Family Practice Anesthesia Resident Handbook 2017-2018
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Welcome to Your Residency

Welcome to your residency at NOSM! Residency is an adventure and you are fortunate to be embarking on this new phase of your life in beautiful Northern Ontario. If you are not from here, we trust you will feel at home quickly as people across the North will welcome and appreciate you.

We are looking forward to meeting you and are delighted that you have chosen Northern Ontario for this crucial stage of your education. We are here to help you achieve your goals during your residency.

NOSM residency programs embrace resident-centered approaches with a balance of high support and high expectations. The clinical and academic work will be demanding, you will learn quickly and there will be support, back up and teaching. You will develop clinical independence with a safety net.

Throughout your residency, NOSM staff, program directors, preceptors and your resident colleagues, as well as the NOSM Postgraduate Office are there to answer question, give guidance and provide the support you need.

As you begin your residency, which will offer unique and diverse learning experiences across the North, I encourage you to be ambitious and self-directed so you can make the most of every clinical encounter and conversation with your preceptors, to hone your clinical skills and knowledge.

Residency is complicated and challenging. Please read this manual carefully as it is designed to make life in residency go smoothly and help you to avoid pitfalls and problems. Your success in residency depends in large part on your motivation, your ability to be organized, and your attention to important details, in addition to your clinical know-how.

I wish you the all the best in your residency training and look forward to getting to know you.

Sincerely,

Dr. Catherine Cervin
WELCOME TO THE NOSM FPA PROGRAM!

We are all looking forward to working with you this year. The FPA year is a challenging but exciting year. We are all very interested in helping you succeed and reach your potential. This manual is designed to provide rotation information, specific goals and objectives for the program as well as act as an administrative reference.

By now, you should have received a rotation schedule and an academic summer series schedule. For your convenience, a copy is posted in the Anesthesia Office in Sudbury.

PROGRAM EXPECTATIONS:

• You will all write the Anesthesia Knowledge Test at the beginning of your PGY3 year and again 1 month and 6 months into the program. This is a knowledge based test that should act as a guidepost to how your successful your study plan is. The first test is a baseline, and regardless of where you are, strive to improve on that score.

• It is mandatory that you provide Sara Cover with your proof of passing both the LMCC2 & CFCP exams prior to the start of your residency.

• Attendance is mandatory for all Academic Sessions. If you are unable to attend, for a very good reason, please notify the PGY3 coordinator, Sara Cover and the Instructor for that session. Please give as much advanced notice as possible as there is a small group and we do not want to have to reschedule last minute, or worse, have no one other than the instructor show up!

• On call requirements are at least 5 call per block, including one weekend day per month. You are off post call as per PARO rules. Sudbury based residents will be assigned by the chief resident. All confirmed holidays and on call requests need to be sent to your chief for approval. SSM residents will work with Dr. Labbe and the site coordinator, to organize holidays and call schedule.

• Attendance is required at the Case of the Week (COW) morning sessions. When you are not in town, active participation in the COW on line is still expected online during the week in the wiki and by phone on Wednesday morning.

• If you are sick, please notify the OR and your assigned preceptor for the day. Call or send an email as well to your program coordinator.

• Attendance at journal club is also mandatory. Your respective department will notify you of the schedule. Also, please look to be involved in the FM journal club.

• If you are in SSM, please connect with Carrie Jones for the information about the FM journal club. An academic presentation is required of you once during your residency at your home-base hospital. While on rotation at CHEO and in the ICU, you will also be expected to give grand rounds.

This is a demanding year, but you will get good training here and in the end be a competent, confident family practice anesthetist. Feel free to contact me anytime.

Don’t forget to stay sane and have fun!

Rob Anderson
Introduction to NOSM Anesthesia Program Roles

Program Coordinator

Program Coordinators act as a manager of information flowing to, from, and within the residency program. They are the main point of contact for the program; performing complex administration duties in support of the program. For instance, they engage in coordination, planning, information management, communication, and project development. Program Coordinators provide assistance and support throughout residency.

