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## Program Leadership Updates

"Hello Everyone!

Interview season is well underway, and I am excited to see our next class take shape. When speaking with candidates, I love to talk about the strengths of our program, especially our continuous eye towards improving the quality of training. Year after year I feel incredibly honored to be guiding such amazing residents on their journey to becoming exceptional clinicians and leaders in our field."

*(Continued on page 2)*

## UPCOMING EVENTS:

**Department Holiday Reception**

*December*

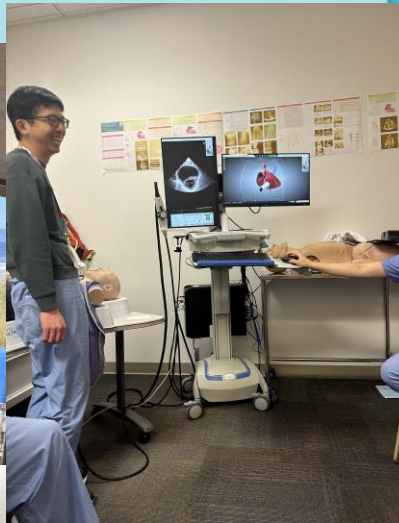
*14th, 6:00PM, University Club*

**ITE Review Sessions**

*January on Zoom, more details to come*

**Post-ITE Celebration**

*February, more details to come*



Special thank you to all the contributors to this newsletter. Please reach out to our editors Emily Boyd, Nick Thompson, and Linsey Wilson if you have comments or would like to get involved.

# Program Leadership Updates

(continued from page 1)



*"Our hope is that this sparks a meaningful conversation about what you are doing well, what you need to focus your efforts on and how you can continue to progress in your training to get to the next level."*

One of the improvement projects that I'm most excited about centers around assessment and feedback. From a long-term perspective, Kristina and I are enrolled in a yearlong course centered around Entrustable Professional Activities (EPAs) as they pertain to medical trainee assessment. While our overall goal is to switch our program of evaluation to an EPA format, we know that more short-term changes are also in order. To that end, we will be launching a mobile-based, same day evaluation for the general ORs (email and C8 page with specifics forthcoming). We're starting with a soft launch at Parnassus, in December, with a plan for a roll out, in the coming months, to other sites and subspecialty rotations.

What's the benefit of the new evaluation format? Faculty will be able to initiate your evaluation during your day together, select several skills (pre-op evaluation, airway management, response to intra-op changes, etc) to discuss and assess. Our hope is that this sparks a meaningful conversation about what you are doing well, what you need to focus your efforts on and how you can continue to progress in your training to get to the next level. As with any new process we need all the help we can get to incorporate this into daily practice. If you're working in the general OR, at Parnassus, and your attending hasn't initiated a same day evaluation with you, please ask them to do so. This is a great way to ask specific questions, make it clear you're open to honest, actionable feedback and get real time advice and guidance. Bit by bit, we're working towards changing the culture of assessment, but we can't do it without you!

As always, please feel free to reach out to me with any questions, comments, or suggestions.

Wishing everyone a healthy and happy holiday season!

Best,  
Wendy

# Resident Well-being Updates



Hi everyone!

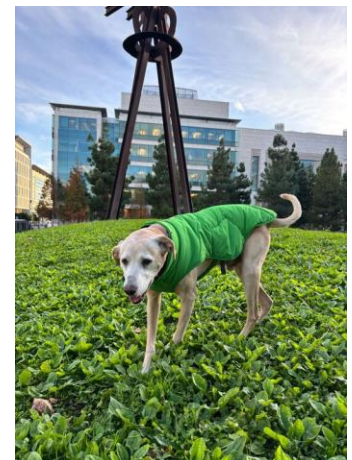
I am Amreen Rahman, your Residency Well-Being Director. I am looking forward to 2025 and working further with you all clinically and on wellness initiatives for the academic year. We are continuing to refine our Wellness and Professional Development curriculum using a combination of lecture-based feedback and annual surveys. Based on this data and discussions with chief residents, we have maintained core lectures in the wellness curriculum, including resilience training and conflict management skills. Additionally, responding to resident feedback, we have introduced a new series of lectures focused on the practice management of anesthesiology. These sessions address the financial aspects of anesthesia practice, managing a multidisciplinary perioperative division, and physician advocacy.

