THE BROOKLYN HOSPITAL CENTER

Externship Report

From August 8th to November 9th 2018

Stéphanie **Jean-Baptiste**, MD.

3rd Year in Anesthesiology and Reanimation

Hôpital Universitaire LaPaix

Port-au-Prince/ Haïti

Introduction

The AMHE Postgraduate Program for residents coming from HUEH (Hopital Universitaire d'Etat d'Haiti) and HUJ (Hopital Universitaire Justinien) started in 2005 at Coffeyville Regional Medical Center, Kansas. It was exclusively in Orthopedics and under the enthusiastic and devoted direction of Dr Maxime Coles. Many residents have graduated and continue to teach at many hospitals in Haiti.

Later on, in September 2007, this program extended to New York City as a joint commitment by SIMACT (Societe Immobiliere Agriculture, Commerce, and Tourism) and AMHE (Association Medicale Haitienne a L'Etranger) The program is also supported actively by The Brooklyn Hospital. By groups of 2's, the residents come for 2 or 3 months of observational rotation in different services as anesthesiology, internal medicine, family medicine, obstetrics-gynecology, pediatrics, general surgery at The Brooklyn Hospital, Interfaith Medical Center or in radiology at Columbia Presbyterian Medical Center.

I am **Stéphanie Jean- Baptiste**, a third-year resident in anesthesiology and resuscitation at l'Hopital Universitaire LaPaix (HUP) in Port-au-Prince. The hospital has recently benefited from the AMHE postgraduate program and I am the second resident to come there.

It was a huge privilege for me to be chosen as 83th resident, to participate in the program of anesthesiology and resuscitation for three months from August to November 2018

Acknowledgement

- My almighty God for giving me strength, courage and intelligence during his 3 months
- My family for their trust placed in me and for all the sacrifices made to me
- Thank you to SIMACT president Dr. Lesly KERNISANT M.D. for this contribution
- Special thanks to the all the AMHE members who worked and helped me have this opportunity.
- Thank you to Shalom S. BUCHBINDER M.D., Senior Vice President and Chief Medical Officer at The Brooklyn Hospital Center

Special Thanks to

- Dr Paul E. Nacier (Chief of Endoscopy, Kingsbrook Jewish Medical Center) for the warm welcome and the time spent for academic presentations
- Dr Patrick Leblanc (Director of NICU, The Brooklyn Hospital Center) for the many sacrifices made towards me, I felt at home.
- Dr Louisdon Pierre (Director Pediatric Intensive Care, The Brooklyn Hospital Center) to have taken to heart my practical training for the central lines, the mechanical Ventilation, the utilization of defibrillator and the Basic Life Support (BLS)
- Dr Charles Jose Michel who was interested in my training on sedation for examinations performed in the gastroenterology department

