



DEPARTMENT OF ANESTHESIA

ANESTHESIA RESIDENT POLICY MANUAL

1.0 PGY1 ANESTHESIA ROTATIONS CALL3

2.0 RESIDENT GRAND ROUNDS ASSIGNMENTS4

3.0.1 ANESTHESIA ROTATIONS REDUCED CALL REQUIREMENTS FOR VACATION SBGH5

3.0.2 ANESTHESIA ROTATIONS REDUCED CALL REQUIREMENTS FOR VACATION HSC6

3.1 CALL REQUIREMENTS FOR ADULT ANESTHESIA ROTATIONS – HEALTH SCIENCES CTR.....7

3.2 CALL REQUIREMENTS FOR ADULT ANESTHESIA ROTATIONS – ST. BONIFACE HOSPITAL ...8

3.3 PEDIATRIC ANESTHESIA CALL REQUIREMENTS – CHILDREN’S HOSPITAL.....9

3.4 PAIN ROTATION CALL REQUIREMENTS HSC..... 10

3.5 NEURO ANESTHESIA CALL REQUIREMENTS HSC 11

3.6 SCHOLARLY ACTIVITY 12

3.7 IH/PAC CALL REQUIREMENTS 13

3.8 OBSTETRICAL ANESTHESIA CALL REQUIREMENTS – HEALTH SCIENCES CENTRE..... 14

3.9 OBSTETRICAL ANESTHESIA CALL REQUIREMENTS – ST. BONIFACE HOSPITAL 15

3.10 PGY5 ANESTHESIA RESIDENTS CALL REQUIREMENTS 16

3.11 COMMUNITY ANESTHESIA CALL REQUIREMENTS 17

3.12 CARDIAC ANESTHESIA CALL REQUIREMENTS 18

3.13 SSCU CALL REQUIREMENTS 19

3.14 TRANSFUSION MEDICINE CALL REQUIREMENTS 20

3.15 CALL REQUIREMENTS PRIOR TO COMPULSARY EXAMS AND RESIDENT RETREAT 21

4.0 PGY5 RESIDENTS WRITTEN EXAM STUDY LEAVE 22


5.0 CHRISTIMAS AND NEW YEARS HOLY DAY BLOCK 23

6.0 VACATION ALLOTMENT 24

6.1 STATUTORY HOLIDAYS & ADMINISTRATIVE DAYS..... 25

7.0 RESIDENT EDUCATION LEAVE 26

<u>8.0</u> ABSENCE FROM CLINICAL DUTIES	27
<u>9.0</u> ANESTHESIA DAILY ASSESSMENTS	28
<u>10.0</u> APPEAL MECHANISM	29
<u>11.0</u> CALL REQUESTS	30
<u>12.0</u> LEAVE OF ABSENCE	31
<u>12.1</u> MATERNITY LEAVE.....	32
<u>12.2</u> PATERNITY LEAVE	33
<u>13.0</u> MOONLIGHTING DURING ANESTHESIA RESIDENCY	34
<u>14.0</u> Handling of Narcotics and Controlled Substances.....	36
<u>15.0</u> ATTENDANCE AT DEPARTMENT EVENTS	37
<u>16.0</u> PRECEPTOR ASSESSMENTS	38
<u>17.0</u> RESIDENT SAFETY POLICY.....	39

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 1.0
	Policy Title: PGY1 ANESTHESIA ROTATIONS CALL	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

In the first two months of residency PGY1 residents will be part of a Boot Camp followed by one month of Adult Anesthesia either at HSC or SBGH. PGY1 Residents will complete a total of 2 buddy call shifts at each site for a total of 4 buddied call shifts. PGY 1 Residents will be paired with a senior resident (PGY3 or higher where possible) Guidelines for PGY1 call are as follows:

Buddy Call Shifts (2 per site, may be spread over first 2 months)

- If scheduled on Mon – Thursday:
 - Residents will work a normal elective slate and stay until 2300 that evening. Residents will be expected to report for their academic half day on the Wednesday morning and will receive the following afternoon off. If residents are scheduled for buddy call during the week other than a Tuesday, then the resident should go home at 2200.
 - In the event that she/he is in the hospital past 2200 and will not be attending a full elective day as per the above, the resident MUST note on the OR slate at the OR desk “Post-call, in at 1130”.
- If scheduled as Friday & Sunday Shifts
 - Residents will work a normal elective day on the Friday and stay until 2400 that evening. The Sunday shift will go from 0700-1900. Residents will be expected to report for their regularly scheduled Monday elective slate the next day.


Solo Call Shifts

- Following completion of buddy call at a particular site, the remainder of the call allotment for that period may be made up with solo call shifts. PGY1 residents will be scheduled for no more than 5 overnight call shifts including buddy call within a 28-day period.
- These shifts may be scheduled as Monday-Thursday, Friday and Sunday, Sat/Sun day, or Saturday night. The Sat/Sun day call and Sat night call shifts are preferred so as to minimize interruption with Boot Camp and elective slate time.

*By the end of the academic year, PGY1 residents will be expected to provide full call requirements. Residents will be granted at least two entire weekends off per period.

* Efforts should be made to schedule PGY1 residents so as to complete all buddy call in month 1 (boot camp), and begin solo call in month 2.

Approved: Anesthesia Postgraduate Education Committee


 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 2.0
Policy Title: RESIDENT GRAND ROUNDS ASSIGNMENTS		Approved By: Postgraduate Education Committee	
		Date: July 20, 2016	Page: 1 of 1

Anesthesia Residents will present two city-wide Grand Rounds presentations between PGY3 and PGY5. Where possible at least one Grand Rounds presentation should be completed during a residents' scholarly activity block.

PGY5 Residents should have their Grand Rounds requirements completed prior to January of their 5th year of training.

