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1. INTRODUCTION

• Preamble
At The University of Calgary (UofC), we offer a five year specialist training program in Anesthesia, recognized and fully accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC). Fellowships and Post-Graduate degree programs are available. The Residency Training Program also administers a 12-month curriculum in Family Practice Anesthesia (FPA) that may become an Enhancement Year under the College of Family Physicians of Canada (CFPC) in the near future. (See Home | The College of Family Physicians Canada)

Training occurs at all hospital sites in Calgary. In addition, a mandatory community rotation in Lethbridge, Alberta provides a community experience to our residents. All sites take responsibility for training our residents, and all sites have a voice on the Residency Training Committee. We constantly strive to accomplish the right balance of general versus subspecialty training, tertiary care versus ‘community’ care experiences, and rigorous training versus resident wellness. Our goal is to graduate excellent, well-rounded physicians who, as Medical Experts, possess the specialized knowledge and skills required in modern anesthetic practice, including perioperative care, acute and chronic pain management, critical care, and subspecialty anesthetia. Teaching and evaluation also encompass the other CanMEDS competencies: Communicator, Collaborator, Manager, Health Care Advocate, Scholar, and Professional.

Teaching takes place primarily in the operating room where residents work one-on-one with faculty Anesthesiologists. Additional learning opportunities include off-service rotations, academic half-day sessions, the Visiting Professor Program, Journal Club, events sponsored by the Post-Graduate Medical Education (PGME) Office, various courses (ATLS, ACLS, PALS, and NRP), libraries, research days, formal rounds, conferences, a horizontal Quality & Safety rotation, and formative oral and written examinations. Residents are encouraged to develop life-long learning habits during the five year program. Study time is provided in the final year of training.

• Resident Selection
Residents are selected primarily through the CaRMS match. (See 3. Resident Selection Procedure for details.) Additional re-entry positions for practicing physicians have been offered by the PGME Office in the past, however, the number and process for filling these positions has varied from year to year. Re-entry positions have a deadline of November 30th each year and the application process must begin soon enough to allow for a trial rotation in Calgary hospitals. The RTC may elect to dismiss this requirement if they see no need for such a trial rotation. (See the PGME website http://www.medicine.ucalgary.ca/postgrad). International medical graduates are considered only through the Alberta International Medical Graduate (AIMG) Program. (See http://www.aimg.ca.)

• Clinical Opportunities
Hospital teaching sites associated with our program include the Alberta Children’s Hospital (ACH), the Foothills Medical Centre (FMC), the Peter Lougheed Centre (PLC), the Rockyview General Hospital (RGH) and the Chinook Regional Hospital (Lethbridge). Residents also benefit
from the unique experiences provided in a variety of non-hospital facilities, such as the Chronic Pain Clinic. Training done outside of the above listed centers must satisfy regulations of the Residency Training Committee (RTC), Post-Graduate Medical Education Office (PGME), and Royal College of Physicians and Surgeons of Canada (RCPSC).

The hospitals in Calgary serve patients and families – a population of at least 1.5 million - living in the Calgary area, southern Alberta, and parts of British Columbia and Saskatchewan. The Foothills Medical Centre (FMC) is a designated Adult Trauma Centre and the Alberta Children’s Hospital (ACH) is a pediatric referral site. Specialized surgical services offered include pediatric, obstetrical, vascular, cardiac, thoracic, head and neck, neurosurgical, MRI-assisted, urological, and ENT. General Anesthesia is also provided for non-surgical treatments such as ECTs, cardioversions, and invasive radiological procedures. Residents participate on the Code Team and Trauma Team at the FMC and have the opportunity to work with STARS Air Ambulance during elective time. The Chronic Pain and Palliative Care rotation provides unique opportunities for research and interdisciplinary collaboration. In addition, multidisciplinary Pre-Admission Clinics and Acute Pain Services operate out of the affiliated teaching hospitals. The Chinook Regional hospital serves the community of Lethbridge and the population of southern Alberta.

- The Program

To be eligible to sit certification examinations in Anesthesia, residents must have completed the specialty training requirements set out by the RCPSC. Our program covers these requirements with additional subspecialty, critical care, and elective experiences.

The PGY1 year begins with an orientation to Alberta Health Services and the UofC, provided by the Alberta Health Services Medical Education office. The sessions cover Occupational Health, Parking, Payroll, Sunrise Clinical Manager (SCM – the electronic health record), PACS (the Regional Diagnostic Imaging retrieval system), and medical-legal topics. After that, the multidisciplinary PGY1 year is then spent primarily at the RGH and is designed to facilitate the acquisition of knowledge and skills required to pass the LMCC Part 2 examination (necessary for subsequent licensure) while maintaining contact with and rotations in Anesthesia. PGY1 residents are expected to attend Core Program during academic half-days and are invited to participate in all events held by the Anesthesia community. The core program includes an extensive Critical Thinking Course run in partnership with the Department of Surgery from October to February. At the completion of this course, residents are expected to have a research project developed with completion occurring during the remainder of their residency training. The Residency Training Committee reviews the PGY1 year annually. New residents are welcomed at a lunch each year, scheduled near the time of PGY1 orientation and the residents typically hold a summer BBQ to which the PGY 1 residents are invited.

The PGY2 year brings residents home to Anesthesia rotations for eight blocks, with the remaining five blocks dedicated to mandatory Internal Medicine rotations. Typically, residents will sit the LMCC Part 2 examination in Block 5 of the PGY2 year. This is also the time for residents to continue their research and Quality & Safety activities.

The PGY3 year introduces subspecialty Anesthesia and four more blocks of Internal Medicine.
PGY4 residents complete various critical care requirements and prepare for a year of focused study. One block of elective is included in this year. The two Chief Resident positions are appointed to residents entering the PGY4 year.

The final, PGY5 year is a time of focused study, practice oral examinations, and clinical review. Four blocks of electives allow residents to confirm subspecialty interests, cover weak areas, and/or explore career possibilities.

The day-to-day administration of the program occurs under the direction of the Program Director, Residency Site Coordinators, Chief Residents, and Program Coordinator.

- Teaching

The Operating Room is where most teaching occurs. The primary objective of Anesthesia rotations – an essential part of Anesthesia Residency Training - is to prepare a resident for the role of an independent consultant physician. Such a consultant should feel comfortable functioning as a specialist in Anesthesia, at primary care hospitals and clinics, as well as at tertiary care centers. In addition to formal teaching sessions, educational components of working in the Operating Room, as well as the service components, contribute to preparing a mature consultant. For the non-anesthesia components of our program, the Residency Training Committee has worked with other specialties to develop valuable off-service rotations.

An Anesthesia Academic Half-Day is held on Thursday afternoons. As this is also the Academic Half-Day for most other Post-Graduate Programs, all anesthesia residents are able to attend these sessions. Some of these sessions are devoted to Core Program, a series of formal learning events, for which the schedule of topics cycles every two years. Attendance is MANDATORY for all anesthesia residents including PGY1 residents, except for those residents who are post-call and who MAY decide to attend Core Program. Most Core Program Units end with a formative written examination and all residents are expected to write these. The summer Core Program sessions include introductory lectures organized with the assistance of the Chief Residents.

PGY5 residents are allowed to replace Core Program with a group study period beginning July 1st. One study day each week is allowed from January 1 during the year of RCPSC examinations. Residents are also encouraged to attend the “Making a Mark” examination preparation sessions. Following the Fellowship examination, graduating residents are expected to 'debrief' the PGY4 residents and assist them in planning for the coming year.

The Visiting Professor program works with industry to bring speakers to Calgary. The usual format is that of a dinner talk, Regional Rounds, and a lunch-time session specifically for residents and held immediately before the regularly scheduled Core Program. The four hospitals in Calgary hold weekly site rounds. Residents are required to present at these, as well as at Journal Club. The PGME Office also schedules events for residents throughout the year. Recent topics have included Ethics, Medical-Legal Issues, Evidence Based Medicine, Biostatistics, Patient Safety, Conflict Resolution, Disclosing an Adverse Event and Effective Teaching Strategies. Anesthesia libraries are maintained at the major teaching sites.

There is a full-service Health Sciences Library at the Health Sciences Centre, adjacent and linked to the FMC (http://library.ucalgary.ca). Extensive on-line resources are available on FMC
computers designated for resident use. Computer access is widely available throughout the Calgary Health Region’s hospitals.

Residents have access to the Calgary Simulator – a new initiative that began in June 2008. It is anticipated that residents will be able to participate at least once a year, but, as more time becomes available, residents will spend more than one day each year in this activity. Senior residents will be expected to become involved in developing scenarios for use in the Simulator, assist in running the simulator and attend/assist with the debriefing of trainees. A bronchoscopy simulator is now available for the junior residents and time will be allotted to junior residents to allow them to complete sessions in the bronchoscopy simulator prior to their pulmonary rotations. A cardiac echo simulator was purchased in 2011 and a program is being developed to teach residents TEE and TTE.

- **Scholarly Activity**

Residents are required to participate in a variety of scholarly activities. Mentors for research, writing, technology, healthcare administration, Quality & Safety, and other projects are available in the Department. A research associate is available to assist with development of research projects. Scholarly Activity is documented using a portfolio (see the Anesthesia Resident Education webpage under “Portfolio”)[http://iweb.calgaryhealthregion.ca/surgicalservices/anesthesia_education_resident.html]. Points are given for various types of activity and partial points are available when a project cannot be taken to completion. In addition, a Residents’ Research Dinner is held the first weekend in March just before CARR. Residents must present twice at Residents Research Day during their training, except for the Chief Residents who may present only once. All residents will complete a horizontal rotation in Quality & Safety.

Residents should attend at least one scientific meeting. The resident stipend may be used for meeting expenses. Additional funds from the PGME Office are available for those residents presenting papers ([http://medicine.ucalgary.ca/postgrad/pgmeadmin/forms](http://medicine.ucalgary.ca/postgrad/pgmeadmin/forms)). Participation in the Residents’ Competition at the Annual Meeting of the Canadian Anesthesiologists’ Society should be a goal for every resident. Residents may decide to use their funding for RCPSC examination expenses or other individually-approved expenses.

- **Evaluation**

Residents are evaluated using online Daily Evaluation forms from one45 – an online software package. Ideally the evaluation is accompanied by an oral discussion of the resident’s performance.

An In-Training Evaluation Report or ITER is completed after each rotation. These reports are completed by the Site Coordinators, based on the Daily Evaluations and verbal commentary from preceptors. Residents are encouraged to meet with Site Coordinators if they have any concerns about their evaluation or progress. All residents are required to write the ABA/ASA In-Training Evaluation Examination annually. This examination is an excellent tool for assessment of residents relative to their level of training. Final marks are accompanied by a printout of each candidate’s weak areas. PGY 2 residents write the AKT (Anesthesia Knowledge Test) at one and six months into the year. PGY 5 residents write an AKT focusing on subspecialty concepts at the beginning of the PGY 5 year. Residents have found that these formal examinations motivate and focus their studying. Each Unit of lectures in Core Program has an evaluation.
Residents are expected to attend these evaluations and use them as learning tools. Examination performance is discussed at RTC meetings.

Beginning in the 2008-09 year, additional portfolios were introduced to allow residents to document their progress in the CanMEDS competencies (see the Anesthesia Resident Education webpage under “Portfolio” http://iweb.calgaryhealthregion.ca/surgicalservices/anesthesia_education_resident.html). These portfolios are available and easily accessible on the AHS iweb – Dept. of Anesthesia. In addition, a 360 Degree Evaluation of the residents is performed when residents are on the APS and is discussed at their Annual Interview with the Program Director.

Practice oral examinations are held biannually for PGY2 - 5 residents each autumn and spring. PGY5 residents undergo intensive oral exam preparation in the last nine months of training, which includes their attending the ‘Making A Mark’ program.

- **Clinical, Learning & Personal Responsibilities**

  The Department of Anesthesia abides by the Professional Association of Residents of Alberta (PARA) Collective Agreement (Para contract details). There are two types of call: **Type 1** Call is in-house call and **Type 2** Call is home call. The Chief Residents are responsible for making up the call schedule and the schedule will vary according to the hospital in which a resident takes call. Residents **must** keep a log of their clinical activities using the electronic logbook. Logbook printouts are reviewed with residents at the Annual Interviews with the Program Director, and as necessary throughout training.

  Faculty members are encouraged to make known to the residents in advance any particularly interesting or rare cases. This may be done through the Program Director, Program Coordinator or any RTC member. Preference will be given to the more senior resident available for the case. For particularly unusual cases, senior residents may move across sites for the day, provided all involved parties are made aware.

  **Clinical responsibilities**

  - Obtain and wear Alberta Health Services Identification (ID) when working and/or learning in the hospitals/facilities in the Calgary region.
  - Review the contents of the Goals & Objectives Manual before each rotation and work to meet these expectations by the completion of residency.
  - Show up on time each day (i.e., early).
  - Notify your preceptor and the Program Coordinator about any events or illnesses that will necessitate absence from clinical duties on any particular day.
  - Be prepared for the scheduled cases of the day.
  - Seek out learning opportunities.
  - Do not induce anesthesia (general anesthesia or major regional anesthesia) unless the attending Anesthesiologist is present or you have been given explicit orders to do so. (This should occur within the limits of graded responsibility, as outlined below in this document.)
  - Seek out written and oral evaluation each day from preceptors and apply this information to your practice.
  - Keep an accurate, detailed clinical log.
  - Leave each day only after responsibilities to patients and preceptors are fulfilled.
• Please note: The RTC does NOT consider requests for IV insertion to be part of the on-call resident's duties. These requests should be referred to the coordinating or on-call anesthesiologist.

Learning responsibilities
• Seek out scholarly activities that satisfy your intellectual curiosity.
• Read pertinent text before elective cases;
• See in-patients the day before surgery;
• Outline a full anesthetic plan (pre-, intra- and post-operative) and discussing it with the staff, whenever time and circumstances allow;
• Follow-up patients post-operatively, when it is possible and appropriate;
• Be involved in emergency cases, in the OR;
• Actively seek interesting cases in other operating rooms, recovery room, etc., in order to maximize the educational experience;
• Perform consults on the wards and discuss them in detail with the staff members.
• Attend all educational sessions.
• Attend all informal morning rounds.
• Co-present at least two Core Program sessions each year.
• Present at least two Anesthesia Divisional rounds each year.
• Present at least one Journal Club each year.
• Present at least two projects at the annual Residents’ Research Dinner or one project if you are a Chief Resident.
• Carry out at least one Quality & Safety project.
• Attend the Calgary Simulator once yearly.
• Attend an Anesthesia conference.
• Participate in program evaluation by completing questionnaires in a timely manner and by taking issues to the resident representatives on the RTC.
• Maintain a detailed, reflective CanMEDS portfolio.
• Read.

