ANESTHESIA RESIDENT HANDBOOK

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For further RPC (PGE) policies and procedure, please refer to the Schulich School of Medicine and Dentistry Resident/Fellow Handbook, available online at:

https://www.schulich.uwo.ca/medicine/postgraduate/current_learners/resident_handbook.html

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

Residents will find links to presentations and seminars, login information for the Resident Log Book, Web Evaluations, and rotation and simulation schedules on VENTIS – https://western.ventis.ca

Anesthesia CBD Website

This is an excellent site to bookmark and visit frequently. It contains all information on Competence Based Medical Education as implemented by our Department. Resources, including EPA descriptions and web forms, introductions to our new resident, etc. can be found here.

https://sites.google.com/view/cbdwesternanes/home

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 **mandatory** and will be recorded. For further information regarding the Journal Club, please refer to the policies and procedures section of this handbook (Section 3). You can find these events on your Ventis calendar.

ILLNESS

Please notify the Anesthesia Department Absence line you are sick by dialing Extension 34446. Please make sure to leave a message as this number is checked regularly. As a courtesy, please email your assigned consultant and be sure to copy lori.dengler@lhsc.on.ca as soon as possible.

The site Anesthesia Department phone numbers are:

LHSC-UH: 519-685-8500, ext. 34446
LHSC-VH: 519-685-8525
St. Joseph's: 519-646-6100 Ext. 64219

VACATION

The PARO Agreement entitles you to four weeks (28 days including weekends) of vacation per year. This should be taken in one week blocks when possible, but may be taken in any increment, subject to professional and patient responsibilities. Time off should be requested at least one month in advance.

All vacation requests should be submitted via VENTIS. The process for submitting your time off requests is included in the VENTIS Resident User Guide.

Once the approval process has been completed, you will receive a confirmation of your approved and scheduled time in your VENTIS notifications box. You are responsible for checking your VENTIS schedule prior to your time off to ensure accuracy. Priority will be given on a first-come, first-served basis. Professional leave has priority over vacation time.

The Program will endeavor to give our PGY-5 residents some protected time out of the OR during March and April for exam prep and we ask, where possible, that vacation not be requested in April as a courtesy to the PGY-5 residents studying for and sitting Royal College exams.

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 in anticipation of a stressful time for our most senior residents.

PROFESSIONAL LEAVE

Residents are entitled to an additional seven (7) days of paid leave. 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.

FLOAT DAY

Residents are entitled to ONE additional paid day. A floating holiday is a paid holiday taken at a time chosen by the resident. A program CANNOT tell a resident when to take their floating holiday and all requests will be granted (subject to coverage requirements.) Please make sure to submit your requests in a timely manner.

ACADEMIC DAYS

At the discretion of the program, residents will receive a limited number of academic days in order to attend approved courses and provide undergraduate orientation and teaching (eg. Blood Transfusion camp, clerk orientation). Again, VENTIS provides an **"Academic"** choice which should only be used for the above activities. Requests should be made at least one week in advance and will be granted on a first come, first serve basis.

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 (lieu day) 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. Please use the VENTIS "lieu" day request and indicate in your note which holiday the lieu day replaces.

Statutory Holidays
- Family Day
- Easter Friday
- Easter Monday*
- Victoria Day
- August Civic Holiday
- Labour Day
- Thanksgiving Day
- Remembrance Day*

* Please note that, although these days are not official statutory holidays, the ORs are closed (reduced) and they are treated as call days. You will not be assigned to a regular room.

ANY OTHER TYPE OF LEAVE should be made in consultation with the Education Coordinator office and must be confirmed with the Program Director.

OFF-SERVICE LEAVE REQUESTS

Off-service leave must be requested through each service as specified. Please report any approved leaves to the Education Coordinator to assist in allocation tracking.

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.

You should have received a card in the mail for your health benefits. Does Human Resources have your correct mailing address? If you haven't received the card please contact go2hr@lhsc.on.ca either via email or phone at extension 46247 and they can assist in getting that to you. There are also claim forms etc available at the following link: https://intra.lhsc.on.ca/hr/employee-services/forms - please ensure you choose the forms that note Interns/Residents in the name.

You can find a lot of valuable information regarding salary/benefits and on call (including a schedule of payments) at the following link:

https://intra.lhsc.on.ca/medical-affairs/residents-clinical-fellows - Click on Resources and then on Compensation & benefits

Should you have any more specific 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:

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

Each location houses a collection of core anesthesia texts and provides study space and resources for residents and other members of the department. These resources are meant to stay on site at all times.

