



ANESTHESIA RESIDENCY HANDBOOK

TABLE OF CONTENTS

SECTION 1: GENERAL RESIDENT GUIDELINES

Department Website	4
Operating Room Assignments	4
Rounds/Seminars/Journal Club.....	4
Illness.....	4
Vacation	5
<i>Procedure for Requesting Time Off</i>	5
Professional Leave.....	6
Statutory Holidays	6
Salary and Benefits	6
Library Resources and Locations.....	6
Recommended Textbooks	7
Out of Southwestern Ontario Rotations.....	9

SECTION 2: PROGRAM STRUCTURE

London Teaching Hospital Sites & Site Chiefs.....	11
Rotation Changeover Dates for 2015-2016.....	12
Subspecialty Rotations & Coordinators.....	12
Anesthesia Residency Program 2015-2016 Administrative Structure.....	13
Mentor System.....	14
Resident Research.....	14
Resident Portfolio.....	15

SECTION 3: POLICIES & PROCEDURES*

Anesthesia Resident Health and Safety Policy	17
Appeals Mechanism.....	22
Guidelines for Elective Rotations	23
Harassment and Equity Policy	23
Journal Club.....	27
Leave of Absence Policy.....	27
Ombudsperson Terms of Reference	28



Operating Room Attire28

Procedure for Requesting Time Off (Medicine/General Surgery).....29

Request Form.....30

Resident OR Locker Policy31

Resident Travel Allowance Policy31

Resident Expenses.....31

Restricted Registration.....33

City Wide Resident Call Scheduler Guidelines34

PARO Guidelines.....35

Guidelines for Regarding Graduating Residents.....36

Time-Off Requests.....37

* For further PGE policies and procedure, please refer to the Schulich School of Medicine and Dentistry Resident/Fellow Handbook, available online at:
http://www.schulich.uwo.ca/medicine/postgraduate/docs/Resident_Handbook.pdf



SECTION 1: GENERAL RESIDENT GUIDELINES



GENERAL RESIDENT GUIDELINES

These guidelines provide an overview of the basic responsibilities of the anesthesia resident and the resources available during residency. For more detailed information, please follow the links provided, or refer to the appropriate sections in this handbook.

DEPARTMENT WEBSITE

The Department of Anesthesia & Perioperative Medicine's website can be accessed at:

<http://www.schulich.uwo.ca/anesthesia>.

Residents will find useful information about the Program, links to presentations and seminars, login information for the Resident Log Book, Web Evaluations, and rotation and simulation schedules here.

Residents can also find information about faculty research, news and events, useful links, and contact information.

OPERATING ROOM ASSIGNMENTS

Daily attendance to assigned rooms is expected commencing at 0730 hours. If you have a case assignment preference, it is your responsibility to advise the person responsible for the daily assignments. Residents on subspecialty rotations will be assigned accordingly.

A preoperative assessment of all inpatients is mandatory. Please discuss assigned cases with the assigned consultant preoperatively.

ROUNDS/SEMINARS/JOURNAL CLUB

Rounds and formal teaching sessions are a priority and time for attendance will be protected from clinical duties. Your attendance at these activities, including Journal Club, is expected and will be recorded.

For further information regarding the Journal Club, please refer to the policies and procedures section of this handbook (Section 3).

ILLNESS

Please notify the Anesthesia Department Office and the On-Call anesthesiologist if you are sick.

The site Anesthesia Department phone numbers are:

LHSC-UH: 519-663-3283

LHSC-VH: 519-685-8525

St. Joseph's: 519-646-6100 Ext. 64219



VACATION

The PARO Agreement entitles you to four weeks of vacation per year. This should be taken in one week blocks every three months (if possible) for scheduling ease.

Vacation requests should be submitted via email to the Senior Resident, the Site Coordinator, and Linda Szabo. This should be done at least one month in advance. Priority will be given on a first-come, first-served basis. Professional leave has priority over vacation time. Vacation time should not occur during the last two weeks of June or the first two weeks of July to ensure the smooth turnover of outgoing and incoming residents.

Where possible, vacation should not be requested in April as a courtesy to the PGY-5 residents studying for exams. The Program will endeavor to give these residents some protected time out of the OR during April for exam prep. As always, the Program will continue to honor all vacation requests in accordance with the PARO Agreement and the above is only a suggestion made out of courtesy for the PGY-5's at this time of anticipated stress.

Requests for single day absences require a minimum of 7 days' notice with the exception of illness or emergency situations. PARO stipulates a minimum of one week blocks.

Procedure for Requesting Time Off

The following should be the procedure for vacation, lieu day requests, and professional leave requests:

- Step 1:** The resident gives the request to the city wide resident call schedule organizer. If the resident call schedule organizer agrees, then proceed to Step 2. If the request is refused, then the process stops and alternate vacation arrangements will need to be made.
- Step 2:** The resident then requests approval from the faculty site coordinator at the site they are assigned to (UH, VH or St Joseph's). If the request is refused then alternate vacation arrangements need to be made.
- Step 3:** If approved, then the resident and the site coordinator will inform Christina White to enter on the Anesthesia OR Schedule (christina.white@lhsc.on.ca).

This process allows an email trail of requests and approvals. If unclear as to the assigned weekly protected academic time for senior residents, Linda Szabo will have this information. Please submit all requests no later than the PARO final deadline.

If a resident's request is denied, the resident will be contacted to make an alternative request as stated in the PARO Agreement.

Residents on Medicine or General Surgery Rotations will have to follow additional procedures when requesting time off. For more information, please refer to the Procedure for Requesting Time-Off (Medicine/General Surgery) Policy in Section 3 of this handbook.



PROFESSIONAL LEAVE

Residents are entitled to an additional paid leave for educational purposes. Although the time is not specifically ear-marked for conferences, we encourage you to go to some conferences during your residency. You are allowed to use professional leave as you see fit (for study, etc.); however, conference stipends/funds can only be provided when you attend a conference. You must request professional leave in the same electronic format that you request vacation. We abide by the PARO Agreement, and it is recommended that you refer to this contract for additional details.

STATUTORY HOLIDAYS

Statutory holidays will be taken on the day that they occur. The operating rooms run on an emergency basis only on these days (as they do on weekends). If a statutory holiday occurs when a resident is on call, then the resident receives the next day off as in normal call days. The resident is also entitled to receive an extra day off for working the statutory holiday. This does not apply to Christmas, Boxing Day, or New Year's Day, which are covered separately by the PARO contract.

SALARY AND BENEFITS

The LHSC Medical Affairs Department sets up your payroll, including benefits. Your salary is determined by the guidelines of the PARO contract and the amount is commensurate with your training level.

Should you have any questions regarding salary and/or benefits, contact Monica McKay at extension 75128 or by email at monica.mckay@lhsc.on.ca.

