DEPARTMENT OF ANESTHESIA

University of Manitoba

RESIDENT GUIDE

2018/2019
Welcome to our Anesthesia Residency Program. This package is designed to assist you through your initial week, months and years with us. You will receive a new issue each year of your Residency.

Program Director:
Dr. Johann Strumpher
204-787-8575 (Office)
204-229-3848 (Mobile)
EMAIL: johann.strumpher@umanitoba.ca

CBME Lead:
Dr. Ian McIntyre
204-787-8575 (office)
204-791-5047 (Mobile)
E-Mail: Ian.McIntyre@umanitoba.ca

Program Administrator
Ms. Penny Godawatte
204-787-1057 (office)
204-688-0032 (Mobile)
E-Mail: pgodawatte@hsc.mb.ca

We look forward to enlightening you on the fascinating world of Anesthesia.
### Postal Codes

**The University of Manitoba**

<table>
<thead>
<tr>
<th>Location</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bannatyne Campus</strong></td>
<td></td>
</tr>
<tr>
<td>Basic Medical Sciences</td>
<td>730 William Avenue R3E 3J7</td>
</tr>
<tr>
<td>Brodie Centre</td>
<td>727 McDermot Avenue R3E 3P5</td>
</tr>
<tr>
<td>Dental College</td>
<td>780 Bannatyne Avenue R3E 0W2</td>
</tr>
<tr>
<td>General Centre</td>
<td>700 William Avenue R3E 0Z3</td>
</tr>
<tr>
<td>Medical Services</td>
<td>750 Bannatyne Avenue R3E 0W2</td>
</tr>
<tr>
<td>Medical College</td>
<td>770 Bannatyne Avenue R3E 0W3</td>
</tr>
<tr>
<td><strong>Health Sciences Centre</strong></td>
<td></td>
</tr>
<tr>
<td>Cadham Provincial Laboratory</td>
<td>750 William Avenue R3E 3J7</td>
</tr>
<tr>
<td>Children’s Hospital</td>
<td>840 Sherbrook Street R3A 1S1</td>
</tr>
<tr>
<td>General Hospital</td>
<td>820 Sherbrook Street R3A 1R9</td>
</tr>
<tr>
<td>Manitoba Cancer Treatment &amp; Research</td>
<td>100 Olivia Street R3E 0V9</td>
</tr>
<tr>
<td>PsychHealth Centre</td>
<td>771 Bannatyne Avenue R3E 3N4</td>
</tr>
<tr>
<td>Rehabilitation Hospital</td>
<td>800 Sherbrook Street R3A 1M4</td>
</tr>
<tr>
<td>Thorlakson Building</td>
<td>820 Sherbrook Street R3A 1R9</td>
</tr>
<tr>
<td><strong>St. Boniface Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>409 Tache Avenue</td>
<td>R2H 2A6</td>
</tr>
</tbody>
</table>

*Updated June 2018*
UNIVERSITY ADMINISTRATIVE OFFICE STAFF
2nd Floor, 671 William Avenue
Winnipeg, Manitoba
R3E 0Z2
FAX #: 204-787-4291

CHIEF RESIDENT: Dr. Ethan Bohn
204-298-9640 (Mobile)
204-936-1230 (Pager)
E-Mail: umbohne@myumanitoba.ca

CO-CHIEF RESIDENT: Dr. Margot Klemmer
306-230-6823 (Mobile)
204-936-0527 (Pager)
E-mail: klemmerm@myumanitoba.ca

DEPARTMENT HEAD: Dr. Chris Christodoulou
204-787-1125
204-931-4163 (Pager)
E-Mail: cchristodoulou@sbgh.mb.ca

ASSOCIATE HEAD, EDUCATIONAL AFFAIRS Dr. Rob Brown
204-787-2549
204-936-0329 (pager)
E-Mail: Robert.Brown@umanitoba.ca

ADMINISTRATIVE DIRECTOR: Mr. Reid McMurchy
204-787-4650
204-223-4694 (cell)
E-Mail: rmcmurchy@hsc.mb.ca

FELLOWSHIP ADMINISTRATOR Cindy Marykuca
204-787-2262 (office)
E-Mail: cmarykuca@hsc.mb.ca

Updated June2018/pg
**ANESTHESIA PROGRAM**
**UNIVERSITY OF MANITOBA**
**FRCP Program Rotation Requirements 2018/2019**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>PGY2</th>
<th>PGY3</th>
<th>PGY4</th>
<th>PGY5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HSC = 8</td>
<td>14</td>
<td>5</td>
<td>3 - 4</td>
<td>3 - 4</td>
<td>5 - 6</td>
</tr>
<tr>
<td>• SBGH = 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community*</td>
<td>2</td>
<td></td>
<td>0 - 1</td>
<td></td>
<td>0 - 1</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>2</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pediatrics**</td>
<td>4</td>
<td></td>
<td>2 - 3</td>
<td>0 - 2</td>
<td>1 - 2</td>
</tr>
<tr>
<td>Pain (3 consecutive blocks) (Regional, APS &amp; Chronic Pain)</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Neuro</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHA/PAC ++</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Anesthesia</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANESTHESIA TOTAL</strong></td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SICU – HSC*****</td>
<td>1</td>
<td></td>
<td></td>
<td>1 - 2</td>
<td></td>
</tr>
<tr>
<td>SICU/MICU – SBGH</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICU - HSC</td>
<td>1 - 2</td>
<td></td>
<td></td>
<td>1 - 2</td>
<td></td>
</tr>
<tr>
<td>ICCS - SBGH (Optional)****</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PICU</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>SSCU *****</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CRITICAL CARE TOTAL</strong></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SCHOLARLY ACTIVITY</strong>*</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology/CCU</td>
<td>2</td>
<td>1 - 2</td>
<td></td>
<td>0 - 1</td>
<td></td>
</tr>
<tr>
<td>Respirology</td>
<td>2</td>
<td>1 - 2</td>
<td></td>
<td>0 - 1</td>
<td></td>
</tr>
<tr>
<td>Elective****</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>MEDICINE TOTAL</strong></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation/Elective+</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

---

*Community rotations may be done at the Grace, Victoria or Concordia.* Only one rotation permitted at Victoria Hospital

** The first 2 Pediatric Anesthesia rotations must be done in 2 consecutive rotations.

+Vacation may be taken as a one month block to a total of four weeks per year (28 days) or in 7 day blocks for a total of 28 days.

Vacation can **ONLY** be taken in Tertiary Adult Anesthesia and Scholarly Activity rotations with a maximum of one week during community Anesthesia rotations.

*** The scholarly activity time may be distributed throughout the latter three years subject to the minimum requirements above for each year. Scholarly time may be taken in one block or any combination of periods, as approved by the Vice Chair of Research and PG Program Director.

****Elective Medicine rotations can be taken in SSCU, Palliative Medicine, Transfusion Medicine, Endocrinology, Infectious Diseases, and Nephrology.

***** One month of SSCU can be used towards your ICU credit. Only one SSCU rotation can be used towards your ICU credit. An additional month in SSCU will be counted as a medicine elective.

****** ICCS in an optional ICU month.

****** SICU is a mandatory rotation, but is strongly recommended for juniors. Residents must complete a total of 6 blocks in any of the specified rotations (with at least one month in MICU, MSICU and PICU).

Additional time in any anesthesia subspecialty will be taken from the total amount of tertiary time at either HSC or SBGH.
All four digit HSC pagers can be accessed by dialing #77243 (in hospital) or (204) 787-7243 (outside of HSC). Follow the instructions provided and when you have completed entering your call back number press #.

All seven digit numbers can be accessed by dialling the complete pager number.

- WHEN PROVIDING YOUR CALL BACK NUMBER ON A PAGER, BE SURE TO INCLUDE THE COMPLETE TELEPHONE NUMBER.

RESIDENT PAGER NUMBERS

NOTE: ANESTHESIA RESIDENTS ARE PROVIDED PAGERS TO ASSIST OTHER MEMBERS IN THE DEPARTMENT IN REACHING THEM. ALL RESIDENTS SHOULD HAVE THEIR PAGERS TURNED ON WHILE ON CALL, MONDAY THROUGH FRIDAY FROM 7:00 A.M. TO 4:00 P.M. WITH THE EXCEPTION OF POST CALL.

HARRY MEDOYVY OFFICE HOURS

- The office is generally open from 8:00 a.m. to 4:30 p.m. Monday to Friday.

- The University office closes for two weeks during Christmas and New Year’s; you will be notified of the exact dates in early December.

- The Harry Medovy building is locked at 6:00 p.m. daily. Swipe card access is available 24 hours a day at the front door, the tunnel, and the second floor stairwell.

RESIDENT MAILBOXES/ LIBRARY

- Resident mailboxes are located in the Resident Library located in AE403, the fourth floor of the Harry Medovy House at 671 William Avenue.

- The Resident Library is available to all Anesthesia residents on the program. Residents will require a code to access the room. Please contact Penny for this information.
E-MAIL COMMUNICATION

Resident e-mail addresses are often used to pass along URGENT information such as notice of cancellation of rounds, seminars, etc. PLEASE ENSURE THAT YOU CHECK YOUR E-MAIL ON A DAILY BASIS!

There is also a group distribution e-mail address for the Anesthesia Residents at: med-anesthesia-residents@lists.umanitoba.ca Penny Godawatte is responsible for adding the Anesthesia Residents to the distribution list.

The Communication and Information Systems Department (Computer Services) only uses this method to inform you of any changes or closing of accounts.