The Department also has access to online resources through a subscription. The Research Officer is also available to help you with any research concerns, medical literature and EBM searching, citation formatting, bibliographies, and Refworks and can be reached at extension 32092.

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.

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.

You may use your annual allotment ($800) to purchase texts. Please contact linda.szabo@lhsc.on.ca for reimbursement information.

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.

Therefore, residents are allowed to do a maximum of two rotations out of this jurisdiction per academic year and the total number is not to exceed eight for the entire residency. This includes anesthesia and “off service” rotations (medicine, intensive care, etc). The Resident Program Committee will need to grant specific approval for out of jurisdiction rotations beyond the limits above.

SECTION 2:

PROGRAM STRUCTURE

London Teaching Hospital Sites, Chiefs and Coordinators

LONDON HEALTH SCIENCES CENTRE

LHSC-UNIVERSITY HOSPITAL (UH)

339 Windermere Road
London, Ontario N6A 5A5
Site Coordinator: Dr. Jon Borger, Pager 13759
Site Chief: Dr. Ashraf Fayad, Pager 15455

Fax: 519-663-3079
Email: jonathan.borger@lhsc.on.ca
ashraf.fayad@lhsc.on.ca

LHSC-VICTORIA HOSPITAL (VH)

800 Commissioners Roads East
London, Ontario N6A 5W9
Site Coordinator: Dr. Nathan Ludwig, Pager 19391
Site Chief: Dr. George Nicolaou, 17813

Fax: 519-685-8275
Email: Nathan.ludwig@lhsc.on.ca
George.nicolaou@lhsc.on.ca

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

268 Grosvenor Street
London, Ontario N6A 4V2
Site Coordinator: Dr. Kristine Marmai, Pager 13793
Site Chief: Dr. Amy Rice, Pager 16032

Fax: 519-646-6116
Email: amy.rice@lhsc.on.ca

ROTATION CHANGEOVER DATES FOR 2021 - 2022

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

Resident Orientation – Friday, July 2nd, 2021

Block	Start Date	End Date
1	Thursday, July 1, 2021	Monday, August 2, 2021
2	Tuesday, August 3, 2021	Monday, August 30, 2021
3	Tuesday, August 31, 2021	Monday, September 27, 2021
4	Tuesday, September 28, 2021	Monday, October 25, 2021
5	Tuesday, October 26, 2021	Monday, November 22, 2021
6	Tuesday, November 23, 2021	Monday, December 20, 2021
7	Tuesday, December 21, 2021	Monday, January 17, 2022
8	Tuesday, January 18, 2022	Monday, February 14, 2022
9	Tuesday, February 15, 2022	Monday, March 14, 2022
10	Tuesday, March 15, 2022	Monday, April 11, 2022
11	Tuesday, April 12, 2022	Monday, May 9, 2022
12	Tuesday, May 10, 2022	Monday, June 6, 2022
13	Tuesday, June 7, 2022	Wednesday, June 30, 2022

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

ANESTHESIA 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
Cardiac	UH	Dr. Hilda Alfaro	Hilda.alfaro@lhsc.on.ca
Neuro	UH	Dr. Jason Chui	Jason.chui@lhsc.on.ca
Obstetric	VH	Dr. Tammy Symons	Yahui tammy.symons@lhsc.on.ca
Pain	City Wide	Dr. Kate Ower	katherine.ower@lhsc.on.ca
Pediatric	VH	Dr. Mohamad Ahmad	mohamad.ahmad@lhsc.on.ca
Regional	City Wide	Dr. Shalini Dhir	shalini.dhir@sjhc.london.on.ca
Transplant	UH	Dr. Achal Dhir	achal.dhir@lhsc.on.ca
Vascular & Thoracic	VH	Dr. Nathan Ludwig	Nathan.ludwig@lhsc.on.ca
Palliative	UH	Dr. Kirk Hamilton	drkirkhamilton@gmail.com
Blood Conservation Program	UH	Dr. Chris Harle	christopher.harle@lhsc.on.ca
Hepato-Pancreato-Biliary Anesthesia	UH	Dr. Stephen Morrison	Stephen.morrison@lhsc.on.ca

WINDSOR REGIONAL HOSPITAL ROTATIONS

Respirology and a second Thoracic Anesthesia rotation are mandatory and are offered at Windsor Regional Hospital.