Faculty mentors will not be pre-assigned for Anesthesia Residents, the Residents have the option to decide if they want to have a Faculty mentor or not. If a Resident decides to have a Faculty mentor, it is the Resident's responsibility to seek a mentor.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.0.1
	Policy Title: ANESTHESIA ROTATIONS REDUCED CALL REQUIREMENTS FOR VACATION SBGH	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

If a Resident chooses to take less than 28 days' vacation in an Adult Anesthesia rotation at SBGH, call requirements will be adjusted accordingly. Residents will be expected to do the amounts in the following table:


Amount of Vacation	Mon - Thurs Night	# of W/E Shift*
7 days	3	2
14 days	2	1
21 days	1	1

* W/E shift = (1) Saturday night (2) Friday/Sunday night (3) Saturday & Sunday day

When a rotation is longer than 28 days or shorter than 28 days calls will be adjusted accordingly.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.0.2
	Policy Title: ANESTHESIA ROTATIONS REDUCED CALL REQUIREMENTS FOR VACATION HEALTH SCIENCES CENTRE	Approved By: Postgraduate Education Committee	Date: September, 26 2018

If a resident chooses to take less than 28 days' vacation in an Adult Anesthesia rotation at HSC, call requirements will be adjusted accordingly. Residents will be expected to do the amounts of call in the following table:


Amount of Vacation	Mon - Thurs Night	# of W/E Shift*	Late Day
7 days	2	2	3
14 days	2	1	2
21 days	1	1	1

*W/E = (1) Saturday night (2) Friday/Sunday night (3) Saturday & Sunday Day

When a rotation is longer than 28 days or shorter than 28 days, call will be adjusted accordingly. Call schedules are

Prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.1
	Policy Title: CALL REQUIREMENTS FOR ADULT ANESTHESIA ROTATIONS – HEALTH SCIENCES CENTRE	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

Anesthesia Residents are required to take calls in a 28-day rotation in the amounts listed below:

- 3 Mon-Thurs Nights
- 4 Late days
- 2 weekends
 - Saturday night
 - Friday/Sunday night
 - Saturday & Sunday day
- 5 overnight call during a 28 day rotation.

Night Calls

Monday to Friday overnights shifts begin at 1530 and end the next morning at 0700.
Saturday and Sunday overnight shifts begin at 1530 and end the next morning at 0700.

Late days

Late days may be scheduled Mon-Fri. On a late day, the resident will work a regular OR day. From 1530-2100, the late resident will be available to run a second room in order to finish late rooms or start emergencies. The resident on late call will not stay past 2100. Any cases begun must either be finished by 2100, or finished by the other on-call staff. If there is no need of a second room, the resident will be responsible for any outstanding consults.

Sat/Sun Days


The weekend day shifts will begin at 0700 and end at 1530.

Residents will be granted at least two entire weekends off.

When a rotation is longer than 28 days or shorter than 28 days calls will be adjusted accordingly.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.2
	Policy Title: CALL REQUIREMENTS FOR ADULT ANESTHESIA ROTATIONS – ST. BONIFACE HOSPITAL	Approved By: Postgraduate Education Committee	
		Date: September 26, 2018	Page: 1 of 1

Anesthesia Residents are required to take calls in a 28-day rotation in the amounts listed below:

- 5 Mon-Thurs Nights
- 2 weekends
 - Saturday night
 - Friday/Sunday night
 - Saturday & Sunday day
- 7 overnight call during a 28 day rotation.

Mon-Fri Night Calls

All overnight shifts begin at 1530 and end the next morning at 0730.

Sat/Sun Nights

Weekend night shifts begin at 1600 and end at 0800 the next morning

Sat/Sun Days


The weekend day shifts will begin at 0800 and end at 1600.

Residents will be granted at least two entire weekends off.

When a rotation is longer than 28 days or shorter than 28 days calls will be adjusted accordingly.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.3
	Policy Title: PEDIATRIC ANESTHESIA CALL REQUIREMENTS – CHILDREN’S HOSPITAL	Approved By: Postgraduate Education Committee	
		Date: July 20, 2016	Page: 1 of 1

An Anesthesia Resident on a Pediatric Anesthesia rotation will be required to take 6 calls in a 28-day rotation as follows. While on call, the resident will remain available by pager and be expected to attend for any cases in the call period.

- 4 weekdays (Monday – Friday) – No more than two Friday calls per rotation. On weekday call, residents will work a regular OR day and then take call until 0730 the next morning.
- 2 weekend days (Saturday, Sunday and Stat) Weekend call begins at 0730 and ends at 0730 the next morning.


Residents will be scheduled for a regular OR slate the next day. Attendance will be expected subject to the following exceptions:

- If still in the hospital past 2100, the resident will remain on beeper availability until 0730, but will not be expected to report for elective cases until 1130 the next day.
- If still providing patient care in the hospital past 2400 hours, the resident will remain on beeper availability until 0730, but will not be expected to report for elective cases the next day.
- In the event that the s/he will not be attending a full day as per the above, the resident MUST note on the OR slate at the OR desk “Post-call, in at 1130” or “Post-call, not in”
- The resident will be allowed to leave the hospital by 1600 the day after call, regardless of how late s/he worked during the night on call.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Residents will be granted at least two entire weekends off.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.4
	Policy Title: PAIN ROTATION CALL REQUIREMENTS - HEALTH SCIENCES CENTRE	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

An Anesthesia Resident rotating in Pain (Regional Anesthesia, Acute Pain, and Chronic Pain) will take general surgical calls or maternity calls per 28-day period as per the following:

- 2 weekday calls (Preference will be Tues or Wed)
- 0 late days
- 1 weekend call
 - Saturday night
 - Friday/Sunday night
 - Saturday & Sunday day

In addition the resident will do APS home call according to the following:

3 month rotation – 2 Saturdays; 2 Sundays; 5 weekdays
2 month rotation – 2 Saturdays; 2 Sundays; and 4 weekdays
1 month rotation – 1 Saturday; 1 Sunday; 5 weekdays


APS Mon-Thurs evening shifts begin at 1600 and end at 0730 the next day. APS WE shifts will commence at 1600 on Friday and end at 0700 on Monday. The resident will carry the pain pager and be first call. The resident will participate in the daily assessment and planning rounds each day, see new consults, and attend as needed for problems on the wards. At a minimum, the staff person will be available by a second pager at all times as a resource to the resident, as well as attend in hospital when required.

This must be approved by the Program Director.

Over the block of the Pain rotation the Resident will receive a balance of weekends off equivalent to two weekends off per 28 days.

Call may be scheduled at either tertiary site. This will include general OR Call or MAT call. Schedules for Pain are prepared by the Medical Manager of the Acute Pain Service and general surgical calls are prepared by the Co-Chief Resident in consultation with the Medical Manager of APS and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.5
	Policy Title: NEURO ANESTHESIA CALL REQUIREMENTS - HEALTH SCIENCES CENTRE	Approved By: Postgraduate Education Committee	

When an Anesthesia Resident is rotating in Neuro Anesthesia calls will consist of the following in a 28-day rotation:

- 2 weekday calls (Preference will be Tues or Wed)
- 0 Late Days
- 2 weekends
 - Saturday night
 - Friday/Sunday night
 - Saturday & Sunday day


*There will be no Late Call Days as per the definition given in Policy 3.1. However, it is expected that the resident will stay to finish Neuro cases.