Site Directors

Site Directors are responsible for communicating with preceptors in their district in order to coordinate all training activities, acting as a liaison for the residents’ rotations in their district. Should problems arise, they should be available as a resource, representing the Family Practice Anesthesia program and NOSM, for residents and preceptors.

Primary Preceptors (off service)

In conjunction with the Site Directors, and the Evaluation Coordinator, the Primary Preceptor is responsible for evaluating the overall performance of residents to ensure that they are well prepared for practice in Northern communities. They provide motivational support and guidance to residents; creating a positive and supportive learning environment. Primary preceptors will meet with residents on a quarterly basis to review program requirements and the overall progress of the individual resident.

Preceptors (Clinical Preceptors)

Preceptors are responsible for the regular assessment of residents. Generally, preceptors guide and teach residents daily, on a one-on-one basis. Where a resident identifies a specific area of interest, the program will strive to match the resident to preceptors who may better suit their interest.
Important Contact Information

Program Coordinator
Sara Cover
Telephone: (705) 662-7135
Fax: (705) 675-4858
Email: scover@nosm.ca

Program Chief and Senior Residents

Section Chair
Dr. Brent Kennedy

Department Chief
Dr. Brent Kennedy (Sudbury)

Enhanced Skills Program Director
Dr. Fred Sarrazin

Research Coordinator
Dr. David Boyle

Competency Committee Chair
Sylvain Cote

Site Director
Dr. Jay Labbe

Resident Academic Coordinator
Dr. Joanne Madden

Chief Residents - PGY4
Fady Ebrahim: July 1 - December 31
febrahim@nosm.ca

Alex Sebaldt: January 1 - June 30
asebaldt@nosm.ca

Sault Area Hospital Coordinator:
Carrie Jones
Telephone: (705) 759-3725
Email: JonesC@sah.on.ca

Resident Ombudsmen
Dr. Waide Lambert
waidetlambert@hotmail.com

Resident Site Coordinators
Dr. Cheryl Button, Sudbury
Dr. Jay Labbe, Sault Ste. Marie
Dr. Jennifer Whittingham, Thunder Bay
Dr. Sean Travers, North Bay

Family Practice Anesthesiology Program Director
Dr. Rob Anderson

Continuing Medical Education Coordinator
Dr. Norm Hey
Hospital Information

Health Sciences North (hsnsudbury.ca)

Health Sciences North (HSN) is a new approach to delivering the highest quality patient care, research, teaching and learning to our region and beyond. With over 450 beds and multiple sites, it is a network of integrated facilities and programs working together for the benefit of our patients, communities, physicians, researchers, staff and learners in the areas of prevention, diagnosis, treatment and care. HSN is a major trauma referral Centre. Residents will do regular call shifts and also will be actively sought during any emergencies during daytime hours to involve them as much as possible. Anesthesia residents participate actively on the trauma team supervised by the trauma team leader.

The Surgical Program offers a comprehensive range of services spanning a wide continuum of care for surgical patients. Approximately 16,000 surgeries are performed each year in the specialty areas of neurosurgery, orthopedics, urology, oral/dental surgery, ear nose and throat (ENT), thoracic, cardiac surgery, vascular, plastic surgery, gynecology, ophthalmology and general surgery. The hospital has a total of 17 operating room suites on the acute care site.

Thunder Bay Regional Health Sciences Centre (tbrhsc.net)

Thunder Bay Regional Health Sciences Centre is a state-of-the-art acute care facility serving the healthcare needs of people living in Thunder Bay and North-western Ontario. The Emergency Department is one of the busiest in the country with approximately 95,000 annual visits. The OR suite containing 12 theaters also includes a High-dose Brachytherapy room for special Cancer Care procedures. The 28 bed Post Anesthetic Recovery Unit has full med gas services as does the 40 bed Day Surgery Recovery area.

