



August 2017

About me

Hi! My name is Carl White Ulysse and I am a PGY-1 in Anaesthesiology at the University of Toronto.

I was born and raised in Montreal, QC, where I entered the Med-P Program, an accelerated medical training program at McGill University. For that reason, I did not complete any formal undergraduate coursework prior to my medical degree.

Why I chose Anaesthesiology

Anaesthesiology is one of the few disciplines where you interact with patients with almost all disease processes, both in the medical and surgical realm. I can see patients of all ages and all levels of acuity while perfecting both my technical skills as well as my knowledge base and planning abilities. Also, given that a large segment of our patient population is very sick and requires advanced life support, Anaesthesiology trainees quickly develop a high level of comfort with medical emergencies.

Clinical Life

What does a typical day of clinical duties involve?

This is an example of a typical day and week for a PGY-1 resident in Anaesthesiology:

Anaesthesiology – A typical day

6:30-7:00	Set up your room: Prepare the airway equipment, the medications you are going to use for your first case, as well as any lines or regional procedures you are planning to use.
7:00-7:30	Teaching: Informal teaching with a staff physician or a fellow, organized daily for all residents.
7:30-8:00	Meet your first patient: Meet with your staff to review your anesthetic plan; meet the patient to refine your pre-operative assessment and answer their questions; finish setting up the room.
8:00-16:00	Operating room: Deliver the anesthetics and monitor patients over the course of the day. Hopefully sneak in a coffee/bathroom break at some point.
16:00-17:00	Prepare for the next day: Look up your patients for the next day and meet any inpatients on your OR list who are getting elective surgery the next day.
Evening	Preparation: Read around your cases and prepare anesthetic plans for the next day.



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Anaesthesiology Resident Profile — Carl White Ulysse

Anaesthesiology – Weekly Schedule at a Glance								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
06:00		Set up OR	Pre Call Day	On Call	Set up OR			
07:00		Teaching			Teaching	Set up OR		
08:00		OR		Handover	OR	Grand Rounds	Handover	
09:00				Post Call			OR	On Call
10:00								
11:00								
12:00								
13:00								
14:00								
15:00								
16:00		Look up patients for the next day	Handover		Look up patients for the next day	Look up patients for the next week		
17:00			On Call					
18:00							Handover	
19:00								
20:00								
21:00								
22:00								
23:00								
00:00								

What kinds of clinical rotations are required in your program?

The first year of Anaesthesia training is quite general, similar to what used to be the rotating internship. We complete rotations in General Surgery, surgical subspecialties, Obstetrics and Gynecology, Internal Medicine, Adult and Pediatric Emergency Medicine, as well as some foundational Anaesthesia training.

During the next four years, a lot of our time is spent on Anaesthesia rotations. This includes Adult General Anesthesia and Subspecialty Anesthesia, as well as Pediatric Anesthesia, Chronic Pain Management, and Point of Care Ultrasound. We also complete about a year of training in medical subspecialties, such as Intensive Care, Respiriology, Cardiology, and many others.

Which of your personality characteristics have been particularly helpful in your field?

Adaptability: Unlike most other physicians, anesthesiologists have to adapt to a completely different team every day. It is helpful to be responsive to the changing needs of your Anaesthesia staff, surgical team, nurses and Anaesthesia assistants. The ability to maintain good channels of communication with people you have little to no experience with is also very helpful to create a collegial atmosphere in the operating room.

Organization: Anaesthetics vary immensely from one patient to the next. In order to be successful in this field, you need to come into the operating room with a clear idea of how you are going to induce and maintain your patient, as well as contingency plans for the various things that could go wrong over the course of the operation.

What are the best aspects of your residency?

It might sound silly, but I love the early morning operating room setup. Seeing the operating room empty in the mornings and preparing for the cases to come during the day is peaceful. It helps me ground myself for what is to come. It is truly “the calm before the storm”.

More generally, I really enjoy the technical aspects of this specialty, as well as the numerous opportunities for teaching that come with being one-on-one with a staff physician all day. Additionally, a lot of what we do has an instantaneous result. There is nothing quite like walking in a room with a labouring mother screaming in pain and walking out as she starts smiling because your epidural is taking effect.

What are the most challenging aspects of your residency?

In Anaesthesia, the devil is in the details. There are so many things to think about at every stage of the surgery and everyone has slightly different ways of doing them. At first, it can be very challenging to tease it all apart and develop your own style. By seeing numerous ways of getting through the same operation, you come to learn what you like and start incorporating it into your own anaesthetic plans.

What is one question you're often asked about your residency?

“What does an anaesthesiologist do, exactly?”

Many laypeople do not understand the complexity of delivering an anaesthetic and think that there is one recipe that works for all patients. The way I often put it is this: “Anyone can put someone to sleep. An anaesthesiologist knows how to do it safely, regardless of how sick you are, and will ensure that you wake up healthy.”

Can you describe the transition from clerkship into residency?

Because of the large number of off service rotations that we do in first year, I have found the transition from clerkship to residency to be quite smooth, as there is often an understanding that I am out of my natural environment. However, this does not mean that the expectations aren't high. I have found that most specialties will have high expectations of Anaesthesia trainees given our relative level of comfort with both medical and surgical patients.

What are your future practice plans?

I'm not entirely sure yet, and I think it's O.K. to not have everything completely figured out early in one's training. I know for sure I would like to have some space in my practice for teaching and administrative work on top of my clinical duties, but haven't yet fully figured out what that might look like.



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What are your fellow residents like and how do you interact with each other?

Interestingly enough, Anaesthesia does not lend itself very much to interacting with your fellow residents in a professional context. Given that we each have our own operating rooms, it is rare for me to see my colleagues in action. However, we do get to see each other every week during teaching sessions and social activities.

My “classmates” come from a variety of different backgrounds, both personally and professionally, and I always appreciate their insight and support through the various transitions we are facing as newly minted doctors.

Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

I have always had a strong interest in leadership. During medical school, I became Vice-President of the Canadian Federation of Medical Students, which allowed me to interact regularly with, and volunteer for, various national medical organizations while advocating for medical trainees. I have continued to pursue this passion by joining the Training Committee of Resident Doctors of Canada and working on ensuring a resident-centered transition to the new Competency by Design framework for residency education.

I am also in the process of studying for my Graduate Management Admissions Test (GMAT), as I am planning to undertake some business training in the near future.

What is your work-life balance like, and how do you achieve this?

When I moved to Toronto, I got myself a personal trainer to stay in check and make sure I take some time to be active. I have found her really useful in making sure I take time for myself, even at the end of a busy day. Also, I make sure to return to Montreal often (probably every month or two) to spend time with my family and make sure that I am present for most of their milestones.

You can connect with Carl on Twitter: @cwu26



For further information

The Canadian Medical Association website features profiles for more than 35 medical specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists’ practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/en/pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.