The Resident will be expected to return to the OR following academic day if requested by the Neuro Anesthesiologist.

Residents should be granted two entire weekends off.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.6
	Policy Title: SCHOLARLY ACTIVITY	Approved By: Postgraduate Education Committee	
		Date: September 26, 2018	Page: 1 of 1

Anesthesia Residents on Scholarly Activity rotations are required to do 7 call shifts in a 28 day period. This will include two weekends, which could be any of:

* Weekends = (1) Saturday night; (2) Friday/Sunday night (3) Saturday & Sunday day


Call will be reduced for vacation to maintain an average of 1 call shift every 4 nights

Residents must have **2 elective** OR days during a scheduled scholarly activity block. This requirement can be averaged out over the course of their total scholarly allotment. These elective days will be chosen at the resident's discretion. Site selection or service should be limited to where a resident has previously rotated through. Residents are to notify the Anesthesia PGME office when these slates are confirmed. Ideally advance notification of the slate is preferred for evaluation purposes. Failure to provide proof of required elective OR days will result in failure of the rotation.

Residents on scholarly rotations will be required to complete a monthly progress report at the end of block. The report must be completed, reviewed and signed by the resident's research supervisor and returned the Anesthesia Research office.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.7
	Policy Title: IHA CALL REQUIREMENTS	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

Anesthesia Residents on IHA/PAC rotations are required to do the following amounts of call.

- 3 Mon-Thurs Nights
- 0 late days
- 2 weekends
 - Saturday night
 - Friday/Sunday night
 - Saturday & Sunday day
- 5 overnight call during a 28 day rotation.

If a Resident is on vacation during an IHA/PAC rotation calls will be reduced as indicated in the table.

Amount of Vacation	Mon- Thurs Night	# Weekends	Late Day
0 days	2	2	0
7 days	2	1	0
14 days	1	1	0

When a rotation is longer than 28 days or shorter than 28 days calls will be adjusted accordingly.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.8
	Policy Title: OBSTETRICAL ANESTHESIA CALL REQUIREMENTS – HEALTH SCIENCES CENTRE	Approved By: Postgraduate Education Committee	
			Page: 1 of 1


An Anesthesia Resident on an Obstetrical Anesthesia rotation at Health Sciences Centre will be scheduled for 5 calls during a 28-day rotation as follows:

- 3 weekday calls (Preference will be Tues or Wed)
- 2 weekends
 - Weekends = (1) Saturday night; (2) Saturday & Sunday day

An Anesthesia Resident may have up to one Monday-Thursday *and/or* one WE Obstetrical Anesthesia shift scheduled as general surgical calls in order to assist filling a general call schedule.

Residents will be granted at least two entire weekends off.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.9
	Policy Title: OBSTETRICAL ANESTHESIA CALL REQUIREMENTS – ST. BONIFACE HOSPITAL	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

An Anesthesia Resident who is rotating in Obstetrical Anesthesia at St. Boniface Hospital will be scheduled for 5 calls within the general call schedule rotation.

However, the Resident in Obstetrical Anesthesia **must** ensure that their first priority is the Labor Floor not the General OR. If there are cases occurring simultaneously on the Labor Floor and the OR, the Labor Floor will take precedence. Attending staff should be made aware of this priority.


Call for a Resident on Obstetrical Anesthesia at St. Boniface Hospital during a 28 day will consist of calls as follows:

- 3 weekday calls (Preference will be Tues or Wed)
- 2 weekends
 - Weekends =
 - Saturday night;
 - Friday/Sunday night
 - Saturday & Sunday day

Residents on Obstetrical Anesthesia will be granted at least two entire weekends off.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.10
	Policy Title: PGY5 ANESTHESIA RESIDENTS CALL REQUIREMENTS	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

Until 3 months preceding the Royal College of Physicians and Surgeons of Canada examinations PGY5 Anesthesia Residents take call as required in all call requirement policies with the exception of the following:

PGY5 Anesthesia Residents preparing for the Royal College of Physicians and Surgeons of Canada examinations in June are entitled to reduced call as follows.

12 - 4 weeks preceding the date of the Oral Examination:

- 3 Mon-Thurs Night
- 0 late calls
- 2 weekends
 - Saturday night;
 - Friday/Sunday night
 - Saturday & Sunday day
- Maximum 5 overnight calls

4 weeks preceding the date of the Oral Examination:


- 0 late
- 1 weekend
- 1 weekday
- No Call two weeks prior to examination

Call post-oral examination:

The RCPS oral examination does not fall at a predictable point in any period. As a result, the proportion of a period that may remain after the oral exam can be anywhere from 2-7 days. All of the call and workload concessions established by the program are intended to improve the ability of the resident to focus on preparation for the exam. After the oral exam is over, the resident is expected to resume full responsibilities. The proportion of call assigned to the resident after the oral exam will be calculated as though the time up to the oral exam date plus one day for return travel were vacation.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.11
	Policy Title: COMMUNITY ANESTHESIA CALL REQUIREMENTS	Approved By: Postgraduate Education Committee	Date: September 26, 2018

In order to gain an appreciation of the nature of community anesthesia practice, Anesthesia residents rotating at the Community teaching sites will be responsible for call at the community site. The community site calls for a four week rotation are as follows:

GH	SOGH	CH	VGH
<ul style="list-style-type: none"> • 4 Monday- Thursday • 1 weekend (Saturday) 		4 Monday- Thursday <hr/> 1 Saturday	Residents will be scheduled call at Tertiary sites as stated on policy 3.1

Weekend call begins at 0730 and ends at 0730 the next morning.

Residents will be scheduled for a regular OR slate the next day. Attendance will be expected subject to the following exceptions:


- If still in the hospital past 2100, the resident will remain on beeper availability until 0730, but will not be expected to report for elective cases until 1130 the next day.
- If still providing patient care in the hospital past 2400 hours, the resident will remain on beeper availability until 0730, but will not be expected to report for elective cases the next day.
- In the event that the s/he will not be attending a full day as per the above, the resident MUST note on the OR slate at the OR desk “Post-call, in at 1130” or “Post-call, not in”
- The resident will be allowed to leave the hospital by 1600 the day after call, regardless of how late s/he worked during the night on call.

In addition to the community call, a resident will be scheduled for the following amount of general surgical or obstetrical call in the tertiary sites schedules:

- 0 weekdays
- 0 Late Days
- 1 weekend Saturday night
- Saturday & Sunday day only
-

Residents will be granted at least two entire weekends off.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.12
	Policy Title: CARDIAC ANESTHESIA CALL REQUIREMENTS	Approved By: Postgraduate Education Committee	

An Anesthesia Resident on a Cardiac Anesthesia rotation will be required to take up to 3 weekday and 1 weekend home Cardiac calls in a 28-day rotation as follows. While on call, the resident will remain available by pager and be expected to attend for any cases in the call period.