The TBRHSC provides anesthesia for a large volume of major surgeries, including thoracic, vascular, neurosurgery, and major spinal instrumentation. Thunder Bay Regional Health Sciences Centre is also the referral Trauma Centre for North-western Ontario. There is a significant Pediatric caseload, particularly in ENT and Oral/Dental surgery.

North Bay Regional Health Centre (nbrhc.on.ca)

The North Bay Regional Health Centre (NBRHC) is a new state-of-the-art hospital providing district acute care services to North Bay and surrounding communities and specialized mental health services to all of northeast Ontario. NBRHC works closely with smaller community hospitals in the area—Mattawa, Temiskaming and West Nipissing General Hospitals—and provides specialist services to these communities. It is one of four major acute care hospitals serving northeast Ontario; the others being Sault Area Hospital, Timmins and District Hospital and Health Sciences North (Sudbury).

Sault Area Hospital (sah.on.ca)

Sault Area Hospital (SAH) is a new state-of-the-art facility that opened on March 6, 2011. Located in the north end of the city, SAH serves a total catchment population of approximately 115,000 across the Algoma District.

The inpatient surgical service provides comprehensive care delivered by a skilled team of physicians, nurses, physiotherapists, occupational therapists, dietitians, respiratory therapists, social workers, utilization coordinators, pastoral care and other support staff. The service promotes an interdisciplinary learning environment, often teaching a variety of students from medical residency, nursing, respiratory, physiotherapy and ambulance programs. These students are enrolled from a variety of university and colleges throughout the community, region and province.
Other Northern Ontario Health Care Facilities

NOSM has affiliations with 22 hospitals where additional experiences may be sought including but not limited to Dryden District Health Centre, Lake of the Woods District Hospital in Kenora, Meno-Ya-Win Health Centre in Sioux Lookout, Muskoka Algonquin Healthcare, Riverside Healthcare Facilities Inc. in Fort Frances, St. Joseph’s Care Group, Temiskaming Hospital, Timmins and District Hospital, and Notre Dame Hospital in Hearst. This allows for a wide variety of unique opportunities.

Anesthesiology Services

The Departments of Anesthesiology offer a number of services throughout their respective hospitals. The Anesthesiologists are constantly challenged to update their practices and offer different services which align with the changes in the nature of medicine and overall healthcare.

Operating Rooms/PACU

Health Sciences North site has provided Royal College training in anesthesia for approximately 10 years. It is well known to be an outstanding clinical rotation. The service to education ratio is strongly in favour of education and the clinical faculties routinely receive outstanding evaluations.

SAH has been a home base for FPA residents for 4 years. We offer a balance of royal college trained anesthesiologists and family practice anesthesiologist with a low learner to staff ratio. This affords learners with a tremendous opportunity to enhance their education.

Preoperative Assessment Clinics

In addition to the Pre-Anesthesia clinic rotation, the residents will be regularly scheduled in the clinic as they progress through the residency. There are a number of urgent inpatient consults which are handled on call and the residents will be the first to assess these patients.

Obstetrical Service

HSN and Sault Area Hospital have active obstetrical service. Residents often are called upon to place labor epidurals during the day and while on call. There is a staff person assigned to cover obstetrics 24 hours a day with an OB person during the daytime and the first call anesthesiologist after hours. We are involved in operative deliveries, planning of high risk deliveries and emergencies.

Acute Pain Service (APS)

At HSN, the pre-admission clinic physician covers APS. During your formal rotation and scheduled day in pre-admit clinic, you will participate in morning and afternoon acute pain service rounds. Currently, our service follows up on patients having received intrathecal narcotics, single shot nerve blocks and manages patients with an epidural and patient control analgesia pumps. With the advent of a formal regional block room in the future, we hope to incorporate the management of continuous peripheral nerve catheters.

At SAH residents will be given the opportunity to follow their own patients who receive blocks, PCA or epidural through their post operative course.
Regional Anesthesia

Currently at HSN and SAH, regional anesthesia is conducted in the operating room with the evolution of a formal block room/space in the horizon. Common procedures in which single shot peripheral nerve blocks are performed are orthopedic (i.e. Shoulder, knee, ankle) and vascular (i.e. av fistula) cases.

