



## Anesthesia Residency Program Guidelines: Best Practices in Teaching and Supervision

### Principles

The overarching goals of residency education are purposeful instructive support to achieve and demonstrate competence in the required training experiences set out by the discipline and the Royal College of Physicians and Surgeons of Canada in preparation for independent practice.

The Program Director (PD) and Resident Program Committee (RPC) are responsible for the management and ongoing development of the Anesthesia Residency Training Program to ensure that the Accreditation Standards set by the Royal College are achieved and ideally exemplified by the Program. The daily assignment, supervision and teaching of residents to clinical and educational experiences must be thoughtful, intentional and evaluate educational opportunities to ensure the benefit of resident training is maximized.

The program recognizes the value of a broad variety of training experiences for residents, including 1-1 teaching from skilled consultants, opportunities to participate in rare or challenging clinical cases, exposure to subspecialty cases, didactic and experiential learning through lectures and simulation. While clinical service is a component of all training programs, service is neither the exclusive nor predominant feature of the Program.

### Clinical Supervision

With these values in view and in response to the residency program accreditation report in 2021, residents will be supervised 1:1 with faculty without competing obligations. Simultaneous supervision of residents by faculty with other significant concomitant obligations will cease now. Sites have a grace period until July 1, 2021 to operationalize this, should there be significant resource constraints which could directly affect patient care if implemented immediately.

The RPC recognizes that in rare, emergent clinical situations, simultaneous supervision may be needed briefly to ensure timely patient care. In these circumstances, every effort should be made to minimize the time during which the simultaneous supervision occurs by mobilizing additional consultant staff for

coverage. The resident must always know who is supervising them in cases of emergency or when staff hand over care.

The goal is to foster a safe learning environment. Single coverage alone does not guarantee staff presence or engagement; staff must adhere to all guideline goals and objectives while working with residents. This includes balancing teaching, level appropriate autonomy and patient safety.

Graded Supervision and level appropriate autonomy include:

- Consideration of resident stage of training and competence
- Consideration of complexity of the case
- Reviewing each case with the resident, including considerations around case management
- Presence during critical, key moments for learning and patient safety (e.g. induction and emergence).
- Staff must be immediately available when requested.

## Perioperative Safe Learning Environment

We own our learning environment, and every staff must be committed to a positive atmosphere free from intimidation, harassment and discrimination. The learning environment must promote a safe learning environment demonstrating professionalism, respect, and collegiality worthy of role modelling.

There is zero tolerance for incivility. The processes for managing disclosure of incidences of incivility and learner maltreatment are outlined in the Resident Safety Policy and the University's Guideline for Managing Disclosures about Learner Mistreatment. The Departmental policy for managing incivility (to be drafted) describes the process for management of incidences.

## Perioperative Teaching

Staff are responsible for providing a safe learning environment. Effective teachers must balance assessment and education, allowing residents the space to be "wrong" without compromising patient safety and fostering knowledge acquisition. Identify non-evaluative learning opportunities and provide an opportunity for inquiry.

Expectations for staff and residents are to come prepared to work together with a plan for optimal patient care and learning.

Checklist for learning encounters:

- Introduce yourself to the resident
- Identify the resident's level of training
- Residents must come fully prepared for the clinical encounters
- Staff and residents must discuss/brief before each case
- Discussion includes:
  - Plan for patient care
  - Plan for level of autonomy, the appropriate for the resident level of training and complexity of the case
  - Discuss a plan for learning objectives
- Ensure the resident is introduced to the surgical faculty
- Give feedback
- Debrief at the end of the day
- Complete an assessment, ideally together

## Assessment and Feedback

There is a shared responsibility to provide timely, constructive, professional feedback to both residents and staff. Both faculty and residents need to be prepared to give and receive feedback. Time, space and opportunity must be created daily.

The principles of daily feedback and assessment are that these are frequent and low stakes. In addition, feedback should be completed face to face each day.

Feedback comes in three forms:

1. Appreciation (notice and acknowledge efforts, motivate to continue with progress and growth)
2. Coaching (for improvement of performance)
3. Assessment (benchmarking performance)

Emphasis is on feedback and coaching for improvement. Consider three questions for effective feedback:

1. What should I/you stop doing?
2. What should I/you keep doing?
3. What should I/you start doing?

Site Coordinators will be responsible for coordinating the tracking of assessment completion and ensuring a system of accountability, shared at a minimum with the Site Chief. This includes a site-specific process for CQI around the completion of assessments, faculty feedback and compliance.

## Resources:

1. Definitions and guidance for appropriate graded supervision (to follow)
2. [Faculty Development Resources](#)
  - a. [Effective Teaching](#)
  - b. [Effective Feedback and Coaching](#)
3. Completion of Assessments
  - a. Resources for expectations, managing and reporting issues with incivility and maltreatment
  - b. [Resident Safety Policy](#)
  - c. Departmental Policy for Incivility (to follow)
  - d. [PGME Guidelines for Managing Disclosures about Learner Mistreatment](#)
  - e. [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
  - f. [CPSO Policy - Physician Behaviour In The Professional Environment](#)
  - g. [CPSO Policy - Professional Responsibilities In Postgraduate Medical Education](#)
4. Handout on the Hidden Curriculum