LIBRARY RESOURCES AND LOCATIONS

There is an Anesthesia Library located at each of the 3 hospital sites:

<p>University Hospital C3-107 339 Windermere Road London, ON N6A 5A5</p>	<p>Victoria Hospital D2-314 800 Commissioners Road East, London, ON N6A 5W9</p>	<p>St. Joseph's Health Care Main Library A1-604 & Anesthesia Library B6-669 268 Grosvenor Street London, ON N6A 4V2</p>
---	--	--

Each location houses a collection of core anesthesia texts and provides study space and resources for residents and other members of the department. If you would like to borrow material from the library, please contact the Library Assistant and provide the title and library barcode number (found on the inside of the back cover) of the book you are borrowing. Contact information for the Library Assistant can be found at all three library locations.

The Department also has access to online resources through a subscription. For access, please contact the Library & Information Coordinator, Brie McConnell, at extension 35134 or



by email at brienne.mcconnell@lhsc.on.ca. The Library & Information Coordinator is also available to help you with any research concerns, medical literature and EBM searching, citation formatting, bibliographies, and Refworks.

In addition to these resources, residents are able to access the materials at the clinical libraries located in each of the hospitals, and the books and databases available through Western Libraries. For information on how to access these resources, contact Brie McConnell.

RECOMMENDED TEXTBOOKS

Textbooks are usually very expensive. Most of the books listed below are available at one of the hospital libraries, and you should review them before purchasing any. It is recommended that each resident obtain ONE general anesthesia textbook at the beginning of the residency as a reference and learning guide.



General:

Miller RD, et al. Miller's Anesthesia. Philadelphia: Elsevier.
Barash PG, et al. Clinical Anesthesia. Philadelphia: Wolters Kluwer.
Nimmo WS. Anaesthesia. Churchill-Livingston.

Anatomy:

Ellis H, et al. Anatomy for Anaesthetists. Massachusetts: Wiley-Blackwell.

Physiology:

Hall JE. Guyton and Hall Textbook of Medical Physiology. Philadelphia: Elsevier.
Barrett KE. Ganong's Review of Medical Physiology. New York: McGraw-Hill.
(Both are classic textbooks)

Respiratory Physiology:

West JB. Respiratory Physiology: the Essentials. Philadelphia: Wolters Kluwer.
West JB. Pulmonary Pathophysiology: the Essentials. Philadelphia: Wolters Kluwer.
(Both texts are excellent, succinct reviews)
Lumb AB. Nunn's Applied Respiratory Physiology. London: Churchill Livingston.
(Some points covered are of special value to anesthesiologists)

Medicine:

Longo DL. Harrison's Principles of Internal Medicine. New York: McGraw-Hill.
Vickers MD. Medicine for Anaesthetists. Oxford: Blackwell.
Stoelting RK. Stoelting's Anesthesia and Co-Existing Disease. Philadelphia: Elsevier.
Benumof JL. Anesthesia and Uncommon Disease. Philadelphia: Saunders.

Pharmacology:

R.K. Stoelting. Pharmacology and Physiology in Anesthesia Practice, Lippincott-Raven

Physics & Equipment:

MacIntosh R. Physics for the Anaesthetist. Oxford: Blackwell.
Mushin WM. Automatic Ventilation of the Lungs. London: Blackwell.
Dorsch JA. Understanding Anesthesia Equipment. Philadelphia: Wolters Kluwer.



OUT OF SOUTHWESTERN ONTARIO ROTATIONS

As residents at Western University you are members of the DEN network of teaching and community hospitals. To maintain continuity of teaching and support your fellow residents who are learning and working in the DEN network (including the London hospitals) there needs to be some limits in the numbers of “electives” or rotations outside of the DEN network.

Starting in July 1, 2015, residents will only be allowed two rotations out of this jurisdiction per academic year (13 blocks). This includes anesthesia and “off service” rotations (medicine, intensive care, etc...) For new residents starting in the program this restriction will also include only eight rotations out of this jurisdiction for the entire residency.

The Residency Training Committee will need to grant specific approval for out of jurisdiction rotations beyond the limits above.



SECTION 2: PROGRAM STRUCTURE

LONDON TEACHING HOSPITAL SITES & SITE CHIEFS

LONDON HEALTH SCIENCES CENTRE

LHSC-UNIVERSITY HOSPITAL (UH)

339 Windermere Road
London, Ontario N6A 5A5

Site Chief: Dr. Ramiro Arellano

Phone: 519-663-3283

Fax: 519-663-3079

Email: ramiro.arellano@lhsc.on.ca

Pager: 18979

LHSC-VICTORIA HOSPITAL (VH)

800 Commissioners Roads East
London, Ontario N6A 5W9

Site Chief: Dr. George Nicolaou

Phone: 519-685-5115

Fax: 519-685-8275

Email: george.nicolaou@lhsc.on.ca

Pager: 17813

ST. JOSEPH'S HEALTH CARE LONDON (St. Joseph's)

268 Grosvenor Street
London, Ontario N6A 4V2

Site Chief: Dr. Bill Sischek

Phone: 519 646-6100 Ext. 64218

Fax: 519-646-6116

Email: william.sischek@lhsc.on.ca

Pager: 15974

ROTATION CHANGEOVER DATES FOR 2015-2016

(Based on a 4 week educational block, 13 rotations in total)

Resident Orientation – Thursday, July 2, 2015

Block	Start Date	End Date
1	Wednesday, July 1, 2015	Monday, July 27, 2015
2	Tuesday, July 28, 2015	Monday, August 24, 2015
3	Tuesday, August 25, 2015	Monday, September 21, 2015
4	Tuesday, September 22, 2015	Monday, October 19, 2015
5	Tuesday, October 20, 2015	Monday, November 16, 2015
6	Tuesday, November 17, 2015	Monday, December 14, 2015
7	Tuesday, December 15, 2015	Monday, January 11, 2016
8	Tuesday, January 12, 2016	Monday, February 8, 2016
9	Tuesday, February 9, 2016	Monday, March 7, 2016
10	Tuesday, March 8, 2016	Monday, April 4, 2016
11	Tuesday, April 5, 2016	Monday, May 2, 2016
12	Tuesday, May 3, 2016	Monday, May 30, 2016
13	Tuesday, May 31, 2016	Tuesday, June 30, 2016

Please note: Service call schedules should also reflect the same rotation block dates.

SUBSPECIALTY ROTATIONS & COORDINATORS

Residents scheduled for subspecialty rotations must contact the subspecialty coordinator prior to the start of the rotation to receive instructions and materials specific to the rotation. If no subspecialty coordinator is listed below, please contact the site coordinator for further information.

