

**University of Calgary  
Orthopaedic Surgery Residency Program**

**Policies and Guidelines**





**UNIVERSITY OF  
CALGARY**

**Orthopaedic Surgery Residency Policy**

**DEPARTMENT OF SURGERY  
Orthopaedic Surgery Resident Absences Policy**

Classification	Residency Training
Approval Authority	OSRPC
Implementation Authority	Residency Program Committee, PGME
Effective Date	June 2016
Latest Revision	March 23, 2022

**Purpose** As a baseline, the Orthopaedic Surgery Residency Program follows the Postgraduate Medical Education Policy on Resident Leaves of Absence and Waivers of Training (please refer to the [Postgraduate Medical Education Leave of Absence Policy](#)) and the Professional Association of Resident Physicians of Alberta (PARA) Agreement (please refer to the [PARA Agreement](#)). The purpose of this policy is to describe additional orthopaedic surgery specific principles governing vacation and educational leave requests as well as flex day requests from residents within the Orthopaedic Surgery Residency Program at the University of Calgary.

**Scope** This policy applies to all resident members within the Orthopaedic Surgery Residency Program at the University of Calgary.

- Vacation and Educational Leave**
1. Vacation requests must be submitted a minimum of 2 blocks in advance directly to the Residency Program Office; Educational leave requests must be submitted a minimum of 1 block in advance to the program coordinator. Exceptions may be made for incoming PGY-1 residents in blocks 1-2.
  2. Off-service vacation and educational leave requests must come through the orthopaedic residency program coordinator first and not the off-service coordinator.
  3. The residency program coordinator will confirm the requested time off.

4. The request will be forwarded to the resident site chief and preceptor for approval. They will have 2 weeks to respond.

5. One week of vacation is allowed in a 2-block rotation and 2 weeks for a 3-block rotation. It is preferable that no vacations are taken in a 1 block rotation.

6. Conference time in excess of 5 working days will be allotted as vacation time; however, if presenting research, this will not affect your conference or vacation allotment. It is the resident's responsibility to apply for all conference leaves within the appropriate timeframe.

7. Residents are advised to verify the Important Dates to ensure that there are no conflicts. Submitted requests that conflict with mandatory events will be denied.

8. Once the call Schedule has been set by the resident site chief, all switches must be facilitated between the resident requesting the trade and the site chief resident. The site chief resident will be the only one in contact with the residency program office to process the call schedule revision.

## **Principles and Guidelines**

1. One week of vacation is 5 working days and usually includes one weekend attached to either end of the request. If possible, the second weekend will be attached. The requesting resident must be available for call on the remaining 2 weekends of the block.

2. Not all vacation requests accumulated to the of the year can be granted, so it is recommended that residents plan vacations well in advance and submit requests as early as possible. Vacation time may not be accumulated and rolled over to the next academic year.

3. Vacations will not be granted for the last 2 weeks of June or first week of July, unless the request notes extenuating or compelling circumstances.

4. All reasonable vacation requests will be granted.

5. In the event of a conflict several factors will be considered, such as:

- a. seniority of the resident
- b. timeliness of submissions
- c. priority of the request
- d. impact on education and hospital site coverage

6. Formal written request for a weekend off is not required. Generally, a verbal agreement with the resident site chief to not be on call for the specified weekend is sufficient.

### **Flex Days**

1. Residents are allowed up to a maximum of 4 flex days per academic year.
2. Flex days should be arranged at least one week prior to having the intended day off from clinical and academic activities.
3. In an emergency (eg house/car emergency), flex days can be used with short notice at least 24 hours prior to the intended day off.
4. Flex days can be used in combination with formal vacation time.
5. Flex days that are used must have no impact on the call schedule.
6. Notification should be made to the rotation preceptor(s) of the intended use of the flex day(s).
7. Notification by email should also be made to the chief residents and cc the program coordinator of the intended use of the flex day(s).

### **Approval and Implementation**

Approval Authority: OSRPC

The OSRPC maintains this policy and ensures it remains up to date on a consistent basis.

### **Related Information**

All residents must be given a copy of, or access to, this document as well as any program-specific documents relating to assessment when they enter the Orthopaedic Surgery Residency Program at the University of Calgary.

