

**First 6 weeks at Dalhousie University:
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Introduction

Since 2010, the Department of Anesthesia, Pain Management and Perioperative Medicine at Dalhousie University has provided Rwandan anesthesia residents with elective experience. This elective enhances the University of Rwanda anesthesia residency education program that is offered in partnership with the Canadian Anesthesiologists' Society International Education Foundation (CASIEF). The Dalhousie elective helps expose Rwandan residents to high quality practice in a well-resourced setting so they can acquire leadership skills. It is a privilege for me to get a chance for this excellent opportunity. In this article, I describe the first 6 weeks of experience focusing on the **working conditions** and **the CanMEDS roles** that are essential for competent performance as anesthesiologist.

Working conditions

From the first day at Dalhousie University, I noticed that everything was well organized. This included the license to practice, orientation program, work schedule, ID cards to access the hospitals, and provision of a nice place to stay. The anesthesiologists are friendly, supportive, and excellent teachers who give daily feedback. The residents are friendly, welcoming, and offer support to make sure that the training goals are met.

The global health office organizes the training program professionally and efficiently; everyone in the department was informed about my presence and was friendly and welcoming.

The first week was not easy because everything is different: new team, new culture, different medications and equipment. It is a completely different working-environment with attention to detail, high speed, excellent organization, evidence-based practice, and with highly and well-trained teams. With support of staff, residents, and the global health team, I became more comfortable during the second week.

All the good practices I had only read about in books were available. I was happy to change my discussion with patients from “this type of care is not available in Rwanda” to “we have these treatment options, so you can choose one of them”. I hope with advocacy that someday I will be able to practice anesthesia in similar settings back home because it is an excellent experience.

There are standards and guidelines for all essential practices and healthcare providers really follow them regularly. The administration is supportive of high quality, patient-centred care (best treatment possible and safety and satisfaction is ensured). There is a quality-oriented environment, where discussion about problems and solutions is encouraged without focusing on individual mistakes.

In my opinion, many anesthesia practice improvements are possible in low resources settings starting with interventions that have little cost, such as applying standards and guidelines, administration support for quality improvement projects, training healthcare providers in designing quality improvement projects, choosing champions who will dedicate time for those projects, and creating a non punitive but quality-oriented working environment. With local champions, the guidelines from WFSA can be implemented.

CanMEDS roles

During this 6-week period, I have been involved in activities related to all the following CanMEDS roles:

Medical Expert: There is a well-organized clinical rotation where I provide care under direct supervision of a staff anesthesiologist. Every Wednesday there is an academic teaching session taught by a staff anesthesiologist. The level of discussion is high.

Communicator: I communicate with patient, other teams, and staff about everything I am doing during patient care.

Collaborator: I always work as part of a team in operating room. I did also one simulation training to work on team communication and crisis resource management.

Manager: I got a chance to see the guidelines of anesthesia practice and use of pre-printed orders.

Health Advocate: With the help of Dalhousie anesthesia staff, I have started a report of recommendations on how to improve anesthesia practice in Rwanda, based in lessons learned from both Canada and Rwanda.

Scholar: Scholarly activities include participation in simulation training, grand rounds and morbidity and mortality rounds.

Lifelong Learning: I am registered to participate in 3 conferences (Blood and Beyond conference in Halifax, Bethune Round Table in Ottawa, CAS Annual meeting in Niagara Falls)

Critical Appraisal: I have participated in 1 journal club session (ACEI use in pre-operative period) and there was a high level of discussion.

Teaching: I am scheduled to present in Problem Rounds.

Research: I will present a poster at the Bethune Round Table.

Professional:

Professionalism: I learn daily from the staff anesthesiologists and residents who are my role models and provide high quality and evidence-based care.

Physician Health: I was provided with access to a sport facility and I was invited to social activities like dinner, cinema, curling, and a hockey game.

Conclusion

After 6 weeks of training in the Dalhousie anesthesia program, I have learned a lot. This is an excellent opportunity for me to see high quality of care for patients and to be involved in high quality of training for residents. This experience will help me to improve my skills, the quality of care for my patients, and the level of training in anesthesia residency program. I thank CASIEF that made this possible, especially Patricia Livingston, Jennifer Szerb, and Samira, and the Dalhousie anesthesia department for their support.

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