



## OVERALL GOALS AND OBJECTIVES OF THE ANESTHESIA TRAINING PROGRAM

*The Department of Anesthesia & Perioperative Medicine*

### MISSION

First and foremost our mission is to train residents to become highly skilled and knowledgeable anesthesiologists. The program will adhere to the CanMEDS competencies which are expanded upon below. In addition to outstanding clinical competency, the training will focus on giving the trainee the skills and opportunities to excel in research, quality assurance, teaching, and leadership.

The objectives for any specific rotation will be described in a document specific for that rotation.

### ***Medical Expert/Clinical Decision Maker***

The role of medical expert is the base that all other CanMEDS roles are supported upon. The anesthesia training program at Western University expects that the acquisition of the medical knowledge and skills of a specialist will gradually progress as a trainee moves through the program.

### **PGY-1:**

The aim of the PGY-1 year is for the trainee to gain a wide exposure to many fields of medicine. The goal is to allow the resident to gather a variety of information and skills and become a well-rounded physician.

### **PGY-2 and PGY-3:**

Junior residents will continue to build upon the clinical exposure they gained in PGY-1. The Introduction to Anesthesia rotation will continue from PGY-1 into PGY-2, allowing the resident to gain the basic skills and knowledge expected of an anesthesiologist. In addition, a wide variety of subspecialty anesthesia rotations will be undertaken after the Introduction to Anesthesia rotation is complete. This will allow the resident to further understand and gain experience with the depth and breadth of anesthesia practice. Internal medicine and critical care rotations will begin to help fulfill the requirements of an anesthesiologist to provide advanced perioperative medical intervention to patients. Overall the residents should have a working knowledge of anatomy, pharmacology, physics, pathology, and physiology as it pertains to anesthesia.

### **PGY-4 and PGY-5:**

Senior residents will continue to engage in a variety of subspecialty rotations and round out their internal medicine and critical care rotations. It is expected by the end of PGY-4 that residents will have an in-depth understanding of the scope of anesthesia practice. PGY-5



(consolidation) will focus on areas that may require additional work or exposure. In addition, residents will be expected to have the clinical responsibilities (with appropriate back-up) of a junior consultant and be able to apply knowledge of anatomy, pharmacology, physics, pathology, and physiology in daily practice without excessive guidance. PGY-5 procedures should for, the most part, be performed at the level of expertise of a junior consultant.

### ***Communicator***

#### **PGY-1:**

Residents will gain experience communicating as a physician. The skills involved with history taking and documentation will also be stressed. Being able to gain skills delivering, either written or verbally, a patient's history, physical, investigations, and management plan will be stressed in the varied clinical rotations.

#### **PGY-2 and PGY-3:**

Residents will continue to build on the skills mentioned in PGY-1. Clear communication with the perioperative team (anesthesiologist, surgeon, nurses) will also be stressed. Complete and adequate documentation in the form of the anesthesia chart will be an expectation.

#### **PGY-4 and PGY-5:**

Residents will be expected to communicate as leaders in the perioperative setting. In particular, sound communication during emergencies will be an objective of training.

### ***Collaborator***

#### **PGY-1:**

As residents are rotating through a wide variety of clinical environments they should gain an appreciation of the varied and important roles of the allied health care professionals and be exposed to the concept of a multidisciplinary team.

#### **PGY-2 and PGY-3:**

Residents should be able to utilize the knowledge and skills of members of the multidisciplinary team both inside and outside of the operating room. Interaction with the perioperative team, supervisors, peers, patients, families, and allied health care should at all times be collaborative and for the benefit of the patient.

#### **PGY-4 and PGY-5:**

Residents should demonstrate the ability to lead members of a multidisciplinary team during emergent and non-emergent situations.

### ***Manager***

#### **PGY-1:**

Residents will learn how to manage the balance between being a learner, and a physician with patient care responsibly.



### **PGY-2 and PGY-3:**

Residents should begin to appreciate the unique aspects of the manager role as an anesthesiologist. This includes, but is not limited to, on call urgent/emergent case prioritization, OR call schedules, hospital systems to care for patients before, during, and after a procedure, and the anesthesiologist's role in equipment/medication acquisition.

### **PGY-4 and PGY-5:**

Residents should be able to independently demonstrate the ability to prioritize cases and the distribution of anesthesia resources (human and equipment). At this stage all anesthesia residents will have been expected to have organized and administered call schedules.

### ***Health Advocate***

#### **PGY-1:**

As residents rotate through multiple clinical rotations they should gain appreciation of the importance of patient safety in the hospital environment. The concept of preventative medicine should also be understood and implemented when appropriate.

#### **PGY-2 and PGY-3:**

Residents will be able to describe, identify, and implement preoperative optimization. The resident will also learn to provide care in the safest manner possible by minimizing risk and discomfort for patients. Residents will be able to implement appropriate pain control measures perioperatively, particularly for the patient with chronic pain issues.

#### **PGY-4 and PGY-5:**

The senior resident should build upon and carry out, with minimal supervision, the health advocacy objectives mentioned in PGY-2 and PGY-3. Residents will also be able to assess and arrange the safest postoperative location for any individual patient.

### ***Scholar***

#### **PGY-1:**

Residents will learn to apply evidence based medicine to the care of patients.

#### **PGY 2 and PGY-3:**

Residents will learn how to develop a scholarly project, and undertake to present this academic endeavor as a poster, abstract, or manuscript. Residents will also endeavor to improve their ability to critically appraise medical literature.

#### **PGY-4 and PGY-5:**

Residents will be expected to teach and mentor more junior trainees in anesthesia, internal medicine, and critical care rotations. This progression should have begun as a junior resident.



## ***Professional***

Throughout their residency, residents are expected to fulfill the obligations of an anesthesia resident. In particular the CanMEDS Portfolio, Resident Log Book, safe patient care, documentation practices, careful tracking of narcotics, completion of required evaluations, attendance at academic rounds, and the completion of a scholarly project.

### **PGY-1:**

Residents will begin to appreciate professional obligations of being a physician in Canada.

### **PGY-2 and PGY-3:**

Residents will continue to develop the duties expected of a medical professional, including leadership, patient safety, promotion of the specialty of anesthesia, and the advancement of health care locally and Canada-wide.

### **PGY-4 and PGY-5:**

Residents will consolidate their role as a leader for a given patient's care, and on a wider scope solidify their professional obligations as an educator, scientist, clinician, and administrator.

Reviewed: June 2013, Dr. Granton