### **References**

The Postgraduate Medical Education Policy on Resident Leaves of Absence and Waivers of Training can be found on the following website:

<https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines>

The PARA Agreement:

<https://www.para-ab.ca/agreement/>

**Contacts**

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**History**

Revised June 2016

Revised March 23, 2022



## Orthopaedic Surgery Residency Program Acute Care Coverage Guidelines

### Definitions

ACH = Alberta Children’s Hospital

FMC = Foothills Medical Centre

PARA = Professional Association of Resident Physicians of Alberta

PGY = Postgraduate Year

PLC = Peter Lougheed Centre

RGH = Rockyview General Hospital

SHC = South Health Campus

### Guidelines

#### PGY-1 and PGY-2

- Max 9 home call
- Max 7 in-house call
- Or a max of combined scheduling

Home Call	In-House Call
9 home calls	0 in-house call
8 home calls	1 in-house call
7 home calls	2 in-house calls
6 home calls	2 in-house calls
5 home calls	3 in-house calls
4 home calls	4 in-house calls

- Rationale: PGY-1s and PGY-2s obtain substantial educational benefit and clinical exposure from 1<sup>st</sup> call experiences. These maximums also fill a substantial footprint of service requirements.

#### PGY-3

- Max 9 home call
- Max 7 in-house call
- Or a max of combined scheduling

Home Call	In-House Call
7	0
6	1
5	2
4	3
3	4
2	5

- Rationale: PGY-3 year is a transition point between Jr and Sr residency. Orthopaedic surgery residents rotate through predominantly sub-specialties and advance learning priorities to a larger emphasis on the OR and clinic experience. First call still provides educational benefits and will continue to be a priority in PGY-3.

#### PGY-4

- Emphasis will be placed on second call opportunities
- First call will be limited to a maximum of 3 shifts (except for Spine call)
- Rationale:
  - o Spine
    - Spine call is only delivered in PGY-2 and PGY-4 with the discontinuation of combo call
    - Therefore 1<sup>st</sup> call on Spine is both beneficial and provides valuable service
  - o Hand and Wrist: will continue to cover Hand call at the SHC
  - o Arthroplasty (RGH and PLC) and Electives
    - On this rotation the PGY-4 will gain a first opportunity to provide a supervisory and teaching role to the 1<sup>st</sup> call resident. This is a valuable experience as the PGY-4 transitions to PGY-5 with complete 2<sup>nd</sup> call responsibilities. There are important skills to learn and develop and take time and experience to do so.

#### PGY-5

- Max 7 second call shifts
- No first call requirements
- Rationale:
  - o PGY-5 residents can obtain further educational experience with mentoring and leadership with 2<sup>nd</sup> call responsibility, including teaching in the emergency department, in the operating room and mentoring around time management, and efficiency.

#### Weekend Call Coverage

- As per PARA, no resident will be required to work more than 2 weekends in a block
- This will constitute a maximum of 3 weekend days in any combination over the two weekends worked (one single consecutive Friday, Saturday, Sunday vs split weekend days)

#### Cross-Coverage

- PGY-2 residents cross-covering from SHC (Community Orthopaedics/Trauma) will continue to be subject to call maximums with FMC coverage
- All other residents completing any cross-coverage will be maxed at 4 call shifts. (This will routinely only apply to the PGY-3 residents on their senior sports rotation)

- Residents required to cross-cover call to a second site in addition to covering call at the site to which they are assigned will do so within the above-mentioned maximums and combined call scheduling (see below).

#### Day-Call Coverage

- Residents will not be expected to cover day-call, except in the following scenarios:
  - o FMC PGY-1s and PGY-2s, PGY-1 RGH community resident, spine residents, PGY-1s and PGY-3s at ACH, off-service residents, and elective residents may cover day-call
- There will be no maximum day call as it is within schedule day-time duty hours

#### **\*All residents will complete a minimum of 4 call shifts per full 28-day block**

\*All maximums and minimums are based on a 28-day block and are subject to reduction dependent on days away from service (vacation, education, conference, maternity, parental leave, etc.) as per PARA guidelines.

#### Post-call following a 3-day weekend (Friday, Saturday, Sunday) of first call

Residents who take first call for a full weekend on Friday, Saturday and Sunday will take a mandatory post-call day on the Monday following the 3-day weekend of call.

Revised and implemented: June 8, 2022  
July 1, 2021





UNIVERSITY OF  
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Orthopaedic Surgery Residency Policy

DEPARTMENT OF SURGERY  
Orthopaedic Surgery Resident Safety Policy

Classification	Residency Training
Approval Authority	OSRPC
Implementation Authority	Residency Program Committee, PGME
Effective Date	November 2008
Latest Revision	February 11, 2022

**Purpose** As a baseline, the Orthopaedic Surgery Residency Program follows the Postgraduate Medical Education Resident Safety Policy (please refer to the [Postgraduate Medical Education Resident Safety Policy](#)). The purpose of this policy is to describe additional orthopaedic surgery specific principles governing the safety of residents within the Orthopaedic Surgery Residency Program at the University of Calgary.

**Scope** This policy applies to all members within the Orthopaedic Surgery Residency Program at the University of Calgary as it pertains to activities that involve residency education and delivery of clinical care by residents.