Rotation	Location	Coordinator	Email
Airway	VH	Dr. Richard Cherry	richard.cherry@lhsc.on.ca
Airway	UH	Dr. Tim Turkstra	timothy.turkstra@lhsc.on.ca
Cardiac	UH	Dr. Ronit Lavi	ronit.lavi@lhsc.on.ca
Neuro	UH	Dr. Miguel Arango	miguel.arango@lhsc.on.ca
Obstetric	VH	Dr. Indu Singh	isingh@uwo.ca
Pain	City Wide	Dr. Kate Ower	katherine.ower@lhsc.on.ca
Pediatric	VH	Dr. Mohamad Ahmad	mohamad.ahmad@lhsc.on.ca
Regional	UH & SJH	Dr. Shalini Dhir	shalini.shir@sjhc.london.on.ca
Transplant	UH	Dr. Achal Dhir	adhir@uwo.ca
Vascular & Thoracic	VH	Dr. George Nicolaou	george.nicolaou@lhsc.on.ca
Palliative	UH	Dr. Valerie Schulz	valerie.schulz@lhsc.on.ca
Blood Conservation Program	UH	Dr. Fiona Ralley	fiona.ralley@lhsc.on.ca

ANESTHESIA RESIDENCY PROGRAM 2015-2016 ADMINISTRATIVE STRUCTURE

Dr. Chris Watling
Western University Associate Dean
Postgraduate Medical Education

Dr. Davy Cheng
Chief & Chair Department of Anesthesia &
Perioperative Medicine



Dr. Arif Al-Areibi
Program Director

Postgraduate Education (PGE) Committee

Program Director – Dr. Arif Al-Areibi
Associate Program Director – Dr. Andreas Antoniou
Site Coordinator SJH – Dr. Pod Armstrong
Site Coordinator LHSC-UH – Dr. Peter Mack
Site Coordinator LHSC-VH – Dr. Bobbi Jo Morrell
Research Coordinator – Dr. Jon Brookes
IT Coordinator & RCPSC Examiner – Dr. Richard Cherry
Chief Resident – Dr. William Schultz
Jr. Resident Reps – Dr. Kyle Fisher & Dr. Lukas Brown
Program Administrator – Linda Szabo
Fellowship Program Director – Dr. Miguel Arango (ex-officio)
Chair – Dr. Davy Cheng (ex-officio)

Duties of the PGE Committee

Resident Selection | Resident Education | PARO Liaison
Career Counseling | Resident Evaluation | Program Evaluation | Resident Research

PGE Sub-Committees

Academic Half-Day Sub-Committee – Dr. Steve Morrison
Academic Mentoring Sub-Committee Chair – Dr. Jeff Granton
Evaluation Sub-Committee Chair – Dr. Vanessa Fantillo
Quality Improvement Subcommittee – TBA
Safety, Stress and Fatigue Management Sub-Committee – Dr. Kristin Marmai
Royal College Examination Sub-Committee - TBA

All residents will be given the chance to participate in any of the above subcommittees. Residents' contribution and representation in these subcommittees is highly recommended and please let us know if you are interested and we will make the appropriate arrangements. Should you have any concerns regarding your educational experience or evaluation, please feel free to discuss this with any member of the PGE Committee.



MENTOR SYSTEM

The Department of Anesthesia & Perioperative Medicine has adopted a mentor system to ease the transition of new trainees into the program and to provide guidance and support to each resident throughout their training. Mentor groups are reviewed prior to the beginning of each academic year. New trainees are assigned and additions/deletions to existing groups are made.

If you have a preference for a mentor, or would like to discuss the mentor system, please contact the Anesthesia Department Office at 519-663-3283.

Mentorship Program

In addition to the mentor system, there is a resident-run mentorship program for new PGY-1s. Incoming residents are partnered with a PGY-2 resident based on interests, where they went to school, where they're doing their first anesthesia rotation, and sometimes, similar family situations (i.e. kids, married). The PGY-2 resident will help the new resident navigate the challenges of their first year. As the PGY-1s progress to PGY-2, they will become mentors for the new incoming residents.

For information about the 2015-2016 mentorship program, please contact Dr. Lukas Brown (lbrown77@uwo.ca).

RESIDENT RESEARCH

Anesthesia residents are actively encouraged to complete and present at least one research project during their 5 years of residency training. Projects can include bench side research, clinical research trials, quality assurance projects, and systematic reviews. Research opportunities are available in all subspecialty areas of anesthesia. Residents are encouraged to seek mentors and supervisors early. Protected time can be made available during the residency for research activity.

Residents are encouraged to present at Anesthesia meetings and financial support is available. Popular venues for presentation include Mac-Western Resident Research Day Exchange, Canadian Anesthesiologists' Society Annual Meeting, and the Midwest Anesthesia Resident Conference (MARC) in the USA.

Mac-Western Resident Research Day Exchange

This is held yearly with McMaster University with the site alternating between the two campuses. Research and academic projects are presented and judged, with the top three receiving prizes. A recognized researcher is invited to speak and to be an assessor at the Research Competition. A dinner and friendly anesthesia trivia challenge follow the presentations.



For further information regarding resident research projects, please contact the Resident Research Coordinator: Dr. Jon Brookes (jonathan.brookes@lhsc.on.ca).

For support with:

- Research study start-up
- Funding opportunities
- Research Ethics Board submissions and documents
- Manuscript preparation, reviews, submission and revisions
- Research training requirements
- Poster/Oral presentations
- Grant writing and/or reviews
- Grant/study administration at Western, Lawson, LHSC/SJHC

or other research-related inquiries, please contact:
Research Coordinator: TBA

RESIDENT PORTFOLIO

The Association of Canadian University Departments of Anesthesia (ACUDA) and the Royal College of Physicians and Surgeons of Canada (RCPSC) have started to stress the need for anesthesia trainees to track their progress in the CanMEDS roles beyond the focus of Medical Expert. To help accomplish this, a portfolio was designed by members of ACUDA, which allows residents to track courses, seminars, encounters, etc., that help fulfill CanMEDS. This portfolio has been modified and is available from the Program Director in Excel format.

The CanMEDS roles beyond Medical Expert are each addressed in this modified portfolio. Obviously there is going to be overlap between roles, and you can include material from one encounter in several roles. The key to this process is the reflection aspect. In order to grow as a physician you should reflect on how you have been impacted by new experiences. Within the portfolio there are areas reserved for reflection. There is no need to write an essay, a few lines to capture your thoughts should do.

Feel free to add additional sections or lines if needed. For example, if you take a course and it does not seem to be represented in any area, then simply add a line. That is the advantage of the electronic format. These are your forms and are confidential.

At your yearly meeting with the Program Director, we will ask to review a few of the forms each time to help monitor your progress. The forms will also be reviewed at the end of the residency when the Program Director will fill out your FITER. If a role is blank, it will make the FITER difficult to complete. The RCPSC may also want to see them at some point, so it is to your advantage to keep them up to date.



SECTION 3: POLICIES & PROCEDURES



ANESTHESIA RESIDENT HEALTH AND SAFETY POLICY

The Department of Anesthesia & Perioperative Medicine

PREAMBLE

The Department of Anesthesia & Perioperative Medicine recognizes that residents have the right to a safe work environment during their training. The responsibility for promoting a culture and environment of safety rests with the Schulich School of Medicine and Dentistry, Affiliated Hospitals, the Department of Anesthesia & Perioperative Medicine, and with the residents themselves. The concept of safety includes physical, emotional, psychological, and professional security. The Anesthesia Residency Program has a special PGE subcommittee that monitor, evaluate and deal with all stress, fatigue and safety related issues.

The Schulich School of Medicine and Dentistry Resident Health and Safety policy for postgraduate trainees is found at: <http://www.schulich.uwo.ca/medicine/postgraduate/policies>

KEY RESPONSIBILITIES

For Residents:

- To provide information and communicate safety concerns to the program and to comply with safety policies.