Personal responsibilities
• Be aware of escalating health problems, sleep deprivation, stress, worries, and doubts, and promptly discuss these issues with the Program Director, other Faculty advisor, or a Chief Resident.
• Be aware of the signs of drug misuse in your colleagues and seek advice if you have concerns.
• Please provide and maintain a current email address, check your e-mail regularly, and respond promptly when requested.

• Professional Responsibilities

Fees
Each resident must pay all University of Calgary tuition fees on time (http://www.ucalgary.ca/registrar/fees) in order to be promoted at the end of each academic year.
Canadian Anesthesia Society Membership
Membership to the Canadian Anesthesia Society is encouraged. A CAS representative is chosen by the residents from the PGY2-4 years. Funding is available for the CAS representative to attend the resident forum of the CAS meeting.

Regulatory requirements
College of Physicians and Surgeons of Alberta (CPSA) (http://www.cpsa.ab.ca/Services/Registration_Department/Alberta_Medical_Licence/Eligibility.aspx)
Each resident must obtain and maintain his/her standing on the Educational Register.

Licentiate of the Medical council of Canada (LMCC) http://www.mcc.ca/en/
Each resident must complete the LMCC examinations. Residents sitting the LMCC Part 2 examination should request reasonable scheduling modifications from the appropriate service leading up to the test date.

Canadian Medical Protective Association CMPA (https://www.cmpa-acpm.ca/cmpapd04/docs/oma-e.cfm)
Each resident is required by Alberta Health & Wellness (http://www.health.alberta.ca/) to have CMPA membership.

Royal College of Physicians & Surgeons of Canada (RCPSC) (http://rcpsc.medical.org/)
Each resident is responsible for his/her application to the RCPSC for Assessment of Training and the Fellowship Examination.

ACLS, ATLS, NPR and PALS courses –
These courses are sponsored by the Alberta Health Services for Anesthesia Residents only. Residents are responsible for signing up for these to maintain certification and must submit a copy of the provider card and the original proof of payment to the program coordinator for reimbursement. NPR must be taken prior to your Special Care Nursery rotations, PALS prior to the Pediatric Intensive Care Unit and ACLS prior to your ICU rotation. Please ensure that you make arrangements for these courses well in advance of the proposed rotations as they fill quickly.
2. THE RESIDENCY TRAINING COMMITTEE (RTC)

This Committee is responsible for all aspects of the Postgraduate Training Program in Anesthesia. Responsibility is delegated from the University of Calgary, Faculty of Medicine through the Office of the Postgraduate Dean. Specific responsibilities include selection, evaluation, and promotion of residents, as well as provision of an educational program that meets the standards of the RCPSC.

The RTC strives to supervise and provide leadership in all aspects of Postgraduate Clinical Education in the specialty of Anesthesia within the Faculty of Medicine, University of Calgary and its affiliated teaching hospitals.

The RTC is required to meet monthly, except during July and August. An agenda is precirculated and minutes are recorded. All members are required to respect the confidentiality of the Committee’s deliberations.

- Membership Of The RTC

While many members of the Committee are appointed as representatives of various groups within the program, all members must act in a manner that places the overall good of the educational program ahead of any subspecialty or geographical interest.

The Program Directorship is a University appointment made by the Dean, subsequent to recommendations by the Associate Dean for Postgraduate Medical Education and the Department Head. Typically, the Residency Program Director is appointed for a five-year term.

The Program Director, after consultation with the Department Chair and Site Chiefs, appoints individual committee members. These members are typically chosen because of their interest in resident education.

The Committee consists of
1. The Program Director (Chair)
2. One senior resident elected by peers
3. One junior resident elected by peers
4. The two Co-Chief Residents
5. The Site Coordinator from each of the major teaching institutions involved in the program
6. Members at Large from each of the major teaching institutions involved in the program
7. Representatives for Research, Core Program, Quality & Safety, and other areas as required
8. The Clerkship Director
9. The Head of the University of Calgary Department of Anesthesia
### Membership, Residency Training Committee, 2011-2012

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<th>Position</th>
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<tr>
<td><strong>Program Director</strong></td>
<td>Dr. Joel Fox</td>
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<td><strong>Head, University Department</strong></td>
<td>Dr. JN Armstrong</td>
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<td><strong>FMC Site Coordinator</strong></td>
<td>Dr. Kim Illing</td>
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<td><strong>FMC Members at Large</strong></td>
<td>Dr. Desiree Teoh &amp; Dr. David Jungen</td>
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<td><strong>PLC Site Coordinator</strong></td>
<td>Dr. Tadd Cherry</td>
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<td><strong>PLC Members at Large</strong></td>
<td>Dr. Mark Kostash &amp; Dr. Marelise Kruger</td>
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<td><strong>ACH Site Coordinator</strong></td>
<td>Dr. Ruth Connors</td>
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<td><strong>ACH Member at Large</strong></td>
<td>Dr. Nivez Rasic</td>
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<td><strong>RGH Site Coordinator</strong></td>
<td>Dr. Stephen Phillips</td>
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<td><strong>RGH Member at Large</strong></td>
<td>Dr. Blyth Sweet</td>
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<td><strong>Core Program Coordinator</strong></td>
<td>Dr. Kristi Santosham</td>
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<td><strong>Research Coordinator</strong></td>
<td>Dr. Rosaleen Chun</td>
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<td><strong>Quality &amp; Safety Coordinator</strong></td>
<td>Dr. Jan Davies</td>
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<td><strong>Chief Residents</strong></td>
<td>Dr. Nina Hardcastle and Dr. Jon McMann</td>
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<td><strong>Senior Resident Representative</strong></td>
<td>Dr. Shaylyn Montgomery</td>
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<td><strong>Junior Resident Representative</strong></td>
<td>Dr. Kevin Yee</td>
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<td><strong>Family Practice Anesthesia Representative</strong></td>
<td>Dr. Chris Irving</td>
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<td>Dr. Dan Wood</td>
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<td><strong>Physician Representative</strong></td>
<td>Dr. Beverly Wilson</td>
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<td><strong>Clerkship Director</strong></td>
<td>Dr. Michelle Hokanson</td>
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- **RTC Responsibilities**
  - development and operation of the program, providing all required components of training;
  - selection of candidates for admission to the program;
  - evaluation and promotion of residents;
  - maintenance of an appeal mechanism;
  - establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to psychological stress and performance problems;
  - ongoing program review including resource allocation, components, meeting of objectives, balance of service demands, teaching, and teachers;
  - maintenance of current, appropriate goals and objectives that are reflected in program planning and operation as well as in resident evaluation.

- **Program Director**
  The Program Director is responsible for the overall conduct of the residency program and is accountable to the Head of the Department of Anesthesia, the Associate Dean for Post-Graduate Medical Education, and the RCPSC.

Specific duties of the Program Director, assisted by the RTC include:

- the development and operation of the program of such that it meets the general and specific standards of accreditation;
- selection of candidates for admission to the program;
- evaluation and promotion of residents in accordance with existing policies;
- maintenance of an appeal mechanism;
- facilitation of career planning;
- counseling residents as required and dealing with problems such as those related to stress;
- ongoing program review to include:
  - the educational experience (including the curriculum as it relates to goals and objectives);
  - optimal use of available resources and facilities;
  - opinions of the residents;
  - teaching and teachers.

The Program Director will ensure that the formal teaching available in the program is organized, relevant, and continually updated. Assistance and resources will be provided to faculty involved in educational programs. The Program Director acts as a liaison between the residents and faculty, frequently in the role of resident advocate. Residents’ specific needs and requests are to be dealt with compassionately and rationally. With the assistance of faculty and the RTC, the Program Director is required to have an ongoing awareness of resident performance. Concerns must be taken to the resident and the RTC in a timely manner.

The Program Director is an active member of the PGME Committee and as such must attend and participate in monthly meetings, the annual PGME retreat, and other PGME functions as
requested. He or she must also participate in internal and external program reviews. The Program Director is also a member of ACUDA Education and is expected to attend meetings biannually, participate in national anesthesia residency matters, and collaborate with the other Canadian anesthesia residency Program Directors.

The Program Director will ensure that program documents are current and widely available. The organization of the CaRMS selection process is the responsibility of the Program Director. The Program Director should also facilitate the RTC duty of completing FITERs for the RCPSC by assembling the relevant assessments and reviewing guidelines.

- **Site Coordinators**

Site Coordinators are expected to liaise with the Program Director on all matters of residency education that concern their institutions. Site Coordinators are essential members of the RTC and as such are expected to participate in decision-making, committee projects, the CaRMS selection process, and resolution of resident problems. Each Site Coordinator is responsible for educational rounds, scheduling, and resident evaluation at his or her facility. Except for the FMC, where the Chief Resident holds this duty, Site Coordinators are responsible for assigning residents and clerks to clinical locations each day. This duty may be delegated when necessary, usually to the most senior resident on the rotation. Medical students, paramedics, and respiratory therapy trainees may also require room assignments. Site Coordinators are strongly encouraged to participate in all residency functions. When the Program Director requires a deputy, one of the Site Coordinators is expected to fulfill the role.

Site Coordinators are required to meet with any resident demonstrating weaknesses (as reported verbally or on Daily Evaluations) at the end of rotations. For rotations longer than one month, Site Coordinators will also meet with residents demonstrating weaknesses for a mid-rotation evaluation.

- **Core Program Coordinator**

The Core Program Coordinator is responsible for scheduling, updating, and planning sessions for the academic half-day. Unit Managers’ reports should be solicited and presented to the RTC in a timely manner. Schedules must be coordinated with special events, such as Visiting Professors and PGME sponsored activities. Room and equipment bookings, as well as occasional catering, may be delegated by the Core Program Coordinator to the Program Coordinator. Core Program evaluation by the residents is done each for session. The results may be reported by the Core Program Coordinator or the Program Director. The Core Program Coordinator is responsible for evaluating the quality and format of Core Program annually, formally reporting to the RTC every three years in advance of Internal and External Reviews, and making recommendations as appropriate. Examination marks should be forwarded to the Program Director. Attendance at Core Program is monitored; attendance problems are reported to the RTC.

- **Research Coordinator**

The Research Coordinator is the primary liaison between residents and faculty for research and works to ensure that the research requirements of the RCPSC are met. Specific duties may
include maintenance of a faculty research catalogue (ongoing & prospective research interests), organizing and chairing research meetings, assisting residents in finding a faculty preceptor for projects and funding, setting timelines, providing audiovisual support, developing presentation and writing skills, and the annual planning for CARR (along with resident organizers). A Research Associate is available to assist the Research Coordinator and the Research Coordinator will prioritize the projects given to the Research Associate.

- **Quality & Safety Coordinator**
The Quality & Safety Coordinator assists with aspects of Scholarly Activity oriented toward items such as chart reviews, investigation of harm to patients, the introductory Quality & Safety lecture (which outlines basic principles and expectations), and Quality & Safety / Quality Improvement projects.

- **Sub-Specialty Coordinators**
The coordinators for Anesthesia Sub-specialty training are faculty members who are responsible for rotation design, supervision, education, and in some cases, completion of the In-Training Evaluation Report (ITER) at the end of each sub-specialty rotation. Residents should communicate specific requests and questions directly to the appropriate Coordinator.

<table>
<thead>
<tr>
<th>Sub-Specialty Coordinators, 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Pain Service</strong></td>
</tr>
<tr>
<td>FMC</td>
</tr>
<tr>
<td>PLC</td>
</tr>
<tr>
<td><strong>Airway Anesthesia</strong></td>
</tr>
<tr>
<td><strong>Cardiac Anesthesia</strong></td>
</tr>
<tr>
<td><strong>Chronic Pain Service</strong></td>
</tr>
<tr>
<td><strong>Neuroanesthesia</strong></td>
</tr>
<tr>
<td><strong>Pediatric Anesthesia</strong></td>
</tr>
<tr>
<td><strong>Preoperative Assessment Clinic</strong></td>
</tr>
<tr>
<td><strong>Obstetrical Anesthesia</strong></td>
</tr>
<tr>
<td>PLC</td>
</tr>
<tr>
<td><strong>Regional Anesthesia</strong></td>
</tr>
<tr>
<td>FMC</td>
</tr>
<tr>
<td><strong>Thoracic Anesthesia</strong></td>
</tr>
<tr>
<td><strong>Vascular Anesthesia</strong></td>
</tr>
</tbody>
</table>
- **Chief Residents**

There are two Chief Residents appointed in Anesthesia each year. Both residents should be in their PGY4 year. The term of the appointment begins July 1\textsuperscript{st}. Appointments are made by the RTC. The Chief Resident position carries an increase in salary as set forth in the PARA agreement. Chief Residents agree to accept the following duties.

The Chief Resident:

1. is a member of the RTC, attends and participates in all meetings, and presents a monthly Chief Residents’ Report;
2. acts as a liaison among residents, the Program Coordinator, faculty, the Program Director, and the RTC;
3. contacts the Program Director promptly about urgent resident issues;
4. assigns residents and clinical clerks to FMC clinical locations each day. This duty may be delegated, usually to the most senior resident on site. Paramedics and respiratory therapy trainees may also require room assignment;
5. keeps a list of off-site locations to which residents may be scheduled;
6. prepares the monthly resident on-call schedule for FMC and distributes it to all designated parties;
7. arbitrates resident disputes over the resident call schedule (at any site);
8. meets with residents as a group on a regular basis;
9. notifies all residents of announcements;
10. ensures completion of the resident attendance sheet at Core Program and Journal Club. This duty may be may be delegated to another senior resident;
11. ensures that resident presenters sign-up for Journal Club, Friday Morning Rounds at FMC, and CARR;
12. ensures Journal Club articles have been selected at least 10 days in advance;
13. encourages all residents to attend educational activities;
14. coordinates any industry-sponsored lunches (prior to academic half-day) for residents;
15. observes policies and guidelines for relationships with industry; confirms appropriateness with the Program Director when in doubt;
16. assists with Visiting Speakers at Core Program to ensure their arrival, comfort, and departure;
17. assists in the resident selection process and participates in CaRMS in-person interviews;
18. coordinates resident vacation requests, ensuring that program policies are followed, and that no resident exceeds the quota as per the current PARA agreement;
19. recommends a resident representative to the Clerkship Committee;
20. is a member of the Library Committee;
21. arranges voting among residents for the resident representatives on the RTC;
22. arranges voting for faculty teaching awards;
23. is required to present at CARR only once during residency;
24. orients the incoming Chief Residents at the end of his or her term;
25. helps to orient all new residents;
26. roasts the graduating residents at Awards Night;
27. will have time out of the OR, as necessary, to carry out these functions.
3. RESIDENT SELECTION PROCEDURE

Applications for specialty residency positions are made through the Canadian Resident Matching Service or CaRMS (http://www.carms.ca). Second iteration applications will be received only after the first iteration.

Re-entry and AIMG applications are considered on an individual basis depending on year-to-year availability.

Selection procedures are determined by the RTC. These are reviewed annually for fairness and effectiveness.