**Definitions** In this policy,  
(Please refer to the Postgraduate Medical Education Resident Safety Policy for additional definitions)

- a) "OSRPC" means the Orthopaedic Surgery Residency Program Committee.
- b) "Resident Wellness Director" means the orthopaedic surgery faculty member responsible for the wellbeing and safety of residents within the Orthopaedic Surgery Residency Program.
- c) "ATSSL" means the Advanced Technical Skills Simulation Laboratory, a facility which allows medical trainees and practicing professionals the opportunity to acquire, practice, and develop skills in a safe learning environment.

- d) "PARA" refers to the Professional Association of Resident Physicians of Alberta

## **Policy Statement**

## **Physical Safety**

### **Surgical Equipment:**

- a) Orthopaedic surgery residents must follow the proper medical facility guidelines and practices for the safe use of sharp orthopaedic surgical equipment such as scalpels, suture needles, drills, saws, and screws.
- b) Residents should expect that the operating room equipment and safety features are maintained by the associated hospital and will have the right to refuse to use equipment that is felt to be unsafe.
- c) Residents should expect that physical safety measures are maintained in non-hospital facilities such as the ATSSL (Advanced Technical Skills Simulation Laboratory, University of Calgary) and through other simulation activities.

### **Infection Control:**

- a) Orthopaedic surgery residents must learn and enact safe operating room practices when operating on a patient with a communicable bloodborne infection (e.g. Hepatitis B, Hepatitis C, Human Immunodeficiency Virus) to mitigate the risk of exposure to contaminated fluids as well as injuries from sharp instruments that can result in disease transmission. The medical facilities must provide training and information on these policies and practices, where applicable.
- b) Residents should also know the steps that are required to follow if an exposure to contaminated fluids occurs, including notifying occupational health and obtaining appropriate bloodwork, where applicable.

### **Physical Plant:**

- a) The appropriate call room facilities at each hospital will be provided by obligations under the PARA contract.

### **Ionizing Radiation:**

- a) Orthopaedic surgery residents should have a clear understanding of methods related to safe use and harm reduction when working with fluoroscopy and the impacts of frequent exposure to ionizing radiation.
- b) Radiation protective garments (aprons, gloves, neck shields) should be supplied and maintained by the acute care sites that require residents to work with radiation exposure. Residents are also provided the opportunity to obtain their own personal protective garments from approved manufacturers on an annual basis.
- c) Orthopaedic surgery residents are encouraged to use leaded glasses where appropriate.
- d) Residents must follow the radiation safety policies at the associated medical facilities that they work including the possible need to use dosimeters. Orthopaedic surgery residents should understand the data obtained from a provided dosimeter.

### **Fatigue Risk Management:**

- a) Orthopaedic surgery residents should notify the preceptor(s) and/or residency program leadership (Program Director, Resident Wellness Director) if the resident is fatigued and as a result does not have the ability to participate in clinical and education activities.
- b) As defined in OSRPC guidelines, the Resident Wellness Director and Program Director(s) must ensure appropriate screening and management is available for residents at risk of significant and detrimental fatigue.

### **Psychological Safety:**

- a) An orthopaedic surgery resident who experiences intimidation, harassment or discrimination may formally report concerns to the OSRPC Program Director, Resident Wellness Director, external or internal ombudsman, as well as the Resident Liaison

Counselor (RLC), Directors of Resident Support (DRS) or Associate Dean, PGME.

- b) The Program Director may make any necessary accommodations to the learning environment in which resident's safety and/or wellbeing is deemed to be at risk.

**Approval and Implementation**

Approval Authority: OSRPC

The OSRPC maintains this policy and ensures it remains up to date on a consistent basis.

**Related Information**

All residents must be given a copy of, or access to, this document as well as any program-specific documents relating to assessment when they enter the Orthopaedic Surgery Residency Program at the University of Calgary.

**References**

The Postgraduate Medical Education Resident Safety policy can be found on the following website:  
<https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines>

The American Association of Orthopaedic Surgeons Information Statement: Preventing the Transmission of Bloodborne Pathogens  
<https://www.aaos.org/globalassets/about/bylaws-library/information-statements/1018-preventing-the-transmission-of-bloodborne-pathogens.pdf>

**Contacts**

Program Director: Dr. Nicholas Desy  
Resident Wellness Director: Dr. Jeremy LaMothe  
Internal Ombudsman: Dr. Jacques Bouchard  
External Ombudsman: Dr. Indraneel Datta (General Surgery)  
Associate Dean, PGME: Dr. Lisa Welikovitich  
Directors of Resident Support (DRS): pgme.drs@ucalgary.ca

**History**

Approved OSRPC: November 2008  
Revised: May 15, 2020  
Revised: February 4, 2022  
Approved: March 11, 2022