In response to requests for more interactive sessions, several lectures have been restructured to include more simulation and small group discussions. This year, our goals include increasing community-building activities, such as integrating them with existing events like residency "family" dinners and monthly residency-sponsored social gatherings.

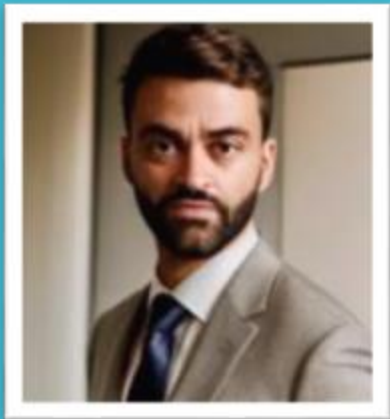
Regarding resident well-being, we are collaborating with "Caring for the Caregivers" to develop an internal escalation and peer support system. Our aim is to create a workflow tailored to anesthesia residents across multiple training sites, ensuring ongoing support, and maintain a steady supply of trained supporters equipped with the necessary skills. Please reach out to me directly if you have any thoughts or ideas to improve our culture and wellbeing.

Here is a new addition to the Wellness team, Faelanx, you can find him wandering Mission Bay looking for good grass to munch on.

*"This year, our goals include increasing community-building activities, such as integrating them with existing events like residency "family" dinners and monthly residency-sponsored social gatherings."*



# A Day in the Life of E1/Mini-E1



*To help give residents a behind the scenes look into what it takes to run the board at Moffitt, we asked Nick Patel, E1 extraordinaire, and Andrew Lin, current CA3 to describe a day in the life as E1 and Mini E1.*

**E1: 5:30** Early alarm for E1am days. My wife already knows to help me wake up early on these days. Check email to look for sick calls, coordinate by text with other sites and E1W to fill their sick calls. Brush teeth while looking at the E-cases on my phone. Take shower while pondering options.

**6:00** Drive into work while calling into OR front desk, assessing sick calls, mentally making plans for the morning.

**6:30-6:45** Coordinate with charge nurse about the rest of the day, slotting in e- cases in open white space. Can't afford to waste valuable OR time, and the earlier we can plan, the better to get cases done during daylight hours and everyone home in time to see their families.

**6:45-7:00** Get organized for the day, writing our break board, assigning free staff.

**7:00-7:30** See my own patients for the o-4 rooms I will run.

**7:30-7:50** Induce my rooms. Goal for induction, arterial line, and 2nd IV in 5 minutes or less per room.

**7:50 -8:30** Offer help to other 35 inducing locations as needed.

**8:30-8:40** Listen to Wilma complain about surgical residents

**8:40-9:00** Drink Starbucks brought by Wilma, while listening to Wilma complain about medicine residents.

**9:00-9:05** Bathroom break. Don't drop the phone in the toilet. Don't answer the phone in a bathroom where the echo sounds like I am answering the phone in a bathroom. Need to answer the phone though. Pretend that I am answering my phone in a very very small operating room. It is a shame that OR 13 has such an echo.

**9:05-10:25** Assign AM breaks and e- cases for rest of the day. Intermittently see my own patients.

**10:25-10:55** Attend scheduling meeting for cases in open block time for upcoming few weeks.

**10:55-11:00** Assign Lunch breaks.

**11:00-11:15** Quick lunch for myself. Pick a cold easily masticated lunch. Salads and hot soup are a no-no when E1am.

**11:15-11:30** Assign second round of lunch breaks

**11:35-11:45** Plan for relief early attendings and resident requests.

**11:45 -14:00** Continue to assign e-cases and get people out for meetings and such.

**14:00-14:05** Take a breath. Woah.

**14:05-14:25** Coordinate with other sites for their staffing needs, finalize tomorrow's schedule, fix the next few days schedule, continue to send people home.

