

**ST. MICHAEL'S HOSPITAL  
DEPARTMENT OF ANESTHESIA**

**Contents:**

- 1. Introduction**
- 2. Orientation package**
- 3. Rounds**
- 4. Daily Assignments**
- 5. Pre-operative assessments**
- 6. Anesthesia Consult Clinic**
- 7. Call duties**
- 8. Consults**
- 9. Block bookings**
- 10. Daily evaluations**
- 11. Acute and chronic pain experiences**
- 12. Education and research**
- 13. Staff physician listing**

**1. INTRODUCTION:**

The Department of Anesthesia at St. Michael's Hospital is comprised of approximately 35 (thirty five) staff anesthesiologists who are involved in clinical care, education, research and administration in various areas throughout the hospital.

The Department of Anesthesia provides perioperative care to the many patients that come through the operating rooms each year. St. Michael's Hospital performs approximately 17,000 surgical procedures per year, which include cardiac, neurosurgical, vascular, orthopedic, plastics, ophthalmologic, gynecologic, urologic, and general and minimally invasive surgery. We also provide care to patients undergoing procedures in locations outside the main operating room such as Labour and Delivery and the general and neuro-angiography suites. In addition, many patients are seen in the Anesthesia Consult Clinic, which runs every weekday from 0800 to 1600 hours.

Many staff also have other clinical appointments including attending in the **Critical Care Units** (the 24-bed Medical/Surgical Unit, the 17-bed Neurosurgical/Trauma Unit and the 13-bed Cardiovascular Surgical Unit), providing **acute and chronic pain management**, and functioning as **Trauma Team Leaders** (St. Michael's Hospital sees approximately 450 severely injured trauma patients per year).

Members of the Department are actively involved in undergraduate and postgraduate Education at the department, hospital and university levels. Several members of the department hold cross-appointments in other departments or divisions and are also involved in educational activities for undergraduate and postgraduate members of those departments.

Several members of the department hold Masters in Education and are particularly interested in education-related research.

In addition, several members of the department are actively involved in research at the basic science and clinical levels and supervise post doctorate, doctorate, postgraduate and undergraduate students.

Finally, several members hold administrative positions within the hospital and the University.

## **2. SMH ANAESTHESIA ORIENTATION PACKAGE – JULY, 2004**

Welcome to your Anaesthesia rotation at St. Michael's Hospital. As you have no doubt heard, this rotation can be very busy at times. However, it should also be a good experience with exposure to a wide variety of cases. You should be able to get good clinical experience in neurosurgery, cardiac, vascular, obstetrical anaesthesia and trauma management while you're here. Please see the SMH INTRANet for the complete orientation package (available only within the hospital).

The chief of our department is *Dr. Patricia Houston*.

The departmental administrative assistant is *Ms. Anna Salter* (ext. 5071).

*Dr. Jeffrey Wassermann* is the resident coordinator.

## **3. ROUNDS**

We have morning rounds Tuesday to Friday. The Tuesday, Wednesday and Thursday a.m. teaching sessions are held in the Anesthesia Department conference room. Occasional exceptions are clearly marked. Friday Anaesthesia Grand Rounds (September to June) are usually held in the 2-Bond Assembly Hall. The times for these are:

Tuesdays –Thursdays: 0700-0730h  
Fridays (Sept to June) 0730-0830h

Each month, I will make up a calendar for the morning residents' rounds. A copy will be put in your box and there will also be a copy posted on the bulletin board in the Anaesthesia department and one on the bulletin board in the Anesthesia Workroom (sometimes called the "booking" office) behind the O.R. desk.

**Tuesday to Thursday a.m. rounds** are held in the Anesthesia Department conference room:

Tuesdays 0700-0730: trauma, obstetrics, cardiac and neuroanesthesia  
Wednesdays 0700-0730: pain/regional rounds  
Thursdays 0700-0730: trouble rounds

These are more-informal rounds, often case-based, with presentations by residents and staff.

**Tuesday morning rounds**: are divided into four topic areas: Trauma, Obstetrics, Cardiac and Neuroanesthesia

**Wednesday morning rounds**: Pain/regional rounds are coordinated by Drs. Peter Leung and Bok Chan.

**Trauma Rounds**: Held every **Wednesday** (September to June) from 1630-1730h on 16 Cardinal Carter North in the Bruce Lecture Theatre. These are usually case presentations and the topics are posted in the Anesthesia Department and around the O.R. Feel free to come if there is a topic that is of interest to you.