Forms for accommodation can be found here:
Requests must be made in a timely fashion.

https://www.schulich.uwo.ca/medicine/undergraduate/windsor_forms/windsor_housing_request_form.html

https://www.schulich.uwo.ca/medicine/undergraduate/windsor_forms/windsor_trainee_accommodation_agreement.html

Respirology contact:
Supervisor: Dr. Stephen Chao steve_chao@hotmail.com

Thoracic contact:
Supervisor – Alex Briskin dbri306@hotmail.com abriski@uwo.ca

Admin – Bianca Vasipolli – bianca.vasipolli@wrh.on.ca

In order to facilitate travel, residents are to be released at 12:00 pm on the final day of the scheduled rotation to return to London.

ANESTHESIA RESIDENCY PROGRAM
2019-2020 ADMINISTRATIVE STRUCTURE

Dr. Lois Champion
Western University Associate Dean
Postgraduate Medical Education

Dr. Homer Yang
Chief & Chair Department of Anesthesia & Perioperative Medicine

Department Council

Dr. Anita Cave
Program Director

Postgraduate Education (RPC) Committee

Program Director – Dr. Anita Cave
Associate Program Director – Dr. Steven Morrison
Site Coordinator SJH – Dr. Kristine Marmai
Site Coordinator LHSC-UH – Dr. Jon Borger
CBD Lead – Dr. Melissa Chin
Site Coordinator LHSC-VH – Dr. Nathan Ludwig
Research Coordinator – Dr. Sujoy Banik
IT Coordinator & RCPSC Examiner – Dr. Richard Cherry
Competence Committee Chair – Dr. Michelle Gros
Chief Resident – Dr. Sonny Cheng
Jr. Resident Reps – Dr. John Bartolacci & Dr. Allen Li
Program Coordinators – Lori Dengler & Linda Szabo
Fellowship Program Director – Dr. Arif Al-Areibi (ex-officio)
Chair – Dr. Homer Yang (ex-officio)

Duties of the RPC Committee

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

RPC Sub-Committees

Academic Half-Day Sub-Committee – Dr. Bill Lin
Evaluation & Quality Improvement Sub-Committee Chair – Dr. Sonja Payne
Resident Wellness Sub-Committee – Dr. Kristin Marmai
Royal College Examination Sub-Committee – Dr. Sandra Katsiris
Competence Committee – Dr. Michelle Gros

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. 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 RPC Committee.

MENTOR SYSTEM

Academic Mentors

The RPC Committee assigns one consultant mentor to each resident and the pairing will be for the entire duration of the residency. Mentors and mentees are required to meet a minimum of four times per academic year to review progress for Competence Committee reporting and future planning. Additional meetings may be held at the discretion of the mentor and/or request of the resident.

Mentorship Program

There is also a resident-run mentorship program for new PGY-1s. Incoming residents are partnered with a PGY-2 resident based on interests, eg. 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 2021-22 mentorship program, please contact Dr. Sonny Cheng, scheng2018@meds.uwo.ca

RESIDENT RESEARCH

Anesthesia residents are required 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 in PGY2. One block of protected time can be made available during each PGY level for research activity.

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

McMaster-Western Resident Research Day

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 presenters receiving prizes. A recognized researcher may be invited to speak and to be an assessor at the Research Competition. For further information regarding resident research projects, please contact the Resident Research Coordinator Dr. Sujoy Banik.

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 any other research-related inquiries please contact the Research Officer at Extension 32092

RESIDENT PORTFOLIO ASSIGNMENTS

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 will be some 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 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 Schulich School of Medicine and Dentistry Resident Health and Safety policy for postgraduate trainees is found at:
http://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/policies.html

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 RPC 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, they 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: https://intra.lhsc.on.ca/occupational-health-and-safety-services-ohss/workplace-violence-prevention

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: https://intra.lhsc.on.ca/occupational-health-and-safety-services-ohss/policies-and-procedures
l) Residents should be aware of the importance and availability of immunizations. This includes, but is not limited to COVID19, 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 associated 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. Aerosol Generating Procedures are available at: https://intra.sjhc.london.on.ca/search/site/aerosol
p) Call rooms and lounges provided 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

   The LHSC employee code of conduct is available at: https://intra.lhsc.on.ca/code-conduct

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

   http://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/policies.html

   Information about reporting an issue is available at:

   http://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/policies.html

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: https://myparo.ca/helpline/

   Information about Western Equity and Human Rights Services is available at:

   https://www.uwo.ca/equity/diversity/index.html

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 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: https://myparo.ca/top-contract-questions .
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 Schulich office of Learner Experience is available at:
   https://www.uwo.ca/equity/diversity/index.html

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 (RPC, 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

OMA, Physician Health Program: https://php.oma.org/

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

CMPA: https://www.cmpa-acpm.ca/en/home

ACADEMIC 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/academic_resources/policies.html

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

Anesthesia residents will only be allowed two rotations outside of the DEN LINS boundaries per academic year (13 blocks). This includes anesthesia and “off service” rotations (medicine, intensive care, etc.).