(cont)

# A Day in the Life of E1/Mini-E1

(cont)

*As you can see, running the board at a major academic medical center is no joke, with many moving parts behind the scenes. Thank you to all the E1's for your help with all that you do!*

**14:25-14:30** Listen to Wilma complain about cardiology fellows, while eating candies brought by Wilma. Bittersweet.

**14:30-16:30** Make sure everyone has had an afternoon break. Continue to relieve non-call providers by moving around call staff. Rearrange cases if others go long, or if there is a place to do a case in the afternoon. Lot of considerations with managing 50 anesthesia providers. But generally, there is method to the madness.

**16:30-17:00** Organize plans for evening staff, voalte providers about where they will go at relevant times.

**17:00-17:30** Begin signing out the board.

**17:30-19:00** Sign out board, handing off the phone to E1pm. Often sign into a room solo, just to savor the silence.

**19:00-21:00** Family time with dinner, interrupted occasionally by pages. Make schedule for next few days, while two year old son accidentally makes changes on Apex. It takes time to develop a schedule to manage the 50 staff on a given day, balancing education, efficiency, shifts, subspecialities, and clinical acuity. Finally sign all records for the day, answer emails, write out staffing sheet while 6 year old makes his own in crayon.

**21:00-21:15** Brush teeth while last email check-in for sick calls for tomorrow. Read book to older son while he asks if we will fix someone's heart tomorrow.

**21:15-5:30** Fever dreams of board running and contingency plans for every sick call. Not sure what we will do if we have a simultaneous heart, lung, kidney, liver, pancreas, face, and brain transplant.

-Nick Patel

The mini-E1 role provided a lot of insight into how the OR board at Moffitt is run and how cases are scheduled on a day-to-day basis. Learning how to create the schedule and match residents with appropriate cases for their level of training was an invaluable experience. Personally, my favorite part of the rotation was the opportunity to help out with difficult cases at Moffitt. During my 2 weeks as mini-E1, I was able to help start a large, emergent ascending aortic aneurysm and put in a few central lines for cases with difficult IV access. With a lot of private practice jobs now having a "board-runner" role similar to the E1 role at Moffitt, I think the mini-E1 role helps prepare residents for future "board-runner" roles in private practice.

-Andrew Lin



# It's Getting Hot in Here

## Quality Improvement Project Update

Resident QI Team: Erick Castellanos, Paul Nguyen, Dan Beckerman, Emily Boyd, Kevin Martin, Nick Thompson, Linsey Wilson

The 2024-2025 department quality improvement project is well underway! As a reminder, the goal of our QI project is to reduce the incidence of perioperative hypothermia by increasing intraoperative core body temperature measurements. Our goal is to improve from our initial 67% success rate in the TEMP-02 metric in June 2024, up to ideally 78 to 82% by June 2025. We have improved since June, however, our success at 70% for September 2024 is still about 5% lower than our threshold. However, the percentage of patients requiring GA for whom a body temperature greater than or equal to 36 degrees Celsius was not recorded or met within 30 minutes before to 15 minutes after anesthesia end time (TEMP-03 metric) has improved from an 11% failure rate to 8% which is better than the national threshold!

So far we have placed infographics in the ORs and provided a presentation to the PACU nurses about the importance of preventing intraoperative hypothermia and steps to take in the perioperative period. We are currently working on making key APeX changes, rolling out the tympanic membrane temperature probes, and pre-op warming efforts; so stay tuned for future updates!