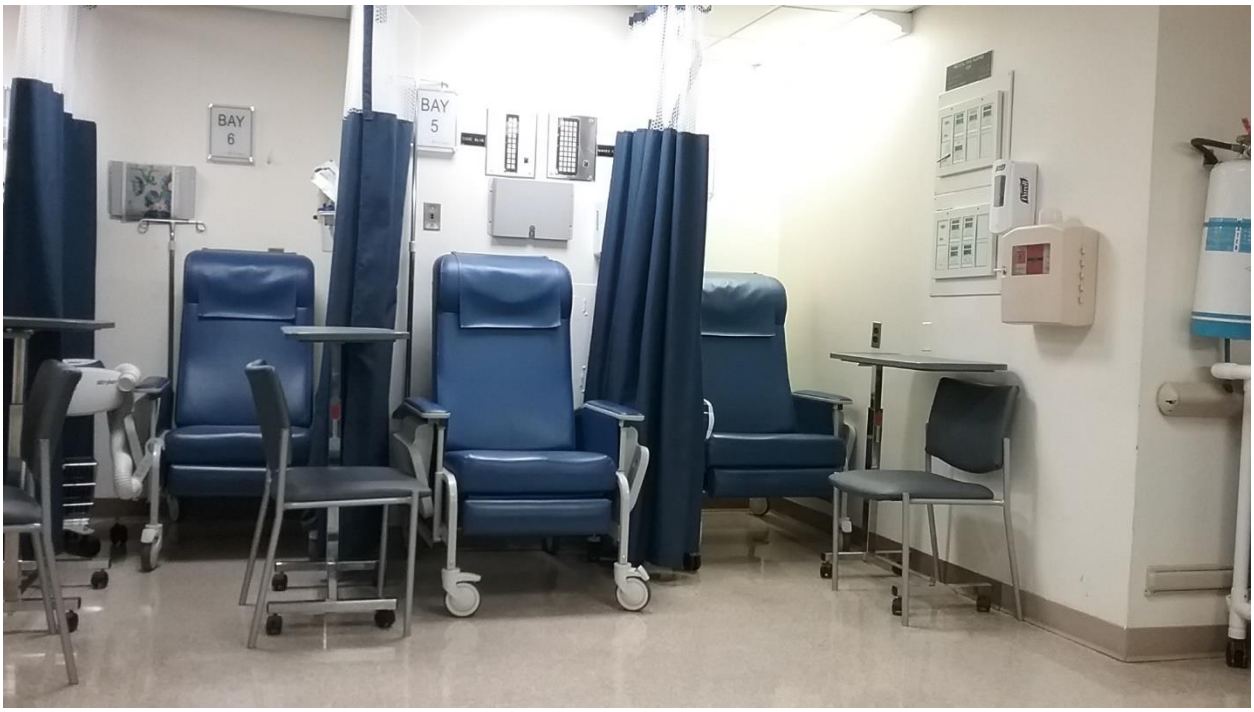
Thank you to

- Jay B. Lee, MD the Chairman of Anesthesiology Department
- All attending physicians anesthesiologists I directly learned a lot :Dr Cajuste, Dr Seicaru, Dr Peet, Dr Holmes, Dr Popa (for the blocks)
- All Anesthesiologists and Nurses in the Anesthesia Department of TBHC
- All Anesthesiologists and Nurses in the Obgyn Department of TBHC
- All attending physicians in the Intensive Care Departement of TBHC
- All Respiratory Therapists in the Respiratory Care Department of TBHC: Marie Jean RT., Claude Choisy RT., and Lude Jules RT
- Dr Juan Robles in the Pain management Clinic

Special Thanks to

- Dr Jolicoeur Claudine, chairman of the department of Anesthesiologie and Reanimation at Hopital Universitaire LaPaix for his trust placed in me
- Dr Raphael Marjorie, chief assistant for his words of encouragement
- Dr Bontemps Edouard, director of teaching at Hopital Unitersitaire LaPaix.
- Dr Jean- Baptiste Judith and Dr Marcelin Bernadine for their support
- Dr Isidor, anesthesiologist at NYU Lutheran Medical Center
- All residents in the Anesthesiology department in Hopital Universitaire Lapaix

. Operating Room



Where: 3rd floor Operating and Recovery Room

When: Monday – Friday: 7/7:30 AM (Wed –Optional before conference)

Thurs: 8-8:30am (Anesthesia Conference)

Supervisor: Jay B. Lee, MD, Chairman

Time of Rotation: 8th August – 7Th September 2018

A) General Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	52	F	2	Left breast cancer	Total left mastectomy	AG + IOT	
2	46	F	2	Right breast mass	Excision + biopsy	Sedation	
3	42	F	3	Left breast cancer/ Left breast papilloma	Excision + biopsy	AG + LMA	
4	44	F	3	Right breast cancer	Right lumpectomy	AG + LMA	
5	16	M	1	Umbilical hernia	Laparoscopic mesh repair	AG + IOT	
6	24	M	2	Umbilical hernia	Laparoscopic hernia repair	AG + LMA	
7	28	F	2	Ventral hernia			
8	21	F	1	Ventral hernia	Laparoscopic mesh repair	AG + LMA	
9	18	F	1	Acute Appendicitis	Laparoscopic appendectomy	AG + LMA	
10	33	F	1	Acute Appendicitis	Laparoscopic appendectomy	AG + LMA	
11	52	M	2	Diverticulitis	Laparoscopic Multiple colectomy	AG + IOT	
12	66	M	3	Fistula between colon and bladder	Laparoscopic loop colostomy	AG + IOT	
13	52	F	2	Right Thyroid	Thyroidectomy right	AG + IOT	
14	47	F	2	Hyperthyroidism	Thyroidectomy	AG + IOT	
15	57	F	2	Gallbladder stone	Laparoscopic cholecystectomy	AG+ IOT	
16	60	M	2	Gallbladder stone	Laparoscopic cholecystectomy	AG + IOT	
17	56	F	2	Chronic Cholecystitis	Laparoscopic cholecystectomy	AG + IOT	
18	52	F	2	Chronic Cholecystitis	Laparoscopic cholecystectomy	AG + IOT	
19	54	M	3	Acute Cholecystitis	Laparoscopic cholecystectomy	AG + IOT	
20	42	M	1	Third degree hemorrhoids	Examination under anesthesia (EUA) + Hemorrhoidectomy	AG + IOT	Ventral Position
21	61	M	2	Diverticulitis with perforation and abscess	Laparoscopic Reversal Colostomy	AG + IOT	
22	70	M	4	Severe secretory respiratory	Tracheostomy Permanent PEG+ bronchoscopy	AG + IOT	Patient is almost intubated
23	66	M	3	SIRS	Tracheostomy	AG + IOT	Patient is almost intubated

