

# 2012 - 2013

## NOTES AND REMINDERS

### 1. MCCEE PART 2.

You are reminded to do the MCCEE part 2 examination as early as possible. This will allow you to concentrate on anesthesia examinations later on. You will need to complete the MCCEE part 2 in order to obtain a full license on Ontario on completion of your residency.

### 2. PGCOR ED Modules

A series of on-line modules has been developed by the Postgraduate Medical Education office to cover many of the CanMEDS roles with features common to all specialties. There are currently 5 modules available for completion. All residents are expected to have completed the modules by the end of the PGY2 year. Failure to complete the modules may result in a failure to progress to the next year and would definitely constitute a failure in the area of Professionalism.

### 2. SEMINARS

All residents are expected to be released from their hospital duties to attend seminars. This includes residents who are on first call at the hospitals with 16 hour call. If you encounter difficulties, please try to work something out through the Program Coordinator and clinical chief in your hospital. If that doesn't work please bring it to the attention of the Program Director.

PG3 residents in medical and ICU rotations may find that supervisors are not used to the residents leaving for seminars. Please try gentle reminders that you need to attend your seminars. If that fails, please contact the Program Director's office for support.

**All residents are expected to attend seminars unless away on vacation or post-call.** Much effort is put into these tutorials by the teaching staff and they are valuable in acquiring the basics of anesthesia and in eventual preparation for examinations. Attendance will be taken at each seminar. This is an attempt to obtain another form of feedback: poor attendance at a seminar may be a comment on quality. It may also help identify problems in residents being released from clinical duties. **RESIDENTS WHO CHOOSE NOT TO ATTEND A SEMINAR ARE EXPECTED TO STAY IN THE HOSPITAL AT CLINICAL DUTIES. ATTENDANCE WILL BE TAKEN AT BOTH THE FIRST AND SECOND SESSIONS FOR PG 2 – 4 SEMINAR SERIES.**

We will continue to evaluate the seminars each week. These evaluations are now online. Your feedback will enable us to determine the quality of the seminars and the attendance by seminar leaders. Without your input, we cannot monitor either of these issues.

### 3. EVALUATIONS

Many forms of evaluation are used in assessing progress. These include:

- a) Daily evaluations: these are utilized at many hospitals and enable evaluators to acquire ongoing information about resident performance. They also allow residents to receive feedback daily.
- b) Mid-rotation evaluations: These are composites of performance over a longer period (usually about 3 months). Residents should receive constructive criticism and guidance where appropriate.
- c) End of rotation evaluations: These will summarize performance and progress made after a full rotation.

#### IN-TRAINING EVALUATION REPORTS (ITER)

We use the POWER on-line evaluation system. As you reach the end of rotations your supervisor will be emailed an evaluation form. When it is complete you will be notified and can view it on-line. Then you should meet the supervisor to discuss it. After that, it will be emailed to the program director. The system also includes a system of “reminders” (= nagging) to both supervisor and resident. A copy of the form is included at the end of this section. The ITERs are now in the CanMEDS roles format of the Royal College. Paper evaluations may be required for some PG1 rotations and some electives.

Mid-rotation evaluations will be completed for anesthesia rotations. The three month evaluation should be seen as the time to identify areas which require increased attention in the development of your anaesthetic skills. Warning of any potential problem areas after three months should give opportunity to work with teaching staff and direct attention to these areas over the ensuing three months.

ITERs should be carefully discussed with you. Please be sure to meet with your Hospital Coordinators for your evaluation at the end of the first three months and before leaving the hospital for the next rotation. The resident should always feel free to make comments about the evaluation.

The Program Director is always happy to discuss an In-Training Evaluation with any resident. If areas of weakness are identified on an ITER, the resident will be invited to discuss the evaluation with the Program Director

For off-service rotations, please try and ensure that you meet with the rotation supervisor to discuss your evaluation just prior to the end of the rotation.

d) ABA/ASA exams. These are in-training exams administered by the American Board of Anesthesiologists. All PG3 and PG4 residents are expected to write this examination. The program will pay for this examination. This examination provides residents with an opportunity to compare themselves to their peers both at U of T as well as in the United States. Improvement over time is also important.

e) Departmental oral examinations: These are held in spring adhering to the format used at the Royal College exams. Clinical knowledge and judgement are tested and feedback is provided regarding content and style. All residents are expected to take part in this process.

f) Anesthesia Knowledge Test (AKT): This is an in-training MCQ examination designed to evaluate knowledge after 6 and 24 months of training and will be administered in December to the PG 2 residents and in June to the PG 4 residents.

Experience in research can be a valuable part of training for residents in Anesthesia. While research projects are not compulsory they are strongly encouraged. It is important for every resident in Anesthesia to develop skills in critical appraisal. This is essential in the approach to each patient, in continuing assessment of clinical practice and in careful consideration of new material published in journals. Research provides an excellent means of developing some of these skills of critical appraisal especially in careful reading of anesthesia and general medical literature.