UNIVERSITY OF  
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Orthopaedic Surgery Residency Policy

DEPARTMENT OF SURGERY  
Supervision of Orthopaedic Surgery Residents

Classification	Residency Training
Approval Authority	OSRPC
Implementation Authority	Residency Program Director, OSRPC
Effective Date	February 11, 2022
Latest Revision	February 11, 2022

**Purpose** As a baseline, the Orthopaedic Surgery Residency Program follows the Postgraduate Medical Education Supervision of Residents Policy (please refer to the [Postgraduate Medical Education Supervision of Residents Policy](#)). The purpose of this policy is to describe the additional orthopaedic surgery specific principles governing the supervision of residents within the Orthopaedic Surgery Residency Program at the University of Calgary.

**Scope** This policy applies to all members within the Orthopaedic Surgery Residency Program at the University of Calgary as it pertains to activities that involve residency education and delivery of clinical care by residents.

**Definitions** In this policy,  
(Please refer to the Postgraduate Medical Education Supervision of Residents Policy for additional definitions, such as PGME, EPA, CBME)

- a) “OSRPC” refers to the Orthopaedic Surgery Residency Program Committee.
- b) “Hidden Curriculum” refers to the unofficial and sometimes unintended lessons, values, and perspectives that residents learn during residency that are not part of the written official objectives and/or goals of residency training.
- c) “Implicit Bias” refers to stereotypes and attitudes towards people that occur in the absence of conscious knowledge.

- d) "ITER" refers to In-training Evaluation Report as determined by the Orthopaedic Surgery Residency Program Committee.

**Policy Statement**

Requirements for Preceptors

To supervise residents, the following criteria must be met in addition to the PGME policy:

- a) Preceptors must regularly participate in scheduled formal resident teaching activities, such as academic half-day, hospital/rotation specific teaching rounds, simulation/cadaver teaching, weekly practice oral exams, and journal clubs.
- b) Preceptors should participate in training to understand and mitigate implicit bias.
- c) Preceptors should be aware of the hidden curriculum and understand its implications on resident education.
- d) Preceptors should be aware of fatigue risk management strategies.
- e) Preceptors should be aware of the orthopaedic surgery resident safety policy.
- f) Preceptors supporting residents travelling outside of Calgary for orthopaedic rotations are not required to hold a university appointment but must adhere to the remainder of the policy requirements.

**Responsibilities**

Preceptor Responsibilities

A preceptor has the following responsibilities in addition to the PGME policy:

- a) Provide appropriate opportunities in the operating room to allow residents to progress their surgical skills according to their level of training
- b) Provide access to appropriate administrative support to facilitate scheduling of clinical activities
- c) Ensure that evaluations (e.g. EPAs, ITERs) are completed in a timely fashion
- d) Model and promote individual well-being/wellness

Resident Responsibilities

The resident has the following responsibilities in addition to the PGME policy:

- a) Notify the preceptor and/or residency program leadership (program director, resident wellness director) if the resident is fatigued and as a

result does not have the ability to participate in clinical and education activities.

- b) Be aware of the required orthopaedic surgery EPAs and seek out opportunities from preceptors to complete observations.
- c) Provide constructive feedback to the OSRPC regarding continuous quality improvement. This could occur in venues such as the annual resident retreat, half-day evaluations, preceptor evaluations, and rotation evaluations.

#### Program Director and OSRPC Responsibilities

The Program Director and the Orthopaedic Surgery Residency Program Committee have the following responsibilities in addition to the PGME policy:

- a) Provide the opportunity for preceptors and residents to participate in training on implicit bias and the hidden curriculum.
- b) Respond appropriately to engage both trainees as well as the OSRPC and other residency committees in ongoing quality improvement efforts throughout the training program.
- c) Advocate for the integration of residents throughout clinical, academic, and administrative activities within the Section of Orthopaedic Surgery.

#### **Approval and Implementation**

Approval Authority: OSRPC

The OSRPC maintains this policy and ensures it remains up to date on a consistent basis.

#### **Related Information**

All residents must be given a copy of, or access to, this document as well as any program-specific documents relating to assessment when they enter the Orthopaedic Surgery Residency Program at the University of Calgary.

#### **References**

The Postgraduate Medical Education Supervision of Residents policy can be found on the following website:

<https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines>

Resources on Fatigue Risk Management from the Royal College of Physicians and Surgeons of Canada can be found on the following website:

<https://www.royalcollege.ca/rcsite/educational-initiatives/fatigue-risk-management-pgme-e>

Resource on the Hidden Curriculum can be found on the following website:  
<https://www.aamc.org/news-insights/navigating-hidden-curriculum-medical-school>

**History**

Approved OSRPC: March 2022