Additionally the Cardiac resident will be added to the SBGH OR 1 weekend which includes:

- Saturday Night or
- Saturday and Sunday day only.

While on OR call, if Cardiac cases come in then priority must be given to the resident to participate in these cases. If the Cardiac resident is not needed on the OR call schedule, they may do up to 7 Cardiac home calls as outlined below:

Up to 4 weekdays (Monday-Thursday). On weekday call, residents will work a regular OR day and then take call until 0730 the next morning.

Up to 3 weekend days (Friday, Saturday, Sunday and Stat). Saturday, Sunday and stat day call begins at 0730 and end at 0730 the next morning. Friday call hours are as per weekday call.

Residents will be scheduled for a regular OR slate the next day following Cardiac home call. Attendance will be expected subject to the following exceptions:

If still in the hospital past 2100, the resident will remain on beeper availability until 0730, but will not be expected to report for elective cases until 1130 the next day. If still providing patient care in the hospital past 2400 hours, the resident will remain on beeper availability until 0730, but will not be expected to report for elective cases the next day.


In the event that the s/he will not be attending a full day as per the above, the resident **MUST** note on the OR slate at the OR desk “Post-call, in at 1130” or “Post-call, not in”

The resident will be allowed to leave the hospital by 1600 the day after call, regardless of how late s/he worked during the night on call.

Call schedules are prepared by the Co-Chief Resident and reviewed by the Program Office prior to distribution.

Residents will be granted at least two entire weekends off.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.13
	Policy Title: SSCU CALL REQUIREMENTS	Approved By: Postgraduate Education Committee	
		Date: July 20, 2016	Page: 1 of 1


An Anesthesia Resident on an SSCU rotation will be required to take 7 calls in a 28-day rotation as follows. While on call, the resident will remain available by pager and be expected to answer calls and attend patients when necessary after hours. The call schedule shall be made by the medical director of the SSCU.

- One call period of Monday to Wednesday consecutively. The resident shall remain available on home call after hours – call shall begin at 0700 on Monday morning and end at 0700 on Thursday am. Residents shall be excused from call for the period of the academic half day on Wednesdays.
- One call period of Thursday to Sunday. Call shall commence on Thursday at 0700 and end at 0700 Monday am.

Residents will be expected to be in the SSCU on their post-call days. Attendance will be expected subject to the following exceptions:

- If working in the hospital consecutively until 2100, the resident will remain on beeper availability until 0730, but will not be expected to report to SSCU for clinical duties until 0900 the next day.
- If working in the hospital consecutively until 2400, the resident will remain on beeper availability until 0730 the next morning, but will not be expected to report to SSCU for clinical duties until 1200 the next day.
- If a resident works consecutively until later than 2400 – they shall not report for clinical duties the next day unless on call in which case they will report for call at 1700.
- A resident may not under any circumstances work more than 26 consecutive hours.
- If a resident works 4 consecutive hours after 1900 and one of those hours is after 2400, for the purposes of payment this will be considered an in-house call as per the PARIM contract. The resident may however, elect to work post-call if they wish.
- In the event that he s/he will not be attending a full day as per the above, the resident **MUST** inform the attending in the SSCU.

Approved By: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.14
	Policy Title: TRANSFUSION MEDICINE/PAC CALL REQUIREMENTS	Approved By: Postgraduate Education Committee	
		Date: November 14, 2017	Page: 1 of 1


Anesthesia residents on a Transfusion Medicine rotation will spend half a block in PAC clinic. The rotation is a 10 day split between Transfusion Medicine and PAC clinic.

Residents are required to take the following general surgical call in a 28 day period:

- 2 Weekday calls
- 0 Late calls
- 2 Weekends
- Weekends
 - Saturday Night
 - Friday/Sunday Night
 - Saturday/Sunday Day

Call shifts will be scheduled at either tertiary site (HSC or SBGH) depending on the need for coverage.

Approved By: Anesthesia Postgraduate Education Committee


 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 3.15
	Policy Title: CALL REQUIREMENTS PRIOR TO COMPULSARY EXAMS AND RESIDENT RETREAT	Approved By: Postgraduate Education Committee	

Throughout residency residents are required to write the AKT6 & 24 exam and the Physiology exam at prescribed times. To maximize performance on these exams, Attempts should first be made to cover the call with a resident not scheduled to write the exam. If however, a resident is put on call the night prior to a required exam, that resident shall be excused from clinical duties at 2300. The resident should then work the pre-call day as this is in keeping with the 16 hour call policy.

The same policy shall apply to the night prior to the Annual Resident Retreat. Residents will not be on-call the evening of the resident retreat.

Residents shall not be excused from call prior to In-house oral exams as these are easily re-scheduled by the PGME Anesthesia office.

Approved: Anesthesia Postgraduate Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 4.0
Policy Title: PGY5 RESIDENTS WRITTEN EXAM STUDY LEAVE		Approved By: Postgraduate Education Committee	
		Date: July 20, 2016	Page: 1 of 1


PGY5 Anesthesia Residents preparing for their Royal College of Physician and Surgeons of Canada written exams will be granted 14 days of study leave immediately prior to the day of the written exam. The day of the written exam is an excused exam day and is not included in the 14 days of study leave.

The PGY5 Anesthesia Resident must be on an Adult Anesthesia rotation during the study leave.

There will be no night call during the 14 days study leave or the days (Day 1 – MCQ, Day 2 – SAQ) of the written exam.

This is consistent with the PGY5 Anesthesia Residents Call Requirements Policy **3.10** and the general Anesthesia Rotations Reduced Call Requirements Policy 3.0.1 in effect during this study leave.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 5.0
	Policy Title: CHRISTIMAS AND NEW YEARS HOLY DAY BLOCK	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

As per the PARIM agreement Residents are entitled to a 5-day holiday block at either Christmas or New Years in each academic year. This includes a Saturday and Sunday and does not reduce regular call requirements.

Anesthesia Residents must make their request for the block of time they wish off by the end of Period 5 of each academic year. Residents are not guaranteed their request will be met until the call schedule for that period of time is completed. Any Resident(s) who does not submit their request by the end of Period 5 will be assigned their block of time off by the Program Administrator in consultation with the Chief Resident and Program Director.

The Anesthesia Residency Program is only responsible for scheduling the Christmas and New Years holiday block for Residents rotating in Anesthesia rotations at that time of the holiday.