For the Residency Training Program:

- To act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment.

PART I: PHYSICAL SAFETY

These policies apply only to the activities that are related to the execution of residency duties:

- a) When residents are travelling for clinical or academic duties by private vehicle, it is expected that they maintain their vehicle adequately, prepare for weather related emergencies, have adequate supplies and contact information. It should be noted that the Province of Ontario prohibits cell phone use (with the exception of hands free) and/or text messaging while driving.
- b) For long distance travel for clinical or academic duties, residents should ensure that a colleague or residency office is aware of their itinerary.
- c) Residents should not be required to drive with inadequate sleep. If required, alternate means of transportation will be offered by the department after busy on call shifts. The PGE Committee has agreed to offer taxi reimbursement for Anesthesia residents who are post-call (on or off-service) who feel too tired to drive home safely. If a resident

- decides it is necessary to take a taxi home for this reason, you may submit the receipt to Linda Szabo for reimbursement (maximum \$20.00). If prolonged driving is required with inadequate sleep, then alternate timing or travel arrangements should be made.
- d) Residents are not expected to travel during inclement weather for clinical or academic assignments. If such weather prevents travel, the resident must contact their supervisor immediately. Assignment of an alternate activity is at the discretion of the Program Director.
 - e) Electives, academic duties, or conferences that require international travel require careful planning. Residents should have proper personal medical insurance, ensure valid professional liability insurance, and valid medical licensure, proper Visa and Passport, immunizations for travel to endemic countries, and safe travel and accommodation.
 - f) Residents should not work alone after hours in health care facilities without adequate security support.
 - g) Residents are not expected to make unaccompanied home visits.
 - h) Residents should only telephone patients using caller blocking.
 - i) Residents should not be expected to walk alone for any major or unsafe distances at night.
 - j) Residents should not care for violent, intoxicated, or aggressively psychotic patients without adequate security support, proper physical space and an awareness that this danger exists.

The LHSC Workplace Violence and Prevention Program policies are available at:
<http://www.lhsc.on.ca/priv/ohss/violence.htm>

- k) Residents should familiarize themselves with the location and services provided by Occupational Health. This includes policies for needle stick injuries, work place injuries, exposure to contaminated fluids (for example eyes, open sores, oral etc...) and exposure to or contraction of reportable infectious diseases.

The LHSC and St. Joseph's OHSS policies are available at:

<http://www.lhsc.on.ca/priv/ohss/>
<https://intra.sjhc.london.on.ca/support-teams/occupational-health-and-safety/policies-and-guidelines>

- l) Residents should be aware of the importance and availability of immunizations. This includes, but is not limited to, Influenza, Hepatitis B, and Tetanus. (See *links in section k*)
- m) Residents should have a personal family physician and ensure immunizations are up to date.

- n) Residents must observe universal precautions and isolation procedures when indicated.
- o) Residents must follow hospital policy for the use of personal protective devices for high risk procedures, including but not limited to, intubation, vascular access, and procedures associate with splatter of bodily fluids. Intubations that occur in the operating room are discretionary as to the need for a face shield or eye protection. If concerned, then a face shield should be worn.

The Aerosol Generating Procedures are available at:

http://intra.sjhc.london.on.ca/depts/icontrol/pdfs/champslhsc/aerosol_generating_procedures.pdf

- p) Call rooms and lounges provides to the residents should be smoke free, clean, adequately lit and located in safe areas. Call rooms should have doors that lock.
- q) Residents working in areas of radiation exposure must follow policies to limit intensity and duration of radiation exposure, including the use of protective garments (aprons, vests, and neck guards).
- r) Pregnant residents need to be aware of specific risks to themselves and their fetus. Residents should contact Occupational Health about these issues if they could be or plan to become pregnant.
- s) Residents should not suffer harassment, intimidation and/or sexual or physical violence of any kind from faculty, allied health care workers, hospital support staff or peers.

The PARO Agreement (Section 10) regarding Discrimination/Harassment/Intimidation is available at: http://www.myparo.ca/PARO-CAHO_Agreement

The LHSC employee code of conduct is available at:

<http://www.lhsc.on.ca/priv/conduct/>

The Schulich School of Medicine and Dentistry code of conduct is available at:

<http://www.schulich.uwo.ca/equity/index.php?page=CodeofConduct>

Information about reporting an issue is available at:

<http://www.schulich.uwo.ca/equity/index.php?page=ReportinganIssue>

- t) If a resident is suffering from a communicable illness that would put patients or staff at risk they should be encouraged to stay home and seek medical assessment if needed.

PART II: EMOTIONAL & PSYCHOLOGICAL SAFETY

- a) Learning environments must be free from intimidation, harassment and discrimination.
- b) When a resident is affected by poor health, excessive stress or psychological issues (including substance abuse), the resident shall be granted a leave of absence and

have access to the appropriate support. The resident should not return to work until these issues have been resolved satisfactorily to ensure resident and patient safety.

- c) Intoxication while performing clinical duties will result in immediate suspension and possible dismissal.
- d) Residents should be aware of and have access to stress counseling, resources for substance abuse, and a mechanism for dealing with harassment or inequity issues.

Information about the OMA Physician Health Program is available at:

<http://php.oma.org/>

Information about the PARO 24 Hour Help Line is available at:

http://www.myparo.ca/24_HOUR_Helpline

Information about the Associate Dean of Equity and Professionalism is available at:

<http://www.schulich.uwo.ca/equity/index.php?page=AssociateDean>

- e) Residents should have adequate emotional support available after a severe adverse event or critical incident. (See links in section d)

PART III: PROFESSIONAL SAFETY

- a) Some residents may experience conflicts between their ethical, cultural or religious beliefs and their professional and/or training obligations. Resources will be made available to deal with such conflicts when these issues are brought to the attention of the Program Director.
- b) Residents are entitled to the vacation and professional days with the rules and restrictions as set out in the PARO contract.

The PARO Agreement (Sections 11 & 12) regarding Professional Leave and Vacation are available at:

http://www.myparo.ca/PARO-CAHO_Agreement

- c) A culture of safety should exist to promote residents coming forward with concerns regarding patient safety without fear of reprisal.
- d) Residents must be members of the CMPA and follow CMPA recommendations in the event of medico-legal issues.
- e) Residents must ensure current and active licensure under the CPSO before any patient contact.
- f) Residents should have a system available that will allow honest, anonymous and timely evaluation of supervisors, teaching faculty, and rotations.
- g) Residents need access to neutral representatives at The University of Western Ontario to advocate on their behalf. These individuals may at times be contacted with

the assistance of the Program Director or may be contacted directly by the resident if they are not comfortable communicating with the Program Director.

Information about the Associate Dean of Equity and Professionalism is available at: <http://www.schulich.uwo.ca/equity/index.php?page=AssociateDean>

- h) Residents should be encouraged to bring professional and personal issues to the Program Directors attention. However, if patient safety or personal safety issues come to light, (either through disclosure by the resident, complaint, poor evaluation, or through other means) then immediate suspension or dismissal may be warranted.