**Thursday morning rounds**:

Trouble rounds: cases are to be presented by the residents with rounds directed primarily by Dr. Houston. The Chief Resident will make up a schedule so each resident knows when it is their turn to present a case. You must review your case a few days before with the staff person leading your trouble rounds.

It is imperative that the morning rounds start and end on time and I have reminded the staff of that. They should start at 0700h and in general, should end by 0735h at the latest to allow time to start your first case on time. If there are consistent problems in this regard, let me know.

**Fridays** (0730-0830h): Anaesthesia Grand Rounds (September to June) – Usually held in the 2-Bond Assembly Hall but check the notices posted on the bulletin board in the Anaesthesia department to confirm location. These rounds are formal presentations, coordinated by *Dr. Carol Loffelmann*. Everyone will present one Grand Rounds during your rotation here. Coordinate your topics with *myself*. You can run through your presentation with *Dr. Robert Chen* in the week(s) leading up to your assigned date. He can help you with your organization and presentation skills.

#### **4. DAILY ASSIGNMENTS**

Daily assignments are done by one of the "bookers" and are usually completed by 1000h each day. The bookers consist of several staff, one of whom makes the list each day for a week at a time. They are: Drs. Houston, Joo, Kataoka, Pollard, Sakotic and Wassermann.

The residents are assigned to different blocks in order to facilitate a broad-based experience while here. I will review your SMH assignments and experience with you halfway during your rotation (or earlier, if necessary), and will try to accommodate you regarding any areas in which you or I feel you would like/need to get more experience. If you have identified clinical areas in which you would like more

experience, please mention this to me.

The list for the next day will usually be done by 1000h. If you have a request for a particular patient (e.g. a patient you saw in consult) there are two options to ensure you get to do the case:

a) if the case is to be done the next day or that same week, write your request beside your name on the appropriate booking sheet in the Anaesthesia Workroom (behind the O.R. desk).

b) if it is not a case being done in the present week, tell myself or Anna in the Anaesthesia Department office (phone 5071) or call one of the secretaries in the booking office (5902) and they can see that the request gets put beside your name on the booking sheet for the appropriate date.

The frequency of double booking goes up and down at SMH. If you find you are being double booked often or inappropriately, or if you are not getting a satisfactory educational experience, let me know. Double booking is reasonable if: it is not excessive; your list is appropriate for your level of training, experience and comfort; you are not being left alone inappropriately and/or for prolonged periods of time; you are getting breaks for lunch; and most importantly, are still getting taught by your staff person.

## **5. PRE-OPERATIVE ASSESSMENTS**

### **a. INPATIENTS:**

**You are responsible for seeing your own pre-ops.** If, as a group, you want to arrange for the on-call resident to see the next-day patients for any residents who are away that day, you can do so. This has tended to work well in the past **provided** you come in slightly earlier the next morning to review your case that someone else has seen for you.

**On Sundays**, the on call resident is responsible for seeing the inpatients for the other residents. You are **not** required to see the staffs' inpatients.

Wednesdays have been a problem at times since all the residents (except the PGY-5's) are away at seminars in the afternoon and therefore are not here to see their inpatients pre-ops. Please arrange for somebody to see your patients on Wednesday afternoons. One group had the resident who was on call the Wednesday see any inpatients for the rest of the residents who were away at the seminars.

There is no question that staff people should be seeing their own pre-ops. If you get a page while on call to see an inpatient that a staff person should have seen, if you have time, please call that staff person at home to let them know that they have an inpatient that they did not see (they may have been off that day) or alternatively, speak with the staffperson you are on call with for direction.. Use your discretion in deciding whether to see the staff's inpatient: if the patient should be seen that night and the staff person asks you to see them **and** you have time, then do so.

### **b. SAME-DAY ADMISSIONS:**

Most of your cases will be admitted on the day of surgery. **However, you still must make yourself familiar with the patient the night before.** Any patient who was seen in the Pre-Admission Facility

(PAF) by Anaesthesia and/or Internal Medicine preoperative clinic should have a consult note on the computer. You can look up your patients' consult notes, bloodwork, x-ray results etc. on the computer in the Clinical Database. If you want, you can also review the patient's chart the day before. It should be in the Surgical Day Care (4- Shuter) by the time you finish your list in the afternoon of the day before surgery.

## **6. PRE-OP ANAESTHESIA CLINIC**

You may be assigned to a block rotation in the anaesthesia pre-operative clinic (PAF) that runs daily. This is in the admitting area, on 1 Victoria (now called the "Cardinal Carter" (CC) wing). You will be required to dictate letters to the referring physicians while in the clinic. You can get a dictating number from Medical Records, located on 1-Queen or just use the staff person's number (please make sure you state the staff person's name who you reviewed the consult with in the dictation). As a rule, you should **not** be asked to attend in clinic during an on-call day even if there are no other clinical duties which require your attention as there is always the possibility of being called away in the middle of seeing a patient. Let me know if you are being asked to go down there on days you are on call.