The following information can be found on the Anesthesia Website:

http://umanitoba.ca/faculties/health_sciences/medicine/units/anesthesia/

- Residency Program Overview
- PGME Anesthesia contact info
- Access to VENTIS online – Academic & Clinical
- Rotation Goals & Objectives
- Exam Schedules
- Resident Simulation Schedules
- Resident Seminar Schedules
- Resident Rotation Schedules
- Grand Rounds Schedules
- CME Schedules (Sub-Specialty Rounds, Journal Club, Talk Rounds)
- Resident Guide
- Residency Program Policy Manual
- Residency Safety Policy
DEPARTMENTAL LIBRARY RESOURCES

- The Departments of Anesthesia (at all sites) have various journals and books for use by Residents.

- An inventory of books is kept in the Residency Library and will be checked regularly. If you borrow a book, please be courteous to your colleagues and sign the book out and return it in a timely fashion. The sign out book is located on the bookshelf in AE403.

- If you don’t see a journal, book, or DVD which you feel would be helpful to the Residency Program, please advise your resident library representative of your suggestion.

  - Residents will also have access the online Anesthesia Toolkit via the department website at the following link: http://libguides.lib.umanitoba.ca/anesthesiology

PHOTOCOPY PROCEDURES - UNIVERSITY ADMINISTRATIVE OFFICE

- There is a photocopy machine in the general office (AE200) for all Residents to use.

- Residents are also allowed access to the photocopier at St. Boniface Hospital, Department of Anesthesia. If you need assistance with photocopying, please see either Gabrielle Head or Dianna Erwin (L2035).

FAX MACHINE

Residents are welcome to use the FAX machine in the University Administrative Office (AE-200).

You may have faxes sent to the Administrative Office (#787-4291). Any faxes received for a Resident will be placed in their personal mailbox. If you wish to be notified of an incoming fax you MUST let Penny know that you are expecting a fax and that you wish to be notified when the fax arrives.
MULTIMEDIA PROJECTOR

There is a multimedia projector available for use by all Department members, including Residents. Due to the cost of the projector and the demand for use, it can only be borrowed for 48 hours.

If you require the projector for longer than 48 hours, please contact Penny/Cindy to make alternate arrangements.

Privileges for borrowing the equipment will be suspended if the equipment is not returned intact on the stated return date.

RESIDENT COMPUTERS

There are Resident computers which are available for use at HSC General, Children’s, Women’s, Harry Medovy House and St. Boniface Hospital. You should be able to access all computers using your own personal name and password.

All the computers are set up so that there is an administrator, this will assist in preventing any problems associated with individuals installing programs or changing settings within the systems.

The specific locations of the computers are as follows:

- HSC General – JJ287 (internet access)
- Children’s Hospital – JL284 (internet access)
- Women’s Hospital – WT371 (internet access)
- Harry Medovy House – AE403 Resident Library (internet access)
- St. Boniface Hospital – L2017 (internet access)

It is important that no one attempts to install any programs OR change any settings; this could jeopardize the use of the computers and limit their life expectancy. If you wish to install a program or have any questions regarding the computers, please contact eHealth at 204-940-8500.

LAPTOP

There is a department Laptop that includes Internet access and a CD RW/DVD available for use by all Anesthesia Residents.

The laptop computer can be borrowed for up to 7 days and must be booked through Penny Godawatte. Due to the number of people wanting access to the computer it is important to book well ahead of time to ensure that you get the laptop when you need it. The laptop must be sign-out at the front desk.

Privileges for borrowing the laptop will be suspended if the equipment is not returned intact on the stated return date.

Updated June 2018
**VENTIS Academic & Clinical**

**VENTIS – Academic (U of M)**

VENTIS PGME is the University web-based program that contains all Resident rotation schedules, call schedules, Resident & Faculty assessments, and educational events within the department including Grand Rounds, Visiting Professors, Journal Club, Talk Rounds and Simulation Training. All residents are required to use VENTIS to enter all rotation requests, vacation, stat days, conference leaves, Maternity/Paternity leaves, LOA requests etc. Residents are asked around November each year to begin entering their rotation requests for the upcoming academic year. In addition, VENTIS PGME provides access to all your Rotation Goals and Objectives.

**VENTIS – Clinical (Anesthesia)**

Department of Anesthesia uses VENTIS clinical for all clinical scheduling within the department including Faculty, Residents, Fellows, ACA’s etc. VENTIS is primarily used for daily OR slating. It is imperative that you learn quickly how to navigate through VENTIS as this will be the clinical scheduling system that you refer to regularly throughout your time in Anesthesia.

Link for VENTIS is as follows: [https://uofm.ventis.ca/](https://uofm.ventis.ca/)

**CBME Resources**


**Resident ePortfolio**

[https://login.royalcollege.ca/oamlogin/login](https://login.royalcollege.ca/oamlogin/login)

**Entrada**

[https://entrada.radyfhs.umanitoba.ca/](https://entrada.radyfhs.umanitoba.ca/)
Grand Rounds are held in each of the tertiary hospitals on a weekly basis from the beginning of September to mid-June each year. Though currently supplemented by a wide array of academic activities, Grand Rounds are the traditional core of the academic life of the University department. It serves as a forum where the entire academic community in the department participates in exchange of ideas and education, as well as being kept abreast of the individual academic pursuits of the members. As such, Grand Rounds plays an important role in the residency program, but also has a function in CME, departmental administration, research, and creating a general academic atmosphere. This document describes the role of residents in the Grand Rounds program.

Anesthesia Grand Rounds are held every Wednesday from 7:45 a.m. to 9:00 a.m. with location of rounds being posted weekly. Grand Rounds are provided city wide through MB TeleHealth. Residents are expected to attend any Visiting Professor presentation from the presenting site. Otherwise you may view rounds at any site providing MB TeleHealth. Notification regarding location is posted weekly and sent via e-mail to all residents, as well as being posted at all sites prior to the presentation. This information is also posted on the Anesthesia Website http://www.umanitoba.ca/faculties/medicine/anesthesia/.

**Attendance**

Residents are required to attend the Grand Rounds at the institution in which they are rotating during all anesthesia rotations. In addition, they are required to attend at one of the two sites when they are on scholarly activity. Attendance is encouraged while on off-service rotations, but that is subject to the constraints of the service.

**Resident Presentations**

As per administrative policy #2.0, each resident will present two city-wide Grand Rounds presentations during their PGY3-5 training years. Where possible, at least one presentation should be completed during a resident’s Scholarly Activity Block. PGY5 residents should have their grand rounds presentations complete no later than January of their graduating year.

Once scheduled to present Grand Rounds, the resident is responsible for selecting the topic as well as researching, writing and giving the presentation.

**Staff Mentoring**

Residents must seek the advice of a staff mentor for guidance on preparing the Grand Rounds. For junior residents, staff may assist with selection of a topic, but seniors are expected to generate their own topic. The role of the mentor is to review with the resident the general plan for the presentation, and suggest any areas that require particular emphasis. In addition, the mentor may assist in suggesting or recruiting external resources to participate in the presentation. If the resident is presenting a topic that has been presented once at the other site, it is still necessary to consult a staff mentor. In this case, the resident may consult the original mentor, or approach someone at the current site.
Each tertiary department holds regular Talk Rounds. Talk Rounds is a case-based group discussion. The general purpose of talk rounds is two-fold. It has a function in the clinical care of the department as a forum in which staff and residents can present difficult cases in advance for advice from their peers, or in retrospect for the purposes of quality improvement. At the same time it has a crucial educational role. Residents will learn, through listening to the discussion, about the decision making process and critical thinking around controversial issues. They will have the opportunity to hear and ideally engage in exchange of ideas relating to clinical controversies and dilemmas in care. At the same time, they will have the opportunity to learn, by observation and practice, the skill of presenting clinical information clearly and concisely. Talk Rounds thus serve to promote the collaborator, medical expert, and scholar roles.

Scheduling and Attendance
Talk Rounds are scheduled within each clinical department. They will be announced within the department. Attendance is mandatory for all residents assigned to that site, with the exception of the post-call resident and any who are on vacation at the time of the rounds. All residents on other rotations in the site are also strongly encouraged to attend.

Format
The format of talk rounds is semi-formal. The senior resident is responsible for ensuring that cases are brought for presentation. It is not the responsibility of the senior to personally provide the cases, but to communicate with his/her fellow residents on the rotation to ensure an equitable distribution over the course of the period. Each resident on a rotation should present at least once at talk rounds period. When presenting, the resident should bring a summary of the case, along with any necessary clinical information (EKG’s, Imaging, etc) to clearly present the information necessary to proceed through the clinical decision-making in the case. The assigned resident shall guide the discussion by presenting an introduction to the case and directing questions to the other residents. The most typical approach is to present an introductory scenario and then ask residents in turn to solicit information and present their plans in order to allow the case to unfold.

Assessment
Residents will be required to assess all Talk Rounds sessions via VENTIS Academic. All Educational events will be available for assessment on your VENTIS dashboard when logging in. Please be advised that assessment of an educational event also acts as an attendance record. If there is no assessment, it will be assumed that you were absent from the session. Presenter and session feedback as well as attendance is reviewed semi-annually by the Program Director.
DEPARTMENT OF ANESTHESIA  
University of Manitoba  
RESIDENCY TRAINING PROGRAM  

JOURNAL CLUB  

Preamble:  
The role of Journal Club is multi-faceted. Primarily, it is the opportunity for residents to learn, by practice and observation, how to critically read a paper and to present this information in a useful format. Secondly, it also serves as a forum for the sharing of important new information or the revision of dogma. Finally, it is an important activity in the social life of the department, at which staff and residents have the opportunity to interact in a less formal, non-clinical setting. The structure of the Journal Club series and the process and criteria for article selection are specifically designed to balance these various elements of the role of the Journal Club.