The 5 day holiday block for both Christmas and New Years will be determined by the Program Administrator in consultation with the Chief Resident and/or Program Director on or before September 1 of each calendar year.

Any Anesthesia Resident may make a written request to the Program Director or Administrator requesting to use the 5-day holiday block at another time. The Program Director will then decide with the resident a mutually agreeable time to be granted 3 days off plus a weekend as per the PARIM contract for a total of 5 days off. Any Resident who makes this request will be required to work regular shifts through the Christmas and New Years holiday (including December 24, 25, 26, 31, and January 1).

Residents are discouraged from rotating in Pediatric Anesthesia and Cardiac Anesthesia during the Christmas/New Years Holy Day Block to ensure that their educational exposure is maximized. In the event that a resident chooses either of these rotations he/she will be required to take their 5 days off on the days when the OR's are recognizing stat holidays.

Any resident who wishes to observe holy days other than Christmas/New Year, may use three days for that purpose. Should s/he choose not to use these three days for that purpose, any leave requested for those Holy Days would have to be covered by stat or holiday time.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 6.0
	Policy Title: VACATION ALLOTMENT	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

Each Resident is granted 28 days' vacation per academic year. Vacation cannot be taken in less than a 7-day block, which must include at least one weekend.

When vacation is not taken as a full period block (i.e. 28 days), vacation will be permitted only during the following types of rotations:

1. Adult Clinical Anesthesia rotations.
2. Scholarly Activity rotations.
3. Sub-specialty Anesthesia rotations (this last option **only** when the Resident has previously completed all required rotations in the same sub-specialty as per program requirements).
4. Community Anesthesia rotations (7 days maximum)

VACATION REQUESTS MUST BE SUBMITTED BY MARCH 1ST. ANY VACATION DAYS NOT SCHEDULED BY SEPTEMBER 15TH OF EACH ACADEMIC YEAR (AS PER THE PARIM AGREEMENT) WILL BE ASSIGNED BY THE PROGRAM ADMINISTRATOR IN CONSULTATION WITH THE PROGRAM DIRECTOR.

Vacation cannot be carried over to the next academic year without extenuating circumstances that must be approved by the Anesthesia PGME office.


If a Resident chooses to take less than 28 days vacation in an Adult Anesthesia rotation call requirements will be adjusted as per Policy 3.0.

A Vacation Request must be completed for each block of vacation requested and submitted in VENTIS PGME. **A Resident should not assume that their vacation request is approved until they have received approval in the system.**

The decision regarding whether a particular request can be granted will be contingent upon the availability of staffing for the time in question. In the event that the granting of all outstanding requests would result in a shortfall in staffing, then some requests will be denied. In the case of such a conflict, the requests will be granted according to the following in descending order of priority:

1. Date requested and submitted in VENTIS PGME
2. Site coverage if applicable
3. Seniority of the resident(s)- favoring the more senior, if #1 is non-discriminatory
4. time submitted if the first two are non-discriminatory

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 6.1
	Policy Title: STATUTORY HOLIDAYS & ADMINISTRATIVE DAYS	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

If an Anesthesia Resident is on call on a statutory holiday they will receive a day in lieu of the statutory holiday. If post call from an in-house Anesthesia call on a statutory holiday the Resident will receive a day in lieu of the statutory holiday. Post call days on statutory holidays from home call will be dealt with on an individual basis by the Program Administrator, Chief Resident, and Program Director.

Anesthesia Residents who work a stat day in an Anesthesia rotation must reclaim the stat day within 3 months of receipt. Residents are not permitted to reclaim a stat day prior to working the stat day.

Stat/Admin days are recorded in Ventis Anesthesia and must be requested in Ventis PGME noting the date the stat is being reclaimed from (eg. thanksgiving). If a resident does not submit the request through Ventis PGME it will not be considered for review. It is the Resident's responsibility to inform the Senior Resident and Site Coordinator in writing if they are taking a day in lieu of a stat day.

Site Coordinators and /or Senior Residents **are not to** approve a stat/admin day off request without approval from the Program Administrator and/or Program director.


Stat days will be permitted during General Anesthesia, Community Anesthesia and Scholarly blocks. Requests will not be permitted during sub-specialty rotations with the exception of Pain and SSCU.

Stat/Admin day requests should be submitted no later than **one week prior** to the day the resident wishes to take the stat/admin day. These days must also be requested after the call schedule is complete. Approval must go through the program Administrator and Co-Chief Resident. Requests for an administrative day or day off in lieu of a stat day that impacts a final call schedule or staffing may not be approved.

Off Service Stats:

If an Anesthesia Resident is on an off service and works a statutory holiday they should receive a day in lieu of during that rotation on the service they worked the stat day. A stat day near the end of rotation should be dealt with by making arrangements to take the day in lieu of stat during an earlier period of same rotation. Stat days earned in an off service rotation **cannot** be accumulated and used in an Anesthesia rotation.


Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 7.0
	Policy Title: RESIDENT EDUCATION LEAVE	Approved By: Postgraduate Education Committee	
		Date: July 20, 2016	Page: 1 of 1

In order to ensure continued and appropriate functioning of educational and clinical activities, the following guidelines will apply to all residents regarding educational leave:

- a) All residents are eligible to attend one (1) meeting per year. Leave time for this meeting is in addition to vacation. Resident will submit their requests in VENTIS PGME for conference leave for their meeting with the annual rotation and vacation request in advance of the academic year, or at least three months prior to the requested meeting. A travel day before/after the meeting **may be** approved by the Program Director. If the meeting occurs at a time when the resident is on a non-anesthesia service, written approval of the Off-Service Program Director or coordinator is required.
- b) Funding to support resident travel and attendance at one meeting per year is provided by the Department of Anesthesia. A list of meetings which are approved for application for resident travel support have been generated by the Postgraduate Education Committee and are available to residents via the Anesthesia PGME office.
- c) A resident will be allowed to attend a second meeting if it is an appropriate national or international meeting at which the resident is presenting. Application for funding to attend a second meeting, at which the resident is a presenter, must be made directly to the Associate Head of Research and Academic Affairs and the Program Director.
- d) A Resident may attend additional meetings on their vacation time if approved by the Program Director (funding not provided).

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 8.0
	Policy Title: ABSENCE FROM CLINICAL DUTIES (Medical Leave, Personal Leave, etc.)	Approved By: Postgraduate Education Committee	Date: July 20, 2016

If an Anesthesia Resident is unable to report for clinical duties due to illness or personal reasons they **must** inform the Program Administrator and/or Program Director as soon as possible that they are unable to report for duties.