B) Orthopedic Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	56	M	2	Hardware 5th toe right	Removal hardware	Ankle Block + Sedation	
2	9	F	1	Implant Left arm	Removal Implant	AG + LMA	
3	61	F	2	Left rotation shoulder + Fx distal clavicule	Arthroscopy shoulder left	Interscalene Block + AG + IOT	
4	5	M	1	Finger Trigger right thumb	Realase Finger	AG+ LMA	
5	38	F	2	Fx elbow left	Left elbow ORIF	Supraclavicular Block + AG + LMA	
6	46	M	1	Fx ankle Left	Left ankle ORIF	Ankle Block + AG + LMA	
7	32	M	2	Fx 5th metatarsal bone right foot	ORIF Right metatarse	AG + LMA	
8	24	M	2	Left carpal tunnel syndrome	Left carpal tunnel release	AG + LMA	
9	22	F	2	Left carpal tunnel syndrome	Left carpal tunnel release	AG + LMA	
9	58	M	2	Right Rotation shoulder	Arthroscopy Shoulder right	Interscalene Block + AG + IOT	
10	17	M	1	Lower Fx 1/3 radius Right	Arthroscopy Radius Right	AG + IOT	
11	68	F	2	Fx Knee Right	Total Knee arthroplasty right	Femoral Block + AG + IOT	

C) ORL Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	32	F	1	Adenotonsillar Hyperplasia	Tonsillectomy	AG + INT	
2	10	F	1	Chronic Rhinosinusitis	Tonsillectomy	AG + INT	
3	12	F	1	Soft Tissue Mass mouth	Excision + Biopsy	Sedation	
4	12	M	1	Acute ethmoid sinusitis	Ethmoidectomy bilateral +polypectomy nasal bilateral	AG + LMA	- Nasal Block - O2 in the mouth (recovery)
5	6	M	1	Teeth Deformity	Dental Rehabilitation	AG + INT	
6	29	M	1	Fx of nasal bones	Open reduction nasal	AG + IOT	
7	16	F	1	Impacted Tooth	Odontectomy Multiple	AG + INT	Block Mandibular

D) Gynecology

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	40	F	1	Uterine Polyps	D+ C Hysteroscopy	AG + LMA	
2	62	F	2	Uterine Polyps	D + C Hysteroscopy	AG + LMA	
3	60	F	2	Uterine myoma	Lap vaq Hysterectomy	AG + IOT	
4	57	F	2	Multiple Fibroids	D+ C Hysteroscopy	AG + IOT	
5	62	F	2	Mild Cervical Dysplasia	Total Vaginal Hysterectomy	AG + IOT	
6	34	F	1	Erosion and ectropion of cervix uteri	Laparoscopy + D + C Hysteroscopy + chromotubation + Fulguration of endometriose	AG + IOT	
7	50	F	3	Abnormal uterine and vaginal bleeding	D + C Hysteroscopy	AG + IOT	
8	61	F	2	Uterine myoma	D + C Hysteroscopy	AG + LMA	

E) Urology Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	58	M	2	Encounter for sterilization	Bilateral vasectomy	AG + IOT	
2	16	M	1	Undescended testis	Laparoscopic exploration	AG + LMA	
3	79	M	2	Erectile Dysfunction	Insertion Penile Implant	AG + IOT	HTN peroperative Tx : esmolol + labetalol
4	17	M	1	Varicocele	Varicocelectomy	AG + IOT	

F) Neurology Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	67	F	3	Tumor Compression	Craniotomy Right	AG + IOT	-Beach chair position - medical history : Craniotomy Left
2	70	F	3	Anterior and posterior fusion L2-L5	Anterior and Posterior decompression back lower L2-L5	AG + IOT	Ventral Position
3	71	F	3	Arthrodesis	Vertebroplasty L5	AG + IOT	HTN perioperative

4	76	M	3	Anterior and posterior fusion L4- S1	Anterior and posterior decompression back lower L4- S1	AG + IOT	Ventral Position
5	55	F	2	Anterior and posterior fusion L4-L5	Anterior and posterior decompression back lower L4- L5	AG + IOT	Ventral Position -medical history : Lap Chole

G) Bariatric Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	44	F	3	Weight Loss	Lap Sleeve gastrectomy	AG + IOT	
2	55	F	3	Morbid Severe obesity	Lap Sleeve (Revision)	AG + IOT	-Difficult intubation (rigid laryngoscope blade) -medical history: Breast Cancer Right
3	29	F	2	Weight Loss	Lap Sleeve gastrectomy	AG + IOT	
4	23	F	3	Weight Loss	Lap Sleeve gastrectomy	AG + IOT	-medical history: diabetes type I
5	36	M	3	Weight Loss	Lap Sleeve gastrectomy	AG + IOT	
6	56	M	3	Weight Loss	Lap Sleeve gastrectomy	AG + IOT	-medical history: diabetes type II
7	38	F	2		Gastric bypass	AG + IOT	-Sleep apnea -M.H: diabetes type I
8	60	F	3	Morbid Severe	Gastric bypass	AG + IOT	M.H: HTN and diabetes type II
9	29	F	2	Weight Loss	Gastric bypass	AG + IOT	Difficult intubation (glidescope)
10	47	F	2	Weight Loss	Gastric bypass revision	AG + IOT	
11	54	M	3	Weight Loss	Gastric bypass	AG + IOT	

H) Cardiac Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	64	M	3	Myocardial Infarction	Permanent pacemaker placement	AG + IOT	-M.H: HTN > 40 years
2	88	M	3	Chronic bifascicular block	Permanent pacemaker placement	AG + LMA	-M.H : auricular fibrillation