See more links in Part IV

PART IV: MECHANISMS FOR DEALING WITH PERCEIVED LACK OF SAFETY

Any resident or faculty member that has concerns about the physical, psychological, or professional safety of any individual resident, or group of residents, is required to bring this to the attention of the Program Director immediately. If the Program Director is unavailable, then the Associate Program Director or Chair of the Department needs to be made aware.

The Program Director will work with the appropriate administrative body (PGE, Medical Affairs, CPSO, CMPA, Occupational Health, Department of Anesthesia and Perioperative Medicine Executive) to address the concerns. No resident should be expected to learn or work in an unsafe environment.

The following links are additional reading or source documents for the above policy:

PARO: <http://www.myparo.ca>

Office of the Associate Dean, Equity and Professionalism:
<http://www.schulich.uwo.ca/equity/index.php?page=AssociateDean>

OMA, Physician Health Program: <http://www.phpoma.org/>

CMPA: <http://www.cmpa-acpm.ca/cmpapd04/index.cfm?index=1>

CPSO: <http://www.cpso.on.ca/>

Occupational Health (St. Joseph's and LHSC):
<http://www.lhsc.on.ca/priv/ohss/>
<https://intra.sjhc.london.on.ca/departments/occupational-health-and-safety>

APPEALS MECHANISM

The Department of Anesthesia & Perioperative Medicine

Residents that fail a clinical rotation or disagree with an evaluation have the right to appeal the unsatisfactory evaluation. The steps needed to be taken are outlined below. All appeals must occur within six weeks of receiving the evaluation. Each successive step must occur no later than six weeks after the preceding step.

APPEALS PROCEDURE

- Step 1:** The resident must meet with the supervisor of the clinical rotation to better understand the reasons for the results of the evaluation and to ascertain whether or not the evaluation should be altered.
- Step 2:** If Step 1 does not come to a satisfactory conclusion for the resident, then they may appeal in writing to the Appeals Committee of the Anesthesia Residency Training Committee. This Committee consists of the Program Director, Associate Program Director, one of the four Resident Representatives on the Residency Training Committee, and a Site Coordinator from a site not involved in the evaluation in question. The written appeal should include reasons as to why the evaluation is not an accurate reflection of performance, and primarily focus on whether the proper process was followed prior to an unsatisfactory evaluation. The committee will meet with the resident in question and then the supervisor of the rotation. The resident may also appeal to the Chair of the Department of Anesthesia & Perioperative Medicine if this appeal is unsuccessful. Failures on rotations not core to anesthesia (internal medicine, critical care, surgery, etc.), may require a direct bypass to Step 3.
- Step 3:** If Step 2 does not address the resident's concerns, then they may provide a written appeal to the Schulich School of Medicine and Dentistry's Appeals Committee. The process beyond this is outlined in the Postgraduate Medical Education Office Appeals document.

The Postgraduate Medical Education Office Appeals document is available at:
<http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/2012Evaluation-and-Appeals-Policy.pdf>

If a resident does fail a rotation, a plan of remediation must be in place. This plan will be organized by the Program Director, The Academic Mentoring Subcommittee and supervisor of the rotation in which the failure occurred, and with the guidance of the Residency Training Committee.

GUIDELINES FOR ELECTIVE ROTATIONS

The Department of Anesthesia & Perioperative Medicine

In order to have a clear record of the proposed elective, the resident must provide the following information (in writing) to the Anesthesia Program Director:

1. The location and dates of the elective.
2. The name of the supervisor.
3. The resident should also send the supervisor of the elective a letter, with a copy to the Anesthesia Program Director, containing the following:
 - a) The objectives of the elective.
 - b) The arrangements for evaluation of the resident at the end of the elective period.
 - c) Details of service expectations, including days to be worked and on-call expectations.
 - d) Any special arrangements which may be involved such as priority assignment of the resident to individual preceptors or to specified types of cases.
 - e) Other special arrangements regarding such things as accommodation, transportation, holiday, or professional leave.

The foregoing will serve to expedite approval for elective rotations by the Program Committee, and help avoid unpleasant surprises during the actual elective rotation.

HARASSMENT AND EQUITY POLICY

The Department of Anesthesia & Perioperative Medicine

Modified from the Schulich School of Medicine and Dentistry Policies found at:
<http://www.schulich.uwo.ca/medicine/postgraduate/policies>

PREAMBLE

The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner in a learning/research/clinical environment that places strong focus on education, high quality patient-care and, at all times, ethical conduct.

In the past, the hierarchy and certain behaviors have been accepted, justified, and perpetuated as behaviors in a rite of passage. In the current educational climate, some behaviors are not acceptable and can no longer be condoned. Educators must be sensitive to the large power imbalance that exists in the teacher/learner relationship and to the potential harm inflicted by inappropriate comments or actions. An interactive, informative, and respectful teaching/learning environment must be established.



The Ontario Human Rights Code states that all individuals have the right to equal opportunities in the workplace and to an educational environment free of harassment because of color, age, sex, sexual orientation, ethnic origin, religion, and handicap, etc. Harassment is considered a form of discrimination and is illegal under the Human Rights Code.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher, on the other hand, can expect the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective professional, to develop a commitment to service, and come to value the importance of responsibility in patient care and academic responsibilities. Teachers have the responsibility to model and explicitly describe the behavior they expect of students in their interactions with others. Students, in turn, have a responsibility to extend the framework of collegial and respectful interaction to peers, staff, health-care workers, and patients. Certain behaviors are inherently destructive to the teacher-learner-researcher relationship and may, in fact, constitute a form of abuse. This may be operationally defined as behavior by faculty, students, and staff which is consensually disapproved of by society and by the academic community as either exploitive or punishing.

Concern regarding inappropriate behavior is not limited to the interaction between the teacher (staff anesthesiologist) and student (anesthesia resident). It should also include the following:

- All Physicians, Dentists and Midwives
- Allied Health Care Professionals (RN, RRT, etc.)
- Hospital Support Staff and Employees (cleaning staff, patient care associates, etc.)
- Secretarial Staff
- Industry Representatives on official business
- Fellow Students (Residents, Fellows, Medical Students, etc.)
- Patients and their relatives

It should be noted that demented, delirious (in particular patients under the influence of anesthetic agents or emerging from general anesthesia), or patients with brain injuries may at times behave in an inappropriate or violent manner. The primary focus should be the safety of the patient and health care workers (resident) in this circumstance. Please refer to the Anesthesia Resident Safety Policy for more information.