It is also the Resident's responsibility to inform the Senior Resident, Site Coordinator, or another Anesthesiologist by 7:30 a.m. that they are unable to report for duties.

If on an off service, the Resident must inform his/her immediate supervisor and/or Chief Resident of that service.


If a Resident is away during Scholarly Activity they are to inform their SA supervisor.

If a Resident is required to be absent from clinical duties longer than 3 working days

- they must provide a medical certificate verifying their illness to the Program Administrator upon his/her return to clinical duties.
- This shall be considered a leave of absence and governed by Policy 12.0
- The missed time may have to be recovered at a later date if it is a subspecialty

It is extremely important that if you are calling in absent that you do so in a timely manner, i.e. well before the OR is preparing for cases to begin or the ward is commencing rounds. Any calls received after 7:30 a.m. regarding an absence will need to be addressed directly to the Postgraduate Program Director or Department of Anesthesia Administrator in his/her absence.

Approved: Anesthesia Postgraduate Education Committee


 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 9.0
	Policy Title: ANESTHESIA DAILY EVALUATIONS	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

Residents on an Anesthesia rotation will be assessed daily by the staff they worked with.

All Assessments will be completed in the VENTIS PGME system. Your daily assessment will be completed by your preceptor/attending using the Clinical Supervision Assessment form (CSA). The daily feedback will then be reviewed by the applicable Site Coordinator and used to complete your final rotation ITAR (In-Training Assessment Report).

Due to the nature of slating/scheduling on these rotations, residents on community Anesthesia, Pain, and Transfusion Medicine will be required to send their staff assignment to the Anesthesia PGME Administrator daily. Failure to send this information daily will result in an incomplete ITAR.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 10.0
	Policy Title: APPEAL MECHANISM	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

1. Residents may appeal individual program component assessments, mid-rotation assessments (MITARS), Daily Clinical Supervision assessments (CSA), or Final In-Training Assessments (FITAR) through the site or rotation coordinator, or through the Program Director.
2. Residents may also appeal through the Department Head.
3. Residents may bring concerns forward to either the Program Director or the Education Committee through the Chief Resident or the Residents' Central Committee (a Residents only committee).


At the levels delineated above ((items 1 – 3), the appeal may be made verbally or in writing.

4. If a Resident's appeal is not addressed to that Resident's satisfaction through the preceding mechanisms, a departmental Residents Appeals Committee will meet to address a written appeal. There is an identified Chair of this committee (a Department Faculty Member) who will call a meeting of the committee. The membership of the Departmental Appeals Committee consists of the designated Chair, two other Anesthesia Faculty Members, an Anesthesia Resident not involved in the appeal, and a Faculty Member from outside the department.
5. If the Resident wishes to pursue subsequent appeals, these can be made in writing to Faculty of Medicine Committee on Postgraduate Medical Education (FCPGME).
6. If there is no remedy at the FCPGME level, the next level would be the Appeals Committee of the Faculty Council Executive.
7. If there is no remedy at that level, the Resident can appeal to an Appeals Committee of the University of Manitoba Senate.

The FPGME policy on Resident Appeals and applicable process can be reviewed at the following link:

http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html#appeals

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 11.0
	Policy Title: CALL REQUESTS	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

It is important for residents to be able to plan their lives and to be able to have some latitude in a busy schedule for scheduling personal activities. Thus, it is reasonable to allow residents to make requests for call. However, such requests place a significant burden upon the co-chief resident, who must make up the call schedules. In addition, as numbers of requests increase, the likelihood of conflict and resultant denied requests increases.


Thus, it is necessary for the efficient and amicable operation of the program that there be a policy to govern call requests, so that every resident has reasonable and equal consideration.

All call requests must be submitted in VENTIS PGME no later than 6 weeks prior to the start of the rotation for which the request is being made. Call requests that are not submitted by this deadline will not be considered. Each resident may make a maximum of two requests per period, subject to a total maximum of 11 requests per year.

The decision regarding whether a particular request can be granted will be contingent upon the availability of staffing for the time in question. In the event that the granting of all outstanding requests would result in a shortfall in staffing, then some requests will be denied. In the case of such a conflict, the requests will be granted according to the following in descending order of priority:

1. the number of granted requests in the preceding 12 months
2. seniority of the resident(s)- favoring the more senior, if #1 and 2 are non-discriminatory
3. time submitted if the above are non-discriminatory
4. reason for request will be considered, but must be indicated in writing to the Program Administrator and submitted with your request in VENTIS PGME.

Approved: Anesthesia Postgraduate Education Committee


 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 12.0
	Policy Title: LEAVE OF ABSENCE	Approved By: Postgraduate Education Committee	
			Page: 1 of 2

A resident shall be permitted to take a leave of absence from the training program, and return to training thereafter, subject to the following principles. The reason for this policy is to ensure equitable application of the LOA, so that time is available to those in need at the time of their need, without eroding the quality of the training program.

- Any LOA must be discussed with and approved by the Program Director. The application for and approval of any leave of absence (LOA) shall then be forwarded to the Postgraduate Office, and the Royal College as per their respective policies which can be reviewed at the following link:

http://umanitoba.ca/faculties/medicine/education/pgme/media/LOAWaiver_of_Training12CY_4Aug2013.FEC10Sept2013.pdf
- The decision as to whether to grant an LOA request will be predicated upon the reason for the request. Reasons for which LOA shall be granted include
 - parental leave, as per the PARIM contract
 - illness
 - bereavement
 - any other reason approved by the Assessment Committee, the Postgraduate Dean, and the Royal College
- Whether the LOA shall be paid or unpaid shall be determined by the provisions of the PARIM contract, and is not subject to the judgment of the Program.
- The decision as to whether to issue a FITAR is a separate one, predicated upon attainment of a minimum acceptable proficiency. The issuance of a FITAR does NOT preclude a requirement to make up the LOA time. A requirement to make up LOA time does not preclude the issuance of a FITAR. In the event that an extension is required, but the issuance of a FITAR is felt to be justified, the timing of the FITAR and associated exam shall be determined by the final date of training as per the Royal College limits.
- All time missed as a result of an LOA must be made up and will by definition extend the end of training date of residency.
- No waivers of training shall be granted for LOA's.


Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 12.1
	Policy Title: MATERNITY LEAVE	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

The scheduling of maternity leave involves consideration of issues relative to the PARIM contract, Royal College Policy, and the exigencies of scheduling within the department. The following policy outlines the principles that are necessary to meet all of these sets of demands.