Scheduling of Journal Club:  
There shall be 4-6 Journal Club sessions per year, depending on resources. The individual sessions shall be scheduled to begin at 1630 and end at approximately 1830h. Each JC session shall have one staff mentor assigned from within the Critical Appraisal Interest Group, and two residents. The selection of these residents shall be the responsibility of the Chief resident or delegate, along with the PA. It is primarily the PGY3-4 residents who participate in the sessions.

Format for Sessions and presentations:  
Two articles shall be presented at each session. There shall be a resident assigned in advance for each article. The individual sessions shall follow a concurrent presentation format.

Role of the Mentor  
The mentor will provide guidance to the residents in selection of the articles. S/he may supply an article, or allow the resident to select his/her own and approve it. The former is preferred for PGY2 residents. After the selection, the staff mentor is intended to be available for consultation, and not expected to be actively involved in the review process. The only role of the mentor in the presentation of the review is to attend and contribute to discussion.

Role of the Resident  
One resident shall be assigned to present each article at each journal club, and their names indicated along with the main schedule. The resident shall review his/her assigned article. S/he shall present the review according to the provided template for that type of article. Residents may seek out the advice of staff as needed, and the members of the JC interest group have expressed a willingness to advise residents in this regard. Staff and resident feedback on resident presentations shall be sought at each session with evaluation forms.
**Article Selection**

The following criteria should be considered when submitting articles for JC.

**Type of Article** - the JC spectrum must include examples of all of the following types through the course of a year, staff are therefore encouraged to select more than just RCTs. In each JC session, there are two articles, and as a guideline, one RCT and one other format would be desirable.

- RCT
- Structured Review
- Meta-analysis
- Basic Science controlled experiment - animal and human
- Observational studies

**Quality of Article** - The most important characteristic of an article is its utility for teaching critical appraisal. Articles of both high and low quality are useful, provided that they may be used to demonstrate a point. Good studies are models. Poor quality articles may serve as examples of common pitfalls or errors in design, and therefore warrant inclusion.

**Topic** - The subject of the article should be one that is interesting and relevant to the practice of Anesthesia. This would obviously include new research that has the potential to change anesthesia, but would also include:

- Systematic evaluations of important controversies
- Vintage “landmark” articles (the source of Dogma for critical review)
- Important clinical topics with solid design

**Assessment**

Residents will be required to assess all Journal Club sessions via VENTIS Academic. All Educational events will be available for assessment on your VENTIS dashboard when logging in. Please be advised that assessment of an educational event also acts as an attendance record. If there is no assessment, it will be assumed that you were absent from the session. Presenter and session feedback as well as attendance is reviewed semi-annually by the Program Director. Evaluations will be completed by both faculty and residents who attend.

**Ongoing improvement:**

The PD shall seek general feedback on format, venue and timing at yearly intervals, and this document is revised accordingly.
DEPARTMENT OF ANESTHESIA

SENIOR RESIDENT JOB DESCRIPTION

In each academic period, there shall be a senior resident assigned at each of the two tertiary hospitals including HSC and SBGH. The list of senior residents shall be prepared and included in the resident manual (see attached Senior Slating Schedule for the current academic year). It is the responsibility of each resident to consult this list and be aware of when s/he is due to be senior.

SELECTION OF SENIOR
The following considerations shall apply when determining the senior assignments:

- The most senior resident possible
- PGY 3-5 if at all possible
- PGY 2 with at least six months if necessary
- If no residents with at least PGY2 and six months of anesthesia, then the site coordinator shall coordinate the duties with the residents
- The senior should not be on holiday or other leave during the rotation
- Each resident should have an equal proportion of senior assignments through the residency

DUTIES AND RESPONSIBILITIES
The senior shall be responsible for the following activities

- Orientations- Any elective medical students, or residents rotating for the first time in the hospital (off-service or anesthesia) should be given a tour of the facility, including information relevant to lockers, slating and contacts. A summary of the elements of an orientation may be found on the policy manual.
- Slating- The senior resident is responsible for slating the other residents and students in accordance with the slating guidelines. These guidelines are posted in the departments. The resident and student slating guidelines are also included in the resident manual.
- Talk Rounds- The senior resident shall organize the presentation of cases at talk rounds in accordance with the talk rounds outline included in the resident manual. The senior resident is not responsible for personally presenting the cases, but rather delegating appropriately to evenly share the work with the pool of residents rotating at that time.
- Resident Log Book (RLB) - The senior resident should ensure residents are logging their cases into the RLB. This has now been mandated by the RCPSC and is a requirement of training. It is the responsibility of each individual resident to record his/her cases/exposures in the RLB. RLB can be accessed at www.rlb.com. Each resident will be provided with a username and password by the PGME Anesthesia office.
- General Resource- The senior resident will be included in the list of contact personnel for students, residents, and other visitors to the department. S/he should be aware of the scheduling and expectations of these people, in order to be a useful resource.

N.B. Anesthesia has approximately 30-40 visiting residents per year, 100 MSR students, and 100 visiting elective students per year.

Assessment

In accordance with the roles envisioned in the CanMeds outline, each senior resident shall be evaluated specifically with regard to the effectiveness of his/her fulfillment of the roles relevant to this position, as outlined in the senior resident evaluation form. The Postgrad Site Coordinator will complete the Senior Resident Evaluation at each site.
SENIOR RESIDENT JOB DESCRIPTION
ST. BONIFACE GENERAL HOSPITAL

DUTIES AND RESPONSIBILITIES

1) Orientations:

- The senior is responsible for the OR orientation of off-service residents and first-time anesthesia residents. The senior must also remind these residents if log-books or evaluations must be completed during their rotation.

- Departmental secretaries will provide facility orientations to medical students (MSR and elective medical students) – but if none are available – the senior must provide the orientation or find a designate (another resident/consultant/ACAP) to provide an orientation.

2) Slating:

- The senior is responsible for slating medical students (elective and MSR), anesthesia residents, and off-service residents in accordance with the slating guidelines.

- Please ensure that junior anesthesia residents are slated on the labour floor during a week day prior to their first on-call shift

- The senior is NOT responsible for the slating of cardiac anesthesia.

- The senior is NOT responsible for the slating of MSR students for IV/PAC/PARR/Labor floor days as these days will be coordinated between a departmental secretary and an appropriate supervisor. If an elective medical student, elective resident, or anesthesia resident requires an IV day – this must be coordinated with a departmental secretary to facilitate appropriate supervision.

- Slating should be complete by 14:00 hrs on Friday. It is preferable that the entire week is slated on Friday, however, if not possible, at least Monday and Tuesday should be slated. If the latter is the case, Wednesday through Friday should be slated on Monday.

- The final hospital slate will be prepared by the departmental secretaries by Friday morning for the senior to use. However, if the senior is post-call or unavailable on Friday – the resident may contact the departmental secretary to arrange for the slate to be prepared earlier.

- Residents must slate on the hardcopy OR slate posted in the anesthesia office. If the resident is unable to slate – they must appoint a designate to slate. If problems are noted by departmental secretaries regarding slating they will first page the senior resident or designate. If unavailable - they will contact the SBGH Resident Site Coordinator or the SBGH Undergraduate Coordinator. Finally, they will contact the Department Head.

- If the senior has any problems with collaborating with departmental secretaries or any slating problems at SBGH – they must contact the SBGH Resident Site Coordinator, SBGH Undergraduate Coordinator, or SBGH Department Head.
3) **General Resource**: The senior should be aware of scheduling of medical students and residents to the department and be prepared to act as a resource for these people. If unable to answer a question – they may direct the students/residents to a departmental secretary/resident site coordinator/undergraduate coordinator.

**Guidelines for Resident Slating**

1) **PGY-1 – PGY 5 Anesthesia Residents**: Please refer to the University Policy for the guidelines regarding slating of anesthesia residents.

2) **MSR students**: Consider several low-risk, high volume slates. Attempt to avoid slating in the emergency room. Occasional slating in the same room with senior anesthesia residents is encouraged.

3) **Medical elective students**: Exposure to a variety of slates. Attempt to slate with the same consultant for 2-3 days during their rotation. (This may assist with reference letters for CaRMS). Occasional slating in the same room with senior anesthesia residents is encouraged.

4) **Subspecialty residents**: Consider several low-risk, high volume slates and slates relevant to subspecialty. Attempt to avoid slating in the emergency room.
The Chief Resident (CR) works in tandem with the Co-Chief (CCR) and the Chair of Resident Central Committee (CCC) to form the leadership of the resident community. They all play a role in the governing of resident activities and well-being. These roles are complimentary and also allow for a mutual check and balance. The descriptions Co-Chief and Chair of the Central Committee may be found in a separate document, but should be reviewed in order to understand the context of this description in the overall system of resident governance. In the fulfillment of this position, specific powers and expectations must be attributed to the chief resident (CR). These are detailed in the following document.

**Leadership**

The chief resident must provide leadership to the residents. S/he is responsible for participating in the development of policies and programs that impact the resident's role in the department. In addition, a chief resident should serve as a role model for professional and academic behaviour.

**Faculty & Site Liaison**

The chief resident (CR) is appointed by the Program Director and is a part of the administration of the department. S/he therefore simultaneously acts as the voice of the residents to the administration, as well as the voice of the administration to the residents. Specifically, the CR is responsible for formulating, communicating and implementing decisions of the Department Head, Program Director (PD), Program Administrator (PA) site coordinators or Education Committee.