## **7. CALL DUTIES**

Call rooms are located on 15 Cardinal Carter South (the postpartum ward; it is down the other end of the hall from the labour and delivery ward which is on 15 CC North). When on call, you are responsible for the elective C-sections on 15 CC and for attending to all epidurals. You will not be booked into an elective OR. As I am sure you have heard from other residents who have already done their rotations at St. Michael's, call can be usually extremely busy here and at times you may feel like you are being pulled in several directions at one time. If you get overwhelmed, get in touch with the staff anaesthetist on-call with you that night. In addition, **you should let the on-call staff person know what you are up to from time-to-time** and ensure that they call you to start any cases in the O.R. – or at least the interesting ones.

### **CARDIAC ARRESTS:**

There are now two (2) cardiac arrest "codes" in the hospital: code Blue and code Pink (neonatal). Cardiac arrest calls are obviously STAT and MUST be attended promptly. You will be paged to all arrests except those in the operating rooms or the ICU. There will be a medical resident in charge of the code blues and a pediatrician in charge of the code pinks; a respiratory therapist will usually be available to aid with intubation and ventilation. If you are unavailable (e.g. in the middle of an epidural), get someone to page the staff anaesthetist on call. Dr. *Simon Abrahamson* is a member of the hospital-wide Cardiac Arrest Committee. Direct any concerns re: cardiac arrests to him or myself.

### **TRAUMA CALLS:**

Calls to a trauma patient in emergency are also **stat** calls. There is always a trauma team leader (TTL) - a surgical/orthopaedic/neurosurgical or anaesthesia staffperson or fellow - in charge of the trauma management. They will be giving direction to the members of the trauma team. If you have an order or a request that something be done or given to the trauma patient, ask or tell the TTL first. In addition, if you feel uncomfortable with anything the TTL is requesting, do not hesitate to get in touch with your staff person, the anaesthetist on call or myself. After appropriate examination of the patient, and management of their airway and other items, the trauma anaesthesia record must be completed. These records are part of the patient's permanent chart.

### **Access to the Emergency Department:**

In order to decrease thoroughfare through the ED, all of its entrances (except for the main entrance from outside) are now kept locked. However, you can acquire entry via card access. One such card has been obtained for the Anaesthesia residents and is kept with the on-call pager. In addition, some of the ED entrances have an intercom and if you buzz in, security will let you in. Let me know if there are any problems with access.

### **Test calls:**

Both the cardiac arrest teams and the trauma team have test calls on the pager throughout the day. All these calls must be answered - it is the only way locating has of knowing that the pagers are working.

### **8.\*\*\*\*\*CONSULTS:**

There can be a lot of inpatient consults at times. During the weekdays (Monday to Friday, 0800-1600h), consults should go directly to the staff pager (685-9685) in order to try to triage the consults and determine the ones that don't really need to be seen. If you get an inpatient consult during these times, please remind them that they should be paging that number. During the evenings and weekends, the consultations will come directly to you. If you get a consult that you think is not appropriate, talk to the on-call staff and they can help you decide what to do. Remember that consults should come from a housestaff member, not the ward clerk.

**You must review all consults with a staff person. The person to discuss them with is usually the person carrying the staff pager (usually the person covering Obstetrics during the day and the first on-call staff person at night). If you have trouble reviewing a consult, speak with the OR coordinator for the day. Follow-up of lab results or other consults you order is mandatory. If time permits, you should follow your own consults. If not, you must assure continuity of care by telling the next resident on-call about the patient and any follow-up required.** In general, do not leave follow-up to the staff person. However, if you have reviewed a consult with a staff person and then ordered further investigations/consultations, you should continue to review the case with the same staff unless that person is unavailable. **Please make sure you write on the consult sheet the name of the staff you discussed the consult with.**

### **Obstetrical anaesthesia:**

Your primary responsibility on your call days is the labour and delivery floor and you generally should not be assigned to an operating room. **If no elective C-sections** are booked on that day, check with the staff person carrying the staff pager for that day AND/or the Anaesthesia Coordinator in the O.R. as to what to do next. In the evenings and nights, you will be responsible for calls to Obstetrics, traumas, consults as well as cases in the operating rooms. There will always be at least one staff anaesthetist in the hospital as well. Check with the first-call staff anaesthetist around 1600 hours in the evening to decide which cases you can become involved in (even if you just get involved starting the case(s)). Evening cases are often very different from the elective day lists – be sure you are taking advantage of all the learning experiences during your on-call times.