In order to have a clear record of the proposed elective, the resident must complete the Resident Elective Approval form available from RPC office and submit to Lori.Dengler@lhsc.on.ca at least two months prior to the start of the rotation. Residents should ensure that all appropriate paperwork has been submitted to the selected site. Letters of Good Standing may also be requested.

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/academic_resources/policies.html

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 RPC committee
    - Chief Anesthesia Resident or Junior Resident Representatives on Anesthesia RPC Committee
    - Office of Associate Dean of Postgraduate Medical Education
    - PARO (http://www.myparo.ca/)
    - CMPA (http://www.cmpa.org)
    - CPSO (http://www.cpso.on.ca/)
    - Ombudsperson (TBA)

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. The RPC resident reps assign residents to present at Journal Club. 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/academic_resources/policies.html

Leave of Absence Form:

http://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/faculty_staff_resources/administrative_forms.html

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. Currently this position is under review.

SELECTION

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

RESIDENT OR LOCKER POLICY

The Department of Anesthesia & Perioperative Medicine

There are a designated number of lockers available for use by residents in service at each site which 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. Locker availability cannot be guaranteed. A few additional lockers. Again, locker availability cannot be guaranteed. See Lori Dengler for availability at UH. At VH please see Kim Harrison for a locker and at SJH please see Nicole Moyer.

RESIDENT EXPENSES POLICY

The Department of Anesthesia & Perioperative Medicine

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

Trainees are expected to complete their own 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). Certificate of meeting attendance should also be provided if available. Expense reports and accompanying receipts/statements should be forwarded to Linda Szabo for approval/signatures.

Trainees who are presenting at a conference 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 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 try to support other residents who are presenting by attending those presentations.

NB: Expense claims should be submitted in a timely manner, preferably within 3 months following the date the expense. Any claim submitted more than one year after the date of the expense will be declined. Please note that all claims must be accompanied by original receipts and that boarding passes should also be included.

PLEASE NOTE: <u>DO NOT</u> USE GIFT CARDS TO MAKE PURCHASES – THEY WILL NOT BE REIMBURSED

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

- Conference registration
- Economy fare (i.e. air, train, bus, etc.) to attend the conference
- Accommodation while attending the conference
- Meals (original receipts must be provided)
- Textbooks/Educational apps

The following expenses are excluded and cannot be claimed:

- No travel to McMaster-Western Research Day
- No travel to Royal College Exam
- No travel to elective rotations or other costs associated with an elective
- No professional fees (i.e. license renewal, RPC fees, tuition, etc.)
- Computers, software, and hardware
- Medical devices or equipment (eg. Stethoscopes)
- Exam fees (i.e. Royal College, MCC I or II, etc.)
- Additional accommodations for family members while attending a conference
- Alcoholic beverages

RESTRICTED REGISTRATION

The Department of Anesthesia & Perioperative Medicine

This is a limited licensure/restricted registration (RR) available which will allow Senior Anesthesia residents to provide 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 RPC 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.

RESPONSIBILITY OF ANESTHESIA RESIDENT ON TRAUMA TEAM

The Department of Anesthesia & Perioperative Medicine

Attendance timeframe

- The role of the anesthesia in the OR may limit immediate availability to attend a trauma call in the ED (for example a STAT call)
- Once receiving a trauma call, the resident will do the following:
    - If in the OR with a consultant, inform them of the situation and inform them that you are needed in the ED
    - If in the OR without a consultant, page/call them back, inform them of the situation in the ED and proceed down
    - If out of the OR, inform consultant if they are in house that you will be unavailable for the time being for a trauma call
    - If out of OR but consultant out of hospital (ie: no cases underway) proceed immediately to ED
- Reasonable timeframe for anesthesia to be in trauma bay
    - Within 5-10 min

