elective and acute, are performed here, so I thought it would be an ideal location to undertake a regional fellowship. With the job awarded, we booked our flights and accommodation well in advance, and made plans for the coming year.

Organising the fellowship

Becoming a clinical fellow in the province of Ontario requires several administrative steps, which take at least eight to nine months to complete. At the midpoint of completing my paperwork, the COVID pandemic broke out, which added more complexity to the application process.

Fellowships are centrally administered through the University of Toronto, which has requirements for documentation and occupational health and safety, however the fellow is the employee of the hospital at which they are working so each of these offices have their own requirements. The fellow must have their credentials verified and accepted by the Medical Council of Canada. Each province also has its own medical council, so I needed to send documentation to the College of Physicians and Surgeons Ontario for their approval. Fellows also need to organise indemnity insurance prior to starting their position.

Travel in the time of COVID 19

International travel in the height of a pandemic is not something I would advise. We had our flights cancelled on several occasions, which required rebooking the tickets over the phone each time. I was set on doing this fellowship and remained assured that we would get to Canada, which had so much promise for us as a family. My wife, irritatingly

correctly, was less convinced about whether it made sense to persist in what turned out to be an uphill battle. Multiple anaesthetic departments in Auckland kindly offered to extend me as a registrar or fellow, but I remained steadfast in my goal of getting to Canada. It was a stressful time. With the flights finally sorted out days before we were to leave, we boxed up our belongings into storage, packed and went to the airport. Owing to the nature of flight rerouting/cancellations, we took a roundabout route to Toronto via Los Angeles and Vancouver (stopping for a night in each). There was the latent anxiety about contracting COVID during the flights and layovers, and my poor kids (ages seven, five and two and a half) got very used to constant hand sanitising and wearing a mask. My seven-year-old dubbed me "captain cautious." Those things aside, it was pleasant to travel – no lines, and plenty of seats to stretch out on. We finally made it to Canada on 11 June last year and began our nationally mandated self-isolation. This was an enjoyable time, as we self-isolated at my in-law's family cottage 250 km north of Toronto right at the start of a hot summer. We had made it and we were off to a great start!

The Fellowship

Regional Anaesthesia

There are five regional fellows at Sunnybrook Hospital, and we worked over two sites. One is the hospital main site, and at this location more technically challenging perineural and plane blocks for patients are done. The second site is a satellite hospital for elective orthopaedic procedures. At this location a large volume of simpler perineural catheter blocks is performed. There are "block rooms" at both sites which are staffed by a block fellow, occasionally a resident (Canadian for registrar), and sporadically by a supervising consultant. All blocks for all the theatres for the day are done in these locations. Typically, block fellows can expect two days a week in the block room, with the rest of the days being service provision

for the department. Each fellow initially undertakes a three-week minimum of supervised general work prior to working in the block room, and this is to satisfy the department and the licensing bodies that you are safe for independent practice. I moved quickly off this supervised time, and into practice that was completely independent. I learned immediately that the work as a fellow here is very autonomous, there is very little assistance available to you and especially on your service days opportunistic toileting and eating are essential skills to develop. Thankfully, I had some good regional teaching in Auckland, and could do many basic plane or perineural blocks/simple catheter techniques. My experience is of very independent work in this area, so if you have little regional experience a fellowship of this nature might be challenging.

There were significant rostering issues throughout my tenure. Due to some consultant staffing issues, there was a regrettable habit in the department to move regional fellows off their assigned block room days and to use those days to cover additional service lists. Obviously, this was distressing for fellows who have travelled a great distance, and at considerable expense to come here to do a fellowship in regional anaesthesia. The result, unsurprisingly, was low morale amongst the fellows.

The on-call roster

On-call shifts at Sunnybrook Hospital cover obstetrics and general calls. Obstetric overnight shifts are 16:00 to 08:00 and generally busy. General calls for fellows are at the third and second on call level, meaning that the call ends when the operating theatres go down to two and one theatre respectively. Third call goes home, however, second on call is 24-hour in hospital call and can either operate for that entire 24-hour period or, more typically until two or three in the morning, or be woken to re-open a theatre if required. You are given a sleep day following second call, and then return to the roster the day following. Owing to the nature of the work culture and the Canadian fee-for-service funding model these can be very long shifts where cases that would not be done overnight in New Zealand are routine. There is an average of one overnight shift per week. I had weeks with none, and weeks with three.

It was very interesting working in a pandemic "hot spot" during this unique time. We had excellent access to PPE and sensible protocols were in place to attempt to mitigate the spread of the disease. An N95 is worn for all intubations and extubations/aerosolising procedures by both the anaesthetist and the assisting nurse (there are no anaesthestic technicians in Toronto and I missed them dearly...) as well as eye protection and an over gown. This is worn for all patients regardless of their COVID status. I put my N95 on in the morning and took it off at the end of the day as I was leaving. The bridge of my nose was completely mangled, but I think my modelling career was over long ago anyways!

I managed known COVID positive patients. With many asymptomatic carriers in the population and the middling performance of the COVID PCR as a screening test, I imagine I had several exposures. Some fellows and residents in the department tested positive for the virus – thankfully all asymptomatically.

