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Anaesthesiology Resident Profile
Chris Nixon-Giles

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About me

Hi! I'm Chris Nixon-Giles, a PGY-4 in Anaesthesiology at the University of British Columbia. I'm originally from West Vancouver, B.C. Before medical school, I completed an honours degree in Biochemistry, also at UBC.

Why I chose Anaesthesiology

Anaesthesiologists look after some of the sickest patients in the hospital, and our interventions make them better. We work with teams of different surgeons and nurses, which is much more fun than working alone. Unlike other procedural specialties, we also get to be part of a wide variety of procedures and surgeries, so every day is a new challenge. I'm biased, but I do think Anaesthesiologists have the best job in the hospital!

Clinical Life

What does a typical day of clinical duties involve?

There really is no "typical" day in anaesthesiology – that's one of the best and worst things about this specialty. Our day is dependent on the type of surgeries we are providing Anaesthesia for, and the complexity of the patients. Every day starts on schedule, and by 9:00am it is most definitely no longer on schedule!

This is a very general example of the type of day I might encounter at one of our tertiary care centres:

Anaesthesiology – A typical day	
0630-0730	**OR setup:** Arrive at the hospital and begin setting up equipment in the operating room for the first slated case. This typically involves checking the Anaesthesia machine for any issues, readying the variety of equipment needed for airway, vascular access, and monitoring, and drawing up the medications we will use. Once this is done I go to the pre-op holding area to meet and examine our first patient of the day.
0730-1700	**Slated cases:** The vast majority of the day is spent in the operating room providing anesthesia care for the day's slated cases. Depending on the type of procedures and the patient complexity there may be one patient on your list or 10 patients. Regardless, the OR setup process and patient evaluation is repeated for each case. The day may be interrupted for urgent or emergent surgeries which need to be expedited and at times we are sent off to do consultations for complex patients. We also serve as part of the code blue team, and can be called away at any moment to help manage an urgent airway or put in an invasive line.
1700-1800	**Review for the next day:** After my last patient is tucked away in the recovery room, I check the next day's slated cases and review the patients' charts and relevant investigations. This allows me to review the relevant considerations later in the evening when I get home and to begin planning the anesthetic care I will provide the following day.

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Anaesthesiology – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00		OR setup	OR setup	OR setup	OR setup	Pre-call day off	Night Call
07:00		Cases	Cases	Cases	Day Call		Handover
08:00							Post call day off
09:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00		Next day review	Next day review	Next day review			
18:00		Leave for home	Leave for home	Leave for home		Night Call	
19:00					Handover		
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of clinical rotations are required in your program?

Our training is broad-based – anaesthesiology is one of the few remaining specialty programs that offers a rotating internship for PGY-1 year. Throughout residency, we also spend a great deal of time in critical care environments and on subspecialty internal medicine rotations. I find that these off-service experiences provide very helpful context when returning to the operating room to take care of a patient. Anaesthesia rotations tend to be very general in nature, meaning the case mix we see day-to-day is varied and random. Later in residency, we focus more on subspecialty Anaesthesia rotations, including Anaesthesia for cardio-thoracic surgery, pediatric surgery, neurosurgery, and regional Anaesthesia.

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

Keeping an open-mind and a sense of humility are both very important in Anaesthesiology. The vast majority of times, everything goes as planned when giving an anesthetic. But it is hubris to assume that will always happen, and stubbornness can prevent you from seeing the potential danger in your plan. Either of those pitfalls betrays the trust that a patient has in us.

What are the best aspects of your residency?

One of the things I enjoy most about Anaesthesiology is the rapport I am able to develop with patients. Most people wrongly assume that we choose Anaesthesia because we aren't keen on patient interaction. I find the opposite is true. I have just a few minutes to build enough trust with a patient that they will allow me to have complete control over their life. Being able to do that is extremely satisfying. While the relationship we develop with patients is brief, I find that it is deeper than those I've formed in other areas of medicine.

What are the most challenging aspects of your residency?

As I mentioned before, Anaesthesiologists work in teams with surgeons, nurses, and other operating room staff. This makes for a fun and social environment. In crises, however, the Anaesthesiologist often directs the team and leads management of the situation. This challenges not only our medical knowledge, but also our ability to coordinate and utilize the people and other resources in front of us. I find this both the most challenging and rewarding aspect of Anaesthesia.

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

People are often interested to know how we pass time in the operating room, as we are known for our crossword and Sudoku skills. Also, the surgeons are always after the latest hot stock tip so they can call their broker in between cases.

Can you describe the transition from clerkship into residency?

Similar to many procedural specialties, we are given gradually increasing responsibility as we progress through residency. By the end of PGY-2, residents should be able to manage a slate of straight-forward patients for ambulatory or minor inpatient surgical procedures independently. Through PGY-3 and PGY-4, residents learn to assess and plan for more complex patients coming in for more complex procedures, though the execution of these plans is still carried out with more direct staff supervision. By PGY-5, as residents are preparing for their Royal College exams, they should be able to function independently for the most part, but with staff peripherally involved as a sounding-board and to help ensure a full breadth of experience.

What are your future practice plans?

A luxury of Anaesthesiology is that it is possible, at least in British Columbia, to find work without pursuing fellowship level training. Despite this, I plan to complete a fellowship, likely in perioperative medicine, as I see myself working in a tertiary care environment where extra subspecialized skills are highly valued.

As is true in most walks of life, the best advice you can get on how to plan your future is given by those who have gone before you. Luckily, because we work so intimately with our staff in Anaesthesiology, they serve as a vast pool of life and career experiences for us to draw from as we plan for the next steps.

Non-Clinical Life

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

I have a special interest in practice management training. That is, finding a way to help medical professionals learn non-clinical skills, such as business management training, financial planning, and so on, that they need to run their practice. This type of education is conspicuously absent from our current residency curricula. Fortunately, I have been able to work with RDoC's Practice Committee over the last year to help advocate for this initiative. Besides that, I enjoy international health work and have spent several months in my training, working at a remote health centre in Peru.

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

We all know work-life balance is important. Fortunately, in practicing Anaesthesiology, a good work-life balance is achievable. We work hard, and we certainly do work long hours at times, but unlike many other specialties, when we aren't working we are completely free. There is no roster of patients to worry about when you go on holiday. There is no office to manage, no MOA to hire and fire, no waiting room full of patients at the end of the day. For myself, with work-life balance being a priority, these were major factors in choosing Anaesthesiology.

My particular interests lie in maintaining an active lifestyle and trying new, interesting things. I recently combined my passion for cycling with a grudging respect for running and some beginner swim skills to take up triathlon. Travel is also a passion, with my trips usually zeroing in on the world's best scuba diving locations.

For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 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.