The Anesthesia-specific Final In-Training Evaluation Report (FITER) of the Royal College has been converted to the CanMEDS roles format and includes a section entitled "Scholar". This is meant to assess the resident's development of a personal learning strategy and of skills in critical appraisal, study design and evaluation of data. This can include actual research work but also includes quality assurance and risk management, literature reviews and case reports. It is the expectation of the Royal College that *all* residents will participate in such activity to assure that they are getting the skills discussed above. As mentioned, we do not make research projects compulsory but encourage them and must be assured that all residents are gaining the necessary skills in interpreting new information.

**A list of projects and supervisors can be obtained from the program director's office.**

Reminder:

- Arrangements can be made to allow six months or a full year in full-time research and still meet the Royal College Requirements. **Ideally, research experience of more than 6 months should be arranged by the end of the PG2 year.**
- We also encourage residents to consider the Clinical Investigator / Clinician Scientist Program. This requires a minimum two-year commitment and enrolment in a MSc or PhD program. Funding is available for the time not covered by the MOH; it is an ideal opportunity to launch a career as a clinician investigator. This is a Royal College accredited program and results in Clinician Investigator certification by the Royal College.

• Anyone interested in such research experience should contact the Program Director.

## 5. SPECIAL ROTATIONS

All residents are required to complete one month rotations in

- **Obstetrical Anesthesia** rotations are offered at either Mount Sinai or Sunnybrook Health Sciences Centre.
- **Chronic Pain Management.** rotations are offered only between January and June of each year and are available at Mount Sinai Hospital/ The Toronto Western Hospital, St. Michael's and at Sunnybrook.

These rotations are compulsory for all residents, are usually done in the PG4 or PG5 year, and should be booked through the Program Director's office.

- **Community Anesthesia** This is a Royal College requirement. Many sites in and around the GTA welcome our residents.

- **Regional anesthesia:** Three sites, Toronto Western Hospital, The Holland Centre and St. Michael's, now offer one month electives in regional anesthesia. All residents are encouraged to take advantage of these very useful rotations.

## 5. LOGS

All residents are expected to be entering all cases and procedures in the Resident Log Book. This is now a requirement of the Anesthesia Specialty Committee at the Royal College. Residents will be expected to present a printout of their experience when receiving their mid – and end of rotation evaluations. Failure to enter cases and present the data to site coordinators at these times may result in negative comments with respect to professionalism and scholarly activity. The log book is now web-based and user friendly. Issues with speed of entry have been corrected.

The Resident log book can be found at: <https://www.residentlogbook.com/>

Passwords and user names have been distributed to all residents. If you have forgotten or lost your user name or password, please contact the program office: 416-946-0608.

Why keep a log?

- Such a record is useful to demonstrate where areas of further experience might be required, (or perhaps to demonstrate to the Program Coordinators that entirely enough experience has been obtained in other areas).
- In some jurisdictions questions are asked about how much experience was obtained in training and a well-kept log can serve as good evidence.
- With the addition of the national database, individual programs can look at how they compare in experience provided (not expected to be a problem in Toronto.) Also, national information is expected to be of use to the Specialty Committee and the Exam Board to be sure that areas examined fit with real experience.
- Residents are expected to maintain a portfolio demonstrating proficiency in all CanMEDS roles. The logbook would demonstrate experience in the area of Medical expert.
- Residents are expected to produce a printout of their experience to site coordinators at the time of mid- and end of rotation evaluations.

Please note that it is important to record dates with each case record.

It is also important to recognize that some of the information you keep may be **confidential**. All physicians are entitled to keep records of patients they treat but have an obligation to see that this information is treated properly.

## 6. RESIDENT EVALUATION OF THE PROGRAM

Your assessment of your own experience is very valuable in the ongoing evaluation of the performance of our program. For this reason we keep asking you to tell us how things are going.

Evaluation of your experience and teachers is also be part of the POWER system. When you get the reminders, **PLEASE** follow the link to the web site and complete the evaluation. The information is kept anonymous, we will not know who sent which reply. To further preserve anonymity, summaries of the replies are made to send to the hospital departments. Summaries of hospital

evaluations will be made only once a year, grouping together the two rotations within that year. The information from these assessments is very helpful in correcting deficiencies and recognizing and commending strengths.

These on-line forms also contain a line by line assessment of each teacher. Please give careful thought to your assessments and if you have specific comments that might aid the teacher in improving performance please make them. (Praise is also welcome.) Information from these teacher assessments will be part of the individual staff member's teaching dossier and is very important for the promotion of teaching staff members. If you found a member of the staff to be a good teacher please say so — this will help recognize the excellence of the teachers we have.

You should be given time at the end of each rotation to complete the online evaluation of sites and teachers.

In addition, we are introducing daily on-line evaluation of teachers. You are encouraged to complete these evaluations daily – you will get reminders.

## 7. RULES FOR ELECTIVES

1. Ordinarily only one or two electives should be taken in any six month period. It is usually not appropriate to take an elective during the first six months of the PG2 year.
2. When either the Obstetrical Anesthesia or Pain rotations are being done within the six month period it is usually not appropriate to take an elective as well except for the required community hospital experience in PG 4 & 5. Allowances can also be made for special circumstances.
3. All electives must be arranged with the prior knowledge and approval of the Program Director and should be arranged with as much notice as possible.
4. Time for electives must be cleared with the Program Coordinator and Chief Resident in your base hospital.
5. Except for established electives, the resident must outline very clear educational goals and objectives for the elective.