I) Vascular Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	90	F	4	Venous Leg right ulcer	Apligraft application right lowe extremity	Sedation	-M.H: HTN, diabetes type II, asthma
2	84	F	4	Arteriosclerosis Obliterans	Apligraft application right leg extremity	Sedation	-M.H: Colostomy -Allergy : PNC
3	29	F	4	End stage Renal	Right antecubital A-V fistula for dialysis	Sedation	-M.H: Diabetes type I -Allergy : Clorexidine
4	34	F	4	End stage renal	Left antecubital A-V fistula for dialysis	Sedation	-M.H: Epilepsy -Allergy: Magnesium
5	52	M	4	End stage renal	A-V graft left arm for dialysis	Sedation	-M.H: diabetes type I

J) Thoracic Surgery

#	Age	Sexe	ASA	Diagnostic	Intervention	Technique	Note
1	70	M	3	Tissue/ Lung parenchymal leak	Robotic Assisted Thoracoscopy-	AG + IOT Double Lumen	Position lateral left

					bronchocospy Left upper lung		
2	69	M	3	Mediastinal mass/ Cyst carcinoma	Robotic Assisted Thoracoscopy anterior mediastinal	AG + IOT Double Lumen	
3	58	M	3	Right upper lung mass	Robotic Assisted resection + biopsy	AG + IOT Double Lumen	Position Lateral right

Table- Number of Anesthesia Technique

	AG + IOT	AG + LMA	AG + INT	Sedation	Block
General Surgery	16	6	0	1	0
Orthopedic Surgery	4	7	0	1	6
ORL Surgery	1	1	4	1	0
Gynecology	5	3	0	0	0
Urology	3	1	0	0	0
Neurology Surgery	5	0	0	0	0
Bariatric Surgery	11	0	0	0	0
Vascular Surgery	0	0	0	5	0
Cardiac Surgery	1	1	0	0	0
Thoracic Surgery	3	0	0	0	0
TOTAL	49	19	4	8	6

Topics Discussed

- Air vs Oxygen
- Inhaled Anesthetics
- Train of four
- Ankle Block
- Supraclavicular Block
- Interscalene Block
- Femoral Block
- Difficult Intubation
- Anesthesia and Neurology Surgery
- Edlich Gastric lavage Tube
- Tracheotomy vs Tracheostomy
- Prevention in Cardiac Patient
- Down Syndrome and Anesthesia
- Sugammadex vs Neostigmine
- Double Lumen Tube

Special Thanks: All Anesthesiologists and Nurses in the Anesthesia Department of TBHC
Specially: **Cajuste** Mhuriel MD., **Seicaru** Florin MD., **Hyacinthe** RNA; **Laetiff** RNA; Miss. **Gilot**, Miss. **Etienne,** Miss **Natacha**

Obstetrics

Where: 3Mth floor Labor and Delivery

When: Rounds are generally at 7: 00 AM, Monday - Friday (you are excused Wednesday due to EM conference)

Supervisor: Michael Cabbad, MD, Chairman

Angela Kerr, MD Program Director

Time of Rotation: 10th September – 21th September 2018

#	Age	Diagnostic	Intervention	Technique	Note
1	25	Macrosomia	C- section	Spinal	Bb weigt 3,8Kgs
2	31	Post C-section	C- section	Spinal	
3	28	Post C-section	C- section	Spinal	
4	22	Poor fetal growth	C- section	Spinal	Apgar 3-4-6 Resuscitation
5	27	CPD	C- section	Spinal	
6	34	CPD	C- section	Spinal	
7	20	Post C-section	C- section	Spinal	
8		Partial placenta praevia with hemorrhage	C- section	AG + IOT	
9		Fetal Distress	C- section	Spinal	Apgar 3-5-5 Resuscitation
10	17	PET	C- section	Spinal	Prematurity
11	33	Poly-hydramnios	C- section	Spinal	
12	29	Transverse presentation	C- section	Spinal	
13	34	CPD	C- section	Spinal	

And during the same period, I attended **17 cases of Epidural Analgesia** for Labor pain (progress of labor)

Topics Discussed

- Epidural analgesia
- Local anesthetic
- Spinal- epidural block
- Regional analgesia vs regional anesthesia

Special Thanks: All Anesthesiologists and Nurses in the Obgyn Department of TBHC
Specially: **Cajuste** Mhuriel MD., **Seicaru** Florin MD., **Peet** RNA, **Fievre** Natacha MD

Medical and Surgical ICU

Where: 6th floor

When: Varies depending on the attending for the week. Monday – Friday, 7:00 AM – 3:00 PM

7: 00 AM: Daily morning report (Evaluation and evolution of patients)

9: 00 AM: Daily morning round with the Attending

12: 00 PM: Daily Conferences

Supervisor: Louis Gerolemou, MD (Chief of MICU)

Joshua Rosenberg, MD (Chief of SICU)

Time of Rotation: 24th September – 19th October 2018

Medical ICU (MICU)

The Medical ICU rotation is as follows:

- Demonstrate ability to rapidly perform history and physical exams in critically ill patients.
- Demonstrate appropriate prioritization of diagnostic and therapeutic interventions in critically ill patients
- Describe the dosages, indications, and contraindications of pharmacologic interventions for shock, cardiac failure, sepsis, toxins, respiratory failure, hepatic failure, renal failure, and neurologic illnesses.
- Describe the etiologies, hemodynamic issues, and complications of septic, hypovolemic, neurogenic, cardiogenic, and immunologic shock

Cases seen and debated:

- Chronic Obstructive pulmonary disease
- Pneumonia
- Acute respiratory distress syndrome
- Ischemic stroke
- Cardiogenic shock
- Septic shock
- Hemolytic uremic syndrome
- Serotonin syndrome

Surgical ICU (SICU)

The Surgical ICU rotation is as follows:

- Demonstrate appropriate judgment in the management of critically traumatized patients.
- Demonstrate appropriate prioritization of diagnostic and therapeutic interventions in critically traumatized patients
- Demonstrate appropriate judgment in the management of critically ill patients

Cases seen and debated:

- Cranial trauma
- Acute liver Failure
- Chronic pancreatitis
- Acalculous cholecystitis

Conferences:

- Primary hyper aldosteronism
- Cushing syndrome
- Mechanical Ventilation
- Acute Respiratory Distress
- Sarcoidosis
- Interstitial Lung Disease

Respiratory Care

Where: Basement

When: Monday – Friday, 7: 30 AM – 4: 00PM

7: 30 am: Daily morning report and distribution in different services: Intensive Care (MICU, SICU, CICU, PICU, and NICU), Emergency Room, Geriatrics…

Supervisor:

Time of Rotation: 22th October – 2nd November 2018

Learning about:

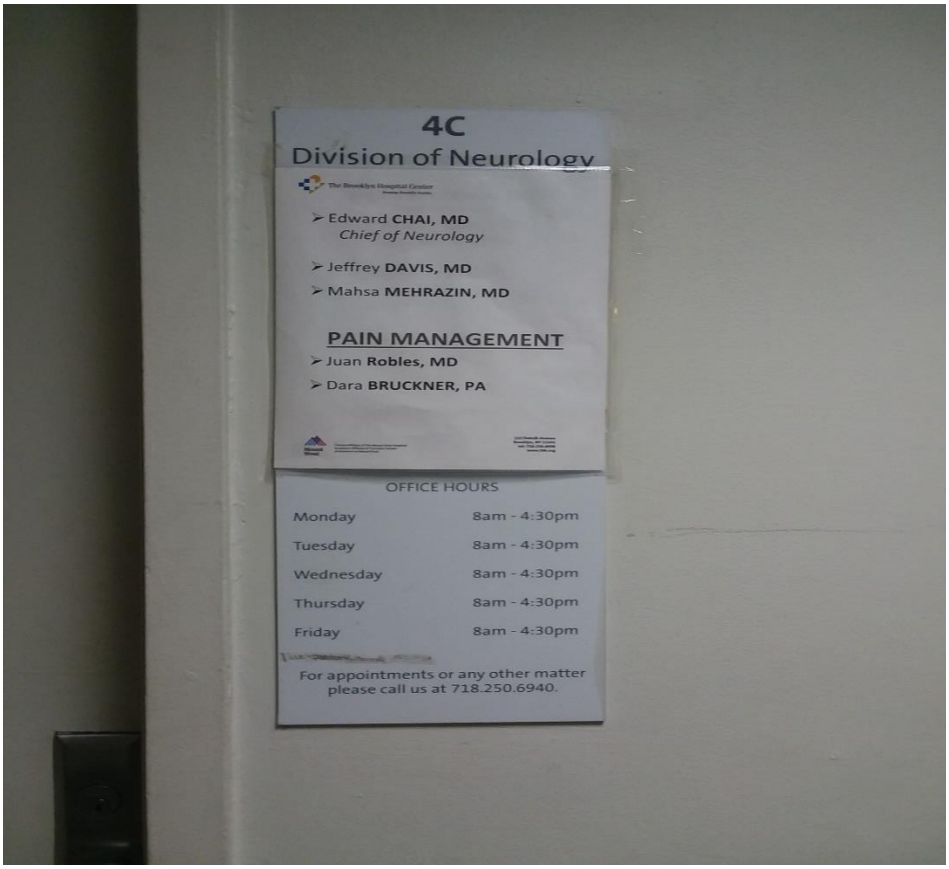
- Humidity Therapy
- Aerosol Therapy
- Bronchopulmonary hygiene
- Mechanical Ventilation (CPAP, BiPAP)
- Arterial blood gas analysis
- Sleep study Exam
- Utilisation of: peak flow, spirometer, volumetric incentive, high frequency oscillatory

Topics Discussed

- Nasal cannula
- CPAP vs BiPAP
- Blood gas
- Asthma vs BPCO
- Oxygen Toxicity
- Pulmonary hypertension

Special Thanks: All Respiratory Therapists in the Respiratory Care Department of TBHC
Specially: Marie **Jean** RT., Claude **Choisy** RT., and Lude **Jules** RT