Chronic Pain Program

We are pursuing an additional chronic pain specialist and negotiating with the hospital in developing a formal chronic pain clinic. This is part of the 5 year vision of the HSN department.

Arrest and Trauma Service

The main affiliated hospitals of NOSM have highly active anesthesia departments and busy emergency practices. HSN is a major trauma referral centre. Residents will do regular call shifts and also will be actively sought during any emergencies during daytime hours to involve them as much as possible.

When on call for anesthesia, the residents currently act as Trauma Team Leader (TTL) with a faculty TTL. This experience is currently new but is providing the residents with an enhanced trauma experience. Over the next 2 years this collaboration will continue to mature and is expected to be an integral part of the anesthesia call experience outside of the operating room.

HSN is a level 2 Trauma Centre with 217 major trauma presentations in 2014-2015 fiscal year.

At SAH the anesthesia resident is encouraged to attend all traumas and code blue situations whenever they occur and are felt to be the most rewarding education experience available at the time so long as it doesn’t compromise the care of any patient the resident is currently managing.

ICU

Both HSN and TBRHSC have tertiary ICUs with longstanding clinical rotations. The HSN rotation is with an ICU group in a closed 29 bed Cardiac/Medical/Surgical ICU. There are a low number of learners to faculty (usually 1-2 learners at a time) that facilitates close supervision and individualized teaching.

Echocardiography

Echocardiography is becoming an increasingly important part of anesthesia practice. Already essential in Cardiac anesthesia, it is becoming more readily available in other parts of anesthesia practice. Our residents all receive some basic training in transesophageal echocardiography during their cardiac rotations. In addition, we will also likely be able to provide a focused transthoracic echocardiography course. Residents are encouraged to incorporate these skills into their practice on a regular basis.
Ethics, Professional Responsibility and Standards of Conduct

Professionalism is a core value for all health professionals and it is at the heart of your study and practice. Professionalism will be highlighted throughout your residency, in both academic and clinical settings, and embedded in the evaluation process as one of the fundamental roles in the CanMEDS framework. The NOSM professionalism policy and code of conduct is in development and will be circulated when complete.

The Canadian Medical Association Code of Ethics should be reviewed and kept at the forefront of your mind when practicing.

Here in the Family Practice Anesthesia Program, we believe that residents are responsible for a large portion of their postgraduate medical education. Taking control and ownership of your residency training will maximize your motivation to seek out the highest quality educational opportunities and experiences. The opportunity to achieve a level of training equal to, or greater than, any postgraduate Family Medicine program in Canada, is yours for the taking.

As a self-directed learner, you will experience a lifetime of professional rewards, shared with your patients. As a modern health professional, you must continually monitor your knowledge, skills and attitudes, seek out new knowledge, and improve on areas of weakness in order to maintain the highest standard of care. Your patients deserve this care and you owe it to them and yourself.

As an adult learner, you are an active participant in your own education. During your residency, you will refine your skills in setting learning objectives, choosing learning strategies, understanding your preferred learning style, and evaluating your own progress. You will have the opportunity to make suggestions both to individual preceptors, and to the program, to improve the training process. This cooperative effort is in mutual agreement between the College and the certificant.

In our preceptor-based learning environment, you must always remember to respect all of your preceptors’ patients as if they were your own. As a professional learner, you should maintain and respect the code of ethics and conduct of the profession itself in all of your personal and professional activities. As you assume an ever-increasing role as a physician with authority, trust and respect, you must accept the responsibilities that are a condition of these privileges.

This program was created for you by the people of Ontario with whom you are entering into a social contract to provide both leadership and service in health care. The treatment of illness, the monitoring of wellness, the creation and promotion of preventative health measures, research and professional development are all factors of this contract.