Depending on the number of applicants, a preliminary selection may be carried out on the basis of file review and predetermined criteria. Following that, all remaining applicants with complete files are given a standardized telephone interview, conducted by a member of the RTC or guest interviewer. If difficulty is encountered in contacting an applicant by telephone, then the telephone interview may be denied. In such cases, the candidate’s file will be considered at the time of short-listing but without the telephone interview component. When guest interviewers are required, faculty members experienced in the selection process are employed.

When all telephone interviews have been completed, short-listing of candidates is done by a process of consensus among the interviewers. Short-listed candidates are invited to in-person interviews held during CaRMS interview week. The primary date for Calgary interviews is determined through discussion with the other Anesthesia Program Directors to facilitate travel across the country. Any interviews done on alternate dates must occur before the primary interview date.

During the selection process, consideration is given to the academic record, clinical performance record, letters of reference, personal letter, evidence of community involvement, outside interests, and the interviews. The ranking decisions of the RTC are final.
4. THE UNIVERSITY OF CALGARY ANESTHESIA RESIDENCY PROGRAM APPLICATION OF RCPSC TRAINING REQUIREMENTS

- RCPSC Specialty Training Requirements for Anesthesiology
Specialty training in anesthesiology in Canada is a five year program under the auspices of the Royal College of Physicians and Surgeons of Canada (RCPSC). Please see the RCPSC website for Specialty Training Requirements (http://rcpsc.medical.org/information/index.php?specialty=101&submit=Select).

- How These Requirements Are Met In Our Program
Please note: The RCPSC requirements are given in months, whereas our postgraduate programs run in four-week blocks. Because (1) we cannot provide a fraction of a block and (2) residents must have the option of taking their annual vacation allowance all at once, for any requirement of a year or less, a month is assumed to equal a block. For periods greater than one year, the conversion is made and rounded up to the nearest number of blocks.

Section 1 requirements

<table>
<thead>
<tr>
<th>Anesthesia</th>
<th>2 blocks</th>
<th>Obstetrics</th>
<th>1 block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>1 block</td>
<td>Internal Medicine</td>
<td>2 blocks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1 block</td>
<td>Emergency Medicine</td>
<td>2 blocks</td>
</tr>
<tr>
<td>Pediatric Emergency</td>
<td>1 block</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td>3 blocks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PGY1 residents will take regular call on Anesthesia rotations. Residents may request that they be assigned a week of Obstetrical Anesthesia in the second block.

For PGY1 electives, residents are encouraged to take Psychiatry and/or Gynecology if they feel unprepared for the LMCC II in these areas. Electives that many previous residents have found useful are Transfusion Medicine and Radiology. Transfusion Medicine electives are offered only during certain times of the year. Residents may do Anesthesia during PGY1 electives.

Section 2
(a) requirement for 30 months Anesthesia ≈ 33 blocks total, to include:

<table>
<thead>
<tr>
<th>ROTATION</th>
<th>RCPSC MINIMUM</th>
<th>U of C PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Anesthesia</td>
<td>12 months</td>
<td>16 blocks</td>
</tr>
<tr>
<td>Pediatric Anesthesia</td>
<td>3 months</td>
<td>4 blocks</td>
</tr>
<tr>
<td>Obstetrical Anesthesia</td>
<td>2 months</td>
<td>3 blocks</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>1 month</td>
<td>1 block</td>
</tr>
<tr>
<td>Anesthesia Subspecialties</td>
<td>no minimum</td>
<td>11 blocks</td>
</tr>
<tr>
<td>Total Anesthesia Rotations</td>
<td>30 months</td>
<td>35 blocks</td>
</tr>
</tbody>
</table>
(b) Requirement for 12 months of Internal Medicine ≈ 12 blocks (See note above.)

<table>
<thead>
<tr>
<th>ROTATION</th>
<th>RCPSC MINIMUM</th>
<th>U of C PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology / CCU</td>
<td></td>
<td>2 blocks</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>at least 2 of these</td>
<td>2 blocks</td>
</tr>
<tr>
<td>General Internal Medicine (GIM)</td>
<td></td>
<td>2 blocks</td>
</tr>
<tr>
<td>Neurology, Hematology, Nephrology, Endocrinology, Palliative Medicine, or Infectious Diseases</td>
<td></td>
<td>1 block</td>
</tr>
<tr>
<td>Paliative Care</td>
<td></td>
<td>1 block</td>
</tr>
<tr>
<td><strong>i) Total GIM and/or subspecialties</strong></td>
<td>6 months</td>
<td>8 blocks</td>
</tr>
<tr>
<td>Adult ICU</td>
<td>3 months</td>
<td>3 blocks</td>
</tr>
<tr>
<td>SCN</td>
<td>recommended</td>
<td>1 block</td>
</tr>
<tr>
<td>PICU</td>
<td>recommended</td>
<td>1 block</td>
</tr>
<tr>
<td><strong>ii) Total Intensive Care</strong></td>
<td>3 – 6 months</td>
<td>5 blocks</td>
</tr>
<tr>
<td><strong>Total Medicine Rotations</strong></td>
<td>12 months</td>
<td>13 blocks</td>
</tr>
</tbody>
</table>
5. ROTATIONS & SCHEDULES

The Master Schedule is produced by the Program Director each spring. Requests from residents are solicited yearly in late February. Great effort is made to grant requests. However, there are many constraints on the schedule that make it difficult to satisfy all. In unusual circumstances, rotations may be moved to a different year at the Program Director's discretion.

### PGY2 YEAR & RE-ENTRY YEAR

<table>
<thead>
<tr>
<th>ROTATIONS</th>
<th># of BLOCKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Anesthesia</td>
<td>7 (2 to include 1 week of PAC)</td>
</tr>
<tr>
<td>Airway Anesthesia - RGH</td>
<td>1 (second half of the year is recommended)</td>
</tr>
<tr>
<td>Obstetrical Anesthesia</td>
<td></td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>2 – sequential</td>
</tr>
<tr>
<td>CCU</td>
<td>1 - followed by:</td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
</tr>
</tbody>
</table>

### PGY3 YEAR

<table>
<thead>
<tr>
<th>ROTATION</th>
<th># of BLOCKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Anesthesia</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric Anesthesia - ACH</td>
<td>3 – preferably sequential</td>
</tr>
<tr>
<td>Regional Anesthesia - PLC</td>
<td>2 – sequential</td>
</tr>
<tr>
<td>Neuroanesthesia - FMC</td>
<td>1</td>
</tr>
<tr>
<td>Medical Consults</td>
<td>2 - sequential</td>
</tr>
<tr>
<td>ICU – PLC</td>
<td>1</td>
</tr>
<tr>
<td>Palliative Medicine</td>
<td>1</td>
</tr>
<tr>
<td>PICU</td>
<td>1 (after Pediatric-A and ICU completed)</td>
</tr>
</tbody>
</table>

### PGY4 YEAR

<table>
<thead>
<tr>
<th>ROTATION</th>
<th># of BLOCKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Anesthesia</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>1</td>
</tr>
<tr>
<td>Pediatric Anesthesia - ACH</td>
<td>1</td>
</tr>
<tr>
<td>Airway Anesthesia – RGH</td>
<td>1</td>
</tr>
<tr>
<td>Cardiac Anesthesia – FMC</td>
<td>2 – sequential</td>
</tr>
<tr>
<td>Obstetrical Anesthesia</td>
<td>1</td>
</tr>
<tr>
<td>SCN</td>
<td>1</td>
</tr>
<tr>
<td>ICU – FMC</td>
<td>2 – sequential</td>
</tr>
<tr>
<td>Electives</td>
<td>1</td>
</tr>
<tr>
<td>Adult Anesthesia – Community</td>
<td>1</td>
</tr>
</tbody>
</table>

### PGY5 YEAR

<table>
<thead>
<tr>
<th>ROTATION</th>
<th># of BLOCKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Anesthesia</td>
<td>4 (2 blocks to include 1 week of PAC)</td>
</tr>
<tr>
<td>Obstetrical Anesthesia</td>
<td>1</td>
</tr>
<tr>
<td>Thoracic Anesthesia</td>
<td>1</td>
</tr>
<tr>
<td>Urological Anesthesia - RGH</td>
<td>1</td>
</tr>
<tr>
<td>APS</td>
<td>1</td>
</tr>
<tr>
<td>Vascular Anesthesia - PLC</td>
<td>1</td>
</tr>
<tr>
<td>Electives</td>
<td>3</td>
</tr>
<tr>
<td>IM Selective</td>
<td>1</td>
</tr>
</tbody>
</table>
The I.M. Selective in PGY5 year must be taken from Hematology, Nephrology, Neurology, Infectious Diseases, or Endocrinology.

6. STRUCTURED TEACHING

- Academic Half-Day

Core Program
Core Program takes place during academic half-day (Thursday afternoons) throughout the year. For a detailed list of topics, please refer to the Core Program schedule prepared by the Academic Half-Day Coordinator. Sessions repeat on a 2 year cycle, allowing every resident to have 2 opportunities to attend each session during the 5 year program. There are 11 Units, each with a Unit Manager:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Neuroanesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physics</td>
<td>Regional Anesthesia</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Cardiovascular Anesthesia</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Obstetric Anesthesia</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Crisis Management</td>
</tr>
</tbody>
</table>

| CanMEDS         |

Each session has an assigned preceptor (faculty member) and resident who decide together how the session will be run. This may vary from a lecture, laboratory session, problem-based learning session, seminar, case-based session, lab, guest speaker, or an article review. Most sessions are interactive and aim to promote active learning by all participants. Many sessions conclude with an oral-exam-type questioning of residents as well as a written examination. Changes to the Core Program may include the development of a PGY1 stream that is separate from that of the PGY 2-4 stream and the inclusion of simulation into the core program.

Attendance at Core Program is MANDATORY for all Anesthesia residents, including PGY1 residents, except for those residents who are post-call and who MAY decide to attend Core Program. Self-directed attendance is done via one45 at the time that the resident completes their evaluation of the core program. Absenteeism will be recorded in the Professionalism section of the ITER and FITER. Off-service residents, visiting residents, and clinical clerks are also invited to attend. Occasionally a resident may be excused from Core Program if a rare, major case is being done in the OR. Residents should be excused from all rotations at 1200 hours for academic half-day activities.

Any examinations provided at the end of each Core Program Unit are also MANDATORY. Administration and marking are the responsibility of the Unit Manager. The Unit Manager's report should be presented in writing to the RTC as soon as possible after each Unit. This report should include examination marks, self-assessment, future plans, and requests. Each Core Program unit is also evaluated by the residents for content and quality as part of our ongoing residency program review. A formal overall review of Academic Half-Day activities occurs approximately every three years.
Post-Graduate Medical Education Events

In addition to Orientation and Ethics for PGY1 residents, the PGME office sponsors numerous educational events during the year. Often these replace Core Program. Residents should consider these events to be part of their academic program and are expected to attend, except in unusual circumstances. In 2011-12, the PGME office is requesting payment for these sessions and this payment will be returned when residents attend the session.

- **Quality & Safety Rotation**
  The purpose of this rotation is to expose the resident to a variety of approaches/methods methods to evaluate/improve the quality and safety of health care. At completion, residents should understand what can be done to improve the safety and quality (accessibility, appropriateness, effectiveness, efficiency and affordability) of the care he/she is providing. Starting this year, an online course has been accessed at the Institute for Healthcare Improvement online school, IHI Home Page. Residents will be expected to complete the course and the marks will be recorded on their files. To begin, register and indicate that you are a student at the University of Calgary and the course will be provided to you at no cost. Two follow-up sessions at Core Program will allow residents to discuss the course with the Quality and Safety coordinator.

- **Weekly Rounds**
  Formal Divisional rounds are held on Thursday or Friday mornings at each teaching site. Residents will be booked to present at these rounds through the Chief Resident or the Site Coordinator. Some sites also hold informal morning rounds once each week. All residents on-service must attend.

- **Journal Club**
  Journal Club is held five to six times each year. These sessions allow for an exchange of opinions and new ideas. All members of the Region-wide department are invited. This is also an excellent social forum for junior residents and new faculty. Journal Club is managed by the Journal Club Coordinator with the cooperation of the Chief Residents, Program Coordinator, and sponsors. The Chief Residents are responsible for ensuring that all residents present at Journal Club on a rotating schedule. Articles are chosen by individual residents and the faculty member acting as preceptor. Anyone wishing to suggest particular papers for discussion is encouraged to forward the articles to the Journal Club Coordinator. Attendance at Journal Club is mandatory for residents although it is understood that residents on call for off-service rotations or Trauma at the FMC site (depending on the location of the event) may not be able to attend. Residents on call for Anesthesia rotations should be excused for the academic portion of the evening, but must return to the hospital for the remainder of the call period.

- **Visiting Professor Program**
  This is a region-wide program coordinated by a designated faculty member. Generally, invited speakers give a dinner talk, region-wide Friday morning rounds, and a lunch session with the residents before Core Program. Attendance at these talks is mandatory (with the post-call exception), although residents on off-service rotations may not be able to attend all sessions. Residents on call for Anesthesia rotations may attend the evening talks, but must return for the remainder of the call period.

- **Life Support Courses**
In accordance with the PARA contract, the Calgary Health Region provides funding for following certification for Anesthesia residents in: ACLS, ATLS, lapsed BLS, and PALS. In addition a modified NRP is provided free of charge by the Department of Neonatology before SCN rotations. PALS must be completed prior to the start of your PICU rotation. The original receipt of payment and a copy of the certification card should be sent to the Department of Anesthesia Residency Training Program Coordinator for reimbursement.

ACLS should be completed when you begin your residency on July 1 and that if this training was taken within four months prior to July, the costs can be recovered by submitting your original receipt and a copy of your provider card to the Program Administrator. ATLS certification should be a priority of PGY 1 residents in the early months of your PGY1 year.

- **Practice Oral Exams**
  Residents in the PGY2 to PGY4 years participate in annual oral examinations. Faculty members invest a great deal of time in organizing and conducting these exams. The experience is invaluable preparation for the fellowship orals but also facilitates organized thinking around problems and dilemmas in anesthesia practice. PGY5 residents do weekly oral exams throughout the year starting in September. Organization of these is the responsibility of the current PGY5 residents. The previous local RCPSC oral examiners will assist residents both with planning and performance tips.