The CR will act as the Resident Site Coordinator for the following sites:

- Health Sciences Centre
- Children’s Hospital, HSC
- Grace General Hospital
- Seven Oaks General Hospital

The CR will arrange orientations for all medical students (MSR and elective students) and visiting residents as well as handle all concerns of medical students and residents (visiting and local) at these applicable sites. Additional duties of the CR as the acting resident coordinator will involve the following responsibilities:

- Handling all concerns of residents regarding program issues, research issues, and personal issues
- Assisting with scheduling of rotations for local and visiting residents and students
- Attending all curriculum evaluation meetings, and resident evaluation meetings
- Representing the department at local, national and international meetings
- Represents the department at educational events (e.g. visiting professor, research events)
- Acting as a liaison between the department and the residents with regard to program issues, brings up issues accordingly at meetings
- Assisting with CaRMS admissions process, representing and promoting the department during the CaRMS interview weekend
• Organizes and presents didactic and hands-on sessions for the medical student anesthesia interest group
• Addresses all e-mail/phone concerns of medical students interested in the specialty of anesthesia

Resident Term Appointments
The CCR will assign a resident on a yearly basis to each of the one-year term appointments (See Appendix 2). The CCR will also be responsible to ensure that the responsibilities of these positions are fulfilled. In the event of a deficiency, the CCR will mediate the situation with or without the assistance of the PD, as required.

Interaction with CCC
As noted above, these two positions are complimentary in the overall system of governance of the residents. Each has the power and the responsibility to maintain communication with the other, to be aware of and attempt to remediate problems in a collegial fashion. In the event of deficiencies on the part of the CCC, it the responsibility of the CR to deal with them. The CR must first seek consensus with the CCR as to the nature and extent of the problem(s). The CR may enlist the assistance of the PD as an arbitrator in this process. The CR +/- PD will solicit input from the residents, and approach the CCC with the concerns. The CCC will then have the opportunity to correct the deficiencies or voluntarily resign. Should neither of these conditions be met, the CR will call a Central Committee meeting to vote on impeachment. If a majority of the resident population voted to impeach then the CCC will be removed and a new election held as soon as possible.

Committee Memberships
The CR will hold a position on the following committees:
  Education Committee
  Admissions Committee
  Resident Assessment Committee
  Resident Appeal Committee
  Visiting Professor and Rounds Committee
  Committee for Selection of Subsequent Chief Resident

Orientation of Incoming Chief Resident
The CR will brief the successor on the current issues pending. S/he will assist in the preparation of the first call schedule. The CR will also be available to the succeeding CR for advice in the first half of the latter’s term.

Appointment and Term of the Chief Resident
SELECTION COMMITTEE
A committee consisting of the PD, PA, Department Head and incumbent CR shall meet prior to Sept. 30th. This committee shall review the potential candidates for the position, according to the guidelines below. From these candidates, the committee will recommend a new CR. The PD will offer the position to the proposed candidate. In the event that the proposed candidate declines the position, the committee will reconvene to select a second choice, and so on until a CR is appointed.
SELECTION CRITERIA
The prospective CR shall
- Be in the PGY4 year of the training program at the beginning of his/her appointment.
- Possess good interpersonal skills with staff, patients, and peers
- Model professionalism in clinical and interpersonal interactions
- Have good academic standing
- Have shown an interest and involvement in administration

APPOINTMENT

The term of appointment shall be for one year, to run from Jan 1st to Dec 31st of each calendar year. The offer of position shall be made by Sept 30th of the year prior to the commencement date. Announcement of the new CR will be made by the Department Head, at a forum of his/her choosing.

The appointee may terminate this appointment by resignation upon one month’s notice. Similarly, the PD or Department Head may terminate this appointment for just cause. In either event, a new appointment will be made according to the procedure outlined above as soon as possible.
The resident leadership in the Anesthesia Program at the University of Manitoba is comprised of the Chief Resident (CR), Co-Chief Resident (CCR), and the Chair of the Resident Central Committee (CCC). Three form a complementary group and together are responsible for resident scheduling, advocacy, and governance. The Chief and co-chief are both liaisons between the residents and the program administration and faculty and are appointed by the administration. The CCC is a resident advocate and elected by the residents. The CR and CCC each have specific job description and all three should be understood in order to understand the context of each.

The CCR is essentially responsible for the administrative aspects of the resident governance. The responsibilities listed below are the primary responsibility of the CCR, but it is expected that the three will act in a consultative and cooperative fashion.

**Call Schedule**
The CCR is responsible for preparing the monthly resident call schedule for anesthesia rotations in accordance with Policy 3.0 governing Resident call requirements. The CCR is not responsible for call schedules of anesthesia outside the department.

**Site Liaison**
The CCR will act as the resident site coordinator and liaison for the following sites:

- St Boniface General Hospital
- Victoria General Hospital
- Concordia General Hospital

Responsibilities will include arranging all orientation of all medical students (MSR and elective students) and visiting residents, handling all concerns of medical students and residents (visiting and local). The CCR will attend all curriculum evaluation and resident evaluation meetings as well as represent the department at local, national and international meetings

The CCR will act as a liaison between the department and the residents with regard to program issues, brings up issues accordingly at meetings, assist with CaRMS admissions process and represent and promote the department during the CaRMS interview weekend. Lastly, the CCR will assign resident preceptors for seminars, lectures, and other scheduled teaching activities provided by the residents as well as organize and present didactic and hands-on sessions for the medical student anesthesia interest group.

**Committee Memberships**
The CCR will hold a position on the following committees:

- Education Committee
- Admissions Committee
- Visiting Professor and Rounds Committee
- Committee for Selection of Subsequent Co-Chief Resident
**Orientation of Incoming Co-Chief Resident**
The CCR will brief the successor on the current issues pending. S/he will assist in the preparation of the first call schedule. The CCR will also be available to the succeeding CCR for advice in the first half of the latter’s term.

**Interaction with CR**
In order to function effectively in this role, the CCR will need to maintain a cooperative relationship with the CR. The CR is responsible for policy related to the resident governance. It will be necessary for the CCR to have input into some of the policy decisions, particularly those directly impacting the CCR role (call and vacation requests etc). The CCR does not report to the CR with respect to the scheduling duties described here, but rather to the PD. The CCR also serves as a support to the CR in the performance of that role.

**Interaction with CCC**
The CCC and the CCR will also need to maintain a cooperative relationship. Interactions required with respect to details of scheduling will be for the most part handled by communication with the individual resident. There may be instances in which the CCC needs to approach he CCR with global concerns with respect to scheduling.

**Appointment and Term of the Chief Resident**

**SELECTION COMMITTEE**
A committee consisting of the PD, PA, Department Head, CR and incumbent CCR shall meet prior to Sept. 30th. This committee shall review the potential candidates for the position, according to the guidelines below. From these candidates, the committee will recommend a new CCR. The PD will offer the position to the proposed candidate. In the event that the proposed candidate declines the position, the committee will reconvene to select a second choice, and so on until a CCR is appointed.

**SELECTION CRITERIA**
The prospective CCR shall:
- Be in the PGY3 or 4 year of the training program at the beginning of his/her appointment.
- Possess good interpersonal skills with staff, patients, and peers
- Model professionalism in clinical and interpersonal interactions
- Have good academic standing
- Have shown an interest and involvement in administration

**APPOINTMENT**
The term of appointment shall be for one year, to run from Jan 1st to Dec 31st of each calendar year. The offer of position shall be made by Sept 30th of the year prior to the commencement date. Announcement of the new CCR will be made by the Department Head, at a forum of his/her choosing.

The appointee may terminate this appointment by resignation upon one month’s notice. Similarly, the PD or Department Head may terminate this appointment for if the incumbent is unable for any reason to perform the above responsibilities. In either event, a new appointment will be made according to the procedure outlined above as soon as possible.
DEPARTMENT OF ANESTHESIA
University of Manitoba

CHAIR OF THE RESIDENT CENTRAL COMMITTEE JOB DESCRIPTION

The Chair of Resident Central Committee (CC Chair) works in tandem with the Chief Resident (CR) to form the leadership of the resident community. Both play a role in the governing of resident activities and well-being. These roles are complimentary and also allow for a mutual check and balance. The description of the Chief Resident may be found in a separate document, but should be reviewed in order to understand the context of this description in the overall system of resident governance. In the fulfillment of this position, specific powers and expectations must be attributed to the Chair of Resident Central Committee. These are detailed in the following document.

Leadership

The CC Chair must provide leadership to the residents. S/he is responsible for participating in the development of policies and programs that relate to the interaction of residents with each other as a group of colleagues. The CC Chair also serves as the representative of the residents in matters of group negotiation or discussion.

Faculty Liaison

The CC Chair is elected by the residents. S/he functions as a resident advocate, which differs from the CR’s role as an intermediary between the residents and the department. S/he may be called upon to provide the resident viewpoint, or negotiate on their behalf.

Resident Central Committee

In order to ensure communication and governance, the resident population has a forum at which to meet, which is the Resident Central Committee (RCC). The CC Chair is the chair of the RCC, and as such has specific responsibilities:
- To convene regular meetings at 4-6 week intervals, unless this interval be altered by vote of the RCC
- To generate an agenda for these meetings, that represents issues relevant to resident population and includes new items as suggested by resident members
- To maintain minutes or to appoint a secretary for this purpose
- To moderate these meetings allowing discussion of necessary issues by residents, and gaining consensus where appropriate
- Orchestrate the election of the subsequent CC Chair

Resident Assignments
The RCC in turn has tasks that must be fulfilled. This will require the appointment of specific residents to specific tasks each for a one year term.
- Faculty Teaching Awards- to organize the selection and presentation of the teacher of the year award(s)
- Treasurer- to maintain and keep a record the resident gift fund’s resources, and use them as directed by the Resident Central Committee (RCC)
- Social Event Organizer

**Interaction with Chief Resident**

As noted above, these two positions are complimentary in the overall system of governance of the residents. Each has the power and the responsibility to maintain communication with the other, to be aware of and attempt to remediate problems in a collegial fashion. In the event of serious deficiencies on the part of the CR, the CC Chair has the power and responsibility to discuss the matter with the Program Director to arrive at a solution.