Responsibility of anesthesia resident on trauma team

- Trauma team activation should result in assessment of a patient as per ATLS protocol
- Trauma team activation done by ER physician, once TTL is available he/she assumes role of MRP to whom team members report to and is ultimately responsible for the patient.
- Given the anesthesia resident's inclusion on trauma team, he/she reports to TTL in trauma activation.
- Relationship to ER physician is perhaps less clear. The anesthesia resident should be expected to interact with ER physician as any other resident would interact with any other consultant in the hospital (ie: an assumed level of respect). The resident should offer assistance in respectful manner. However, the anesthesia resident is expected to speak up and provide insight when possible. This may include altering or suggesting altered management in the moment, or discussion after with the ER physician as appropriate.
- The anesthesia resident should be expected to assist with the ATLS guided assessment in any way that aids the trauma team and patient
- Given the anesthesia resident's area of expertise (airway, invasive access, physiology and pharmacology knowledge), it is a natural assumption that he/she should be primarily responsible for performing an airway assessment, securing an advanced airway, securing venous or arterial access, decision making for medication and blood administration (in conjunction with the TTL).
- The anesthesia resident should identify him/herself to the ER charge nurse, TTL, and/or the ER attending on arrival and the trauma resident in charge of the primary / secondary survey. The introduction should include their name, speciality, and level of training (year number).
- **The anaesthesia resident in coordination with the trauma resident should offer to complete and verbalize appropriate parts of the primary and secondary survey (e.g. A: patient is protecting their AW, no oral secretions and trachea is**

midline. B: equal air entry bilaterally, no sub-cut emphysema and no flail chest, etc.).

- For airway management, the approach to an advanced airway should be done on a case-by-case basis. Some ER physicians may request that they or their resident secure the airway for learning experience. Relevant factors include the anesthesia resident's level of training, the ER resident's training, and the clinical situation. The ultimate decision should be made in conjunction with the TTL.
- If TTL feels comfortable with situation and that anesthesia resident's presence is not required (for airway or otherwise) he/she should return to clinical duties. There is educational value even in watching the traumas so the decision on when to leave is up to you. You should not feel compelled to leave when you feel "anesthesia" issues have been dealt with even if it is suggested you are allowed to by the TTL.
- Prior to leaving the trauma bay, the anesthesia resident should write a note about any procedures that he/she did or any medical decisions they made. The resident should ensure that his/her entry and exit time to the trauma bay is documented on the paper chart (the charge nurse documenting has a spot to put this or alternatively write a short note). A patient identifier sticker should be brought to your anesthesia consultant. Tell them your entry and exit time. If it was apparent immediately that you were not needed (you walked out very soon after walking in, a sticker is not necessary).

Guidelines for Call Scheduling

Western University Anesthesia | Updated May 2017 by Lukas Brown, chief resident

City-Wide Call Scheduling

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.

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. Realistically it is much better for everyone involved if call schedules are submitted earlier than this.
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 for calls.
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, Thoracic** and **Regional Anesthesia**. Additionally, **Ultrasound** rotation will not be subjected to call.
7) The other subspecialties have no guidelines for maximizing elective service days because there is 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) TTD residents starting their first two blocks at St. Joe's should not be scheduled for any call, and will instead be assigned buddy-call by the site coordinator. For TTDs 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. The first week of UH/VH should be protected, and call should be scheduled for weeks 2-4. If R2's starting at UH/VH, call can be scheduled as normal.

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 RPC resident representatives BEFORE it goes out to the entire group of residents. This is 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), pre-call and post-call day off (no pre-call on weekends and stat holidays)
2) Victoria Hospital OR2 (second call): Friday (until midnight) post-call day off, Saturday (9AM - midnight) post-call day off, Sunday (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), pre-call and post-call day off (no pre-call on weekends and stat holidays)

PARO Guidelines

This is a summary of the PARO Guidelines. (Source: https://myparo.ca/top-contract-questions/)

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	
More than 29	8	

Weekends

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

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 (or Sat OB Day/Sun OB Night)
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 for R5's
    b. No weekend call for 2 weekends before the oral exam date for R5's
4) No call one week before the oral or written exam dates
5) These restrictions do NOT apply after the oral exam each year

Off-Call 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.
3) Off-call requests should be made within reason. Extensive lengths of off call requests are not appropriate.
4) On-call requests are not appropriate.
5) Off-call and vacation requests are subject to the approval of the schedule-maker in addition to the site coordinators.

As residents, you may have noticed a significant variability in the OR starting times at VH on the weekend, which may be confusing. This variability is due to consultant preference, nurse availability and the acuity of the cases. This email is meant to clarify what the expectations are of you on call.

The first call resident should be ready to start a case at 8:00 am, which means you will need to arrive prior to this to speak to the charge nurse about what case you will be doing and where. You will also need to receive the pager from the night resident.

The second call resident should be ready to start a case at 9:00 am, which means you will need to arrive prior to this to speak to the first call anesthetist and the charge nurse about what case you will be doing and where. Where this means you arrived early but have little to do, you can help the first call resident as needed with out of OR tasks (PACU, trauma call, consults) or read

Questions or conflicts regarding policy can be submitted to Sonny Cheng, scheng2018@meds.uwo.ca or Lori Dengler or Dr. Anita Cave, Program Director.