



Veterinary Anaesthesia and Analgesia Residency Training Programme Dick White Referrals

Introduction

Dick White Referrals (DWR) is located between Newmarket and Cambridge, with easy access to London (via Cambridge) and Europe (via Stansted Airport), and was established in 2003 by Prof Dick White. After years of expansion (which is still ongoing!) it is now one of the largest Small Animal Referral Centre in the UK, employing 27 specialists and 16 residents in Anaesthesia and Analgesia, Surgery (Soft tissue and Orthopaedics), Internal Medicine, Cardiology, Diagnostic Imaging, Neurology, Pathology and Clinical Pathology, Ophthalmology and Dermatology.

Our state-of-the-art facilities include 5 operating theatres, 3 wards to hospitalise a total of 80 dogs, a feline ward for 19 cats, a multidisciplinary Intensive Care Unit, an isolation ward, MRI, CT, ultrasound, digital and mobile X rays, fluoroscopy, physiotherapy with a water treadmill, in house haematology, biochemistry, clinical pathology and histology facilities.

Anaesthesia facilities include modern anaesthesia workstations with ventilator, haemodynamic and respiratory monitoring, a dedicated ultrasound machine, peripheral nerve stimulator, TOF watch and docking stations for syringe drivers and infusion pumps in theatre.

DWR is an ECVAA recognised Standard Residency Training Centre, and currently employs three specialists in Veterinary Anaesthesia and Analgesia, one clinical fellow, two residents, three interns, and four anaesthesia technician/nurses. Achievement of the Standard Residency Training Centre status, unique in a private referral hospital, has been possible because of the long-term collaboration with Newmarket Equine Hospital (NEH), a leading Equine primary care and referral centre close to DWR. DWR specialists and residents provide an in-house anaesthesia service for NEH, which has a large caseload and state-of-the-art facilities.

The training programme

The aim of the programme is to educate and train residents in the discipline of veterinary anaesthesia, analgesia and intensive care, to a specialist level. The large case-load of DWR (approximately 3600 anaesthetics performed per year) and NEH (approximately 800 anaesthetics performed per year) and their exceptional facilities allow residents to develop their skills and confidence in a busy, but friendly, clinical setting, with support from specialists and resident of other disciplines, and a structured training programme.

Anaesthetists are involved in out of hour emergency referrals at DWR, and work alongside specialists in other disciplines to manage intensive care patients.

The residency is expected to last three years, with the possibility of extending it for a further year to assist the resident in preparing for the exam (completing the paper/writing case reports).

The resident will be based at DWR, and will participate to the daily activity in the small animal hospital, providing a 24/7 referral service in Surgery (Soft tissue and Orthopaedics), Internal Medicine, Cardiology, Neurology, Ophthalmology and Dermatology. Attending NEH with one of the supervisors will ensure exposure to equine cases. Residents will be, therefore, directly supervised in both locations. The resident will be involved in DWR out of hours service providing support to the emergencies accepted by the other disciplines and inpatient care (the current out-of-hours rota is one-in-five).

A structured training programme is in place at DWR and it involves: a weekly presentation to residents and interns by one of the specialists of each discipline on rotation; weekly journal club and case discussion; weekly presentations by one of the interns or residents on a subject chosen by the clinicians. Mortality and morbidity rounds are performed monthly. Residents will be entitled to approximately 14 weeks per year (including 28 days of annual leave) to study,



attend CPD events, visit other institutions, design, collect data and write research projects. CPD allowance is £1000 per year.

The combined case-load of DWR and NEH will provide adequate exposure to small animal and equine anaesthesia. Externships will still be necessary to gain further experience and case-load in equine intensive care, exotic animal, farm animal and laboratory animal anaesthesia.

Residents are expected to start working at 7:30 am, when inpatients are re-assessed prior to starting theatre lists, and new cases for the day are examined. The resident will then discuss the daily analgesic/postoperative plan of inpatients and the anaesthetic plan of new patients with one of the senior anaesthetists, although it is expected that by the end of the first year of residency the resident will be able to manage the majority of cases with minimal supervision. Initially residents will work under close supervision, and then gradually take more responsibility. They will not be included in the out of hour emergency rota until they are deemed sufficiently skilled to assess patients and recognise situations that may require advice/direct intervention of a senior clinician. A supervisor will always be available for consultation. The normal working day finishes at 6 pm.

Regular assessment of training progress will be performed in meetings with the supervisors. These will be at least twice a year, more often if necessary (i.e. when the resident is working on a research project). Residents are expected to attend all internal CPD events, at least one AVA meeting per year, the Basic Science Course organised by the AVA and the meetings of the East Anglian Association of Veterinary Anaesthetist, held periodically at DWR, Animal Health Trust, Cambridge Vet School, Davies Veterinary Specialists or Royal Veterinary College.

During the first year of residency, the residents efforts will be directed at improving knowledge of physics, physiology and pharmacology. The first original study will be planned, and data collection will begin. The resident will be introduced to balanced anaesthetic techniques and locoregional anaesthetic techniques (epidural, peripheral nerve blocks). By the end of the first year, a resident will be expected to be able to perform locoregional anaesthetic techniques as well as arterial and central venous catheterisation without supervision. Residents should also be familiar with the physiology and pathology of pain, its assessment and treatment (surgical and non-surgical). In the second year of residency, the resident will be introduced to total intravenous anaesthesia and will start to be in charge of more challenging cases. By the end of the second year of residency, the resident should be able to manage critical patients and formulate, without supervision, a perioperative/intensive care plan. He/she will be encouraged to improve the knowledge in statistic applied to veterinary medicine, human anaesthesiology (comparative medicine) and veterinary physiopathology. During the time off clinic the resident will be encouraged to flank specialists in other disciplines. Data collection for the first study should have been completed and the second study and suitable case reports will be identified. The resident will also be more involved in teaching/tutoring of students from the University of Nottingham attending DWR, anaesthesia interns and the rotating interns during their anaesthesia rotation. By the end of the second year, residents are expected to be able to supervise and advice nurses regarding anaesthesia, analgesia and perioperative care. In the final year of residency, the resident should be able to work independently with minimal or no supervision, be able to discuss advanced topics in anaesthesia, give advice to general practitioners contacting the clinic and be involved in the teaching (practical tutorials or presentations) of junior colleagues, nurses or general practitioners. The final year will be dedicated to refining the knowledge and professional development of the resident, ensuring that he/she has prepared all the material to be submitted for credentials approval, and becomes a proficient and skilled candidate for the ECVAA examination.