Conversely, should the CR have concerns about the performance of the CC Chair, it the responsibility of the CR to deal with them. The CR may enlist the assistance of the PD as an arbitrator in this process. The CR +/- PD will solicit input from the residents, and approach the CC Chair with the concerns. The CC Chair will then have the opportunity to correct the deficiencies or voluntarily resign. Should neither of these conditions be met, the CR will call a Central Committee meeting to vote on impeachment. If a majority of the resident population voted to impeach then the CC Chair will be removed and a new election held as soon as possible.

**Committee Memberships**

Chair of the Resident Central Committee and ex-officio member of sub-committees thereof

Dept. of Anesthesia Education Committee

**Appointment and term of the CC Chair**

**Term**
The term of appointment shall run for one year from Jan 1 to Dec 31st.

**Selection Criteria**
Nominations shall be limited to residents in the PGY 3-4 years.

**Selection of**
The CC Chair will be elected by the residents. Upon receipt of the announcement of the CR for the next Calendar year, the incumbent will call for nominations. Residents may nominate themselves or be nominated by a third party. After a two-week period, they will confirm the willingness of each nominee to stand for election, and create a final list of nominees. The CC Chair will conduct a closed ballot with vote or signed proxy from each resident in the program.

The nominee with the greatest number of votes will be elected, providing that s/he gets at least one third of all the available votes. In the event that no one nominee has the support of at least one third of the available votes, a second ballot shall be run with the top three nominees from the first ballot.
A multitude of factors must be considered when selecting specific slates for residents. It can be challenging for a senior resident to balance all of these factors under the pressure of the often disparate views of staff and residents alike. The purpose of this document is to clarify the priorities and give direction and support to senior residents in order to maximize the fulfillment of our educational objective with a minimum of acrimony. Throughout this discussion, it is assumed that education is the first priority in slating decisions. While there is a service component to slate selection, it is always secondary.

There are basically three parameters which the slating resident must seek to balance when assigning slates. These are not hierarchical and all three will enter into the decision for any given slating assignment. No one parameter should take exclusive priority over the others.

It is clearly necessary to ensure that residents gain exposure to the entire spectrum of surgical specialties and procedures. To that end, residents are expected to keep track of their own experience in the Resident Log, and communicate to the senior if there is a specific area in which they are deficient. This tends to be the first parameter that slating residents look at, but it should be remembered that there are other equally important priorities on a given day.

One must also consider the general complexity of cases. All cases are potentially instructive, and all residents should seek exposure to a mix of surgical and patient acuity. However, the educational yield varies with seniority. In the early stages of training, the main priorities for learning are the process of anesthesia and solidification of skills, for which lower risk slates are most appropriate. As experience grows, so does the emphasis on broadening the spectrum of skills and knowledge. More complex cases suit this task. The general pattern is to incorporate progressively more complex cases through the course of residency, into a mix of case types. It is necessary to attempt to quantify this to whatever extent is possible, and below is an outline of the specific proportions of case types that would be expected at various levels of seniority.

The third parameter to consider is the staff mentor. It may often be the case that spending a day doing relatively low-acuity cases with a particularly enthusiastic teacher can yield a superior learning experience to that obtained in doing a high-acuity slate with a disinterested one. With decreased clinical exposure times due to changes in call, it is more important than ever to ensure that time spent in the OR is of maximal benefit. Residents should therefore also keep in mind the benefit of exposure to those particular staff who can provide additional resources, such as career counseling, research planning, and long-term evaluation and feedback. To that end, it is valuable for residents to be exposed directly to those in positions with direct responsibility for resident education, such as the site coordinators, rotation leaders, program director and Department heads. In addition to those priorities in identifying staff, a resident may have a specific area of skills or knowledge s/he wishes to explore which would make a specific staff person a valuable resource with whom to work. In the latter case, it is the responsibility of the resident to communicate that desire to the senior.
Another aspect of teaching is the resident as teacher. It is necessary for all residents after PGY2 to have the opportunity to teach medical students in the OR. Consideration should be given when slating medical students to ensure such opportunities. This principle is also covered in the guidelines for slating of medical students.

Specific logistical slating issues are included in the orientation material for each site. The timing and location of information for slating as well as the applicable sites, are included in these outlines. In summary, residents rotating in each of the major rotations may assigned to slates in the sites according to the following table:

### Guidelines for Resident Slating

<table>
<thead>
<tr>
<th>Level of Training</th>
<th>Case Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PGY 1</strong></td>
<td>Low-risk, high-volume</td>
</tr>
<tr>
<td></td>
<td>Pre-anesthetic clinic 1-2/month</td>
</tr>
<tr>
<td><strong>PGY2- 1 months</strong></td>
<td>Mostly low-risk, high volume</td>
</tr>
<tr>
<td></td>
<td>1-2 moderate-high complexity slates/month</td>
</tr>
<tr>
<td></td>
<td>Pre-anesthesia clinic 1-2/month</td>
</tr>
<tr>
<td><strong>PGY2- 2 months</strong></td>
<td>Mostly low-risk, high volume</td>
</tr>
<tr>
<td></td>
<td>2-3 moderate-high complexity slates/month</td>
</tr>
<tr>
<td></td>
<td>Pre-anesthesia clinic 1-2/month</td>
</tr>
<tr>
<td><strong>PGY2 – 3 months</strong></td>
<td>~50% low-risk, high volume</td>
</tr>
<tr>
<td></td>
<td>~50 % moderate-high complexity slates/month</td>
</tr>
<tr>
<td></td>
<td>Pre-anesthesia clinic 1-2/month</td>
</tr>
<tr>
<td><strong>PGY2  3+ months</strong></td>
<td>3-4 low-risk slates /month</td>
</tr>
<tr>
<td></td>
<td>remainder moderate to high complexity graded as per printed guidelines</td>
</tr>
<tr>
<td></td>
<td>Preanesthetic clinic maximum 2/month</td>
</tr>
<tr>
<td><strong>PGY3-5</strong></td>
<td>Predominantly moderate to high complexity as per printed guidelines</td>
</tr>
<tr>
<td></td>
<td>Preanesthetic clinic maximum 1/month, with precedence given to the more junior in the event of conflict</td>
</tr>
<tr>
<td><strong>Subspecialty Rotations</strong></td>
<td>First choice of cases relevant to subspecialty</td>
</tr>
</tbody>
</table>

This table is intended as a reference for slating residents on site. A more detailed description of the slating priorities is available in the Resident Manual. Residents should be familiar with the Guidelines for Resident OR Assignment as published in the Resident Manual prior to starting the rotation in which they are senior resident. Should it be necessary to delegate the responsibility for slating to a more junior resident, it is the responsibility of the senior resident to ensure that the delegate is aware of these guidelines.
# Slating Guidelines for Undergraduate and Paramedical Trainees

## MSR + paramedical trainees

<table>
<thead>
<tr>
<th>Goal:</th>
<th>Teach basic medical skills and ideas at which we are expert.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best slates:</td>
<td>High-volume, low-risk</td>
</tr>
</tbody>
</table>

**Slating priorities: exposure to**

1) **Skills**
   - a) ETT
   - b) LP
   - c) Mask ventilation
   - d) IV

2) **Residents**
   - a) Avoid slating with PGY1-2 (exception may be made with PGY2 in period 12-13)
   - b) Senior residents in high-volume low-risk slates *should* have students

   **N.B.** *It is beneficial to the education of both the student and the resident that MSR students work with residents!*

## Elective medical students

| Goals: | Assist student with career selection  
| Asssit the dept in assessing the potential applicant |
|-------|-------------------------------------------------------------|
| Best slates: | As many different slates as possible, especially higher stress ones. |

**Slating Priorities: exposure to**

1) **Spectrum of practice (one of each)**
   - a) CVT
   - b) Thoracic
   - c) Neuro
   - d) Prone case or ICU transfer
   - e) Regional
   - f) APS
   - g) Vascular

2) **Residents**
   - c) Avoid slating with PGY1-2 (exception *may* be made with PGY2 in period 12-13)
   - a) Senior residents *should* have students when possible

3) **Skills**
   - a) ETT
   - b) LP
   - c) Mask ventilation
   - d) Lines
   - e) IV’s

4) **Specific staff (potential references)***
DEPARTMENT OF ANESTHESIA
University of Manitoba

RESIDENT TRAVEL CLAIM FORM

**HOTEL BOOKINGS:**
You must book the hotel on your own and pay for it. If you are sharing a room with another Resident(s)
who wishes to be reimbursed their portion you must have the bill split into separate bills at the hotel.
If one hotel bill is received for reimbursement the person whose name appears on the bill will receive the full reimbursement, i.e. no divided reimbursement will be processed.

**CAR RENTALS:**
If you rent a car you will be reimbursed accordingly.

**FOOD REIMBURSEMENT:**
If you do not submit receipts for food reimbursement you will be provided a per diem of $40.00 a day in Canada and $60.00 a day (Cnd.) when in the US.

**CONFERENCE REGISTRATION:**
You will be reimbursed for your conference registration. You must submit an original receipt of payment and/or a document stating you attending the conference and the cost, the documentation must state that it was already paid. Conference agendas should be provided as well.

**GROUND TRANSPORTATION:**
You will be reimbursed for any expenses you had for ground transportation (taxi, bus, etc). You must submit all original receipts.

**EXPENSES NOT COVERED:**
You will not be reimbursed for liquor charges, movies and telephone calls charged to your hotel room.

**TO BE REIMBURSED:**
You must complete the attached form and submit it along with your original receipts to Penny Godawatte. Residents will not receive reimbursement for expenses without the attached form and applicable receipts.
Please complete all Bolded Areas. Check mark (X) beside items you are submitting with the form. This will assist us in determining if receipts are missing.