There must be an acceptable facility and supervisor for the elective. A letter must be obtained from the supervisor agreeing to the elective and agreeing to evaluate and report on the performance of the resident during the elective.

6. At the conclusion of the elective the resident will fill out an evaluation of the experience during the elective.

## 8. SCIENTIFIC MEETINGS

Residents are encouraged to attend scientific meetings and conferences outside the program. The PAIRO contract allows for several education days each year and these may be used to attend a conference. Residents who present research completed within our department will usually be sponsored to present their work by the site at which the research was completed.

## 9. POSTGRADUATE EDUCATION COMMITTEE

This Committee is made up of the Program Director who is the Chairman, the Program Coordinators from each hospital, the Education Associate Director, the Curriculum Coordinator, five resident members, and the two Resident Counsellors (*v.i.*) The five resident members, one from each year level, are elected at the resident orientation meeting on the first working day of July.

The Postgraduate Education Committee looks after the administrative function of all of the aspects of the program. This includes the overall plan of the program, the goals and objectives of the program (a copy of which is included in this book) monitoring how the program meets its goals and objectives, selection of new residents for the program, assessment of resident performance, and the function of an appeal mechanism. (See section 10)

## 10. APPEAL MECHANISM

From time to time residents may wish to appeal a decision which requires remediation or probation or denies credit for a rotation. There is a multi-stage appeal mechanism available for such occasions:

### 1. The Program Director

The first step for any resident who wishes to appeal is to speak to the Program Director and discuss the problem. A satisfactory solution may be reached through discussion.

### 2. The Anesthesia Postgraduate Education Committee

Decisions to require remediation or probation, to deny credit for a rotation, or to suspend or dismiss a resident must be made by the Anesthesia Postgraduate Committee. Before they are official, however, these decisions must be confirmed by the Board of Examiners – Postgraduate Programs at the Faculty level. Before this Board reviews the decision, the resident will be asked to meet with the Postgraduate Associate Dean to discuss the situation.

(Program Directors can suspend residents from clinical duties pending decisions of the Board if situations appear to warrant such action.)

Appeal at this level is to the Anesthesia Postgraduate Committee to ask that the original decision be reconsidered.

### 3. Faculty of Medicine Appeals Committee

If the resident still wishes to appeal further, the next level is the Faculty of Medicine Appeals Committee. The only acceptable grounds for appeal here are that all relevant information was not considered or that proper procedures were not followed.

*More information will be found in the document "Guidelines for the Evaluation of Postgraduate Trainees of the Faculty of Medicine of the University of Toronto." (Enclosed)*

11. RESIDENT COUNSELLORS

The Program Director is always pleased to discuss problems with residents. These may be problems with the program and some aspect of training or they may be problems of a more personal nature.

Sometimes residents are reluctant to discuss some types of problems with the Program Director. In this situation the resident may choose to discuss a problem with one of the Resident Counsellors. Discussions with a counsellor are confidential and the nature and resolution of the problem is not communicated to the Program Director.

Contact numbers for the Program Director and Resident Counsellors are:

PROGRAM DIRECTOR	RESIDENT COUNSELLORS
<p style="text-align: center;">Mark Levine Rm 121 FitzGerald Building 150 College Street</p> <p>Phones: Office: 416-946-0608 FAX (office): 416-978-2408 Home: 416-733-8117 Pager: 416-589-6164 Email: mark.levine@utoronto.ca</p>	<p style="text-align: center;">Beverly Morningstar S&amp;WCHSC 416-480-4864 home 416-483-7268</p> <p style="text-align: center;">Dan Riegert S&amp;WCHSC 416-480-4864 home 905-839-6759</p>

12. ROYAL COLLEGE ASSESSMENT

All residents are encouraged to ask the Royal College for preliminary assessment of training as early as possible. **Certainly it should be done soon after the end of the PG2 year.** The Royal College is very strict about deadlines, please send requests for assessment or registration for exams early enough to arrive on time. (They do not look at post marks).

**The deadline for application for examinations is 30 April of the year *prior* to the year in which you wish to take the exams. For most that means 30 April of the PG4 year. The fee for late applications is about \$1000!**

13. Neonatal Resuscitation providers' course. All residents are expected to complete this course. The departmental program assistant will arrange these courses.

14. POLICIES ON INTIMIDATION AND HARRASMENT, ETHICS, PROFESSIONALISM AND HEALTH AND SAFETY

The Faculty of Medicine and university have very strict policies regarding intimidation and harassment. **Policies relating to this important topic and others relevant to workplace safety, ethics and professionalism can be found at:**

<http://www.facmed.utoronto.ca/about/governance/council/policies.htm#ethics>

15. DEPARMENT OF ANESTHESIA RESIDENT SAFETY POLICY

The Departmental Resident Safety document is posted on the Departmental Portal.

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