### **9. BLOCK BOOKINGS:**

Residents are block booked while at SMH. The first couple of weeks will be a mix. Blocks will begin after this. A schedule will be forthcoming. If you see an interesting case that you would like to do, feel

free to ask to get involved even if it outside the block you are booked in.

#### **10. DAILY EVALUATIONS:**

The staffperson you have been working with should be filling out a daily evaluation sheet at the end of each day. I would greatly appreciate it if you could please give an evaluation sheet to your staff person at the end of the day to fill out. In addition, try to get some verbal feedback at the end of the day from the staff you were working with.

#### **11. ACUTE AND CHRONIC PAIN EXPERIENCE:**

Drs. *Bok Chan and Peter Leung* (+/- a fellow) are the chronic pain physicians at SMH. They have “block” clinics (procedures) on Wednesdays and Thursdays and a Chronic pain clinic Thursday evenings at the hospital. As well, various anaesthetists run the Acute Pain Service on a weekly basis for PCA, non-obstetrical epidurals and consults for acute nerve blocks or pain medication management.

Each resident will be assigned to a two to three week pain/regional block. It is a good opportunity to see the management of patients with acute pain. It is also an opportunity to learn to do some common regional blocks for postoperative pain management (i.e. interscalene and femoral blocks). The pain nurse(s) and staff will involve you in these. These are often done in the PACU immediately postoperatively. If you are interested in spending some time with the chronic pain staff in their clinic and during their block lists, please speak to them or myself about attending some of their sessions.

#### **12. REGIONAL ANESTHESIA:**

During your block in Pain/Regional, you should be able to gain some experience in regional anesthesia. This will consist primarily of upper extremity blocks (especially interscalene) and femoral nerve blocks. In addition, I will try to get you to join the chronic pain staff on Wednesdays and Thursdays for their chronic pain blocks. Most of our regional anesthesia is done postoperatively for pain management and is done in the PACU. Therefore, if you would like to do extra regional anesthesia, you can always page the staff on the acute pain service for that week and, if there is no resident on Pain/Regional that day, ask them to page you if they are doing any regional anesthesia that day.

#### **EDUCATION AND RESEARCH:**

You are welcome to take part in the research activities of the department during your rotation, or at a later date. Drs *Baker, Hare, Joo, Mazer and Naik* have ongoing projects. In addition, there are several staff people who are very involved in undergraduate and postgraduate education including three who possess Masters in Education (Drs. Houston, Pollard and Naik). There is ample opportunity for you to get involved in education while you are doing your rotation here (i.e. can work with clinical clerks in the O.R., can get involved in an education-based research project...).

U of T anaesthesia seminars are considered mandatory. You are also invited to the Tuesday afternoon Critical Care seminars (notices for each of these are usually on the departmental notice board or from Sharon Klimosco in the Anaesthesia Department office), and of course the Anaesthesia city-wide rounds.

We all hope that the time you spend at SMH will be enjoyable and aid in your overall training in anaesthesia. Again, if you have any issues or concerns, bring them to myself, Dr Houston-the chief of the Department or any of the anaesthetists in the Department.

Jeffrey Wassermann, Resident Coordinator, St. Michael's Hospital

## USEFUL NUMBERS

### Pagers:

Staff-on-call	685-9-685
Resident-on-call	685-0001
Dr. Wassermann	685-9551

### Frequently called numbers:

OR main desk	5901
Locating	5431
OR booking office	5902
Anaesthesia office (Kerry)	5071
Emerg dept	5094
Labour floor	5252
Neurotrauma ICU	5816
CV ICU	5483
Med/Surg ICU	5286

**NB:** Any four-digit phone number starting with "5" can be reached from outside the hospital by dialling 864- in front of it. Any four-digit phone number starting with "2" **cannot** be reached from outside the hospital without going through the main switchboard (864-6060) - i.e.: if you are paging someone who is not in the hospital, page them to a "5000" number.