**Convention Dates**

<table>
<thead>
<tr>
<th>Airline Ticket:</th>
<th>Total Cost: $_____</th>
<th>Amount Covered: $_____ /cdn</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must attach:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boarding Passes:</td>
<td>Y ☐  N ☐</td>
<td>Electronic Ticket: Y ☐  N ☐</td>
</tr>
<tr>
<td>Departure Date:</td>
<td>_____ Time: _____</td>
<td>Arrive Back Date: _____ Time: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hotel Receipt:</th>
<th>Total Cost: $_____</th>
<th>Amount Covered: $_____ /cdn</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must attach:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original hotel receipt:</td>
<td>Y ☐  N ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conference Registration:</th>
<th>Total Cost: $_____</th>
<th>Amount Covered: $_____ /cdn</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must attach:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Registration Form ☐ OR Proof of Attendance at Conference ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(must indicate payment has been made)</td>
<td>(must indicate payment has been made)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meal Receipts:</th>
<th>Total Cost: $_____</th>
<th># Of Receipts Attached ☐ or Per Diem ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day(s) ☐ @ $_____ and Partial Day(s) ☐ @ $_____</td>
<td>Amount Covered: $_____ /cdn</td>
<td></td>
</tr>
<tr>
<td>(office use only)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will be paid up to (depending on flight times) a per diem rate of $40.00 per day while in Canada or $60.00 CDN per day while traveling in the USA.

<table>
<thead>
<tr>
<th>Car Rental:</th>
<th>Total Cost: $_____</th>
<th>Amount Covered: $_____ /cdn</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must attach:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Car Rental Receipt Y ☐  N ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ground Transportation:</th>
<th>Total Cost: $_____</th>
<th>Amount Covered: $_____ /cdn</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must attach:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Taxi/Bus, etc Receipts Y ☐  N ☐</td>
<td># of Receipts Attached: _____</td>
<td></td>
</tr>
</tbody>
</table>
Global Health Travel/ Conferences

If you are participating in any Global Health missions or a representative for the department on any of the Anesthesia conferences, CAS, IARS, ASA etc. please make sure you have the pre-approval before you leave. Please follow this link for the appropriate form.

http://umanitoba.ca/faculties/health_sciences/medicine/units/anesthesia/fac_staff/9067.html

CHILDREN’S HOSPITAL OFFICE
Room 2nd Floor - Harry Medovy House
Health Sciences Centre
671 William Avenue
Winnipeg, Manitoba
R3E 0Z2
FAX #: 204-787-1560

PEDIATRIC SECTION HEAD: Dr. Karthik Sabapathi
Telephone #: 204-787-2560
204-787-7243 #6374 (pager)
E-Mail: skart7@gmail.com

ADMINISTRATIVE SECRETARY: Ms. Rychee Sam
Telephone #: 204-787-2560
E-Mail: rsam@hsc.mb.ca

Please see Rychee Sam for all Pediatric call schedules located at AE235-01
2nd Floor Harry Medovy House, 671 William Ave

POSTGRADUATE RESIDENT COORDINATOR: Dr. Ainsley Espenell
Telephone #: 204-787-2560
204-931-2197 (Pager)
E-Mail: aespenell@mymts.net

Note: The Postgraduate Resident Coordinator is responsible for Children’s Hospital Postgraduate site-based resident scheduling, resident evaluations, resident issues and concerns
1. The Children’s OR suite is on the second floor of the Anne Thomas Building (JL wing).

   **Hours of Operation:**
   - **Elective Surgery:** 0745 to 1530 hours, Monday to Friday
   - **Emergency Surgery:** 24 hours

   The staff involves:
   - Ms. Lynne McKenzie, Unit Manager, CHOR
   - Ms. L. Dodds, Ward Clerk, CHOR
   - Mr. S. Cabigas, Ms. W. Yakiwchuk, Ms. K. Cox, Ms. C. Falvo Senior Team Leader(s),
   - Ms. L. Blatz, Senior Team Leader, PACU
   - Ms. M. Phillips, Senior Team Leader Pediatric Day Services (CH3)
   - Ms. H. Falk, Unit Manager, CK3 (Surgical In-Patient Ward)
   - Ms. K. Amos, Nurse Coordinator, Pre-admission Program (CE431)
   - Mr. J. Kenny, High Risk Anesthesia Nurse, CHOR**
   - Ms. J. Gunnlaugson, Pediatric Acute Pain Nurses
   - Ms. S. Turner-Chubey, Anesthesia Equipment Technologist
   - Ms. R. Sam, Secretary, Dept of Anesthesia
   - Ms. S. Rusnak, Secretary, Dept of Anesthesia

   Most patients are Day Surgery (DS) or Same Day Admissions (SDA) and there are 5-8 procedures per OR, so planning for the anesthetic occurs prior to the onset of the 1st procedure each morning.

   On your first day, please report to the OR desk by 0715h.

   You are expected to arrive dressed in greens by 0715h and should expect to remain until completion of your elective slate. Your first 2 days you will be buddied with the same staff anesthesiologist to ease the transition.

   As far as it is feasible, if a case changes rooms, the resident and the staff anesthetist assigned to that case will be allowed to do it, especially if particularly desired.

   If you must leave the CHOR during working hours please discuss this with the site coordinator or charge anesthesiologist. **If you are unable to come to work due to illness or other reasons, please inform the OR [787-2240] and Anesthesia PGME Administrative office [787-1057].**

2. **Selection of Cases**

   Assignment of residents to individual operating rooms is dependent upon seniority, the degree of difficulty of the cases, the experience, and the desires of the residents. Emphasis is placed on the proper distribution of major and uncommon cases. Residents will usually assign themselves, in consultation with the site coordinator or delegate. Try not to sign up for the best case post-call as you might not be able to do them, unless no other resident available.

   The residents keep a log of cases in which they have participated. From the anesthesia database, information regarding procedures and complications will also be made available to each resident.
3. **Pre-Op Evaluation**
A careful pre-op assessment is required for any patient undergoing surgery under anesthesia. Various patients may be assessed on the wards, in Day Surgery, in the OR waiting room or in the Pre-Admission Clinic. All patients require a written pre-op note on their chart. A pertinent pre-op evaluation note in the progress notes is required for all in-patients. Day surgery patients require a pre-op note made on the anesthetic record. The charts of patients presenting as DS or SDA should be reviewed the day before. **You are expected to contact your staff anesthesiologist prior to working with the next day as a courtesy and to increase your learning experience.**

Problems particular to pediatric patients include:

a) Degree of anxiety over hospitalization and subsequent separation from parent. Everything is done in order to make hospitalization and surgery as atraumatic as possible for patient and family. Many children will have attended the pre-op sessions offered by Pre-Admit Clinic and will be familiar with induction techniques. Careful evaluation and honest explanation can aid the psychological adjustment of the child.

b) Loose primary teeth. If very loose and primary, they may have to come out in the OR. Please explain to parents.

c) URTI. Reasons for canceling or not canceling will depend on:
   - age of patient
   - type of surgery
   - patient convenience
   - place of residence
   - Individual anesthetist (“judgment” call)

However, there are **absolute criteria**:
   - recent chest infiltrate
   - evidence of toxicity (fever, rise in white blood count and differential)
   - clinical evidence of associated lower respiratory tract infection
   - bronchospasm

d) Exposure to communicable disease. Elective cases are postponed when the patient is within the communicable period. Guidelines are available at the OR desk.

e) Presence of congenital syndromes. These should be documented, especially related to CVS, and airway access.

If you have discovered a problem and deem it necessary to cancel a case, please discuss this with the staff person allotted to your slate or with the staff person on call, prior to informing the parent or the surgeon.

4. **Medical Record Keeping**

a) notes may be made on the anesthesia record.

b) Anesthetic Record - please print legibly and be complete.
   - Starting Time: from the time you start your pre-op assessment and set up is 7:15 am
   - Finishing Time: when it is deemed safe to leave the patient in the recovery room under the supervision of the nurse

5. **Fasting Policy**
This is different for different ages. Infants up to 1 year of age can have solids up to 2400h, formula to 6 hours preoperatively, breast milk to 4 hours preoperatively and clear fluids to 3 hours pre-operatively, the NPO. Over 1 year of age – solids to 2400 pre-operatively, clear fluids
to 3 hours pre-operatively then NPO. Clear fluids are apple juice, no other fruit juices, water, Kool-Aid, Sprite, 7-UP, popsicles and clear tea/coffee.

6. **NFA or DS Patients**
The Day Surgery Department is on the 3rd floor of the MS Building. DS patients arrive there with history and physical exam form and lab results. They are changed into hospital gowns, weighed and have vital signs taken. If you need any pre-op medication or information on any DS patient, please contact the DS Department (787-2642) prior to the patient’s OR time.

A Pre-Admit Clinic nurse will contact most DS patients pre-operatively. Any significant history will be noted on the child’s chart. Patients with charts would have a red star next to their name on the slate. The charts can be found at the OR desk, the day prior to the child’s surgery and should be reviewed.

7. **Post-Operative Apnea Monitoring**
Children who have sleep apnea or other risk factor for post-operative apnea will need to stay in hospital after their surgery in a monitored bed. Neonates specifically need a monitored bed after their surgery. An infant born at term (>37 weeks gestation) will need a monitored bed until 45 weeks post-gestational age. A premature infant (<37 weeks) will need monitored until 55 weeks post-gestation age. Please discuss these cases with your staff. Please refer to Policy Manual for gestational age calculations.

8. **Discharges**
PACU patients must be signed out. Low-risk routine DS cases can be discharged from the department by the nursing staff, according to pre-set criteria.