- **Resident Teaching Responsibilities**
  All anesthesia residents are expected to participate in the teaching of each other and, yes, of their preceptors. This is recognized as an important aspect of our program. Opportunities occur at Journal Club, Core Program, CARR, and morning rounds. Residents are also expected to teach the clinical clerk tutorials. Clerks evaluate resident teaching and the collated results are used to award the Outstanding Resident Teacher of the Year, presented each spring along with the faculty teaching awards. Residents are also expected to sign up as teachers for UME Skills teaching sessions for Intravenous, Lumbar Puncture, and Airway Management. Undergraduate learning objectives can be found in the Residency Goals & Objectives Manual ([http://www.calgaryhealthregion.ca/surgicalservices/education_anesthesia_residency_training.html](http://www.calgaryhealthregion.ca/surgicalservices/education_anesthesia_residency_training.html)) and the Clerkship Tutorial Handbook ([http://www.calgaryhealthregion.ca/surgicalservices/education_anesthesia.html](http://www.calgaryhealthregion.ca/surgicalservices/education_anesthesia.html))

- **Calgary Simulator**
  The Calgary Simulator is a new initiative which began in June 2008. It is anticipated that residents will be able to participate at least once a year, but, as more time becomes available, residents will spend more than one day each year in this activity. Senior residents will be expected to become involved in developing scenarios for use in the Simulator, assist in running the simulator and attend/assist with the debriefing of trainees. Evaluation is carried out using a self-evaluation form and debriefing.

- **Adult Anesthesia – Community Rotation**
  One block in adult anesthesia is mandated in fourth year and for 2010-2011 will take place in Lethbridge, Alberta at the Chinook Regional Hospital. Dr. Harald Bettger
(herald_bettger@hotmail.com) is the chief of the department and will act as the preceptor for the rotation with daily evaluations being recorded on one45.

The Rural Physician Action Plan (RPAP) provides funding for electives done in smaller community hospitals within Alberta (http://www.rpap.ab.ca/). There may be similar funding in place for electives done in Yukon and the Northwest Territories. Housing is usually provided in addition to a travel allowance. Residents should apply for these funds through the office of the Associate Dean for Rural & Regional Affairs (Kelly McSweeney = 403-220-4257) (http://ucalgary.ca/ruralmedicine/funding-expense)

Residents may decide to seek out other community electives however the mandated community elective will occur in Lethbridge for 2011-2012. Other recommended communities for Anesthesia electives include Red Deer and Medicine Hat. Please see the Program Director or Program Coordinator for contacts in these centers.

7. RESIDENT POLICIES

- Electives
Residents must apply to the RTC for approval of electives. This should be done at least three months in advance. Some electives, such as Radiology, Transfusion Medicine, and Anesthesia, may be approved by the Program Director without consulting the RTC. The Program Director may change an elective block to Adult Anesthesia if an elective has not been arranged according to policy. In addition, the Program Director may designate remedial work during elective blocks when appropriate.

A broad variety of elective opportunities exists within our department and the University. Residents are encouraged to broaden their knowledge, pursue special interests, consolidate career plans, and improve on weaknesses through electives.

For electives that are to be carried out at University of Calgary affiliated sites, the resident must submit a written proposal to the Program Director outlining the dates, site, objectives, structure of the elective, and the preceptor (who will oversee the rotation and complete the ITER).

For non-UofC electives, the resident must also obtain licensure, insurance, housing, and visas as necessary. Out of country liability insurance may be available from the PGME office. At least six blocks advance notice is recommended for electives outside Canada. Electives involving more than three consecutive months of absence from the University of Calgary require approval from the Office of the Associate Dean for PGME. The resident is responsible for ensuring that elective evaluations are completed and sent to the Program Director.

- Vacation
**Advance Notice**
At least two months before starting the rotation during which vacation is requested, all residents must submit their request for vacation to both their home Program Director, and the Director of the Program who is responsible for the rotation.

**Approval**
Before leaving on vacation, residents must have approval from both their home Program Director, and the director of the Program who is responsible for the rotation during which vacation is requested. The signatures of both Program Directors are required on the Calgary Health Regions 'Vacation / Conference Time Approval Form'.

**Carrying Vacation Forward**
Vacation is important to maintain physical, mental, and emotional well-being and should be used in the year during which it is earned. Under exceptional circumstances, residents may request a portion of vacation to be carried over into the next academic year. Such requests must be approved in writing by the home Program Director during the year in which the vacation is earned. Vacation can only be carried forward for one year.

In the final year of residency, all vacation (earned and carried over, if any) should be taken. The PARA Agreement (article 13.03) allows residents to be paid in lieu of unused vacation time. However, this should occur in exceptional circumstances only and will require consultation between the Program Director and the Associate Dean, as well as approval by the PGME Committee.

**Additional Notes for Anesthesia Residents**
Residents are allowed four weeks vacation each year. No more than one week in each four-week rotation should be taken except in unusual circumstances. Residents may be allowed four consecutive weeks (i.e., one full block) of vacation, provided that this has been discussed with the Program Director before construction of the Master Schedule. The policy of the Anesthesia Residency Program is that no more than three days of vacation may be carried to the next year and this must be approved by the Program Director. Only under exceptional circumstances will any vacation time be allowed to be carried over to the next year.

Although the PGME policy states that residents must request vacation time at least two months in advance, vacations taken during the SCN rotation require three months notice. A notice of less than two months may be accepted for Anesthesia rotations.

In general, vacation requests cannot be denied, provided the resident has submitted the request according to PGME policy, and provided another resident has not been granted vacation at the same time, such that the provision of service is unsustainable. During FMC anesthesia rotations, resident vacation will be granted provided continuous call/trauma coverage can be guaranteed.

Vacation Request Forms must be completed and signed by the appropriate rotation coordinator and the Chief Resident before submission. The Program Director has the final authority for
granting vacation. However, it is the responsibility of the Chief Residents to track vacation time and service coverage, where appropriate.

Depending on the site, elective Operating Room lists may or may not require resident coverage during the December / January Holiday period. If the Site Coordinator has declared that elective lists do not require that a resident be assigned, then only the on-call resident needs to be in-house during that time.

- **Leaves of Absence**
  Residents should be aware of the PGME Policy for Leaves of Absence (http://www.medicine.ucalgary.ca/postgrad/pgmeadmin/policies)
  Special leaves will be granted by the Program Director and/or the RTC in accordance with the PARA contract and RCPSC policies. The PGME Associate Dean shall be notified by the Program Director of any resident taking a Leave of Absence. Leaves of absence will require extension of the training period except when approved by the PGME Office and with the permission of the RCPSC.

  Residents with illness or family emergencies requiring an urgent absence from work must notify the Anesthesia Program Coordinator. This can be done 24 hours a day by calling 403-944-1991 and leaving a voice message. In addition, residents should also notify their preceptor by calling the Operating Room or the preceptor directly. A Doctor’s note must be provided to the Program Director regarding absence due to illness greater than five consecutive days.

  Resident well-being is given a high priority in our program. For health, personal, and career concerns, residents are encouraged to seek assistance early. In addition to the resources available within the department, excellent support is available through the University Health Services at the University of Calgary (http://www.ucalgary.ca/uhs/) and the Physician and Family Support Program of the Alberta Medical Association (http://www.albertadoctors.org/bcm/ama/ama-website.nsf/AllDoc/FB63EBAA53FB0B6987256DE3005F370B).

  Due to the importance of operating room exposure in the weeks and months leading up to the RCPSC examinations, leaves of absence taken during that time may lead to postponement of examination eligibility by the RTC.

- **Call Requirements**
  Night and weekend call are important learning environments in Anesthesia because of the challenges that non-elective procedures present. Comfort and an appropriate pace in this setting come only with experience. We also recognize the importance of encountering a balance of elective, scheduled, routine, uncomplicated cases along with the complex, high intensity emergency work.

  Anesthesia has received permission from Dr. Joanne Todesco, Associate Dean of Postgraduate Education, to submit call stipend payment requests for two residents for call on the same shift. This will only occur when a resident is slotted into Obstetrical Anesthesia and is on call at the FMC.
Please note:
- Residents may attend Core Program after a night on call.
- Residents on call during Journal Club and Visiting Professor Presentations are to be excused from duties for a reasonable period in order to attend these educational events – with the exception of the resident on Call for Trauma depending on the location of the event.

PGY1 Anesthesia rotations
PGY1 residents will do full call at 1 in 4. The Site Coordinators may elect to include buddy-call and will ensure that new residents have received an orientation. A high level of supervision will be provided.

All non-Anesthesia rotations
Call requirements will be determined by the service to which the resident is assigned, in compliance with the PARA contract.

Non-Anesthesia residents doing Anesthesia rotations

PGY2 non-Anesthesia residents
Unless specified by the Site Coordinator or Subspecialty Coordinator, PGY2 non-Anesthesia residents do not take regular call.

PGY1 Surgery residents
PGY1 Surgery residents will not appear on the call schedule but will be buddied to a senior resident at a call frequency of 1 in 4 evenings, when they should stay for experience with emergency cases for a length of time to be determined by the attending Anesthesiologist. The PGY1 Surgery resident will usually leave the operating Room between 1800 - 2200 hours and will then work the next day.

Chronic Pain
There is no call requirement for this rotation, as the emphasis is on seeing patients in an ambulatory setting.

- Scholarly Activity & Research Requirements
Residents are encouraged to join ongoing research and to initiate small projects of their own. Both strategies will be facilitated by the Research Coordinator. Residents may use a total of 10 half-days (to be taken during Anesthesia rotations only; preferably not during subspecialties) for work on research or Quality & Safety projects. Residents should arrange and keep track of their own non-clinical half-days through the scheduling resident, but the resident’s project supervisor must be kept aware of these activities. The RTC will approve research electives, provided that the resident demonstrates appropriate planning beforehand and does not require elective time for remediation.

To document their scholarly activities, residents must keep a logbook (see the Anesthesia webpage under “Portfolio” [http://iweb.calgaryhealthregion.ca/surgicalservices/anesthesia_education_resident.html](http://iweb.calgaryhealthregion.ca/surgicalservices/anesthesia_education_resident.html)) and review this with the Program Director annually.
Residents’ Research Day & Calgary Anesthesia Residents; Retreat (CARR)
The University of Calgary, Department of Anesthesia has hosted an annual resident research event since 1987, which has evolved over the years. The purpose of the event is to promote interest in research and highlight scholarly activity occurring in the Region. With expansion of the event, guest speakers and family-oriented social activities are now part of the retreat and PGY4 residents help with the organization. All residents, except for the Chief Residents, are expected to present at Residents’ Research Day at least twice during their training. Chief Residents may present only once. One of the two presentations may be a topic review or case presentation. The other should be a research or Quality & Safety project. Scientific rigor should be evident in at least one of the two presentations.

- Study Days & Pre-Exam Call for PGY5 Residents
PGY5 study days are not governed by any resident contract but are granted by the Anesthesia RTC. At the discretion of the RTC, residents are allowed one full day each week (protected time from clinical duties) for study purposes starting January 1st in the year of their RCPSC examinations. Study days must be scheduled through the Chief Resident, Program Coordinator, and the Site Coordinator. To facilitate scheduling, the study day should be fixed throughout the rotation, but exceptions may be made. Residents on a study day will see their in-patients preoperatively.

During the PGY5 year, residents are also excused from Core Program for a half day of group study starting July 1. However, after December 31, Thursday afternoons are not added to the above-mentioned study day. If a day other than Thursday is used as a study day after January 1, then PGY5 residents are expected to stay in the OR until the end of their list on the Thursday. PGY5 residents do not claim a study day while on vacation. Therefore, if one week of vacation is taken during a four week rotation, then the resident gets three study days in total (one during each week of clinical activity). The resident may not designate the week off as “four days of holiday plus one study day”. PGY5 residents will be excused from weekend call for the four weeks prior to either the written or oral Royal College exams. In addition for the two week period prior to either the written or oral Royal College exams they may be excused from call completely. Similar allowances may not be made by off-service or non-UofC rotations.

The RCPSC Examination Committee regularly reminds residents and educators of the importance of operating room exposure in the weeks leading up to the examinations. Therefore, although protected study time is necessary, it should not be taken in excess of that noted above and any further time out of the Operating Room in the PGY5 year is to be discouraged. Residents should take the above policies into account when requesting rotations from January through May of their final year. The “Making A Mark” exam preparation weekend is supported by the UofC program.

- Conferences
Anesthesia residents are granted up to ten days for conference leave from clinical duties to attend conferences during training. This time is not deducted from the vacation allowance. Funding for these conferences is available from the annual training allowance for residents. Only one of these conferences may be granted each year unless the resident is presenting and funded by PGME. Residents presenting at a major conference are eligible to receive additional
funding from the PGME Office. This funding must be applied for in advance (http://www.medicine.ucalgary.ca/postgrad/pgmeadmin/funding)

All residents are encouraged to participate in the annual CAS meeting, in particular by submitting abstracts and applying to the Residents’ Research Competition. Additional involvement is expected when the meeting is held in Calgary (next in 2013). When the CAS or another major Anesthesia conference is held locally, attendance is not deducted from the residents’ conference allotment. Other conferences that may be approved include the American Society of Anesthesiologists’ (ASA) Annual Meeting, refresher courses, and subspecialty conferences (e.g., The American Society of Regional Anesthesia, Society of Obstetrical Anesthesiologists and Perinatologists (SOAP), International Anesthesia Research Society (IARS), as well as The Canadian Healthcare Safety Symposia (Halifax Series).
### UPCOMING MEETINGS

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<thead>
<tr>
<th>MEETING</th>
<th>LOCATION</th>
<th>DATES</th>
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<tbody>
<tr>
<td>CAS 2012</td>
<td>Quebec City, PQ</td>
<td>June 15 - 19</td>
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<tr>
<td>CAS 2013</td>
<td>Calgary, AB</td>
<td>June 21 - 25</td>
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<tr>
<td>CAS 2014</td>
<td>St. John’s, Nfld</td>
<td>June 13-17</td>
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<td>CAS 2015</td>
<td>Ottawa, Ontario</td>
<td>June 19-23</td>
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<td>CAS 2016</td>
<td>Vancouver</td>
<td>June 24-28</td>
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<td>ASA 2011</td>
<td>Chicago, Illinois</td>
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<td>ASA 2012</td>
<td>Washington, DC</td>
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<td>ASA 2013</td>
<td>San Francisco, CA</td>
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<td>ASA 2014</td>
<td>New Orleans</td>
<td>October 11-15</td>
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### Off-Service Rotations

The following guidelines have been developed for residents working in all patient care delivery areas. Anesthesia residents should take particular note of the following responsibilities when on ward/clinic based “off-service” rotations:

It is the responsibility of every resident to:
- inform every patient (and/or family) that he/she is being cared for on a teaching unit and that patient care is managed by a team approach under the supervision of the attending physician;
- notify the attending or consulting physician when:
  - an emergency patient is admitted to hospital
  - a patient's condition is deteriorating
  - the diagnosis or management is in doubt
  - a procedure is planned
  - there is a question as to the responsible service or physician
  - an out-patient has been examined or treated;
- notify the attending or consulting physician before discharge of a patient from the Emergency Department, hospital inpatient service or ambulatory care setting (unless previously approved by the responsible physician).

Please note: Notification of the attending or consulting physician implies that direct verbal contact has been made. This should be recorded on the patient’s chart.