### 13. STAFF PHYSICIANS

#### DEPARTMENT OF ANESTHESIA, ST. MICHAEL'S HOSPITAL

STAFF	SPECIAL INTERESTS	DESIGNATIONS
Dr. S. Abrahamson	-Critical Care  -Education (Undergraduate and Postgraduate)	Director of Education, Interdepartmental Critical Care Fellowship Programme, University of Toronto  Director of Education, Department of Critical Care, St. Michael's Hospital
Dr. A. Baker	-Neuroscience Research (Basic Science) -Critical Care (Trauma and Neurosurgical)	Director, Cara Phalen Centre for Trauma Research  Medical Director, Neurosurgical/Trauma Intensive Care Unit
Dr. R. Byrick	-Cardiac Anesthesia -Research (Fat Embolism in Cardiac and Orthopedic Surgery)	<b>Past Professor and Chairman, Department of Anesthesia, University of Toronto</b>
Dr. B. Chan	-Acute and Chronic Pain Management  -Regional Anesthesia	Co-Director, Pain Management Service, SMH
Dr. R. Chen	-Trauma -Critical Care (Trauma and Neurosurgical ICU) -TEE* -Undergraduate and Postgraduate Education	
Dr. M. Choi	-Acute and Chronic Pain Management  -Regional Anesthesia	
Dr. W. Darrah	-Critical Care -Cardiac Anesthesia -TEE*	
Dr. J. Dickson	-Cardiac Anesthesia -TEE*	
Dr. G. Hare	Research (Basic Science -Neuroscience) - specifically Traumatic Brain Injury	
Dr. A. Ho	-Education -Medical Error	
Dr. P. Houston	-Postgraduate Education (holds a Masters of	<b>Chief, Department of Anesthesia,</b>

	Education) -Administration	<b>St. Michael's Hospital</b> <b>Chair, Medical Advisory Committee, St. Michael's Hospital</b> <b>Medical Director, Perioperative Services</b> <b>Chair, RCPSC Anesthesia Written Test Committee</b>
Dr. V. Hughes	-Education (Undergraduate) -Acute Pain Management and Regional Anesthesia	<b>Anesthesia Undergraduate Education Coordinator, St. Michael's Hospital (with Dr. Lin)</b>
Dr. S. Jelenich		
Dr. H. Joo	-Research (Clinical) -Epidemiology	
Dr. M. Kataoka	-Critical Care -Cardiac Anesthesia	<b>Medical Director, Pharmacy and Therapeutics Committee</b>
Dr. A. Katz		
Dr. B. Knox		
Dr. M. Kolton	-Postgraduate Education	
Dr. S. Lambert	-Cardiac Anesthesia -Perioperative TEE* -Research (TEE) -Critical Care (Cardiovascular Surgery ICU)	Division Leader, Perioperative TEE
Dr. P. Leung	-Acute and Chronic Pain Management -Regional Anesthesia	-Co-Director, Pain Management Service, SMH
Dr. R. Levene	-Critical Care -Cardiac Anesthesia	
Dr. K. Lin	-Cardiac Anesthesia -TEE*	<b>Anesthesia Undergraduate Education Coordinator, St. Michael's Hospital (with Dr. Hughes)</b>
Dr. C. Loffelmann	-Education (Postgraduate and Undergrad) -Cardiac Anesthesia	<b>Anesthesia Fellowship Coordinator, St. Michael's Hospital</b>
Dr. T. MacKenzie	-Chronic Pain Management	

Dr. S. Mawhinney	-Trauma Management -Cardiac Anesthesia	
Dr. D. Mazer	-Cardiac Anesthesia  -Critical Care  -Cardiovascular Research (Clinical and Basic Science)	<b>Medical Director, Cardiovascular Intensive Care Unit</b>
Dr. D. McKnight	-Cardiac Anesthesia  -Postgraduate Education  -Royal College Administration	<b>Past Program Director, Anesthesia Residency, University of Toronto;</b>  <b>Chair, Accreditation Committee, RCPSC</b>
Dr. J. McLean	Respiratory Therapy Students: Training and Education	
Dr. V. Naik	-Education (Undergraduate and Postgraduate) – holds a Masters in Education -Education Research	
Dr. W. Noble	-Physiology	
Dr. B. Pollard	-Postgraduate Education – holds a Masters of Education -Acute Pain Management -Regional Anesthesia	<b>Leader, Anesthesia PGY-5 Senior Revision Tutorials</b>
Dr. G. Sakotic	-Education (Undergraduate and Postgraduate)  -Anesthesia Consult Clinic	Medical Director, Anesthesia Consult Clinic and Postanesthesia Care Unit
Dr. H. Samulski		
Dr. W. Stoyka		
Dr. S. Tindal		
Dr. C. Tousignant	-Critical Care  -Cardiac Anesthesia  -TEE*	
Dr. J. Wassermann	-Trauma  -Critical Care  -Postgraduate Education	<b>Postgraduate (Resident) Education Coordinator, St. Michael's Hospital</b>  <b>VP, Medical Staff Association, St. Michael's Hospital</b>

\*TEE = Transesophageal Echocardiography