9. **Post-Op Follow Up**
A follow-up visit by the anesthesia high risk nurse occurs with all in-patients. Resident should also follow any patients post-operatively who are interesting or unusual for any reason, such as age (eg, neonates), pathology, surgical procedure, and surgical or anesthetic complications or difficulties or those that have had regional blocks. Anesthetic input does not necessarily cease when the patient leaves the recovery room. Any patient identified with a post-op problem by the high risk nurse should be seen and a progress note recorded.

10. **Specialized anesthesia equipment in the OR suite.** Residents should become familiar with the following
    - resuscitation cart
    - difficult airway cart, including Glidescope and FOB
    - malignant hyperthermia treatment cart
    - off-site anesthesia equipment cart
    - ultrasound machine

11. **Narcotics**
Narcotics are available from the PYXIS machine located in the OR core area. You must complete a narcotic sheet before they will be dispensed and their disposal is your responsibility. Completed narcotic sheets must be returned to the machine. All incomplete narcotic sheets are followed up by Pharmacy and the Section.

12. **Emergencies**
Evening emergencies are booked through the staff anesthesiologist, who will then inform you.
13. **Library Facilities**

Room JL284 (Anesthesia room in OR) has selected reference books, current issues of journals, a computer (on-line to UM), and a file of pediatric anesthesia articles. Articles may be copied if returned. You will be lent a Pediatric Text to take home during your rotation please call Ms. Rychee Sam (72560) to request your text. A list of available texts and journals is available in JL284.

14. **Rounds** Small Group Rounds, with interesting case presentations, are held in Pre-Admit Clinic (CE123) at 0645h on Wednesdays. Residents are expected to present twice over the course of their four months of pediatric rotations. Please do not take more than an evening or two to prepare; these could be case discussion, a journal article or a review of a topic. A binder with lists of previous rounds presented is available in our lounge. Anesthesia Grand Rounds are at 0745h on Wednesdays. Posters for each set of rounds can be found in JL284.

15. **Daily Resident Evaluations**

All daily evaluations will be completed via our clinical scheduling system VENTIS. All Faculty slated with an off-service resident will receive an email notification at 3:00pm to complete a daily evaluation online if they worked with the resident. This daily feedback will be compiled and a final ITER is completed by the Site Coordinator at the end of the rotation.

If any problems arise, please direct these to the site coordinator.
Dr. Ainsley Espenell- aespenell@mymts.net
DIRECTOR OF OBSTETRICAL ANESTHESIA:

Dr. Leanne Docking
Telephone #: 787-3796
Mobile #: 898-3268
Pager #: 932-0437
E-mail: ldocking@hotmail.com

The Resident Orientation Guide for Obstetrical Anesthesia rotations can be reviewed via the department website at the following link:

http://umanitoba.ca/faculties/medicine/units/anesthesia/education/8286.html
HEALTH SCIENCES CENTRE

ADULT SECTION

Room AE200 – Harry Medovy House
Health Sciences Centre
671 William Avenue
Winnipeg, Manitoba
R3E 0Z2

SECTION HEAD: 
Dr. Craig Haberman
Telephone #: 204- 787- 3599
204-797-9776 (mobile)
E-Mail: chaberman@hsc.mb.ca

ADMINISTRATIVE ASSISTANT: 
Mrs. Nemia De Grano
Telephone #: 204-787-7497
E-Mail: ndegrano@hsc.mb.ca

Please see Nemia De Grano on the 2nd Floor of Harry Medovy House located at 671 William Avenue for all HSC Adult call schedules

POSTGRADUATE RESIDENT COORDINATOR: 
Dr. Steven Booth
Telephone #: 204-787-3796
Pager #: 204-936-0164
E-Mail: steven.booth@umanitoba.ca

Note: The Postgraduate Resident Coordinator is responsible for HSC Postgraduate site-based resident scheduling, resident evaluations, resident issues and concerns.
Welcome to Health Sciences Center, Department of Anesthesia. We hope that your time here will be both educational and rewarding.

The following is some information that may be useful to you during your rotations at Health Sciences Centre.

**General Information**

Welcome to the Department of Anesthesia, General Hospital, Health Sciences Centre. Hopefully, you will find your experience working in this Department interesting, enjoyable, very educational and at times very challenging.

Adult anesthesia services are commonly provided in the following locations:

a) General Hospital, Anne Thomas Building – 2nd Floor

b) Gyne O.R. – 4th Floor Women’s Hospital.

c) Labour Floor – 2nd Floor Women’s Hospital.

Other important locations for residents to know include:

a) Emergency Department – Main Floor of Anne Thomas Building (William Street).

b) Post-Anesthesia Care Unit – 2nd Floor, Rom JJ240, Anne Thomas Building.

c) Surgical Intensive Care Unit – 2nd floor, Room JJ220, Ann Thomas Building

d) Medical Intensive Care Unit – 3rd floor, Room JJ313, Ann Thomas Building

e) Pre-Admission Clinic – Main Floor, GD1, Yellow Desk, General Hospital.

f) Change Rooms, men’s & ladies are located on the 3rd Floor of the Ann Thomas Building. Your HSC ID card should provide you access to the OR.

g) PARIM Lounge (Multipurpose Building) – AD119.
   Code: 4-35-2.

h) Hospital paging number is 787-2071.
On the first day of your rotation please report to the OR desk by 7:15 a.m. the Anesthesia Senior Resident or delegate should meet you at the desk. If there is no Anesthesia Resident at the desk ask the OR Clerk to page the Senior Anesthesia Resident.

All Operating rooms start at 7:30 a.m. every day of the week (except Wednesdays) including weekends. Residents are expected to arrive at 0700hrs to check their machines and prepare all the equipment and drugs they may require for their cases.

**OR Scrubs**

OR scrubs are dispensed by a PYXIS machine located in the hallway outside of the male and female locker rooms located on the 3rd floor of the Anne Thomas Building. You are required to complete and sign a scrub access form to allow you access to the scrub machine during your Anesthesia rotation. On the first day of your rotation, you will access the scrub machine using your first initial and last name as the user name and a password of 123456. Follow the instructions on the machine to change your password and add your fingerprint for future access to the machine. If you encounter any problems with the scrub access machine please contact Cindy Marykuca in the Anesthesia PGME office at 787-2261.

**Rounds**

On Wednesdays, operating rooms start at 9:00 a.m. as Grand Rounds occur from 7:45 to 8:45 a.m. from September to June. The venues for Grand Rounds may change on occasion, please ensure that you read the notices posted on the board in the Anesthesia Lounge.

Talk Rounds occur in the 2nd floor OR Anesthesia Lounge, Anne Thomas Building at 7:00 a.m. every Wednesday unless specified otherwise.

Please be on time for all Grand Rounds and Talk Rounds presentations.

**Identification Badges**

You are required to wear your ID badges at all times, as access to various areas in the OR will require your ID card for access. The Anesthesia PGME office will inform security that you require access to OR areas during your elective period.

**Call**

Call Schedules are prepared by the Anesthesia Co-Chief Resident. Resident call requirements can be reviewed via the Anesthesia department website at the following link:

[http://umanitoba.ca/faculties/medicine/units/anesthesia/education/respolicymanual.html](http://umanitoba.ca/faculties/medicine/units/anesthesia/education/respolicymanual.html)

**Resident Assignments**

Resident assignments are done by the senior resident at the specific institution. The senior resident reviews the next day’s slate and assigns the residents to specific cases depending on the case selection and residents, anesthesia experience and level of training.

A copy of the assignments will usually be located at the O.R. desk (on their working copy).
Important codes to recognize on the OR slate include:

- **PAC** – Patient seen in pre-admission clinic.
- **I** – Patient is an in-patient. Usually this code is followed by the ward the patient is on.
- **U** – Current status of patient unknown.
- **SDA** – Same day admission.
- **SD/MS3** – Same day surgery. Patient coming from MS3 ward.

**Pre-admission Clinic**

Most patients are admitted on the same day as surgery. Some, but not all patients, will have been seen in the Pre-admission Clinic. Copies of their assessments are documented on yellow PAC sheets located in the file holder on the same table in the Anesthesia IHA Office, Room JJ274. The PAC sheets are filed by the **OR Date** that the case is to be performed.

**Notification of Staff Person**

It is important for residents to review the PAC sheets or visit any in-patients on their slate the evening before. It is the resident’s responsibility to call their staff person the evening before the OR to discuss their cases for the next day. This exchange also allows for discussion of various teaching topics, which may be discussed the next day. A comprehensive contact list of all Anesthesia Faculty & staff will be forwarded prior to starting your rotation.

**Anesthesia Nurses**

There are anesthesia nurses to aid you during the weekdays with lines, epidurals or blocks.

The nurses are:

i) Noreen Garanhel  
ii) Laureen Brooks  
iii) Kristin Hammersley

Requests for special lines/epidurals/blocks for your cases can be obtained by completing a request and placing it in the small red box in JJ287

**Anesthesia Technologist**

Questions or concerns regarding equipment or medical supplies should go to Susan Mortimer at smortimer@hsc.mb.ca or 787-3507.
**Anesthesia Aides**

The anesthesia aides stock our equipment and clean the machine and equipment between cases. The anesthesia aides carry portable phones and can be contacted when on duty. Phone number 73891 or 73895.

**Anesthesia Secretary**

The Anesthesia Clinical Department secretaries at the General Hospital are located in Room AE200. This is Nemia De Grano.

**Daily Resident Evaluations**

All daily evaluations will be completed via VENTIS Academic. All Faculty slated with a trainee will receive an email notification to complete an online Clinical Supervision Assessment. This daily feedback will be compiled and a final ITAR (In-Training Assessment Report) is completed by the Site Coordinator at the end of the rotation.
DEPARTMENT HEAD: Dr. Tamara Miller
Telephone #: 204- 237-2381
Pager: 204- 932-1975
E-Mail: tamaramillermd@gmail.com

ADMINISTRATIVE ASSISTANT: Ms. Dianna Erwin
Telephone #: 204- 237-2381
E-Mail: derwin@sbgh.mb.ca

ADMINISTRATIVE ASSISTANT: Mrs. Gabrielle Head
Telephone #: 237-2580
E-Mail: ghead@sbgh.mb.ca

Please see Dianna or Gabi in L2035 for all Adult call schedules at St. Boniface.