It is the responsibility of the attending physician to:
- inform the patient that residents may be involved with the patient's care;
- review the chart with the resident within 24 hours of a patient’s admission and routinely thereafter, including:
  - a discussion of findings and their significance to patient management;
  - decisions relating to management and disposition;
  - procedures, including direct supervision when required for patient safety or when requested by the trainee;
  - educational aspects of the case.
- be available by pager or telephone at all times.
The attending physician has a dual professional responsibility: one is to provide appropriate patient care, and the other is to provide education for trainees. There must be careful assessment of the responsibility delegated to the trainee. Anesthesia residents should not embark upon anesthetic procedures supervised by preceptors who would not normally supervise an anesthetic. For example, a cardiologist may not act as the supervisor to an anesthesia resident administering anesthetic drugs during a cardioversion.

- Evaluation

Residents are formally evaluated based on clinical performance at the end of each rotation by consensus of faculty members who have worked with the resident. Site Coordinators and/or Subspecialty Coordinators collect evaluative information through meetings, email, telephone, and Daily Evaluations. This information is used to complete the In-Training Evaluation Report (ITER) for each rotation. Rotations of over one month’s duration require an informal interim evaluation. It is the mutual responsibility of each resident and preceptor to ensure that a Daily Evaluation form is filled out, discussed, and returned to the Site Coordinator. At least five Daily Evaluations forms must be returned to the Site Coordinator for each block. If the RTC has concerns about a resident, then it is in the resident’s best interest to ensure that 15 or more Daily Evaluations are completed for each block. Residents have two weeks following a block to ensure that the Site Coordinator has an adequate number of Daily Evaluations. Please note: Poor attendance at mandatory components of the program will be considered unprofessional behavior and noted as such on evaluation forms.

The Daily Evaluation system has proven to be valuable in the early identification and remediation of problems. Identified weaknesses should be promptly addressed by residents so that improvement may be documented over the course of the rotation. This activity, in conjunction with the ability to use ‘difficult’ days as learning experiences, is essential for progress. Preceptors and Site Coordinators are encouraged to notify the Program Director before the end of a block if a resident is not meeting expectations. Residents must review and sign ITERs in a timely manner. All unsatisfactory and borderline evaluations must be discussed with the Program Director. The primary goal will be to identify the cause and agree on remediation. The final decision in this regard will be made by the RTC. Evaluation results may be appealed according to Appeal Procedures. (Please see below.) After two Borderline or Unsatisfactory rotations, the RTC will decide whether or not a resident is to be placed on probation. End-of-rotation interviews may be held at any time at the request of the trainee, Site Coordinator, or Program Director.

Residents are required to write examinations associated with Academic Half-Day, as well as the annual ABA-ASA In-training Evaluation examination and the Anesthesia Knowledge Tests (AKT). The latter is an American, nationally standardized test of knowledge of Anesthesia and resuscitation protocols written at one, six, and twenty-four months into specialty training (i.e., PGY2 and PGY5). PGY2–5 residents are given formal practice oral examinations biannually. Quality & Safety activities are assessed by the Coordinator. CanMeds Competencies are assessed on an ongoing, informal basis and documented using the online Portfolio Activity Logs and ITERs.
Formal promotion from year to year occurs at the May PGME meeting. The Final In-Training Evaluation Report (FITER) is the document sent to the RCPSC each winter summarizing performance of all PGY5 residents applying to sit the Fellowship examinations. The RCPSC will not allow residents with unsatisfactory FITERS to attend the examinations. The reports are completed by the Program Director using recent ITERS and comments from faculty members who have worked with each resident. The FITERS are then reviewed and approved by the RTC.

All UofC residents should be aware of the general University of Calgary policies of evaluation and promotion (http://medicine.ucalgary.ca/files/med/PGME%20Resident%20Assessment.pdf).

- **Appeals**
  All U of C residents should be aware of the general University of Calgary policies and guidelines for the handling of resident appeals (http://medicine.ucalgary.ca/postgrad/pgmeadmin/policies).

- **Physician Extenders**
  **PGME Policy**
  All residents should be aware of the PGME Policy for Physician Extenders (http://medicine.ucalgary.ca/postgrad/pgmeadmin/policies).

  **Additional Department of Anesthesia Policy**
  Any resident who intends to pursue Physician Extender contracts must notify the Program Director and the RTC in writing at least two months prior to beginning the work. The resident must hold the LMCC and will need to apply for licensure on Part 2 of the Special Register through the College of Physicians and Surgeons of Alberta (http://www.cpsa.ab.ca/physicianregistration/registration_part2.asp). This application will require a letter of support from the Program Director.

  **Please note:** The category for CMPA coverage changes when a resident undertakes employment as a Physician Extender.

  In addition, the following rules must be observed:
  - Physician Extender privileges will not be granted before January 1 of the PGY2 year;
  - Physician Extender privileges will not be granted to residents with performance deficiencies;
  - a resident may not use his or her residency status to work as a GP Anesthetist;
  - Physician Extender shifts are not allowed during critical care rotations and any other rotation in which call requirement is greater than 1 in 3;
  - there must be at least eight hours of unscheduled time between a Physician Extender shift and the resident’s next clinical duty;
  - a maximum of two Physician Extender shifts may be done in a four-week block
  - Dates of shifts and type of work planned must be submitted to the Program Director prior to each rotation. Anesthesia residents may work as Physician Extenders only at those sites approved for Physician Extender positions by the RTC.
- Guidelines for Interactions with the Pharmaceutical Industry

In the Department of Anesthesia, we have benefited from a supportive and mutually respectful relationship with pharmaceutical industry representatives. Residents are referred to the UofC policy, included below. In addition to the CMA guidelines to which the document refers, direction may be found in the Alberta Health Services policy on Conflict of Interest and the Ethics publications of the College of Physicians and Surgeons of Alberta. The Code of Marketing published by Canada’s Research-Based Pharmaceutical Companies (Rx&D) is another useful reference that can be found at [https://www.canadapharma.org/en/commitment/healthcare/code.aspx](https://www.canadapharma.org/en/commitment/healthcare/code.aspx)

Please note: Residents should not enter into arrangements with industry representatives without the knowledge of the Program Director.

The University of Calgary, Faculty of Medicine Policy Statement

The University of Calgary, Faculty of Medicine recognizes that it is necessary and important to interact with the pharmaceutical industry. There are benefits in this relationship for our patients and for our teaching and research programs. It is necessary that these relationships be governed by appropriate ethical guidelines.

A subcommittee was struck to look at the need for a Faculty of Medicine set of guidelines to govern faculty, resident and student interactions with the pharmaceutical industry. It is recognized that the pharmaceutical industry has interactions with the University faculty in three areas of the curriculum (undergraduate, residency, and CME) as well as the industry-supported research activities.

The subcommittee concluded that the guidelines developed by the Canadian Medical Association (CMA) for the profession of medicine are suitable for our Faculty. These guidelines were published in the Canadian Medical Association Journal 1994: 150 (2):256A-256C. The subcommittee therefore recommends that the CMA guidelines be employed as the reference guidelines in the relationship of the Faculty of Medicine with the pharmaceutical industry. While the guidelines were written for physicians, they will serve as guidelines for all faculty.

If situations of interpretation arise, then the appropriate Associate Dean (Continuing Medical Education, Graduate clinical Education, Undergraduate, or Research) should be consulted who, following consultation with the Dean, will suggest an appropriate response to the issue. This policy does not preclude individual areas, such as Graduate Clinical Education, Undergraduate Education or Continuing Medical Education or Research, from recommending specific applications of these guidelines in their area after consultation with the appropriate Associate Dean.

- Resident Safety

The RTC wishes to act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment. To that end we have adopted the PGME policy regarding resident safety ([Policies | Faculty of Medicine | University of Calgary](https://www.ucalgary.ca/faculty-of-medicine/policies)). Residents should become familiar with the contents of this policy.
HOSPITAL TEACHING SITES

At each hospital, the Residency Site Coordinator is the residents’ primary resource to clarify anything about the rotation.

- The Alberta Children’s Hospital

Welcome to the Alberta Children’s Hospital (ACH), where all tertiary and most secondary and primary medical and surgical services for children in Calgary and southern Alberta are provided (http://www.calgaryhealthregion.ca/surgicalservices/departments_anesthesia_ach_div_home.html). Approximately 10,000 anesthetics each year are administered by the 14 full-time members of the Division of Pediatric Anesthesia, with support from several anesthesia respiratory therapists. In 2004, the ACH achieved accreditation as a tertiary pediatric trauma centre and is also the provincial centre for pediatric bone marrow transplants. In addition to routine cases, the anesthesiologists provide anesthesia care for complex pediatric cases and have expertise in chest wall deformity/scoliosis surgery, thoracoscopic/laparoscopic surgery, airway surgery and seizure surgery.

The operating rooms are equipped with state of the art equipment, and the anesthesiologists exclusively use an automated anesthetic record keeping software system, part of the electronic medical record. Other services provided out of the OR include: anesthesia services for diagnostic and interventional imaging procedures such as MR/CT imaging, angiography procedures, radiation oncology services at the Tom Baker Cancer Centre, pediatric cardiac catheterization studies and pediatric anesthesia services for dental restorations and cataract extractions.

The pediatric pain management team provides a complete range of diagnostic and therapeutic interventions in acute and chronic pain services. This service also provides sedation anesthesia services in pediatric oncology for painful procedures, burn dressing changes and neonatal anesthesia for PDA ligations at the Foothills Medical Centre Neonatal Unit. Postoperative pain services are provided with the assistance of advanced practice nurses, a Nursing Practitioner and a Certified Nurse Specialist.

The ACH anesthesiologists have either full or associate clinical appointments with the University of Calgary. As the main resource for pediatric anesthesia, they provide comprehensive education and training for medical students and residents. Paramedic, respiratory therapy and nursing students are also taught pediatric skills. A Clinical/Research Fellowship Program has been in place since 1990 and is designed to provide the physician anesthesiologist with the necessary skills and attributes to sub-specialize in pediatric anesthesia. Divisional members have assisted the fellows in conducting clinical research investigations. Graduates of this program now provide pediatric care throughout the world.

International education and service has been a priority of members of the division, who have volunteered with the International Education Fund of the Canadian Anesthesiologists Society (http://www.cas.ca/ief/education.htm), Interplast (http://www.interplast.org/), Project Outreach (http://www.med.mun.ca/munmed/93/vietnam.htm), the Evangelical Medical Aid Society (http://www.emascanada.org/) Operation Smile (http://www.operationsmile.org/), Rotaplast International (http://www.rotaplast.org/), and the International Red Cross (http://www.icrc.org/).
The ACH has a close association with a twinned hospital, the Ibaraki Children’s Hospital in Mito, Japan (http://www.ibaraki-kodomo.com/) which has facilitated international exchange of information with the Far East. Through these international associations, ACH anesthesiologists have been able to improve the anesthetic care of children both locally and internationally.

Service Commitment of the Anesthesia Residents
Each resident is expected to receive an orientation to the pain service equipment and the computerized anesthesia record keeping system and then to attend the hospital every weekday and provide anesthesia under supervision of a Staff Anesthesiologist. Usually the residents are assigned to the rooms by a staff member the previous Friday, allowing for residents to read around the cases they will be involved with the next week.

Anesthesia outside the OR
There are several locations other than the OR at ACH where the pediatric anesthesia staff members regularly cover pediatric lists. Going to unfamiliar locations is an important part of your training and can provide valuable experience.

<table>
<thead>
<tr>
<th>Location</th>
<th>Days</th>
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<tbody>
<tr>
<td>ACH MR suite</td>
<td>Tuesday, Thursday, and Friday</td>
</tr>
<tr>
<td>Foothills OR MR suite</td>
<td>occasional Tuesday or Wednesday</td>
</tr>
<tr>
<td>Calgary Surgical Centres, Bowness</td>
<td>Mondays and Tuesdays, some Wednesdays</td>
</tr>
</tbody>
</table>

Call Requirements
The call requirements are of a Type II variety (i.e., from home). The resident will be on call one day a week and one Friday-Sunday each month. Anesthesia residents on the rotation are responsible for signing up for call by filling in the call schedule that is posted by ‘the board’ in the OR. This should be done within at least one week BEFORE starting the rotation. If the resident works on call past 2200 hours, then the next day will be non-clinical. Otherwise, residents are expected to work on the post-call day. A day off is allowed in the week following a weekend call - the exact day taken should be specified during the room allocation the previous week as it is does not necessarily need to be taken on Monday.

Emergency cases are booked directly with the Staff Anesthesiologist, who will contact the resident on call. It is your responsibility to communicate directly with the on-call staff person, letting them know how you can be reached. As well, the resident is expected to do “late call” one night each week. This entails staying until the second (late) room is finished.

Absences from the OR
Residents are freed up from the Operating Room to attend the Academic Half-Day lectures and other designated educational sessions or conferences. If the residents are released from the Operating Room to attend, then it is expected that they do in fact attend. As well, residents in their final year of training will be excused from their clinical duties for scheduled exam preparation time (example: group study, practice orals). The resident should notify the Residency Site Coordinator and the Program Coordinator the preceding week if absence is anticipated in the coming week for research projects, etc. Please inform the Site Coordinator in
case of illness or another unexpected commitment.

**Pain Service**
Each resident should be involved with the Pain Service **once a month for a week**. This will be arranged in conjunction with the weekly roster. When appropriate the resident may carry a pager and take first call for the Pain Service during their ‘Pain Week’ - weekdays, weekend days and during the nights that they are already on call. It is expected that residents go on pain rounds each day and participate in the other activities of the pain call anesthesia service. Pain patients are seen at least once daily, including weekends.

**Division of Pediatric Anesthesia Rounds**
All residents should attend weekly anesthesia rounds each **Friday morning from 0700 – 0900 hours** (in Conference Room 3 unless otherwise noted). Also, it is expected that all residents present once during their time at ACH. You should have been notified about the date of your presentation. Topics are to be determined by either your experiences here at ACH or by a list of appropriate topics managed by the Rounds Coordinator. Please inform the Anesthesia Secretary as to what Audio-Visual equipment will be needed. A Staff Anesthesiologist will be allocated as a resource person and help provide direction in your preparation if necessary. In addition, the resident is expected to attend the resident/fellow educational sessions each **Thursday morning from 0700 – 0800 hours** in Conference Room 3.

**Responsibility**
Graded responsibility is introduced during the resident’s rotation. Initially the resident will be closely supervised at all times, but there is opportunity for independent practice later on, if the resident is deemed capable. A Staff Anesthesiologist is always available.

**Preoperative Consults**
Since any inpatient for surgery is usually sufficiently complex, **all** inpatients should be seen pre-operatively by the residents and treated as a consult (except on weekends when there is no resident on call).

In addition to the routine preoperative assessment, NPO and other appropriate orders should be written for all in-patients who are seen. Please consult with the anesthesiologist on call for additional guidance if necessary.