Scholarly Activities

The vision of the NOSM Anesthesia Scholarly Curriculum will be that our residents will have been prepared to embrace lifelong learning and evidence base medicine as an integral part of their future practice. Through the combination of a series of residency competency milestones, and fostering a scholarly environment in the faculty, at the completion of the program all residents will have the capability to continue scholarly, reflective practice throughout their careers.

As such, scholarly activities days can be requested to your Program Director. The following steps must be completed:

Have a faculty advisor for the project who will sign off on the application.
Submit to the Program Director an agenda of what you will accomplish with your time and confirmation from your faculty advisor that he/she approves of the use of time.

Once confirmed by the Program Director, it must be reported to your Program Coordinator, Research Coordinator, and Chief Resident.

Keep a log of activities done during your time.

This time is expected to be used longitudinally over the course of your 12 months with us.

For further details, please consult the Scholarly Curriculum, Appendix 9, which can be found on My Curriculum.
Curriculum and Academics

Clinical Curriculum

Attendance

Attendance is mandatory for core program including case of the week regardless of your rotation. When you are off site, arrangements will be made for you to participate as best as possible. Additionally, morning sessions, journal clubs, visiting professors and hospital grand rounds are mandatory while on Anesthesia rotations, and encouraged when off service. If you are unable to attend other than due to vacation, you must notify Sara.

Punctuality

For OR rotations, you must be here, set up be seeing the patient by 0750h. It doesn’t matter what time your staff shows up. You must be ready; it is a testament to professionalism. Over time, you will find you are more efficient such that your arrival time to the hospital may change. For example in July, you may need to be here by 0630h but by next year, you may be able to come at 0700h. If you have academic responsibilities in the morning, arrival and set up before your academic session is expected.

Preparation

You are expected to come prepared every day. That means you will know which anesthetist and surgeon you are with as well as the cases you are to do. Review your patient’s charts on meditech or in the pre admission clinic the day before. If there are in patients, they must be seen the evening before their surgery. In patients are clearly identified on the OR record with a room number. Come to the OR with an academic agenda every day. As adult learners, you are also expected to take responsibility for your education.

Illness

Along with notifying your program coordinator if you are sick, you must notify the OR main desk by 0730h. 705-675-4733. We trust that sick days will be legitimate!

Pain Service

APS forms can be found on myNOSM. Please familiarize yourself with them. There will be a brief introduction to the pain service with our pain nurse clinician during orientation week. It will be your responsibility to have them properly filled out for any of your cases requiring APS. Please review the paperwork with your staff person during each case requiring APS until you are comfortable writing them.

Documentation

All patient encounters will be documented in writing on the patients chart. Formal consultations will be dictated on the stat line. Blue slips (or patient demographic stickers at SAH) are to be collected for all encounters with the time, date, and service provided written on them.
Transition to Practice (TTP) Block

Fundamental to achieving success for this block is your ability to identify areas of need in your future practice community, reflect on your own practice, and create a meaningful learning plan. Please know that it is a sign of strength to be able to see where you can improve your practice, not a sign of weakness, and you are always encouraged to reflect on your methods of practice. Speaking to your peers, mentor, and colleagues will help determine service-related as well as personal priorities, and how these interrelate.

You will require objectives that are inspired by the needs of your future practice community as well as your own personal objectives. For the community objectives, please list some evidence of why you believe those objectives will help you to better serve that community.

For more information on the TTP, please review the documentation listed on the elearning platform.
Clinical Goals and Objectives

Rotation Goals and Objectives
You can view your goals and objectives by visiting myNOSM, checking PaNDA, or webOne45.