Pain Management



Where: Floor 4C (Maynard building)

When: Monday – Friday, 8:00 AM – 2: 00PM

Supervisor: Juan C. Robles MD

Time of Rotation: 5th November – 9th November 2018

Learning about:

- Back Pain: sciatica, herniated disc
- Arthritis
- Rheumatoid Arthritis
- Foot deformities

Topics Discussed:

- Acute vs Chronic Pain
- Medication management
- Conservative treatment
- Physical Therapy

Conscious Sedation Anesthesia

Where: Omnicare Multi- specialty (Nostrand Avenue)

When: Saturday and Sunday, 7:00 AM – 12: 00PM

Supervisor: Jose Michel Charles MD

Time of Rotation: 1st September – 31th September 2018

Conscious Sedation for:

- **Endoscopy for 22 Cases**: Esophagitis, Gastritis, Gastric ulcer, Gastric nodule and lipoma, Gastroparesy, Acid reflux, Erosive gastritis, Duodenitis, Duodenum ulcer, Gastrointestinal Stromal tumor…
- **Colonoscopy for 71 Cases**: Polyp, Polypectomy, Diverticulitis, Diverticulosis, Proctitis, Hemorrhoids, Sigmoid erosions, colitis, solitary colitis, proctocolitis…

Topics Discussed:

- Propofol vs Midazolam
- Sedation for cardiac patients
- Sedation for obese patients
- Atropine vs Glycopyrrolate
- Sleep apnea Obstructive

Presentations

During each 2 weeks you must present a subject of your choice. My presentations during the rotation:

- Airway management: Laryngeal Mask Airway-------- August 22th
- General Anesthesia and Obesity ---------- September 12th
- Nausea and Vomiting postoperative---------- September 26th
- Pulmonary Embolism---------- October 24th
- Morphine---------- November 7th

I had the opportunity to attend the presentations of 2 residents occurring simultaneously with mine:

Family Medicine (Dr Djenane Devilma)

- Respiratory Distress in the Newborn
- Dyspepsia, September
- Hypertension, Diagnosis and Management

Gynecology and Obstetrics (Dr Vincent Jameson)

- Endometriosis
- Congenital trophoblastic Disease

Practical Courses

- Central Venous Catheter
- Mechanical ventilation
- Defibrillator Management
- BLS (Basic Life Support)
- Neonatal Resuscitation
- Arterial Blood gas

Summary

To think of a program like this for young Haitian doctors is something really extraordinary. This rotation allowed me to see the medicine on another aspect, it is a team work: doctors, nurses, laboratory technicians, psychologist, each branch has its stone in the care of the patient. To all this must be added the good discipline.

Regarding the service of anesthesiology, it is always necessary to know well the patient, his pathology and the technique that one will realize. The anesthetist remains and remains the leader of his room.

The knowledge acquired will not be in vain, I count the sharing with my colleagues in order to have an improvement in the care of our patients.

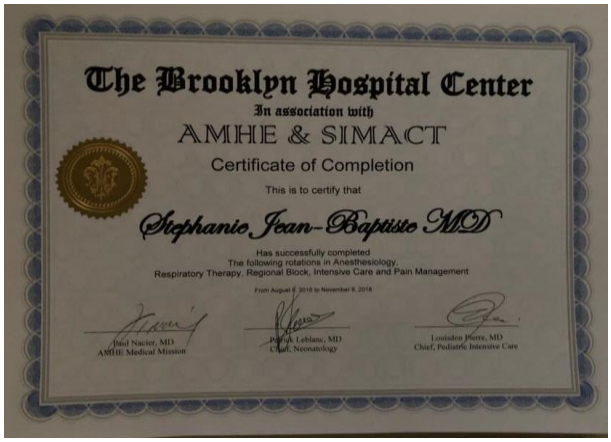
I greatly hope that this program will continue so that many other residents, like me, will have the opportunity to practice medicine from a different angle and be able to contribute their stature to the Haitian health system.