Most in-patients are admitted on the same day as their procedure (“ADOP”) and are usually in Day Surgery. Staff in that Unit can help you locate your patient. Please consult the Fasting Guidelines. Hb, CBC, and urinalysis are performed only for appropriate indications.

Preoperative medication is not routinely ordered. Concerns identified by the resident at the preoperative visit should be discussed with the appropriate Staff Anesthesiologist.

There are two important areas to consider in pediatric pre-operative visits:

1. Appropriate use of Induction room or presence of the parents in the room with
the child, and choice of induction technique. Do not speak on behalf of the staff
anesthesiologist about this until you have gained experience on this rotation and
understand the factors involved. Parents may come into the OR (gowned and
capped) if the OR is close to the holding area and if the surgery is not a major
case. Please consult with the staff anesthesiologist and OR nurses to see if this
is appropriate.

2. Permission and explanation of combined regional/general.

Other educational activities
In addition to the Tuesday & Friday morning divisional rounds, the OR starts an hour later on
Fridays to accommodate a variety of rounds you can attend. M & M rounds at ACH occur on the
1st Friday of the month and Clinical Pathological Conference is on the 3rd Friday morning of the
month, both starting at 0730 hours. There are also Surgical Rounds each Friday morning at
0730 hours that you may find useful to attend. There are fewer rounds in July and August and
over the December holiday season.

Books and Journals are also in the Anesthesia Office Area and can be borrowed by the
residents. All materials must be signed out with our secretary.

Assessment
The daily evaluation forms are used, as well as collaborative input by all members of the
department. It is the responsibility of the resident to send an evaluation to the attending
Staff person via One45 at the end of the day. Staff may choose to complete an evaluation if
the resident does not choose to send the evaluation to the staff person.

Vacation
Vacation may be taken for periods of up to two weeks in any two or three month rotation.
Vacation should be booked well in advance. In general only one resident is allowed vacation at
any one time. Vacation is booked in the usual manner.

Parking
Parking is available at the hospital. A reciprocal parking program has been initiated in order to
accommodate employees with regional responsibilities with a space to park when visiting other
sites. The program is valid from 0700 - 2000 hours Monday - Friday only. Anyone leaving the
lots after 2000 hours must pay the going visitor rate. Reciprocal parking is not for staff working
shifts at sites other than their home site. The Alberta Health Service provides various parking
options at the site for staff and physicians. Please inquire at the Parking Office for further
information and availability
(http://iweb.calgaryhealthregion.ca/departments/supportservices/parking/contact.htm).

Research
For residents who are interested in doing research within the Division of Pediatric Anesthesia,
support will be given in terms of time, advice, secretarial support, office space, etc. Support will
also be given for residents presenting work at meetings, if the work was carried out at ACH.
Feedback
The resident is strongly encouraged to provide feedback regarding his/her impressions of the rotation. This feedback may be:

- Written or verbal.
- Given during the rotation or at the end.

Without feedback we cannot make improvements. If we receive no feedback we will assume everything is perfect!

Please direct questions and comments to the Residency Site Coordinator. All residents must complete a written assessment form upon completion of the rotation and have an exit interview with the Residency Site Coordinator.
Welcome to the Foothills Medical Centre (FMC), the largest tertiary care institution in southern Alberta (http://www.calgaryhealthregion.ca/surgicalservices/departments_anesthesia_fmc.html). In addition to serving the population within Calgary, the service area for the Foothills Medical Centre extends from southeastern British Columbia to southwestern Saskatchewan and as far north as Red Deer.

The FMC is the primary site for a large number of surgical services in southern Alberta. These include Cardiac Surgery, Neurosurgery, Thoracic Surgery, Complex Spine Surgery, Transplant Surgery, Major Oncological Surgery and Major Plastic Reconstructive Surgery. The FMC is also the designated Level 1 Trauma Centre for Southern Alberta, as well as the High-Risk Obstetrical Unit for the region.

The Division of Anesthesia at the Foothills Medical Centre also provides anesthesia services for the Women's Health Centre, as well as the Tom Baker Cancer Centre. Like the other divisions within the region, staff anesthesiologists at the FMC also provide outpatient anesthesia services at a number of private facilities performing surgical services contracted by Alberta Health Services. The FMC has the only Magnetic Resonance (MR) equipped surgical theatre in Western Canada, which supports innovative neurosurgical procedures. There is also a very active invasive neuroradiology service, which is also actively supported by the Department of Anesthesia.

The FMC has one of the most active Acute Pain Services in the Region as well as active participation in the Pre-admission Clinic for consultative services. A number of staff anesthesiologists involved in Cardiac Anesthesia has successfully pursued additional skills in intraoperative Trans-Esophageal Echocardiography (TEE), which is rapidly becoming a standard of practice in Cardiac Surgery.

Anesthesiologists at the FMC are also involved in clinical and basic science research. The Division of Anesthesia is affiliated with the University of Calgary and Division members actively participate in resident and medical student training. Recently, the Foothills Division has also participated in fellowship training to provide additional training for anesthesiologists. Trainees in the disciplines of Obstetrical Anesthesia, Neuroanesthesia and Cardiac Anesthesia have proven to be highly successful.

Duties and Responsibilities of Anesthesia Residents at the Foothills Medical Centre

Service Components
Anesthesia residents are an important part of the work team at the FMC. Their duties and responsibilities include working at the OR, performing consultations on the wards, rotating through APS (Acute Pain Service), and rotating through subspecialty blocks (Obstetrical, Cardiovascular Anesthesia, etc.).

The resident’s degree of independence should correlate with his or her level of training. The resident is expected to prepare the room for the case, to see the patient pre-operatively and to start the case on time. As much as possible, the resident should maintain continuity of patient’s
care in the OR. In the event of an emergency call from other staff members, residents, or nurses, the resident is expected to respond appropriately.

**CPR or “Code” and Trauma pages**

One resident should carry the Code/Trauma Pager (#00102) at all times, as requests for assistance from Anesthesia may be directed to this pager. During the day, one of the residents in the OR should have this pager. The on-call resident will carry it during evening and weekend shifts. If there is no resident on-call, then the pager should be given to the coordinating or on-call anesthesiologist. The resident on-call should respond to such pages and he/she should be allowed by his/her staff to go to the Code site/Trauma bay immediately. Trauma Call outs will be issued via this pager. Residents of all levels are expected to attend the trauma call out and identify themselves as members of the anesthesia department of a specific level. The trauma team leader will utilize your skills according to what is needed and your skill level. Orientation to the trauma team can be found at the following link and should be read by all residents before attending Trauma Call outs.


Additional information regarding management of trauma patients can be found at: Regional Trauma Services - Adult Trauma Care

**On call**

- Carry the Code/Trauma Pager and attend cardiac arrest (“Code Blue”) and Trauma calls.
- When on call, be in the OR ready to work by 1700 hours on weekdays and 0730 or 1730 hours on weekends. On arrival, the resident should check-in with the coordinating or second-call anesthesiologist on weekdays and with the first-call anesthesiologist on weekends.
- Assess and/or manage emergency cases as requested by the coordinating or on-call anesthesiologist.
- Go to the Emergency Department when notified, because trauma resuscitations and assessments are important learning experiences.
- Attend urgent ward anesthesia consultations at the request of the coordinating or on-call anesthesiologist.
- Attend cases in the OR and / or the obstetrical floor.
- Ensure that an evaluation form is completed by the on-call preceptor(s).
- In general, be involved with the cases that offer the best learning experiences. This determination should be made in consultation with the on-call anesthesiologists.

Call for Adult Anesthesia at the FMC is **Type 1 call** (in-hospital with next day off), for a maximum 1 in 4. On **weekdays** (including Fridays), call will begin at 1700 hours and last until 0800 hours the next day, for a total of 15 hours. On **weekends** (Saturdays and Sundays), residents take either 10 hour call shifts (0800-1800) or 14 hour call shifts (1800-0800).

The resident’s primary duty is to the main Operating Rooms. However, there is also a responsibility to take advantage of opportunities in the Labor and Delivery Suite (L&D) and to assist the L&D call anesthesiologist as needed. The resident should discuss specific arrangements with the two on-call anesthesiologists at the beginning of each shift. The resident may place his or her name and beeper number on the white board in L&D or have the L&D anesthesiologist telephone according to a prearranged plan. The specific outcome will depend
on the resident’s level of training, the complexity of cases, and the relative workloads of the two operating areas.

**Subspecialty Anesthesia Rotations**

*Cardiac Anesthesia*

Open-heart cases are done primarily during the daytime. To minimize the number of missed cases, Cardiac Anesthesia residents are assigned a maximum of four calls over the two block rotation, preferably two Saturdays and two weekday calls, and only if needed to fill the main operating room call schedule.

*Acute Pain Service (APS)*

APS call is **Type 2** (home call) and there is no cross coverage of the OR call schedule required. All residents on APS must do a consecutive Fri-Sat-Sun call. The individual resident (in consultation with the APS Coordinator) will decide between two types of scheduling for the remaining six days of home call. The options are: (1) consecutive runs of no more than three days at a time or (2) a straight block of 1 in 3.

*Regional Anesthesia*

Residents are required to do four calls in each block. The recommended schedule is two Saturdays and two weekdays. The resident will not do a list during the day and will begin call at 1700 hours.

*Neuroanesthesia and Thoracic Anesthesia*

When residents are completing these rotations, call is of the same type (**Type 1**), frequency (1 in 4) and duration (15 hours on weekdays and 10 or 14 hours on weekends) as for General Anesthesia call.

*Obstetrical Anesthesia*

Residents take **Type 1** call (in-hospital with the next day off), for a maximum of four calls in each block.

- **On weekdays** (including Fridays), call will begin at 1700 hours and last until 0800 hours the next day, for a total of 15 hours. For weekday call, the resident’s primary duty is to L&D except for dire emergencies in the main operating theatres. When L&D is quiet, residents should take advantage of interesting cases in the main operating theatres.
- **On weekends** (Saturdays and Sundays), call will begin at either 0800 hours (0800-1800) hours – 10 hour shifts or 1800 hours (1800-0800) 14 hour shifts. When the Obstetrical Anesthesia resident takes call on a weekend at the FMC, call will be done as an Adult Anesthesia call with primary responsibility to the main OR.

**Please also note the following items:**

1. Residents are expected to be working in the OR administering anesthetics and learning clinical anesthesia daily. The Chief Resident or most Senior Resident prepares room assignments. Theatre times begin at 0730 hours. OR responsibilities normally end when the slate is finished or at the discretion of the attending preceptor. Time should be allowed for completion of the Daily Evaluation form and delivery of feedback on the resident’s
performance. The forms must be completed daily. Residents should arrive at work at a time that allows for thorough preoperative preparation of the anesthetic machine and any ancillary equipment required.

2. All residents who have in-patients on the next day's slate are expected to see these patients on the day before surgery. Residents are expected to perform an anesthetic assessment, formulate an anesthetic plan, and discuss their assessment and plans with the patient, and the attending preceptor. This also applies to Monday lists and during the week when a resident is post-call. Residents who are assigned to rooms with Daycare or Admit Day of Procedure patients will be aware of the preparation required by the procedure and any preoperative consults.

3. Residents will be assigned a specific preceptor for the day for teaching, supervisory, and evaluative purposes. Daily evaluations are recorded on a one45 evaluation form which the resident should send electronically to the preceptor. A preceptor may also elect to pick the form themselves and complete it for the resident if the resident does not send the form to the preceptor. Residents are expected to communicate DIRECTLY with their assigned daily preceptor if they will not be present for a clinical assignment.

4. All vacation times, study days, examination times, and other requests for days off must be arranged and authorized by the Chief Resident. Trauma call now requires that a resident must be available at all times and as such this may limit the number of residents on vacation at any one time. Priority is given to residents preparing for, or taking examinations and those with pressing needs.
Welcome to the Peter Lougheed Centre (PLC) of the Calgary General Hospital, one of the three primary adult tertiary care hospitals that share in the referral area spanning southern Alberta, southeastern B.C. and parts of Saskatchewan (http://www.calgaryhealthregion.ca/surgicalservices/departments_anesthesia_plc.html).

Anesthetic care is provided for a range of surgical services, including Gynecology, General Surgery, Orthopedics (with specialized arthroscopy procedures), Plastic Surgery, Maxillofacial Surgery and ENT. In addition the PLC is the primary site for major vascular surgery Southern Alberta.

Special interests of department members include treatment of acute pain, regional anesthesia, emergency medicine, intensive care medicine, administration, anesthesia for vascular surgery, obstetrical anesthesia, and education in anesthesia. Clinical support for anesthetic services is provided by anesthesia respiratory therapists and pain service support is provided by pain nurses.

Resident Rotation Duties and Responsibilities

Case logs
Residents will maintain a record of cases they have been involved with during their rotation, including the name of the Staff Anesthesiologist.

Vacation
Vacation requests should be confirmed not less than two months before the start of the rotation. One week of holiday in each four-week block is permitted and it is preferable that only one resident be on holiday at any given time.

General Responsibilities

1. OR starts at 0750 Monday to Thursday and at 0850 Friday, from September 1st to June 30th. It is a 0750 start time on Fridays during July and August. Ideally, the patient is in the room ready for induction at 0750/0850. Please ensure that you arrive early enough to have prepared the OR and to see the first patient.

2. The most senior resident or their designate will assign the rooms the day before, prior to circulation of the pick list to the staff. Please be sure that the resident names appear on the master slate at the front desk.

3. On the slate, the patients will be listed as an outpatient, admit day of surgery, or as an inpatient. It is expected that ALL inpatients will be seen the day before surgery. Anesthetic plans are expected to have been prepared for all cases the night before.

4. The resident call schedule will be made by the chief resident or their designate prior to the beginning of the rotation.
5. If a resident is absent for any reason, please notify the site coordinator or Elizabeth Cook.

Call Responsibilities for PGY-1

1. The resident will be on call 4 weekdays in the main OR. They will still be expected to go to the OR during the day and will stay in the main OR until the conclusion of the emergency cases. The next day they will be off.

Call Responsibilities for the PGY 2-5

1. Residents on Obstetrics Rotation - OB residents will do 4 weekday call and one weekend call, all on the labour and delivery service (this call should not overlap with residents doing main OR unless approval given by site coordinator).

2. Residents on Regional Rotation - Regional residents will do 4 weekday and one weekend call in the main OR as described below.

3. Residents on Vascular Rotation – Vascular call only. One Friday, Saturday, Sunday, and one weekday per week for a total of seven. Residents should increase their call frequency if they are having a quiet rotation.

4. Residents on all other rotations at PLC – All other residents will be required to do 7 calls per 4 week rotation (maximum 1:4 including vacation time); 1 Friday, 1 Saturday, 1 Sunday, and 4 weekdays
   - Saturday, Sunday, and stat day call is 24 hours
   - Weekday call is 16 hours (1600-0800)
   - When residents on call in the main OR have finished cases there, they are to report to the 1st call anesthesiologist and spend the rest of their shift on L and D (they may be called back to the main OR at the discretion of the 2nd call anesthesiologist and this should be communicated to the 1st call anesthesiologist)

Weekend and stat day call may start at different times depending on the wishes of the anesthesiologist. Please contact the front desk (943-5721) the night before to find out the starting time for the next day.