Rotation Schedule

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Location</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Anesthesia</td>
<td>Sudbury</td>
<td>32 weeks</td>
</tr>
<tr>
<td></td>
<td>Sault Ste Marie</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Family Practice</td>
<td>Huntsville</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>Kenora</td>
<td></td>
</tr>
<tr>
<td>Community Anesthesia</td>
<td>North Bay</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>Timmins</td>
<td></td>
</tr>
<tr>
<td>Intensive Care</td>
<td>Sudbury</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>Thunder Bay</td>
<td></td>
</tr>
<tr>
<td>Pediatric Anesthesia</td>
<td>CHEO (Ottawa)</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>

Core Anesthesia

The majority of your training at NOSM will occur at one of the major northern referral centers. Both the Sudbury regional and Sault Area hospitals are REGIONAL referral centers. As such, there is more than sufficient volume and acuity of cases to ensure a well-rounded, relevant education. Residents will work closely with interested, enthusiastic anesthesiologists and may train concurrently with royal college streamed residents. Some core anesthesia training will occur in smaller urban centers in Northern Ontario.

Comprehensive Family Practice

As required by the College of Family Physicians, you will spend one month in a comprehensive family practice setting with a Family Practice Anesthetist. Days will be spent doing whatever it is the preceptor does. This may include but is not limited to, Family practice anesthesia, emergency medicine and office practice. Because of the nature of the rotation, it is usually spent in a more rural area.

Pediatric Anesthesia

You will spend 2 consecutive months at the Children’s Hospital of Eastern Ontario in Ottawa. High volume of cases ensures a good exposure to a broad range of pediatric anesthesia. This will provide you with enhanced skill and comfort in dealing with pediatric patients. While at CHEO, residents will have the opportunity to rotate through the anesthesia Simulator at the Ottawa Hospital.

Your first Clinical rotation will always be an Anesthesia rotation in your home base. At the beginning of this rotation, four complete days of orientation will occur in the Simulation Laboratory/Hospital settings.
Academic Half Days

Academic Program

1. Orientation. The first four days of this program will be spent in Orientation. You will learn more about your program, the expectations of you as a resident, how the machines work, and even do some simulation.

2. Summer Series. This set of lectures and academic discussions form the bulk of didactic anesthesia teaching. It is specifically designed for Family Practice anesthesia residents. The sessions run from July to September, from 4-6pm. They are webexed so that no matter where you are, you can participate. In addition to medical expert type topics, it covers such issues as finding a job, implementing an acute pain service and medical billing.

3. Boot Camp. Over the last seven years, we have developed a program that has far exceeded our expectations with respect to educational value, national collaborations and global faculty development.

This course focuses on the unique needs of northern community, rural and remote anesthesia, crisis management, and technical skills required in the field.

You will participate in workshops, simulation cases and debriefs, lectures and personal learning reflections.

This is an intense one week course held in the summer in Sudbury at HSN's simulation lab. You will be excused from all clinical and call duties during this week no matter what rotation you are on.

4. Case of the Week (currently on hold) These will start in October. The cases are posted on our e-learning platform by a faculty member. Each week, a resident is assigned to post their idea's what they would do in that situation. The purpose of this is to generate discussion around decision making and judgment. This is not a place for a comprehensive essay, but rather a discussion. Wednesday mornings at 7am the faculty and residents meet to discuss the case and fine tune the wiki.

5. Anesthesia Grand Rounds These sessions take place each Thursday morning at 7:00 a.m. in Sudbury, and in SSM they take place on Wednesday mornings at 7:00 a.m.. Each resident is expected to attend grand rounds as well as present one grand rounds during residency. These will be scheduled at the beginning of each year.

6. Hospital Grand Rounds Residents are encouraged to attend these. It is your responsibility to find the schedule at your home base hospital.

On Call following Academic Sessions

On call. You are expected to attend your academic sessions even if you are on call. Unless there is a dire situation which put a patient at risk and prevents you from leaving the OR, you should be excused to attend academics.

Call will be for 24 hours. As this topic is quite controversial, our expectation that you will still be doing 24 hour call shifts is founded on the fact that call in this institution can be less onerous than in many other teaching centres. If a night is particularly busy, it is the expectation that you will be given a rest period after 16h of consecutive clinical work provided there is no compromise of patient care. The rest period will be determined in consultation with the on call staff. In our opinion, this plan maximizes clinical experience and minimizes fatigue and its repercussions.
While on call, you will be expected to cover the OR, labor and delivery and trauma call. When responding to a trauma, you report to the trauma team leader, not the on call anesthesiologist. However, your responsibility at traumas is related to the initial resuscitation and operative planning, not putting casts on. Call is “in-house”. In Sudbury the call room is on the 5th floor of the north tower in the medical learner space. The key is at the OR front desk. It must be returned each morning. Do not lose it! In SAH, the call room is on the third floor across from the operating room.

