



2013

# Rotation report

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HOPITAL DE  
L'UNIVERSITE D'ETAT  
D'HAITI  
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# Outline

- I. Introduction
- II. Thanks
- III. Selection criteria
- IV. Timing, Rotations, Academic activities report
- V. Cost
- VI. Comments and suggestions

## I. Introduction

I am Carlos Saint Cyr, Senior Anesthesiology Resident at the General Hospital in Haiti (HUEH). I participated during 6 weeks in a medical externship program at The Brooklyn Hospital Center (121 Dekalb Av, Brooklyn, NY) from August 1st to September 6th 2013 organized by Association of Haitian physicians aboard (AMHE) and SImACT (Société immobilière d'agriculture, de commerce et de tourisme and under the supervision of Dr Paul Nacier and Dr Patrick Leblanc. Because I'm always willing to gain more knowledge and keen to do new experiences, I am really thankful to have been given this opportunity in a foreign hospital.

## II. Thanks

My special thanks to:

- AMHE (In particular Dr Paul Nacier and Dr Patrick Leblanc)
- SIMACT (Dr Lesly Kernisan)
- The Brooklyn Hospital Center (Dr Richard D. Becker CEO)
- **Roxanne Nora RT**
- Claude Chousy RT
- Jose Arias DO
- Sarina . crna
- Paula Freitas crna
- Mary Butler crna
- Florin Seicaru anesthesia attending
- HUEH staff

Dr. Yolaine Edouard Chief of Department of Anesthesiology of HUEH  
Dr. Jean-Claude Cadet Dean of State College of Medicine of Haiti  
FMP/UEH

Dr. Telemaque Chief of Department of Surgery of HUEH

### **III. Selection criteria**

1--- The best Academic profile

(Grade,Behavior,Skills)

2--- Usually at least one year away from ending the residency program (HUEH)

### **IV. Timing**

A. First 4 weeks: OPERATING ROOM

B. Following 2 weeks: MEDICAL INTENSIVE CARE UNIT  
(RESPIRATORY THERAPY)

#### **A. OPERATING ROOM**

#### **CASES OBSERVED IN ANESTHESIOLOGY DEPARTMENT ROTATION**

(From 7 months to elderly patients.....under general anesthesia. No spinals or epidurals)

- Minor surgery procedures (Debridement, mass excision, biopsy)
- Hernia repair
- Laparoscopic Hernia repair
- Mastectomy
- Circumcision
- Parathyroidectomy
- DNC
- Myomectomy
- Hysterectomy
- Odontectomy
- Thyroidectomy
- Knee replacement
- Hip replacement
- Breast reduction
- Video Assisted Thoracoscopy (new)
- Pacemaker battery replacement (new)
- Preop "timeout " and postop debriefing (new)

## TECHNIQUES:

- GENERAL MASK ANESTHESIA
- LMA INSERTION
- (Conscious) Sedation
- ETT NASO/OROTRACHEAL
- Selective bronchial intubation with double lumen tube (New)
- Use of Fibre-Optic Bronchoscope (New)
- Use Glidescope Videolaryngoscope
- Intrarterial catheterization BP monitoring (New)
- Patient warming with Bair Hugger (New)
- Review of mechanical ventilation (General Anesthesia)

## “SPECIAL” CASES:

- 19 year old, 123 Kg: Desaturation in supine position+ Emergence Delirium
- Elder patient: pacemaker battery replacement (Local Anesthesia + light sedation with etomidate)
- 40 year old: Video Assisted Thoracoscopy

## B. MEDICAL INTENSIVE CARE UNIT (RESPIRATORY THERAPY)

- Rounds with internal medicine residents Respiratory Therapists
- Review of mechanical ventilation (NIPPV and IPPV): indications/settings
- Introduction to the MacGrath videolaryngoscope

## ACTIVITIES REPORT

Bi---weekly presentations (Dr Paul Nacier, Dr Patrick Leblanc)

- August 14th : “Use of LMA”
- August 28th : “Endotracheal Intubation”
- September 4th: “Hypnotic drugs in anesthesia”

## V. Cost

Cash	\$725 US
Phone	\$50 US
Laundry credit	\$50 US

Others	Lodging+Daily mealtickets+Food supplies+Bi-weekly+Meetings snacks
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## VI. Comments and suggestions

This long-awaited externship program has been very profitable to me. It allowed me to work alongside other anesthesiologists (physicians-nurses and technicians) I could observe their anesthetic management of various cases. I also had the opportunity to review the utilization of mechanical ventilation. I hope that this program will carry on so that residents from Haiti will always benefit from it and use the practical skills and knowledge they'll acquire to optimize and improve their practice in Haiti.

However some improvements may be necessary in order to make this program a little bit more adapted and beneficial for the recipient:

### 1) Better planification

- ✓ The resident must be notified of his selection at least 1 month before of the start of his externship for better preparation .
- ✓ “Beside the CEO of the Brooklyn Hospital center, it would be important that the different departments be informed about the program (at least a month before the arrival). Then, the resident would be more welcomed during his rotations.”
- ✓ When the resident arrives he must be introduced to the Chief of Department, the assistants AND the staff.

### 2) “Academic activities

The resident should present topics to the staff with whom he's or she's rotating.”

- 3) Surgical field residents (anesthesiology, general surgery, orthopedics, obgyn.....) must have the credentials and the possibility to practice as they are trained for. That would mean work as they should be fully

integrated in their welcoming Department and work the same way as local residents: scrubbing, intubating, providing anesthesia etc....as it used to be at some point in past.

I'd like to thank everyone involved for that interest experience; I will make good use of it in my practice.

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