- The PARIM contract dictates a minimum period during which the resident shall be freed from all responsibilities related to the program. A resident may elect to take less than the minimum period. Leave periods longer than the minimum and up to one year may be granted at the mutual discretion of the resident and the program administration.
- All Maternity leaves must be discussed with and approved by the Program Director prior to submission to the Postgraduate office. Residents must notify the Program Director in writing of the expected date of confinement as soon as it is known or at 20 weeks, whichever is later.
- Should the resident wish to exercise the option of refraining from overnight call as per the PARIM contract, it is her responsibility to notify the program director in writing four weeks prior to the cessation of night call. If the Chief Resident solicits call requests for the period where overnight call will cease more than 4 weeks before the cessation of night call, the resident must indicate her intent to cease night call with the call request. In the absence of such notification, the period of exemption from call shall begin four weeks from the date of notification.
- Female residents shall not be scheduled for overnight call within four weeks of the expected date of confinement.
- Residents shall not be scheduled for subspecialty or off-service rotations in the last two periods prior to the expected date of confinement.
- Should the delivery occur during a subspecialty rotation, the leave time shall be credited as adult anesthesia, and the subspecialty time made up in a subsequent rotation.
- All time missed as a result of a maternity leave must be made up and will by definition extend the end of training date of residency.


Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 12.2	
	Policy Title: PATERNITY LEAVE	Approved By: Postgraduate Education Committee		Date: July 20, 2016

Residents are entitled to paternity leave as governed by the PARIM agreement. The inherent unpredictability of the time of delivery presents a serious challenge to scheduling. In order to allow for a minimum of disruption without unduly limiting residents' freedom, the following restrictions will apply:

- All paternity leaves must be discussed with and approved by the Program Director prior to submission to the Postgraduate office. Any resident planning to take paternity leave shall notify the department of his intended start date at least four weeks prior to the start of the leave period. If the Chief Resident solicits call requests for the planned period of leave more than 4 weeks before the start of the leave the resident must submit his request for leave with the call request. In the event that a resident wishes to begin a leave period without four weeks' notice, or after the deadline for submitting call requests for the planned period of leave, this request shall be granted. However, the resident shall be responsible for working or arranging replacement(s) for any outstanding call shifts falling within the four-week notification period.
- The PARIM contract dictates a minimum period during which the resident shall be freed from all responsibilities related to the program. A resident may elect to take less than the minimum period. Leave periods longer than the minimum and up to one year may be granted at the mutual discretion of the resident and the program administration.
- Residents will be assigned to normal duties, including call, up to the planned start date for the leave period.
- The resident may opt to begin the paternity leave prior to the expected date of confinement, in order to ensure complete freedom from responsibilities at the time of delivery.
- The leave period must begin within 52 weeks of the day upon which the baby was discharged from hospital.
- Residents shall not be scheduled for subspecialty or off-service rotations in the last two periods prior to the expected date of confinement.
- Should the delivery occur during a subspecialty rotation, the leave time shall be credited as adult anesthesia, and the subspecialty time made up in a subsequent rotation.
- All time missed as a result of a paternity leave must be made up and will by definition extend the end of training date of residency.


Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 13.0	
	Policy Title: MOONLIGHTING DURING ANESTHESIA RESIDENCY	Approved By: Postgraduate Education Committee		Date: July 20,2016

Moonlighting refers to working outside of the auspices of the residency program. It is allowed under certain circumstances, subject to the following constraints.

- Moonlighting during clinical anesthesia rotations, including subspecialty rotations shall be tolerated subject to the following conditions:
 - The resident must obtain written approval from the Anesthesia Postgraduate Program Director prior to commencing moonlighting
 - The resident maintains good academic performance
 - There is NO interference with performance of clinical duties or academic time. When scheduling moonlighting call shifts, residency clinical or academic activities must not fall in a post-call period from a moonlighting shift.
 - Attendance at academic activities (grand rounds, talk rounds) is maintained
 - In the event of scheduling conflicts with the residency program, the program needs shall take precedence
- Moonlighting on off-service rotations is discouraged, but ultimately is subject to the rules of the particular off-service rotation. In the event that a resident does moonlight while off-service and receives a significant negative comment on that rotation evaluation, that shall serve as grounds for remedial action.
- Moonlighting while on Scholarly activity, while discouraged, shall be tolerated providing that:
 - It does not interfere in any way with the completion of the scholarly activity
 - Does not conflict in any way with the clinical responsibilities of the Scholarly period
- Residents choosing to moonlight on Scholarly Activity time, and subsequently receiving significantly negative comments on their scholarly evaluations shall be grounds for remedial action.

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 13.0
	Policy Title: MOONLIGHTING DURING ANESTHESIA RESIDENCY	Approved By: Postgraduate Education Committee	
			Page: 2 of 2

- Any resident on remediation is prohibited from moonlighting during any rotation
- Residents are free to use their own holiday time as they see fit, and may moonlight without restriction.


Remedial Action

The remedial action indicated in the instance of moonlighting in contravention of the above guideline, shall be determined by the Assessment Committee, and may include failure of a rotation, negative assessments on the FITAR or any other action deemed appropriate and consistent with the university policy on remediation.

The PGME policy on Moonlighting can be reviewed at:

http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Moonlighting21_FINAL.FEC.pdf

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 14.0
	Policy Title: Handling of Narcotics and Controlled Substances	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

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 caregivers 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.


The general rules that guide behavior 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 to be removed from the care environment - **Narcotics or controlled substances can only leave a patient care area when directly en route to another patient care area (MRI, CT, ECT, Cath Lab, HDR, IMRIS)**
 - 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>

Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 15.0
	Policy Title: ATTENDANCE AT DEPARTMENT EVENTS	Approved By: Postgraduate Education Committee	
		Date: September 26, 2018	Page: 1 of 1

Attendance is mandatory at all Departmental Educational Events including:

- Talk Rounds
- Journal Club
- Visiting Professor Lectures
- Annual Resident Gala
- Research Symposium
- Grand Rounds
- Annual Resident Retreat

****When a Resident is post call on a Wednesday, attendance is mandatory at Talk rounds, Grand rounds.**

****When a Resident is pre- call on a Wednesday, attendance is mandatory at Talk rounds, Grand rounds and academic half day.**

Residents on Anesthesia rotations are excused from call responsibilities during the event but must return for call immediately following the event with the exception of the Resident Retreat in which residents will be excused from regular clinical duties as well as call duties to attend.


Residents on off service rotations are expected to inform their rotation supervisor(s) of the educational event and request to be excused from clinical duties. There is no obligation for off service rotations to provide residents the time away.

Residents are not required to RSVP for mandatory events as attendance is expected.