While on call (vascular residents excluded), residents are expected to stay in house. Any problems with the call room should be brought to the attention of the site coordinator as soon as possible.

Rounds
All rounds are mandatory for all residents. The only exception is post-call residents. Rounds run from September 1 to June 30. Once a month there is a business meeting from which residents are exempt.

There are NO rounds in July or August.

1. Thursday AM rounds at 0700

   location: cafeteria
These rounds are usually based on real cases and presented to the residents in the format of an oral exam. All residents are expected to attend. The staff volunteers time to attend these rounds. Therefore, if no residents are going to attend the rounds the staff member must be advised the day before. A schedule of staff presenters will be prepared in advance.

2. Friday AM rounds at 0730  
   location: usually 0651

Please see the schedule for topic and location changes.

Evaluations
A satisfactory evaluation at the end of the rotation will be based both on daily evaluations of the resident’s performance and meeting the expectations outlined above. This evaluation will be based on CanMeds criteria.

It is the resident’s responsibility to send electronically the evaluation forms to the staff members he or she works with.

Special Rotations

Regional Anesthesia rotation
Residents have the opportunity to participate in the Acute Pain Service (APS) for one week at a time while on the Regional Anesthesia rotation.

Residents doing their Regional Anesthesia rotation at the PLC are expected to do four Type 1 calls each month, consisting of two weekdays and two Saturdays. During the day, the resident is to continue his/her duties as the “Regional Anesthesia Resident” and then cover the OR for evening and night emergencies, once the elective list is finished. Please refer to the Regional Anesthesia Goals and Objectives for this rotation for additional specific information.

Vascular Anesthesia Rotation
The resident is expected to:
1. see all inpatients before the day of surgery and order the necessary investigations;
2. assess some vascular patients in the Preoperative Assessment Clinic and/or surgeon’s clinic;
3. be ready for a 0750 hour OR start time (i.e., the patient is in the room by 0750 hours);
4. have read the appropriate literature with regards to the patient and type of surgery he/she is to undergo, before the operation;
5. attend Vascular Morbidity and Mortality rounds;
6. be prepared to present interesting cases/topics for Friday morning rounds.
7. take Type 2 call (24 hour home call) for vascular cases only for three weekdays and one Friday/Saturday/Sunday during the block. If the resident has worked all night, then it is expected that the resident will have the next day off.
Anesthesiologists at the Rockyview General Hospital

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>David Ablett</td>
<td>Kiran Patel</td>
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<tr>
<td>Bevin Bart</td>
<td>Jill Partridge</td>
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<tr>
<td>Miriam Berchuk</td>
<td>Stephen Phillips (Site Coordinator)</td>
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<tr>
<td>Tommy Chan</td>
<td>Saul Pytka</td>
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<tr>
<td>Marion Dobberthien</td>
<td>Yair Rubin</td>
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<tr>
<td>Niamh Donnelly-Warner</td>
<td>Peter Samuels</td>
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<tr>
<td>Colin Dodd</td>
<td>Martin Scanlon</td>
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<tr>
<td>Myrna Dusevic</td>
<td>Rod Schultz</td>
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<tr>
<td>Wendy Hall</td>
<td>Misbah Shah</td>
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<tr>
<td>David Hardy</td>
<td>Christopher Sims (Division Chief)</td>
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<tr>
<td>Gordon Hopper</td>
<td>Marc Soska</td>
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<tr>
<td>Stephen Jacyna</td>
<td>Blythe Sweet</td>
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<tr>
<td>James Janzen</td>
<td>Sean Thomas</td>
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<tr>
<td>David Kent</td>
<td>Kevin Torsher</td>
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<tr>
<td>Del Larsen</td>
<td>Lin Tsai</td>
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<tr>
<td>Brenda Lee</td>
<td>Paula Wasserman</td>
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<tr>
<td>David Liepert</td>
<td>Robert Willsie</td>
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<tr>
<td>Bill Mansell</td>
<td>Jill Yemen</td>
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<td>Brian Olson</td>
<td>Karrie Yont</td>
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Anesthesia Resident Training at Rockyview General Hospital

Anesthesia Residents training at Rockyview General Hospital (RGH) will have the opportunity to provide anesthetic care for General Surgery, Gynecology/Obstetrics, Ophthalmology, Urology, Orthopedic Surgery, Plastic Surgery, and ENT surgery patients.

RGH is the regional site for adult Urologic and Retinal surgery and provides residents their only opportunities to gain experience in these areas.

There is an active Obstetrical service with approximately 6000 deliveries per year and a 70 to 75% rate of maternal epidural analgesia. The Department of Anesthesia provides both an Acute Pain Service and a Chronic Pain Service.

The RGH Division includes Anesthesiologists with sub-specialty training in Acute Pain, Chronic Pain, Pediatric Anesthesia, Regional Anesthesia, Cardiac Anesthesia, and Obstetric Anesthesia.
Anesthesia Resident Duties and Responsibilities at Rockyview General Hospital

1. On the first day of the rotation the resident should report to the OR front desk at 0730h and contact Dr. S Phillips (resident site preceptor) if any questions arise during your rotation.

2. Residents will be assigned to elective lists, 2 days prior to the scheduled OR shift. The OR slate for the next day is posted outside the OR front desk at 14:30.

3. No resident will induce general or regional Anesthesia without the direct supervision of the attending anesthesiologist unless specifically instructed to do so.

4. In a 4-week rotation, residents on an adult anesthesia or eye block rotation will be on call for (7) seven in-house call shifts, inclusive of two weekend call with at least one weekend consisting of a Friday and Sunday. Ophthalmology Anesthesia preceptor is Dr. Dave Hardy.

5. Residents on a Urology Anesthesia rotation are required to perform (5) five call days inclusive of 2 weekend call days, preferably two Saturdays. Urology Anesthesia preceptor is Dr. Rubin Yair.

6. Residents on an Airway Anesthesia rotation are required to perform (2) Saturday in-house calls. Resident preceptor for the Airway rotation is Dr Saul Pytka.

7. Call requirements at the RGH are in-house call and residents are therefore required to begin their call shift at 15:45 on weekdays. On weekends, the resident should arrive in the main OR at 8:45. The resident will be dismissed from the main OR when the case load is finished. The resident will then take on Obstetric Anesthesia duties on Unit 62. This will involve letting the Charge Nurse and Unit Clerk know of your duties and your pager number. Please ensure at end of your shift that you inform the Staff Anesthesiologist of all duties performed during the shift (epidural insertions, top-ups, minor and major consults). Junior Residents who are PGY1-3 must inform the Staff Anesthesiologist of their presence on Unit 62, and be prepared to have their initial epidural insertions directly supervised by the Staff Anesthesiologist.

8. A call schedule will be prepared at the beginning of the block by the Senior Resident in consultation with the Junior Residents. Please ensure one copy is with the OR Pick List (RGH main desk), one copy with the main OR Call Slate and one copy is give to the Site Coordinator.

9. The anesthesia residents call room is located in the west corridor of the RGH Highwood building main (4th) floor, in room 4584.

10. Residents must attend all Thursday Core Program sessions, and all Friday RGH morning rounds with the exception of the monthly business meeting.

11. Residents must be prepared to present at Friday morning rounds at RGH at least once during a 4-week rotation. This may be in conjunction with a staff anesthesiologist. Two presentations are to occur at the RGH during your 5 year training, inclusive of a half hour presentation once in your PGY 1-3 years and a full one hour presentation, once in your PGY 4-5 years. Please contact Cindy Leavitt, Dr Chris Sims and Dr Marion Dobberthien for your scheduled Friday date.

12. Residents are required to attend early Thursday morning staff teaching, which occurs in the cafeteria. Oral exam and case questions will be given to those that attend. This is a mandatory event, if you are unable to attend please inform Dr Del Larsen of your absence.
13. Residents will maintain a record of their cases they have been involved with and be prepared to provide a copy of this record to the RGH site coordinator at the end of their rotation.
14. Vacation requests must be made at least 2 weeks prior to the start of a rotation.
15. Residents who miss a scheduled shift are required to let the scheduled staff anesthesiologist know of their absence, in addition to both Cindy Leavitt (RGH) and Elizabeth Cook (FMC).
16. All concerns are to be sent to Dr S. Phillips via Cindy Leavitt.

8. GUIDELINES FOR RESIDENT SUPERVISION

The Guidelines to the Practice of Anesthesia, Revised Edition 2007 state:
“Residents in anesthesia are registered medical practitioners who, as part of their training, participate in the provision of anesthesia services both inside and outside the operating room. All resident activities must be supervised by the responsible attending staff anesthesiologist, as required by the Royal College of Physicians and Surgeons of Canada, and the provincial and local regulatory authorities. The degree of this supervision must take into account the condition of each patient, the nature of the anesthesia service, and the experience and capabilities of the resident (increasing professional responsibility). At the discretion of the supervising staff anesthesiologist, residents may provide a range of anesthesia care with minimal supervision. In all cases, the supervising attending anesthesiologist must remain readily available to give advice or assist the resident with urgent or routine patient care. Whether supervision is direct or indirect, close communication between the resident and the responsible supervising staff anesthesiologist is essential for safe patient care. Each anesthesia department teaching anesthesia residents should have policies regarding their activities and supervision.”

Supplement of the Canadian Journal of Anesthesia 2007;54 (12)

- Expectations of Preceptors
1. Expectations for graded responsibility and resident supervision are governed by the supervising staff anesthesiologist’s fiduciary responsibility for patient care, the provincial health care insurance plan, Surgical Patient Care Committee policy, and educational goals.

2. Finding the appropriate level of supervision is a dynamic process, often negotiated to different endpoints for each preceptor and resident assignment. Determinants are - the resident’s level of training and performance to date, resident and staff comfort levels, and the complexity of the clinical material. In all cases, the supervising staff anesthesiologist must remain readily available to assist the resident.

3. Although many of the service oriented activities of residency do enhance learning, preceptors should minimize the delegation of service tasks that are devoid of educational merit.

4. The practice of double-booked rooms (one anesthesiologist supervising two operating rooms with one resident in each room) is not endorsed at University of Calgary teaching sites or the CAS. The requirement to do so may arise rarely in dire emergencies, but only
as a temporizing measure and the situation must be acceptable to both anesthesia residents affected.

5. Legal considerations about delegation of care to residents require that the following questions can be answered in the affirmative:
   - Is this an act that I am **capable** of delegating?
   - Is this an act that I **should** be delegating?
   - Is it appropriate to delegate this act to **this resident**?

With the above points in mind, the following table may be used as a guide to graded supervision of Anesthesia residents.

<table>
<thead>
<tr>
<th>Patient’s ASA Classification</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>Technique not mastered</th>
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</thead>
<tbody>
<tr>
<td>PGY 1</td>
<td>C</td>
<td>C</td>
<td>C</td>
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<tr>
<td>PGY2 1&lt;sup&gt;st&lt;/sup&gt; 6 months</td>
<td>C-I</td>
<td>C-I</td>
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<tr>
<td>PGY2 2&lt;sup&gt;nd&lt;/sup&gt; 6 months</td>
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<td>E</td>
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<td>PGY5</td>
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C = continuous supervision
I = supervision may be for induction, emergence, & significant events only
E = supervision may be for evaluation only

- **Expectations of Residents**

The resident who is **PREPARED** to accept responsibility will
1. be acquainted with the medical, anesthetic and surgical implications of scheduled cases;
2. describe an anesthetic plan that addresses these implications;
3. order necessary preoperative testing and interventions;
4. discuss the above with the preceptor along with plans for intra-operative complications;
5. demonstrate active engagement and responsibility for the patient’s anesthetic care;
6. arrive in sufficient time to prepare the anesthetic machine and equipment for the case.

The resident who is **UNPREPARED** to accept responsibility will
1. arrive without any preparatory reading or knowledge of scheduled cases;
2. be unable to identify key preoperative investigations or measures;
3. proceed without minimizing patient risk;
4. have an anesthetic plan which is ‘cookbook’ oriented, incomplete, inappropriate, or inadequate for the case;
5. be unable to identify key intraoperative risks or goals;
6. rely on passive learning and demonstrate no ownership for patient care;
7. show enthusiasm that is limited to new anesthetic procedures without justification of risk/benefit to the patient;
8. not allow sufficient time for anesthetic equipment preparation.

10. CONTINUOUS PROGRAM EVALUATION

Our program is evaluated externally every six years by the Royal College of Physicians and Surgeons of Canada. For interim assurance of a quality program, internal reviews are conducted by the PGME Office and annual program evaluation is carried out by the RTC. These activities are all mandated for accreditation of our program.

Formal annual program evaluation is carried out by:
- the PGY1 review – carried out by the PGY1 residents at the end of their year;
- rotation evaluation forms – completed by each resident after each rotation;
- Core Program evaluation – completed by each resident at the end of each session;
- faculty teaching evaluations – carried out by all residents via one45 system and are presented to the staff yearly in a summarized form.

Other means of program assessment include:
- resident opinion taken to the RTC through the resident representatives;
- annual Fall Interviews for each resident with the Program Director (these sessions are also used to discuss elective and career plans, problems, and requests);
- Safety / Quality Assurance / Quality Improvement projects on rotations

Teaching awards are presented each spring at a formal region-wide event. Residents vote for faculty to be honored from each hospital site. An award is also given to the Outstanding Resident Teacher of the Year based on questionnaires completed by the Clinical Clerks.
RESOURCES FOR RESIDENTS

• Agencies
PARA representatives may be contacted through the PARA website at http://www.para-ab.ca/. In addition to help and information available within our program, through PARA, and the PGME office, The Alberta Medical Association (AMA) offers a variety of services including emergency support (http://www.albertadoctors.org/) The AMA Physician and Family Support Program manages a hotline at 1-877-767-4637. Alberta Health Services also has an Employee and Family Assistance Program (403-264-9171). Up to six one-hour counseling sessions per family member per year are available free of charge.

The main campus of the University of Calgary offers a variety of services, including a bookstore, recreational facilities, The Chaplains’ Association, Student Rights Advisor, and Academic Counseling. All residents are urged to have a Family Physician throughout their training. Self-medication, prescription writing without formal consultation, and removal of pharmaceuticals from the operating room are not supported. While it is reasonable to keep a limited number of labeled syringes/vials to be taken to patient care areas while on call, keeping narcotic boxes in the on call room is absolutely prohibited.

If you think you might be or are faced with a serious complaint or a threat of lawsuit, then you should notify the Canadian Medical Protective (CMPA) Association by telephone 1-800-267-6522 at once. Send complete, concise information. DO NOT contact the CMPA by email. Wait for a reply from the Association before taking any further steps or making any statements. Be sure your clinical records are secure. Do not consult a lawyer without instructions from the Association. The Association does not accept responsibility for the payment of legal expenses incurred without its prior approval. Do not answer any letters of complaint from patients, lawyers or others without first receiving the Association's advice.