COMMENTS OR BEHAVIOURS CONSIDERED UNACCEPTABLE

Perceived inappropriate comments directed at an individual related to the person's sex, sexual orientation, racial background, religion, or physical ability. This may include:

- a) Threat of/or actual physical contact of any kind when there is a perception of physical violence. For example:
 - Violent grabbing, pushing, or shoving.
 - Throwing of instruments.
- b) Sexual harassment of any kind. Types of conduct which may constitute sexual harassment include but are not limited to:
 - Sexual remarks or jokes causing embarrassment or offence after the person making the joke has been informed that they are embarrassing or offensive or that are by their nature reasonably known to be embarrassing or offensive.
 - Sexual solicitation or advance made by a person in a position to confer, grant, or deny a benefit or advancement where the person making the solicitation or advance knows or ought reasonably to know it is unwelcome.
 - Sexually degrading words used to describe a person.
 - Sexually suggestive or obscene comments or gestures.
 - Leering, touching, advances, propositions or requests for sexual favours.
 - Derogatory or degrading remarks, verbal abuse, or threats directed towards members of one gender or regarding one's sexual orientation.
 - Inquiries or comments about a person's sex life, sexual prowess, or sexual deficiencies.
 - The display of sexually suggestive material in the workplace.
 - Persistent unwanted contact or attention after the end of a consensual relationship.
 - Comments which draw attention to a person's gender and have the effect of undermining the person's role in a professional or business environment.
 - Comments regarding a person's physical appearance or attractiveness.
- c) Assigning tasks for punishment rather than for educational benefit or denying equal educational opportunities as a punishment.
- d) Use of public humiliation or intimidation as a method of teaching or use of derogatory terms when referring to another person.
- e) Grading used to punish rather than as an objective evaluation of performance.
- f) Preferential treatment, especially in the evaluation and admission process, as a result of relationship (family, friend, donor, financial).
- g) Initiating or maintaining intimate or sexual relationships between teachers and learners.

- h) Intimate or sexual relationships between clinical trainees and patients. (Please note that the College of Physicians and Surgeons in Ontario has guidelines which focus on the ethics of providing treatment for family members and in initiating an intimate relationship with patients. Residents are expected to adhere to these professional guidelines).

While the literature focuses on the abuse of power (generally considered to reside in the hands of the teacher or institution) it fails to articulate that students, especially in numbers, have power also and can exercise that inappropriately under certain circumstances. An example might be the organized effort to subvert or sabotage teaching sessions or evaluation procedures for the purpose of punishing a teacher or for personal gain. From the point of view of a code that applies to teacher and learner alike, it is important to recognize that the potential to hurt and impair the functioning potential of another person exists within the domain of both teacher and learner.

STEPS TO FOLLOW IF HARASSMENT, INTIMIDATION OR INEQUITY REQUIRES REPORTING/ACTION:

1. The Anesthesia Program director should be informed immediately.
2. If possible, a written statement of the specifics surrounding the incident(s), behavior and witnesses would be helpful.
3. At times residents may not be comfortable discussing these issues with the Program Director. Alternate individuals or departments to inform:
 - Chair of the Department of Anesthesia and Perioperative Medicine
 - Associate Program Director for Anesthesia or member of Anesthesia PGE committee
 - Chief Anesthesia Resident or Junior Resident Representatives on Anesthesia PGE Committee
 - Office of Associate Dean of Postgraduate Medical Education (<http://www.schulich.uwo.ca/medicine/postgraduate/index.php>)
 - PARO (<http://www.myparo.ca/>)
 - CMPA (<http://www.cmpa.org>)
 - CPSO (<http://www.cpsso.on.ca/>)
 - Departmental Ombudsperson

Investigation, intervention, or disciplinary action taken will be at the discretion of the Schulich School of Medicine and Dentistry, Affiliated Hospitals, CPSO, and supervisors of individual(s) involved.



JOURNAL CLUB

The Department of Anesthesia & Perioperative Medicine

The Department of Anesthesia & Perioperative Medicine Journal Club is loosely based on the McMaster Evidence Based Medicine approach, similar to the JAMA critical appraisal articles.

Journal Club is held bi-monthly from September to June. Each topic begins with a clinical scenario requiring a literature search. The scenario is accompanied by a couple of articles for review and questions for discussion.

Dr. Craig Railton and Dr. Tim Turkstra coordinate the Journal Club. Please feel free to contact either of them with a topic suggestion (craig.railton@lhsc.on.ca or timothy.turkstra@lhsc.on.ca)

Kathy Bilton provides administrative support for Journal Club and can be reached at extension 35737 or by email at kathy.bilton@lhsc.on.ca.

Attendance at Journal Club is mandatory and is recorded.

LEAVE OF ABSENCE POLICY

Schulich School of Medicine & Dentistry

For information regarding the Postgraduate Medical Education Policy on Residency Leaves of Absence, and to access the Leave of Absence Form, please refer to the following links:

Postgraduate Medical Education Policy on Residency Leaves of Absence and Training Waivers:

<http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/2012Leave-of-Absence-and-Training-Waivers.pdf>

Leave of Absence Form:

<http://www.schulich.uwo.ca/medicine/postgraduate/forms/files/Forms/LeaveofAbsence.pdf>



OMBUDSPERSON TERMS OF REFERENCE

The Department of Anesthesia & Perioperative Medicine

The purpose of the Ombudsperson is to provide Residents in the Department of Anesthesia & Perioperative Medicine access to an impartial faculty member at the Schulich School of Medicine and Dentistry. Residents, either individually or as represented by the Chief Resident, may at times need to bring significant concerns regarding the training program, Schulich Medicine & Dentistry faculty, or the Department of Anesthesia and Perioperative Medicine to the attention of the Ombudsperson.

TERM

Two year renewable term.

SELECTION

Candidates for this position will be suggested by the resident members of the Anesthesia PGE committee. Candidate must be a member of the faculty at the SSMD. Candidates must also be acceptable to the faculty members of the PGE committee.

FUNCTIONS

- 1) Provide experienced educator outside of the Department of Anesthesia and Perioperative Medicine to receive and assess resident feedback regarding issues of significance in the Residency Training Program for Anesthesia.
- 2) The Ombudsperson has the authority to seek the assistance of the Postgraduate Education Office, Office for the Associate Dean of Equity and Professionalism or Student Support Services.
- 3) If required the Ombudsperson may need to act as a mediator in areas of disagreement or conflict.

The Program Director of the Anesthesia Training Program will assist the Ombudsperson if required. The Program Director should also receive communication from the Ombudsperson about issues brought forward. Depending on the nature of the issues at hand this communication may be delayed or made more anonymous in nature.

- 4) The Ombudsperson should be aware of and utilize the Anesthesia Training Program's policy regarding intimidation and harassment if appropriate.

OPERATING ROOM ATTIRE

London Health Sciences Centre

For information regarding operating room attire, please refer to the LHSC Policy:

<http://www.lhsc.on.ca/priv/periop/or/policies/attire.htm>



PROCEDURE FOR REQUESTING TIME OFF (MEDICINE/GENERAL SURGERY)

Effective July 1, 2015 to June 30, 2016, all residents rotating through general surgery will have to complete their requests using the request form attached in the next page (page 31). The form is to be completed and emailed to Christine Ward at christine.ward@lhsc.on.ca.

Vacation Request Instructions

Requests must be made at least 4-weeks in advance of the requested start day of vacation/education leave, (6-weeks recommended).