Interestingly, to avoid general anaesthesia and aerosolising procedures, regional anaesthesia came to the fore. This improved my regional skills as these patients were expected to have their procedure solely under regional blockade and some simple sedation.

Projects

I have interest in research stemming from my background as a clinical epidemiologist. I was often working ~80 hours a week, so there were limited opportunities to undertake projects. That said, I published several textbook chapter sections and have a very exciting piece of original research currently in review. If you make time, there are opportunities to do projects, but you have to really shoehorn it in around your clinical work. Academic days or time were not built into my schedule.

Scientific meetings

As a keen skier, I had hoped to attend the Whistler anaesthesia conference but this and so many other events were cancelled. I would have enjoyed the chance to present some of the great original surgical risk data that we are creating in New Zealand.

Social aspects

With COVID lockdowns and strict limits on gathering size, this was a secondary focus, however, I enjoyed meeting other fellows from around the globe. South Africa, Switzerland, Brazil, Australia, New Zealand, and, of course, Canada. Sadly, we were not able to spend much time together outside of work. My wife and children were living outside of Toronto with my wife's parents and owing to my busy work schedule and potential need for isolation, I lived in a flat near the hospital. As there was nothing to do outside of work, I became very well acquainted with the walls of my apartment!

Returning to New Zealand

My fellowship concluded at the end of June, and I immediately went on a very pleasant fishing trip. I am now having some holiday time with my family in Canada, which is great after such a busy year.

I am very lucky to have obtained a consultant position prior to departing New Zealand and I'm very much

looking forward to returning to Auckland in September to commence my position at Middlemore Hospital. Middlemore was the place that I did most of my medical student training, house officer rotations, and a fair amount of my anaesthetic training so, I am excited to head home!

Lessons learnt

Working in Canada afforded me several experiences that have had significant formative input on how I intend to function as a consultant anaesthetist. I improved my skills in regional anaesthesia to a point where I would be comfortable to perform or supervise/teach most regional procedures at a consultant level of practice. I accrued a large volume of practice of regional procedures in a variety of settings and in a wide range of patient clinical presentations. Additionally, I was responsible for supervising and teaching Canadian resident anaesthesiologists regional anaesthesia and became more skillful in the art of junior staff supervision. I feel like these skills will benefit my department in the immediate sense, and the latter point will benefit the larger anaesthetic community in a longitudinal fashion; through my small role in the creation of safe, competent regionalists for the future.

I think my experiences will make me a more empathetic and caring senior colleague. The conditions were challenging and austere at times, there were very long work hours, and there were instances of being seemingly forgotten, which placed into stark reality how unhelpful and counterproductive these behaviours are. At the minimum, being cognisant of this will help prevent these behaviours being perpetuated by myself in my immediate circle. Furthermore, the experience has fostered a new appreciation for wellbeing and the importance of effective mentoring of trainees.

Lastly, I gained perspective on a different healthcare system and set of behaviours, and the expectations that come with it. From a personal perspective, it has been reassuring to function at a safe and competent level under some duress in a different healthcare system and country. I have come to really appreciate the excellent standard of anaesthesia, teamwork, and patient safety in New Zealand.

My sincere thanks

I am exceedingly grateful for the assistance provided to me by the BWT Ritchie Scholarship and would encourage potential fellows who meet the application criteria to apply for this generous grant.

With my great thanks to the New Zealand Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists New Zealand National Committee.

To find out more about the BWT Ritchie Scholarship visit the website of the Aotearoa New Zealand Education Committee. https://www.anaesthesiaeducation.org.nz/

Visiting Lectureships have gone virtual!

Dr Nick Lightfoot and Dr Rob Burrell will inform and entertain you with the inaugural new-look Visiting Lectureship Series (2 September at 6pm) in a webinar format.

The Lectureships were originally set up to share presentations with smaller regional hospitals. However, now that so many of us are webinar and Zoom savvy, the Aotearoa New Zealand Anaesthesia Education Committee decided to give the whole country the opportunity to see our top researchers and presenters.

Dr Nick Lightfoot – Research. Is it worth it?

Specialist Anaesthetist CMDHB

Can small scale anaesthesia research make a difference? Outcomes from New Zealand (Middlemore Hospital).

Dr Lightfoot was nominated by Clinical Senior Lecturer, Dr Francois Stapelberg, for his presentation on Evidence Based Medicine and Anaesthesia for Orthopaedic Surgery. Dr Lightfoot has been influencing the practice of anaesthesia for orthopaedic surgery at Middlemore and within Auckland, especially Enhanced Recovery, through his research and collaboration interests, as well as clinical practice and training for the trainees.

Dr Rob Burrell – Sustainable anaesthesia. Is it worth it?

Specialist Anaesthetist CMDHB

Sustainability: our world, our country, and our work.

Dr Burrell was nominated by his Clinical Director, Dr John McGann, for his presentation. He has worked tirelessly over several years to monitor the carbon footprint of the Middlemore Hospital anaesthesia department, largely with regards to volatile use. His gentle encouragement and regular data presentations have led to a significant drop through a sustained widespread shift in practice.

Register:

https://www.anaesthesiaeducation.org.nz/visiting-lectureship