-2024-2025 Resident QI Team

### It's Getting Hot in Here

Core temperature measurement for patients receiving general or neuraxial anesthesia

CORE TEMPERATURE SITES

TEMPERATURE SITE DOCUMENTATION

**Positioning**

Positioned by Surgeon  Extremities good position  Spine good position  Pressure Pts. Padded  Eye Protected

Hearing Protection  Other (comment):

Field Avoidance Additional Rationale

Tuned 45  Tuned 90  Tuned 180  PI at end of table  MRI Scanner  CT Scanner  Other (Comment):

Temp Source 1

Artery:  Axillary  Bladder  Blood  Core  Esophageal  Nasopharyngeal  Rectal  Tympanic  Temporal artery

Tympanic: Other (Comment):

Temp Source 2

Artery:  Axillary  Bladder  Blood  Core  Esophageal  Nasopharyngeal  Rectal  Tympanic  Temporal artery

Tympanic: Other (Comment):

- 1) Document the correct temperature source
- 2) Confirm "Temp Source 1" and "Temp 1 °C (°F)" are documented on anesthesia record between "Anesthesia Start" and "Out of Room"

Exclusion from TEMP-2 measurement

- General anesthesia ≤ 30 minutes
- OB cases (labor epidurals and C-sections), MRI, MAC cases

Anesthesia Resident QI Project 2024-25

# CA1 & CA2 Retreat Recaps

This summer our CA1s had the opportunity to have a retreat in Tahoe to celebrate the end of 1:1 and the CA2s had a retreat in Pajaro Dunes to celebrate being halfway through residency! Thanks to the department for funding these events and for our seniors for covering call these weekends so we all had the opportunity to attend. Additionally, special shout out to Steph Lim and Kate Petty for driving out to Pajaro Dunes to meet with the CA2s and sharing their endless wisdom. We all had such a great time bonding, decompressing, and getting rejuvenated for the rest of the year.



# Class Rep's Corner

*Emily Boyd, Nick Thompson, and Linsey Wilson*

Hi friends!

We hope everyone is thriving during this holiday season and staying warm and dry as we approach some wintry days! We have loved seeing the amazing turnouts for our First Friday socials and are working on planning a variety of social events for 2025. Other items we are working on include organizing ITE review sessions with our fellows and ordering UCSF Anesthesia jackets, so stay tuned for emails in the upcoming weeks. We know that this can be a busy and sometimes stressful time of year, so please let us know if there's any way we can support you. We also love hearing your ideas for how we can make your residency experience better. We are here for you!

Emily, Linsey, and Nick





# Chief's Corner and Reminders

*Reminder:  
The Anesthesia Education Hotline is on Voalte! Mon-Thurs 6am-6pm and Fri 6am-4pm there will be a member of the Education Team logged in and you can message with any questions. Simply search "Anesthesia Education" and message a team member with your questions.*

We can't believe we are almost wrapping up 2024! As we head further into the holiday season and reflect on this past year, we want to recognize all of the hard work that everyone has put into their training, to being fantastic co-residents, and to cultivating a strong sense of community within our residency program. Many thanks to those who have contributed to recruitment this year, both in interviewing and attending the residency socials - these will be our future co-residents!

To the CA-1 class: you've overcome arguably the hardest transition of residency so far! You've taken on new responsibility on call with us and have impressed everyone with your new skills!

To the CA-2 class: we want to especially thank you for taking on a significant call burden this summer to allow for the CA-1s to get acclimated to Anesthesia residency. You're crushing your subspecialty rotations and stepping into more senior cases in the main OR! Don't be shy about reaching out to mentors and CA-3's if you are thinking about fellowship or other career paths!

To our fellow CA-3's: we've weathered many weeks of nights so far this year, from liver transplants to running room 1's at SFGH with our CA1/CA2 teams - we are so proud to see all of you stepping into these leadership roles. We have a lot to look forward to in the new year, and can't wait to see where everyone ends up after graduation!

Remember that the chiefs are always available for any concerns or questions you may have. Please continue to page the chief on call for urgent issues and email [AnesCR@ucsf.edu](mailto:AnesCR@ucsf.edu) for non-urgent matters. We will be holding an update meeting during the January AEDs for further announcements. We look forward to supporting you all and advocating for resident needs as we continue into the second half of the year!

Jennifer, Julia, Marissa, and Paul