Special Note: In order to accommodate all requests for leave & to ensure adequate patient coverage, requests for the last 3-blocks (April 5, 2016 to June 30, 2016) **must be submitted no later than March 1, 2016. This is an absolute must & late submissions will not be accepted.**

- 1) Approval: Please note that requests are approved by the service chief resident on a first come basis. Vacation requests include 5 working days and 1 weekend only (you are not entitled to bookend weekends). Once they are approved you & your immediate supervisor will receive an email confirmation. Please allow 2-weeks for approval notification. If you haven't received a response to your request within that time frame then contact the chief resident.
- 2) Off-Call Requests: You may request at any time using the request form, but they may not necessarily be granted.
- 3) Education/Conference: Apply to week days only - if you require the weekend you must request as off-call.
- 4) Vacation Requests: You are entitled to 4-weeks (a week is 7 days which includes 5 working days and 2 weekend days) of paid vacation per year. The number of days you take will be tracked with your program.
- 5) Stat replacement requests: You have 90 days to use these days and this request option will be available to use after the observed Statutory Holiday. When submitting a lieu day you must include the stat date that you originally worked. If that information is not included in your request, then the request will be denied. It is our strong preference that, whenever possible, you take your stat replacements day on the rotation where these holidays occurred.
- 6) Verbal requests: Verbal vacation, education/conference requests will not be granted. All requests must be submitted using the on-line vacation request form. There will be no exceptions to this policy.

Division of General Surgery – Leave Request Form

All fields must be completed or your request will be returned. You can type directly into the form, save as a word document & email to: christine.ward@lhsc.on.ca.

Leave Request Form			
Resident Name:		Email:	
Pager #:		Cell #:	
Home Program:	Choose an item.	Rotation Site & Team	Choose an item.
Date Submitted:	Click here to enter a date.	Chief Resident	Choose an item.

Type of Absence Requested: (please select your option) Choose an item.

Dates of Absence:	From:	Click here to enter a date.	To:	Click here to enter a date.
-------------------	-------	-----------------------------	-----	-----------------------------

Number of days requested :Choose an item.	On Call Date for Lieu Day Request: Click here to enter a date.
---	--

VACATION REQUEST INSTRUCTIONS

Requests must be made at least 4-weeks in advance of the requested start day of vacation/education leave, (6-weeks recommended). In order to accommodate all requests for leave & to ensure adequate patient coverage, requests for the last 3-blocks (April 5, 2016 to June 30, 2016) **must be submitted no later than March 1, 2016**. This is an absolute must & **late submissions will not be accepted**.

- Approval:** Please note that requests are approved by the service chief resident on a first come basis. Vacation requests include 5 working days and 1 weekend only (you are not entitled to bookend weekends). Once they are approved you & your immediate supervisor will receive an email confirmation. Please allow 2-weeks for approval notification. If you haven't received a response to your request within that time frame then contact christine.ward@lhsc.on.ca
- Off-Call Requests:** you may request at any time using the request form, but they may not necessarily be granted.
- Education/Conference:** apply to week days only - if you require the weekend you must request as off-call.
- Vacation Requests:** you are entitled to 4-weeks (a week is 7 days which includes 5 working days and 2 weekend days) of paid vacation per year. The number of days you take will be tracked with your program.
- Stat replacement requests:** you have 90 days to use these days and this request option will be available to use after the observed Statutory Holiday. When submitting a lieu day you must include the stat date that you originally worked. **If that information is not included in your request, then the request will be denied.** It is our strong preference that, whenever possible, you take your stat replacements day on the rotation where the call occurred.
- Verbal requests:** verbal requests are not acceptable. All requests must be submitted using the request form. **There will be no exceptions to this policy.**

THIS SECTION FOR OFFICE USE ONLY

Received in program office

Chief Resident Approval

Approved

Rejected

Comments: (please explain if you reject a request)

Choose an item.

Click here to enter a date.

Person Who Approved Request

Date



RESIDENT OR LOCKER POLICY

The Department of Anesthesia & Perioperative Medicine

Lockers must be vacated at the end of a rotation for others coming on-service to use. There will be a grace period of 3 days only following completion of a rotation. If the locker is not vacated, the lock will be cut and the contents removed. This policy applies even if you are returning to the site later in the year.

RESIDENT TRAVEL ALLOWANCE POLICY

The Department of Anesthesia & Perioperative Medicine

The Department of Anesthesia & Perioperative Medicine provides \$800.00 per academic year from travel to approved conferences, meetings, etc. Cash advances are not allowed. There is also a one-time additional \$800.00 allowed for travel to a major conference. The annual amount *may* be carried over for one year with the approval of the Program Director

Trainees are expected to complete their own travel expense report (forms are available from Linda Szabo). Original receipts must be submitted with the expense report and Western University requires that claims for air or train fare must be accompanied by the boarding passes. Credit card statements (copies are acceptable) showing the completed transaction for claimed expenses must also be submitted (unrelated personal information on the statement should be blacked out). Expense reports and accompanying receipts/statements should be forwarded to Linda Szabo for approval/signatures.

Trainees who are presenting at a meeting will be reimbursed for 3 nights hotel stay, meals for 3 days with receipts (per diem not allowed), economy travel, registration fees, and poster preparation. This coverage is not deducted from the annual travel allowance. If two residents are working on a research project together each resident will get support to present at a conference (same conference or different conferences). To receive support the resident must actually present at the conference in question. Having their name as an author is not sufficient. It is expected that if a resident is attending a conference where they are presenting with department support that they will make an effort to support other residents who are presenting by attending those presentations.

Resident Expenses

The following expenses are approved and can be claimed in a travel expense report:

- Conference registration
- Economy fare (i.e. air, train, bus, etc.)
- Accommodation
- Meals (receipts must be provided)



- Textbooks/Educational apps

The following expenses are excluded and cannot be claimed:

- MAC-Western Research Day
- Paying for a second hotel room for accompanying family
- No travel to Royal College Exam is eligible
- No professional fees (i.e. license renewal, PGE fees, tuition, etc.)
- Computers, software, and hardware
- Exam fees (i.e. Royal College, MCC I or II, etc.)
- Alcoholic beverages



RESTRICTED REGISTRATION

The Department of Anesthesia & Perioperative Medicine

This is a limited licensure/restricted registration (RR). For Anesthesia residents this would allow residents on a restricted license to do coverage as a Critical Care Clinical Assistant/Associate in a supervised Intensive Care Unit.

The Department of Anesthesia and Perioperative Medicine cannot allow the RR program to lead residents into situations for which they are unprepared, such as might occur if they were allowed to practice anesthesia independently in a relatively unsupervised environment. There is also concern about conflicts with clinical work related to their residency program and excessive workload, possibly leading to a deterioration in academic performance or family relationships.

There are also some advantages to the work experience, both academic and financial. Working in the ICU should provide valuable experience and might be beneficial to the resident's academic development. Easing the debt burden might improve stress levels and reduce strain on family relationships.