POSTGRADUATE RESIDENT COORDINATOR: Dr. Gordon Li
Telephone #: 204- 237-2580
E-Mail: jeesing@gmail.com

Note: The Postgraduate Resident Coordinator is responsible for St. Boniface Hospital site-Postgraduate based resident scheduling, resident evaluations, resident issues and concerns.
ORIENTATION DAY

You must report to the Department of Anesthesia located in Room L2035 at 8:00 a.m. on the first day of your rotation.

PRIOR TO YOUR ROTATION YOU SHOULD REPORT TO THE SECURITY DEPARTMENT AT ST. BONIFACE GENERAL HOSPITAL LOCATED IN ROOM D1010 BETWEEN THE HOURS OF 0800 AND 1600 TO OBTAIN YOUR O.R. KEY CARD. YOU WILL HAVE TO LEAVE A $10.00 DEPOSIT, WHICH WILL BE RETURNED TO YOU WHEN YOU RETURN THE KEY – YOU MAY KEEP THE KEY FOR YOUR ENTIRE RESIDENCY.

PHOTOCOPYING

You are able to use the photocopier at SBGH. If you need assistance with photocopying, please see Gabrielle Head.

FAX MACHINE

The fax machine is available for use at no charge, please see Gabi for assistance.

LOCKERS

You will be assigned a locker for your rotation in the Department of Anesthesia. Please see Gabrielle Head.

OR LOCATION

The OR is located on the 2nd Floor of the “L” wing.
GRAND ROUNDS

From September to June every Wednesday morning Grand Rounds are held at 0745hrs in Room L2014 O.R. Conference Room.

Periodically throughout the year Talk Rounds will be held in lieu of Grand Rounds. The senior resident on site should coordinate 1 – 2 interesting cases for presentation.

Cardiac and Obstetric Rounds are held each Wednesday at 0700 hrs. Residents are welcome to attend these rounds at any time, however it is only required when rotating through one of these specialty rotations.

CALL

Refer to Anesthesia Residency Policy manual at the following link:

http://umanitoba.ca/faculties/medicine/units/anesthesia/education/respolicymanual.html

Anesthesia residents on service at St. Boniface General Hospital are expected to cover both the operating rooms and the labor floor. Residents are expected to “sign in” on the labor floor at the beginning of the call period, and to take 1st call to the labor floor. However, if the resident is currently busy, the call can be redirected to the staff anesthesiologist. This method allows the resident to screen the calls to get the best exposure to interesting cases. Any questions on this matter should be directed to the Anesthesia Resident Coordinator.

Notification of Staff

Prior to the OR date (usually the night before), residents are expected to review the charts of all same day admit patients. As well, all inpatients should be interviewed and examined. Resident should then contact their staff person to inform them of the upcoming slate. You should be prepared to discuss your anesthetic plan at this time.
Mini Directory

Department of Anesthesia:

- Gabrielle Head (204) -237-2580
- Dianna Erwin (204) -237-2381
  - Fax (204) -231-0425
- Main OR desk (204) -237-2585
  - Fax (204) -237-2587

- Post Anesthesia Recovery (204) -237-2584
- Preoperative Holding (204) -237-3484
- Pre-anesthetic Assessment Clinic (204) -237-2347

- Hospital Paging (204) -237-2053
- Emergency Department (204) -237-2260
- Medical Intensive Care (204) -237-2825
- Surgical Intensive Care (204) - 237-2576

- Labor and Delivery (204) -237-3327
- LDRP (204) -237-3112

- Concordia OR (204) -661-7180
General Information

Thank you for choosing to spend some Community Hospital Anesthesiology time at Grace Hospital.

- Your Site Coordinator and main contact for the Grace General Hospital will be Dr. Eric Sutherland. His contact info is provided below:

  Dr. Eric Sutherland  
  ericsuds@mts.net  
  Pager # 204-931-2100

- The operating room theatres start at 0730 hours and are located on the main floor. Please report to the OR by 0715 hours. Scrubs are provided via the main desk.

1) Parking

   Parking is available at a reduced rate from the Information / Paging office on the main floor. Introduce yourself as an Anesthesiology Resident and tell them you would like a 28 day pass. You should be able to exit from the parking lot that day without incurring daily charges (swipe your pass at an in-gate and you'll be able to exit with your pass). The cost is around $40.00

2) Narcotics Access

   Pyxis access can be obtained through Maureen Brown in Pharmacy. The extension number is 2377.

3) Call

   Call Schedules are prepared by the Anesthesia Co-Chief Resident. Community site call requirements for GGH can be reviewed via the Anesthesia department website at the following link:

   http://umanitoba.ca/faculties/medicine/units/anesthesia/education/respolicymanual.html

4) Slating

   Slating is Resident-directed. Slates for the week are available at the Operating Room desk. Please ensure to return the slates where you found them when you are done.

Revised June 23, 2014
General Information

- Welcome to V.G.H

- Your contact persons for the Victoria General Hospital are Dr. Shawn Young or Dr. Marshall Tenenbein (477-3183).

- The operating room theatres start at 0745 hours and are located on the main floor. Please arrive at the OR’s by 0715 hours & sign in at the OR desk (visitor’s book). Let the OR clerk or Desk Nurse know who you are & why you are there & they will inform Anesthesia of your arrival.

- Parking is located in the front lot of the hospital. On your first day take note of your Parking Stall # and give it to the OR clerk along with your license number. You will be given a temporary parking pass the first day you are here – please turn it in when your rotation is up.

- Call Schedules are prepared by the Anesthesia Co-Chief Resident. Community site call requirements for VGH can be reviewed via the Anesthesia department website at the following link:
  http://umanitoba.ca/faculties/medicine/units/anesthesia/education/respolicymanual.html

- The Anesthesia liaison person is June Kaptein (477-3195) or jkaptein@vgh.mb.ca. Please feel free to contact her for any further information.
Assessments

All department evaluations will be completed in VENTIS Academic which can be accessed at [https://uofm.ventis.ca/](https://uofm.ventis.ca/) This includes all educational events that take place with the department of Anesthesia (Grand Rounds, Journal Club, Talk Rounds, Resident Academic Day, Sub-Specialty Rounds and Visiting Professor lectures)

Prior to the end of each rotation you will receive an e-mail notifying you that there are evaluations for you to complete. For each rotation you will be asked to complete a rotation evaluation. You will not be able to access the evaluation that was completed for you on any rotation until you have completed the required evaluations.

Faculty evaluations are to be completed in the system at the end of every rotation. An orientation on VENTIS and evaluations requirements will be provided to you. Please refer to Policy # 16.0 in the Resident Policy Manual regarding faculty evaluations. Failure to complete faculty evaluations on a regular basis will result in an incomplete rotation until all evaluations are completed.

Seminar evaluations will be completed through as well on a weekly basis following each resident seminar. All evaluation questions must be filled in and submitted to consider this evaluation complete.

It is **IMPERATIVE** that you complete your evaluations and read and accept your rotation evaluations on a regular basis.

**IMPORTANT:** Completion of evaluations in the system will be monitored and this information will be incorporated into the six month assessment interviews with your Program Director. Residents who are not completing evaluations on a regular basis will have their professionalism marked accordingly at that time.
Handling of Narcotics and Controlled Substances

The appropriate handling of controlled substances is of crucial importance in anesthesia practice. There is a substantial public trust invested in caregivers who handle controlled substances that they will conduct themselves in a manner that will prevent diversion or misuse of these potentially dangerous compounds. Moreover, substance abuse in anesthesia is a very real and present danger in all anesthesia departments. The importance of a high degree of vigilance with respect to prevention and detection of substance use cannot be overstated. Narcotic handling policies have been created to mitigate the risks to society of diversion, and to the individual caregivers of substance abuse. It is therefore mandatory for all care-givers in the OR environment to be familiar with the departmental policies and legislation governing narcotics. It is equally important that all caregivers support each other in observing and intervening to correct inappropriate handling, whether by themselves or others.

Each department will have specific policies and procedures for the handling and recording of narcotics. Each caregiver must acquaint him/herself with the local policies while working in a site. Each site will have:

- a secure area in which controlled substances are stored
- a protocol for accessing that secure area
- a locally produced NCDUR (Narcotic Control Drug Utilization Record), which is a document upon which is recorded the amount and type of drugs signed out and to whom, the amount given to each patient, the amount wasted and the amount returned.

Specific expectations of residents with respect to narcotic handling are detailed in the Policy on Narcotic Handling in the Resident Policy Manual. The general rules that should guide behaviour are as follows:

- All controlled substances must be signed out under one person and all use, waste and residual returned accounted for by that person on the NCDUR (Narcotic Control Drug Utilization Record) such that all drugs initially signed out have been accounted for
- All use of controlled drugs must also be recorded in the patient record
- Drugs should be kept secure
  - not be removed from the care environment
  - All drug use should be resolved at the end of the shift
  - They should NOT be passed on to subsequent caregivers when care is signed over
  - Drugs left over and intact should be returned to pharmacy through the secure mechanism provided by that site
  - Drugs left over in open vials or syringes MUST BE DISCARDED in a manner that prevents their subsequent salvage or diversion

Further Resources:
Controlled Drugs and Substances Act-  http://laws.justice.gc.ca

HSC Narcotic, Controlled Drug and benzodiazepine dispensing via Pyxis policy 80.120.703