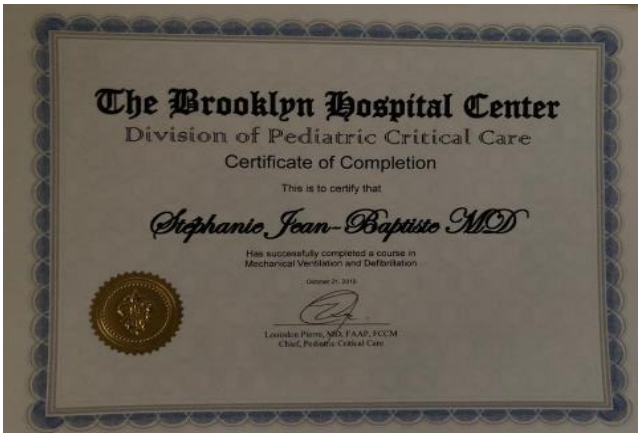
Dr. Stephanie Jean-Baptiste

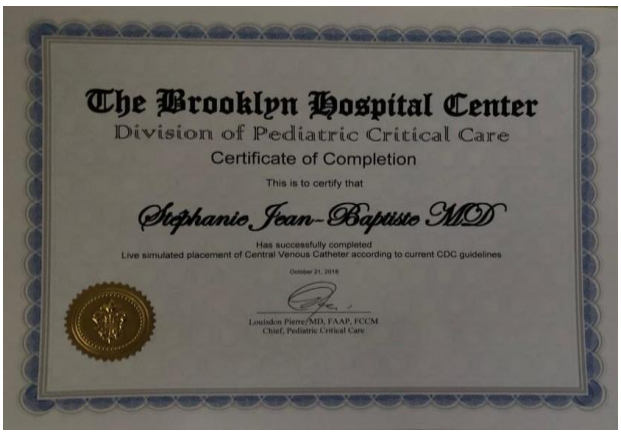
Resident in Anesthesiology and Reanimation

Hopital Universitaire LaPaix

Certificates Obtained







Memories

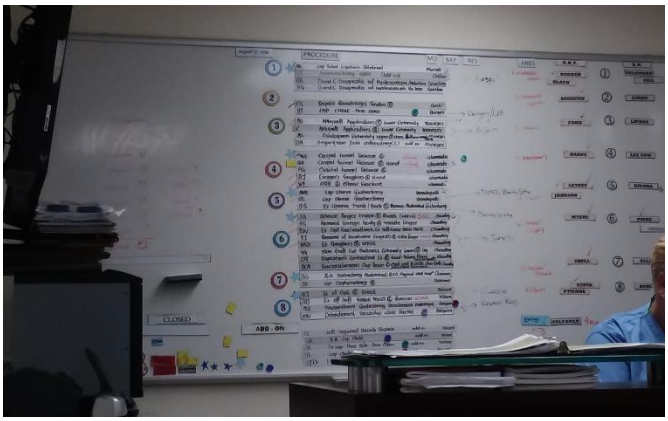
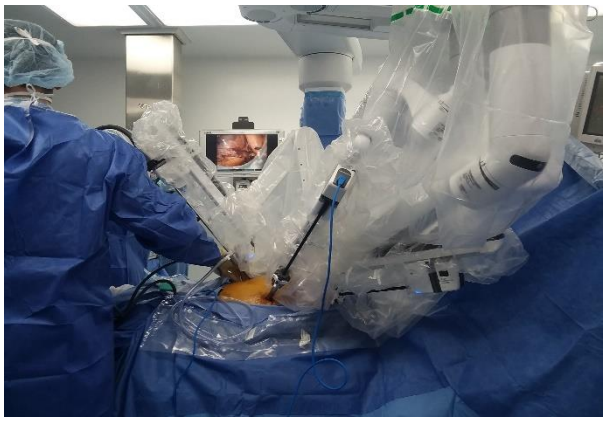
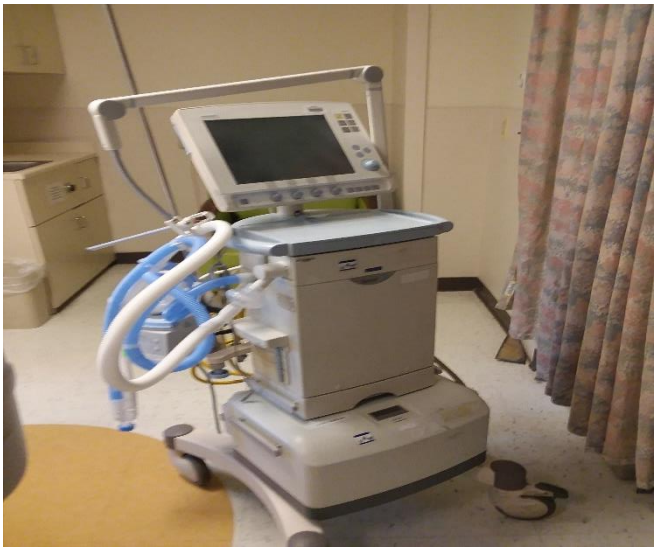


Table of the cases of the day (Operating Room)

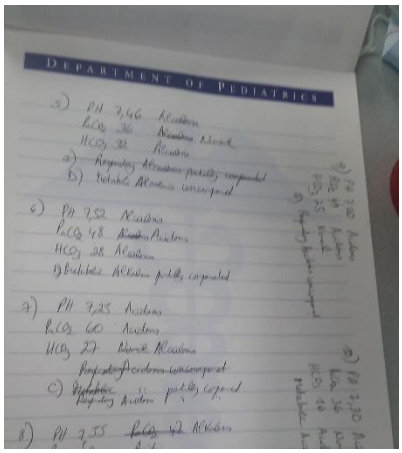


Robotic Assisted (Operating Room)