Code Blue/Pink. Health Sciences North and SAH do not currently have a resident driven arrest team. It is our expectation that unless you are occupied with something that you cannot leave you will run to all code blues and code pinks. Your role there is to help in any way you can, given your unique skill set. When you are not needed at that arrest you should identify that to the team leader and tell them you are leaving after writing a short note documenting your role. Presently, on call anesthesia personnel are not mandated to respond to these calls, however we try to help whenever we can. Once we have 24/7 resident coverage, we will pursue participation in a code blue team. As a resident, your staff is ultimately responsible for your activities so if you need to attend a code blue/pink calls, coordinate with your staff to ensure adequate coverage for all active anesthesia patients.
Guidelines for Obstetric OR Preparation for Resident Call Shifts

The following should be completed by residents prior to starting evening call or prior to ECTs if assigned to ECT/DR during the day.

**Anesthesia Machine**

Machine checked (including suction)

6.0 and 7.0 cuffed endotracheal tube styletted and ready on machine (with date prepared)

Clean 10cc syringe

Oral airways available on machine

Large and small laryngoscope handles with Mac 3 blade attached on machine (checked to ensure functioning)

Kidney basin, standard circuit with mask attached ready to go on machine

Ensure machine is stocked (range of ETTs, LMA #4 specifically on right side, extra suction catheters and oral airways)

Ensure Laerdal self-inflating bag available

**Anesthesia Cart**

Phenylephrine 100mcg/mL minibag with full 10cc syringe (labeled with date prepared)

Succinylcholine vial on cart with clean 10cc syringe prepared and ready to go on cart

Propofol vial on cart with clean 20cc syringe prepared and ready to go on cart

Ephedrine 5mg/mL with full 5cc syringe (labeled with date prepared)

Ensure cart is stocked with necessary drugs and equipment

**Obstetric Room**

Ensure glidescope is available, functioning and necessary equipment is available (handles, stylets)
<table>
<thead>
<tr>
<th>Daily</th>
<th>During Your Residency Year</th>
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<tbody>
<tr>
<td>- Visit your eLearning platform</td>
<td>- Sign up for resident rounds</td>
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<tr>
<td>- Come prepared to the OR with a plan</td>
<td>- Submit copy of resident rounds presentation</td>
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<tr>
<td>- Have your objective for the day identified on your daily evaluation form and hand it to your clinical preceptor first thing in the morning</td>
<td>- Meet with Program Director on at least 4 occasions</td>
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<td></td>
<td>- Minimum of 13 completed rotation blocks</td>
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<td></td>
<td>- Maintain 75% attendance at academic days</td>
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<td></td>
<td>- ACLS &amp; NRP certifications required</td>
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<table>
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<tr>
<th>Weekly</th>
<th></th>
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<tbody>
<tr>
<td>- Complete feedback on your clinical preceptors for the week (they are posted to your WebOne45 account each Friday). It is important that you do not let them pile up.</td>
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<tr>
<td>- Prior to Block contact the preceptor for your next rotation</td>
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<tr>
<td>- Print off your on-call claim form</td>
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<tr>
<td>- Receive Housing info and keys (if applicable)</td>
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<table>
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<tr>
<th>End of Block</th>
<th></th>
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<tbody>
<tr>
<td>- Complete rotation and any outstanding preceptor assessments</td>
<td></td>
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<tr>
<td>- Review your rotation assessment</td>
<td></td>
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<tr>
<td>- Complete travel reimbursement form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>- Submit on-call claim form (<a href="mailto:payroll@nosm.ca">payroll@nosm.ca</a>)</td>
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