It was the Residency Training Committee's decision, assuming the Committee has some control over their experience, that we could sanction anesthesia residents providing coverage in the ICU as Critical Care Clinical Assistant/Associate (CCCA). The following restrictions would be operative:

- 1) The Program reserves the option to limit the number of shifts per month under a restricted license. This will depend on the nature of the shifts and the work intensity of the rotation that the resident is concurrently on within the training program.
- 2) The resident on the restricted license must have adequate backup and supervision. However, policing this is not the role of the PGE Committee or the Program. All medical-legal responsibility lies with the resident and the supervisor of the proposed work site.
- 3) Anesthesia call schedules cannot be disrupted.
- 4) There must be at least a 12 hour gap between CCCA shift and clinical work in the residency program. Conversely, CCCA shifts must not be booked sooner than 12 hours after the duty period in anesthesia.
- 5) The Program Director, with the agreement of the Residency Training Committee, reserves the right to veto any resident from participating in extracurricular shifts if there are concerns about academic or personal issues. Residents will not be eligible for RR if they have received unsatisfactory or provisional evaluations on any rotation within the previous year. RR privileges will be withdrawn upon receipt of an unsatisfactory or provisional evaluation.



- 6) Academic projects must not suffer for the resident to qualify for privileges to engage in RR.
- 7) Attendance at academic activities (academic day on Wednesday, journal club, rounds, etc.) must be maintained.
- 8) Residents will not be eligible to work in the ICU until they have completed at least 2 months of adult ICU training (not including PGY-1), and 12 months of anesthesia at PGY-2 or higher.

CITY WIDE RESIDENT CALL SCHEDULER GUIDELINES

The Department of Anesthesia & Perioperative Medicine

Currently, call schedule responsibilities are divided among all residents such that one senior resident is assigned to the task of creating both the Victoria and University Hospital call schedules for each block. This “city-wide” call scheduling is in place to ensure fair scheduling between the two sites and more flexibility in the schedule.

- 1) This is a heavy burden for the scheduler-maker. Please make all requests in a timely manner. Most schedule-makers send out an email well ahead of time with their designated deadline.
- 2) Schedule makers will make every effort to have “final” schedules out by 4 weeks in advance. Drafts should be sent out approximately 6 weeks in advance to allow for feedback and necessary changes.
- 3) Once the schedules are finalized and submitted to the site coordinators, it is then the responsibility of the individual residents (*not* the schedule-maker) to coordinate call swaps and notify the appropriate site coordinators of these changes.
- 4) Every effort should be made to keep residents at their home site for call. Residents should only be assigned at the other site in the event of severe call imbalances/shortages.
- 5) Residents who have not had previous anesthesia exposure at a site will not be assigned there.
- 6) Every attempt will be made to keep call to 4 per block for certain sub-specialty blocks to limit disruption of elective sub-specialty days. Ideally these calls should occur over weekends. These protected subspecialties are limited to **Chronic Pain, Thoracics, and Regional Anesthesia**.
- 7) The other subspecialties have no guidelines for maximizing elective service days as there appears to be enough exposure over the course of the Western 5 year program. This is to avoid a disproportionate call burden on residents scheduled for general rotations.



- 8) Graduating R5s are limited to 4 calls or less per block. See department guidelines below.
- 9) The call schedule should also include a table that summarizes the call assignments for every resident on the schedule. This table should indicate each resident's number of calls for each call line, total number of calls, and total number of working weekends.
- 10) R1s starting their first block at St. Joe's should not be scheduled for any call, and will instead be assigned buddy-call by the site coordinator. For R1s on their first block of anesthesia at Victoria Hospital, they should not be scheduled for obstetrics call for the duration of the first block to allow time for some prior exposure to obstetrics during the daytime.
- 11) Residents should not be post-call on their Simulation days. R4s and R5s should not be post-call on their Academic days.
- 12) In order to optimize the scheduling process, the completed schedule should be sent to the PGE resident representatives BEFORE it goes out to the entire group of residents. This is just to help ensure things are in order, the rules have been followed, and the schedule is the best it can be before it is finalized.

Call Lines

There are 5 separate call lines in place currently:

- 1) Victoria Hospital OR1 (first call): 24h call (8AM – 8AM), post-call day off
- 2) Victoria Hospital OR2 (second call): weekend/holiday days only (9AM – 6PM), no post-call day
- 3) Victoria Hospital OB night call: overnight call (5PM – 8AM), pre-call and post-call day off
- 4) Victoria Hospital OB day call: weekend/holiday days only (8AM – 5PM), no post-call day
- 5) University Hospital OR call: 24h call (8AM – 8AM), post-call day off

PARO Guidelines

This is a summary of the PARO Guidelines.

(Source: http://www.myparo.ca/Top_Things_To_Know)

In-House Maximum Calls

The maximum ratio of in-house call is 1 in 4, specifically these maximums are:

Number of Days on Service	Number of Calls	
19 – 22	5	(Our maximum is 28 days unless someone has taken vacation, in which case it will be = 28 days – vacation days)
23 – 26	6	
27 – 29	7	



Weekends

All residents must have 2 complete weekends off per 28 days. “Complete weekends” includes Friday night, Saturday morning, Saturday, and Sunday.

Vacation

Residents are entitled to 1 week of vacation per block, and up to 4 weeks per year. One week is defined as 5 working days and 2 weekend days. Requests must be made in writing at least 4 weeks in advance of the start day of the requested vacation. All requests must be confirmed or denied in writing within 2 weeks of the request being made. If denied, alternate vacation times must be agreed to within 2 weeks. You cannot be post-call on the first day of vacation.

Holidays

Recognized Stat Holidays

- 1) New Year’s Day
- 2) Family Day
- 3) Easter Friday
- 4) Victoria Day
- 5) Canada Day
- 6) August Civic Holiday
- 7) Labour Day
- 8) Thanksgiving Day
- 9) Christmas Day
- 10) Boxing Day

Christmas and New Year’s

Residents are entitled to 5 consecutive days off during the 12-day period encompassing Christmas and New Year’s Day. The 5 days account for Christmas Day, New Year’s Day, Boxing Day, and 2 weekend days. Each resident must get either Christmas or New Year’s Day off. Residents do NOT receive additional lieu days for working the statutory days during this period.

Department Guidelines Regarding Graduating Residents

These are guidelines that apply specifically to residents registered for the upcoming Royal College Examinations in Anesthesiology.

- 1) Maximum call in 4 weeks (28 days) is 4 calls
- 2) Weekend calls are limited to Friday/Sunday (not to be on Saturday, unless requested)



- 3) Weekend call is to be shared by all (PGY1-5) residents, with the exceptions below
 - a. No weekend call for 3 weekends before the written exam date
 - b. No weekend call for 2 weekends before the oral exam date
- 4) No call one week before the oral or written exam dates
- 5) These restrictions do NOT apply after the oral exam each year

Time-Off Requests

These are a few reminders about off-call requests. The following are inappropriate requests and should be denied by the scheduler-maker:

- 1) As per PARO guidelines, you are expected to work up to TWO weekends per block. It is therefore *unacceptable* to request 3 weekends off in one block.
- 2) As mentioned above, the task of making the call schedule each block is not easy. Unless there is a very good reason, it is not acceptable to request specific call lines on specific days.

Off-call and vacation requests are subject to the approval of the schedule-maker in addition to the site coordinators. It is not sufficient to only seek approval from the site coordinator. Please also email your request to the Chief Resident in addition to the schedule-maker. He or she is not in charge of approving or denying requests as that remains the job of the schedule-maker. Instead, he or she is to act as an impartial arbitrator in order to keep an eye out for excessive or unreasonable call requests.