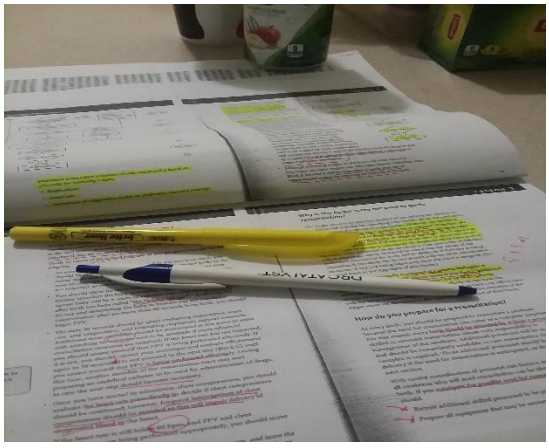


Servo- I Mechanical Ventilator

Simulation Room of TBHC

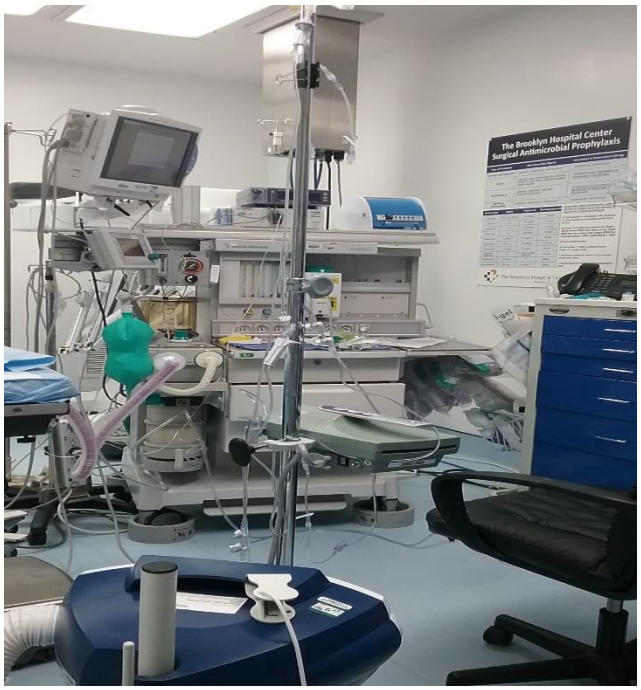


Blood gas analysis test with Claude Choisy

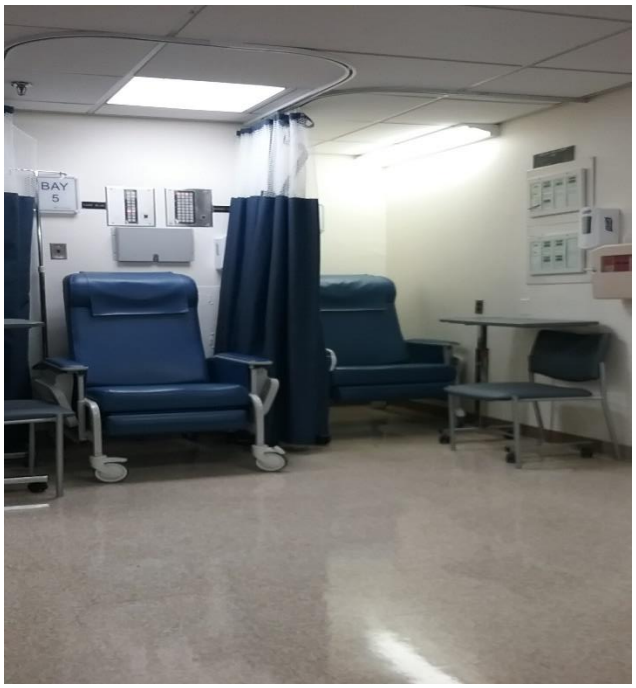


Preparation for the NRP exam

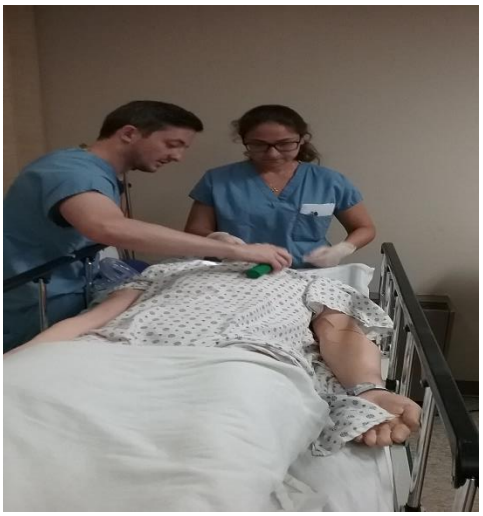
Memories



Operating Room (anesthetic Part)



Recovery Room



When you teach the medical students how to intubate

Memories

With the Respiratory Therapist: Marie and Jules

With Dr Cajuste, Anesthesiologist

With Miss Natacha in the OR

With Laetiff RNA Anesthesiologist

Memories

Omnicare Staff

Dr Jose Charles (Gastroenterologist MD)
(Dinner for Obtaining Certificates)

Memories

The best teacher ever: Dr Pierre Louisdon

Dr Leblanc Patrick and Dr Nacier Paul (My mentors)

My Wonderful Roommate: Dr Djenane Devilma