Residents, who do not attend a mandatory event without an excused absence by the Anesthesia PGME office, will be responsible for the cost of their meal if one is provided. Mandatory events will include Visiting professor Dinner, Annual Resident Research Symposium, Annual Department Gala and the Annual SBGH Appreciation Dinner and Annual Resident Retreat.

The only exceptions to mandatory attendance are vacation and leave of absence.


Approved: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 16.0
	Policy Title: PRECEPTOR ASSESSMENTS	Approved By: Postgraduate Education Committee	
		Date: July 20, 2016	Page: 1 of 1

Residents are required to provide feedback on each faculty member/Preceptor that they have had a teaching encounter with prior to the completion of each academic rotation (this includes on call and regular daytime work). These assessments will be completed in the VENTIS PGME system. Preceptor feedback forms will only be available to the resident to complete 7 days prior to the end of the rotation. This ensures that a resident only receives one form for multiple days worked with the same preceptor.

Residents who fail to complete all required feedback prior to the last day of the academic rotation will be deemed to have an incomplete rotation until all assessments are completed. In addition they will not have the ability to view their completed ITARS until feedback is complete.

Approved By: Anesthesia Postgraduate Education Committee

 UNIVERSITY OF MANITOBA	FACULTY OF MEDICINE DEPARTMENT OF ANESTHESIA POLICY AND PROCEDURE MANUAL	Section: RESIDENCY TRAINING PROGRAM	Policy Number: 17.0
	Policy Title: RESIDENT SAFETY POLICY	Approved By: Postgraduate Education Committee	
			Page: 1 of 1

Preamble

The University Of Manitoba Department of Anesthesia is committed to the highest quality of education for all of its trainees. As part of high quality education learning must occur in a safe environment. In so far as it is possible the department will endeavor to make the learning environment as safe as possible with regard to physical, emotional / psychological and professional well-being. Trainees are referred to the *PGME Resident Safety Policy* as well as the *Respectful Work and Learning Environment policy* for a complete description of all policies. The University of Manitoba Department of Anesthesia will endorse and abide by these policies and procedures.

Residents must adhere to the relevant health and safety policies and procedures of their current teaching site. All teaching sites must meet the requirements of the PARIM collective agreement. The Anesthesia residency program is responsible for identifying and communicating foreseeable safety risks related to education carried out within the program, educating residents about risk minimization strategies, and for making decisions about educational experiences that take into account, among other things, the educational benefit relative to any safety risk.

Physical Safety

Residents shall be provided the training and necessary equipment to be properly protected from the risk of infection transmitted via bodily fluids. This will include, but not be limited to the use of "Universal Precautions" during activities in the OR as well as outside of the OR including in the ER, Trauma, ICU and at "codes". Access to care in the event of an exposure to a body fluid such as from a needle stick accident shall be readily available to residents. Please see Appendix A for contacts including Occupational Health.

Residents shall have access to all appropriate vaccinations to protect against the transmission of blood-borne illnesses. It is the resident's responsibility to ensure these vaccinations are up to date.

The Program will ensure proper training and support of trainees to protect them from contagious respiratory conditions during airway and anesthesia management both within and outside of the OR.

Residents shall have the proper training and protective equipment provided for the safe conduct of anesthesia where fluoroscopy, X-ray or any type of radiation exposure may occur.

Residents shall have the proper training and orientation to offsite areas including MRI suites to provide safe anesthetic care.

At times, a resident may be called upon to respond to an acute situation involving a patient which poses a risk to the resident's personal safety and wellbeing. Residents are expected to consider the effect on themselves and the patient when deciding on a course of action. Every effort should be made to consult more experienced health care providers or staff and seek assistance, support or alternative courses of action. Ultimately, residents should use their best judgment when deciding if, when, where, and how to engage in clinical and/or educational experiences.

Should a resident fail to engage in such an experience (or engage in a manner other than what has been requested or previously expected of them) due to perceived safety concerns, the resident will report this to their site supervisor immediately AND to the residency program director at the earliest reasonable time.

While on rotations outside of Winnipeg the same safety requirements shall be met. Resources to set up electives shall be available to residents via the Department of Anesthesia Director of International Programs. With regard to international electives the resident shall seek the counsel of a physician or health care worker who can advise them on appropriate vaccinations and travel precautions. It will be the responsibility of the resident to ensure that the appropriate vaccinations and prophylactic medications are obtained. The resident shall accept the risks inherent to travel in certain international locations, however, the Program director may exercise the right to cancel an international elective if it is felt the risk to personal safety is too great for the resident.

A resident should not encounter negative repercussions for decisions they made in good faith related to personal safety concerns

The Residency Program Committee will review all concerns brought forth and take steps to minimize future risk.

Other issues of personal safety are covered in the PGME Resident Safety Policy

Emotional / Psychological Safety

Residents are entitled to work in an environment free from intimidation, harassment and discrimination.

Residents shall bring any incidents of intimidation, harassment or discrimination or any other unprofessional conduct to the attention of their site coordinator, Program Director, Vice-chair of education or Chair of the Department. At all times residents' anonymity shall be protected. Should the resident not feel comfortable reporting these incidents within the department they can report them to the Associate Dean of PGME or Associate Dean for Student Affairs. These incidents will be dealt with in a timely fashion by the appropriate administrative personnel who at all times shall protect the identity of the

resident. The department will abide by the University's *Respectful Work and Learning Environment Policy*.

Residents shall have access to appropriate mental health and counseling resources as offered by the university. Contact information for available services can be found in *via our department website under Resident Support & Safety Contacts*.

Residents shall have proper instruction and procedures in place at all places they work for the proper handling of controlled substances. Please refer to the Resident policy Manual Policy 14.0 *Handling of Narcotics and Controlled Substances*.

Residents shall be educated on the dangers of substance use and abuse in themselves, the identification of substance abuse in others and resources available to them. Residents shall report any instances of known or suspected substance abuse or mishandling to their site coordinator, Program Director, Vice Chair of Education or the Chair of the Department. The program will facilitate the necessary help for trainees identified with substance abuse issues.

Professional Safety

Residents must have insurance through the Canadian Medical Protective Association (CMPA) as well as current educational licenses from the College of Physicians and Surgeons of Manitoba. It is the resident's responsibility to ensure that these are both current.

All personal resident information including evaluations shall be kept confidential.

Resident confidentiality shall be protected in the event of any critical incidents. Residents are also entitled to and encouraged to report and participate in the investigation of critical incidents.

While on international rotations or electives residents must ensure that they have acquired appropriate licensing and insurance to comply with the hosting location. There must also be an identified supervisor for the rotation who has RCPSC or equivalent qualifications.

Approved By: Anesthesia Postgraduate Education Committee