• Experts From Outside The Specialty
Experts in the areas of law, practice management, accounting, lifestyle, time management, addiction, learning problems, exam-writing anxiety, multiple choice answering strategies, sleep disorders, and a variety of other areas of potential interest to residents are frequently invited to present at academic half-day and CARR. The Program Coordinator and Program Director will also facilitate arrangements for individual residents to get help in these areas as needed.

• Facilities
Residents are encouraged to obtain a Campus Card (http://www.ucalgary.ca/campuscard/) and to make use of Main Campus recreational and arts facilities.

• Funds
Departmental funds donated by anesthesia staff are made available to residents for educational purposes. Funds for resident education are also provided through various PGME grants. This funding is available only for a restricted list of events. Residents presenting research at a meeting are eligible for additional funding, available through the PGME Office. The Resident Education Fund is also used for catering, awards, examinations (ABA/ASA and AKT), educational materials, and courses. For travel to
electives outside Alberta, residents may request assistance from the fund. Contributions from industry are also managed through the Program Director. The Chronic Pain service will forward information regarding the use of a parking pass while on the Chronic Pain rotation. A $20 refundable deposit will be required. A fund has been specifically set up to assist residents with research expenses. The Academic Council will consider review requests for funds required to carry out research. Such requests may include funds to carry out laboratory (bench style) research, to obtain help doing a chart review, or assistance with statistics for the project.

- **Ombudsman**
Our Resident Ombudsman is Dr. Sean McFadden in the Division of Thoracic Surgery FMC (telephone 403-944-4279 or email Sean.McFadden@calgaryhealthregion.ca). The role of the ombudsman is to assist residents who have been offended or treated unfairly and are not being adequately supported within their own program.

- **Libraries**
The Anesthesia Department Library is located on the second floor of the FMC with security access. Computer workstations with Internet access are dedicated for resident use. A full service medical library can be found at the Medical School, adjacent to the FMC. Smaller libraries may be found at other sites, including Pre-Admission Clinics.

A number of computer-assisted learning programs and search tools are available (CD-ROM, TEAL) as well as journals, the ASA Refresher Course Yearbooks, and a video (DVD) library.

Some commonly used references offered in the Anesthesia Department Library are listed below. Source textbooks for the RCPSC Examinations in Anesthesia are preceded by an asterisk.

**GENERAL TEXTBOOKS**

*Anesthesia 5th Edition* by Miller - essential reading

*Clinical Anesthesia 4th Edition* by Barash et al - essential reading

*Anesthesia & Co-Existing Disease 4th Edition* by Stoelting & Dierdorf

*Introduction to Anesthesia* by Dripps, Eckenhoff, & Vandam - a useful, well-written introductory summary. It is also good for a quick review.

A Practice of Anesthesia by Churchill, Davidson - good general textbook from a British perspective. This textbook complements the areas that are deficient in Miller.

Anesthesia and Uncommon Diseases by Katz, Benumof, & Kadis

Anesthesia: Problem-oriented Patient Management by Yao

**INTERNAL MEDICINE**

Principles of Internal Medicine by Harrison - reference text
Medical Consultations by Kammerer & Gross - read cover to cover

ICU
Textbook of Critical Care by Schumaker

Synopsis of Critical Care by Sibbald - read cover to cover

RESEARCH
How To Read A Paper: the Basics of Evidence Based Medicine by Trisha Greenhalgh

REGIONAL ANESTHESIA
*Neural Blockade, 3rd edition by Cousins & Bridenbaugh

SPINAL ANESTHESIA
Physiology of Spinal Anesthesia by Green

EPIDURAL ANESTHESIA
Epidural Anesthesia by Bromage - a classic text

BASIC SCIENCES

Physics Applied to Anesthesia by Hill

PHARMACOLOGY
*Pharmacology & Physiology in Anesthetic Practice 3rd Edition by Stoelting

Pharmacokinetics of Anesthesia by Robertson & Hudd

Local Anesthetics by Coveno & Vassallo

Cardiac Anesthesia Volumes 1 & 2 by Kaplan

MONITORING AND EQUIPMENT
*Understanding Anesthesia Equipment 4th Edition by Dorsch & Dorsch

*Anesthesia Equipment: Principles & Applications 2nd Edition by Ehrenwerth & Eisenkraft

Essential Noninvasive Monitoring in Anesthesia by Gravenstein et al.

Handbook of Blood pressure Monitoring by Brunner

Mechanical Misadventures in Anesthesia by Wyant
Respiratory Therapy Equipment by McPherson - good review of ventilators & humidifiers

Cardiovascular Measurement in Anesthesiology by Prys-Roberts, & Vicars

POSITIONING
Positioning in Anesthesia and Surgery by Martin

CARDIAC ANESTHESIA
*Cardiac Anesthesia 4th Edition by Kaplan

Manual of Cardiac Anesthesia by Thomas

Acute Cardiovascular Management Anesthesia and Intensive Care by Fogdall

NEUROSURGICAL ANESTHESIA
Handbook of Neural Anesthesia: Clinical and Physiologic Essentials by Nufield & Cottrell

Clinical Anesthesia and Neurosurgery by Frost.

Anesthesia and Neurosurgery 3rd Edition by Cottrell & Smith

OBSTETRICAL ANESTHESIA
*Obstetric Anesthesia, Principals & Practice 2nd Edition by Chestnut

Anesthesia for Obstetrics by Schneider

Manual for Obstetrical Anesthesia by Ostheimer

Obstetric Anesthesia: The Complicated Patient by James & Wheeler

Obstetric Anesthesia by Norris

THORACIC ANESTHESIA
Thoracic Anesthesia 2nd Edition by Kaplan

GERIATRIC ANESTHESIA
Anesthesia and the Geriatric Patient by Krechel

PEDIATRIC ANESTHESIA
*A Practice of Anesthesia for Infants and Children by Cote, Ryan, & Goudsouzian

Manual of Pediatric Anesthesia by Stewart

Pediatric Anesthesia. Volume 3 by Gregory

Common Problems in Pediatric Anesthesia by Stehling
PHYSIOLOGY

Textbook of Physiology by Ganong

Circulatory Physiology: The Essentials by Smith & Campine

Anesthesia and the Kidney by Bastron

Pulmonary Physiology: The Essentials Volumes 1 and 2 by West

Applied Respiratory Physiology 4th Edition by Nunn
11. **OFF-SERVICE RESIDENTS**

PGY1 General Surgery Residents, Emergency Residents, and Pediatrics Residents complete regularly scheduled rotations in Anesthesia. Each group has specific goals, however, knowledge and skills related to airway, emergencies, and acute pharmacologic management predominate. Policy documents, handouts, and reading lists may be obtained from the Site Coordinator.

Adult Anesthesia elective rotations for off-service residents are scheduled in one month blocks only. Residents are expected to do call (including potentially trauma callouts) and attend rounds. We do not offer a rotation in which residents can do “only intubations” although we do our best to give rotating residents experience with airway management. We also expect rotating residents to learn about the science of Anesthesia when they are with us; in particular, physiology, pharmacology, resuscitation, complications, equipment, safety, and monitoring.

**Call for non-Anesthesia residents doing Anesthesia rotations**

*In the event that 24/7 coverage by residents at the FMC site cannot be covered by anesthesia residents, off service residents may be given full call.*

**PGY2 non-Anesthesia residents**

Unless specified by the Site Coordinator or Subspecialty Coordinator, PGY2 non-Anesthesia residents do not take regular call.

**PGY1 Surgery residents**

PGY1 Surgery residents will not appear on the call schedule but will be buddied to a senior resident at a call frequency of 1 in 4 evenings, when they should stay for experience with emergency cases for a length of time to be determined by the attending Anesthesiologist. The PGY1 Surgery resident will usually leave the operating Room between 1800 - 2200 hours and will then work the next day.
13. FAMILY PRACTICE ANESTHESIA TRAINING PROGRAM

The Family Practice Anesthesia (FPA) Training Program at the University of Calgary is run through the cooperation of the Rural Physician Action Plan (RPAP) Coordinator and the Residency Training Committee.

- **Selection Process**
  General Practice Anesthesia resident selection is directed by the RPAP Coordinator.

**Applications**
These should include:
- a standardized application form, available through the RPAP Office website ([http://www.rpap.ab.ca/practising_physicians/ruralalberta.htm](http://www.rpap.ab.ca/practising_physicians/ruralalberta.htm))
- a current curriculum vitae
- a clinical performance record
- University transcripts
- three letters of reference.

An in-person interview with the RPAP Coordinator and 1 other representative of the RTC will be offered to selected candidates. The RPAP Coordinator then presents successful candidates to the RTC for formal approval.

**Selection Criteria**
The successful applicant will
1. have demonstrated a keen interest and aptitude in Anesthesia;
2. have prior exposure to Anesthesia;
3. have good interpersonal skills, especially in working as a team player;
4. have successfully completed **two** years of postgraduate training in a CCFP Family Medicine Program within the last **five** years; **OR**
5. have successfully completed a Rotating Internship in a Canadian Program followed by at least **five** years experience as a Family Practitioner;
6. provide a written, guaranteed service contract to serve the destination Rural Health Region for at least **three** years upon completion of the program.

The destination Rural Health Region
1. shall be a rural community with a need for anesthetic services;
2. shall have a documented inability to attract specialist anesthetic services;
3. shall provide a written guaranteed service contract to the trainee for at least **three** years upon completion of the program.
• **FPA Program Coordinator**
  The FPA Program Coordinator is appointed by the Chair of the University of Calgary, Department of Anesthesia. Funding for the position is provided by RPAP. The responsibilities of the FPA Program Coordinator are to:
  - serve as an ex-officio member of the RTC, with the duty to attend meetings regularly and participate in committee business;
  - advise and inform the RTC on matters relating to Family Practice Anesthesia Training, including policy, supply and demand, and planning;
  - receive applications to the program from the RPAP Office;
  - arrange in-person interviews with suitable candidates, to be conducted with at least one other member of the RTC;
  - advise the RTC of the names and backgrounds of successful candidates;
  - consult with the RTC regarding the total number of candidates to be offered positions on a yearly basis – the final decision to be made with input from the RTC, considering the teaching resources available;
  - develop and maintain learning sites in and outside Calgary, given the benefits of providing some training for Family Practice Anesthesia Residents in outpatient and medium-sized centres, as well as the need for increasing educational resources in the city of Calgary;
  - receive daily evaluations for review with faculty at the end of each block of training, council residents with performance inadequacies, and recommend remedial activities when appropriate. These duties may be delegated to the site coordinator if mutually agreeable;
  - maintain files on residents;
  - when appropriate, seek recommendations from the Program Director and University Department Head, for example when dealing with challenging resident or program issues;
  - complete Attestation of Program Completion for candidates deemed successful in their training, to be sent to the College of Physicians and Surgeons of Alberta;
  - organize the Summer Seminar Series for all first year Anesthesia residents (also offered to residents entering their PGY2 year).

• **Program Components**
  Rotations for the 12-month program (13 four-week blocks) may be individualized to some extent depending on the needs of the candidate, with a suggested program of two blocks of Obstetrical Anesthesia, two blocks of Pediatric Anesthesia, eight blocks of Adult Anesthesia, and one elective block. Four weeks of holiday are allowed. The RTC supports the concept of designing the year such that it may be credited by the Royal College of Physicians and Surgeons of Canada towards future specialty training.

<table>
<thead>
<tr>
<th>ROTATION</th>
<th># of BLOCKS</th>
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<tbody>
<tr>
<td>Adult Anesthesia</td>
<td>8 (one in a smaller community)</td>
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<tr>
<td>Obstetrical Anesthesia</td>
<td>2 (vacation discouraged)</td>
</tr>
<tr>
<td>Pediatric Anesthesia</td>
<td>2 (scheduled near end of year)</td>
</tr>
<tr>
<td>Elective</td>
<td>1</td>
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Learning Objectives are to be made available to residents and faculty and updated on a regular basis. These objectives should be written with input from specialty anesthesiologists who have an interest in Family Practice Anesthesia Training and circulated to the Education Subcommittee of ACUDA.

Formal end-of-training assessment should be developed and implemented in the future.

The following components of the Specialty Training Program will apply to the Family Practice Anesthesia Training Program:

- duties and responsibilities, policies and procedures as outlined in the Postgraduate Training Program Manual (individual exceptions may be made subject to agreement with the Program Director and the RPAP Coordinator)
- scheduling including call, daily assignments, and holidays
- other privileges of management assigned to the Chief Resident
- learning activities including but not limited to core program, journal club, department rounds, visiting speakers, library resources, and research meetings
- logbooks are encouraged
- daily evaluations
- social activities
- secretarial assistance from a designated departmental resource.
14. ABBREVIATIONS

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<tr>
<th>Abbreviation</th>
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<tr>
<td>ACH</td>
<td>Alberta Children’s Hospital</td>
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<tr>
<td>ACUDA</td>
<td>Association of Canadian University Departments of Anesthesia</td>
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<tr>
<td>AHS</td>
<td>Alberta Health Services</td>
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<td>AKT</td>
<td>Anesthesia Knowledge Test</td>
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<tr>
<td>APS</td>
<td>Acute Pain Service</td>
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<tr>
<td>CaRMS</td>
<td>Canadian Residency Matching Service</td>
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<tr>
<td>CARR</td>
<td>Calgary Anesthesia Residents’ Retreat</td>
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<tr>
<td>CAS</td>
<td>Canadian Anesthesiologists’ Society</td>
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<tr>
<td>CMA</td>
<td>Canadian Medical Association</td>
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<tr>
<td>CMPA</td>
<td>Canadian Medical Protective Association</td>
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<td>FMC</td>
<td>Foothills Medical Centre</td>
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<td>FITER</td>
<td>Final In-Training Evaluation Report</td>
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<tr>
<td>ITER</td>
<td>In-Training Evaluation Report</td>
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<td>L&amp;D</td>
<td>Labor and Delivery</td>
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<tr>
<td>LMCC</td>
<td>Licentiate of the Medical Council of Canada</td>
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<tr>
<td>OR</td>
<td>Operating Room</td>
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<tr>
<td>PARA</td>
<td>Professional Association of Residents of Alberta</td>
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<tr>
<td>PGME</td>
<td>Post Graduate Medical Education</td>
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<tr>
<td>PLC</td>
<td>Peter Lougheed Centre</td>
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<tr>
<td>RGH</td>
<td>Rockyview General Hospital</td>
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<tr>
<td>RCPSC</td>
<td>Royal College of Physicians and Surgeons of Canada</td>
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<tr>
<td>RTC</td>
<td>Residency Training Committee</td>
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<td>University of Calgary</td>
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