



# **UNIVERSITY OF CALGARY**

## **Thoracic Anesthesia Fellowship Program Manual**

**Department of Anesthesiology, Perioperative  
and Pain Medicine  
University of Calgary  
Cumming School of Medicine**

## **INTRODUCTION**

### **Overview**

The Cumming School of Medicine at the University of Calgary offers a 12-month Thoracic Anesthesia Fellowship training program. This program is intended to provide its trainees with academic and clinical educational opportunities to gain expertise in the peri-operative management of thoracic surgical patients. Thoracic surgical services are provided at Foothills Medical Centre, which is a referral centre for thoracic surgery in the southern Alberta and southeastern British Columbia regions. Following completion of the program, fellows will have the requisite knowledge, technical skills and clinical experience to safely provide anesthesia care for patients undergoing a broad range of thoracic operations.

### **Clinical Opportunities**

Foothills Medical Centre (FMC) is the primary training site. There are 6 Thoracic specialty surgeons and 4 Interventional Pulmonary Medicine (IPM) physicians providing 7-9 elective operating slates per week of thoracic and IPM surgery. Foothills Medical Center is an accredited Level 1 Trauma facility and regional Cancer Centre with a busy thoracic surgical program, performing over 500 pulmonary resections and esophageal procedures per year, as well as over 60 interventional pulmonary procedures. Fellows will gain experience in tracheal resection, resection of mediastinal masses, VATS and open lung resection and advanced airway (IPM) procedures. A subgroup of dedicated thoracic anesthesia faculty will facilitate hands-on teaching and research. We do not perform lung transplantation in Calgary but would support fellows in arranging an elective at another centre if desired. There are also a wide-range of elective opportunities, including training in echocardiography and participation in the point-of-care ultrasound (POCUS) course.

## **ROTATION AND SCHEDULES**

The fellowship generally begins the first week of July each year, however an alternative start date may be considered in special circumstances. The training year is divided into 13 blocks, each block consisting of a four-week period. A standard fellowship year would involve the following rotations:

Thoracic Anesthesia (FMC) – 6 blocks (including pre-operative assessment clinics for Thoracic patients)

Cardiac Anesthesia (FMC) – 1 block

Vascular Anesthesia (PLC) – 1 block

Perioperative ultrasound, echo and ENT (PLC) – 1 block

Regional and acute pain service (FMC) – 1 block

Cardiovascular Surgical ICU (CVICU, FMC) – 1 block

Thoracic Surgery (FMC) – 1 block

Elective – 1 blocks, including but not restricted to:

- Interventional pulmonary medicine (IPM)
- Lung transplant (Edmonton/Toronto/other)
- Thoracic anesthesia
- Trans-esophageal echo (TEE)
- Quality and patient safety
- Research

There is flexibility in the selection and distribution of the clinical rotations. The goal of the program is to best match the fellowship training experience with the educational goals and future practice needs of each trainee. The minimum thoracic OR requirement is 6 blocks. Any requests for a non-standard rotation schedule must be reviewed by the fellowship program director, the fellowship committee, and any other directors whose departments/division/programs may be affected.

## **FORMAL EDUCATIONAL OPPORTUNITIES**

In addition to teaching that takes place in the setting of direct patient care, there is also a formal educational component to the program.

1. Fellowship lecture series
2. Thoracic Anesthesia Journal Club – fellows are expected to attend all the sessions and present at least once during their fellowship
3. Department of Anesthesia Grand Rounds. This takes place Friday mornings at 7am (except for weeks with Business Meeting, and over summer months).
4. Thoracic surgery fellow education series and case rounds
5. Thoracic surgery M&M rounds

6. Annual Thoracic Anesthesia Symposium presented by the Society of Cardiovascular Anesthesiologists (SCA)

## **TEACHING OPPORTUNITIES**

Thoracic anesthesia fellows will be involved in teaching of other medical trainees. Fellows may be assigned to the operating room with anesthesia and non-anesthesia residents, as well as medical students. The expectation will be that they participate in the supervision and education of these residents. The fellows will also be given opportunity to formally teach residents during the Thoracic Anesthesia Resident Core program.

Fellows will:

- a) Be actively involved in the clinical teaching of medical students and residents in anesthesia rotations
- b) Present minimum one (1) Departmental Grand Rounds at Foothills Medical Center
- c) Attend anesthesia and thoracic surgery journal clubs, and present at minimum one (1) thoracic anesthesia journal club
- d) Participate in a scholarly project

## **SCHEDULING AND EDUCATIONAL POLICIES**

### **Fellowship Thoracic OR Room Assignments**

Fellows will have access to the OR scheduling program and are expected to select their Thoracic OR assignment about 1-2 weeks ahead of time. If there are residents assigned to the thoracic ORs during the same time, all learners must coordinate to decide on room assignments and the fellow must ensure that the resident learners get adequate exposure to complex cases.

If an outpatient has been seen in the pre-admission clinic (PAC), their consultation note can be accessed on Sunrise Clinical Manager (SCM) or Netcare. Inpatients must be seen before their scheduled surgery and a note must be left in the patient's chart, entered electronically on SCM, or dictated.

### **Pre-admission Clinic**

The pre-admission clinic (PAC) is located in the North Tower of the FMC complex. Thoracic surgical patients are typically seen every Wednesday and evaluated by a multi-disciplinary team including anesthesia, nursing, physiotherapy and social work. The anesthesia consultation is focused on performing a thorough history and physical exam, evaluating the patient's co-

morbidities, optimizing their healthy prior to surgery, reviewing all labs and investigations, formulating a plan, discussion the anesthetic management with the patient and dictating the consultation.

Fellows are expected to attend at least 1 PAC day per thoracic anesthesia rotation. They will be supervised by the attending anesthesiologist(s) assigned to PAC that day. Dictated pre-operative consults will be reviewed and electronically confirmed/signed by the attending. Please confirm with your attending if they want you to dictate under your name, or on behalf of them, as this will determine who must electronically proof-read and finalize the consults.

### **Dictation information**

Phone Number: 1-855-648-3117 or 77778

Speaker code: Should be your CPSA number

Facility code: FMC = 192

Work type: Outpatient consult (pre-admission clinic) = 11, Inpatient consult = 10

Please sign into [albertahealth.escriptionasp.ca](http://albertahealth.escriptionasp.ca) to review or sign your consults.

Username: CPSA number

Password: set up with Help Desk (1-844-944-3099)

### **Academic Day**

Fellows will have (on average) one dedicated academic day each Thoracic Anesthesia OR rotation. These days will be chosen by the fellow in conjunction with the fellowship program director in order to maximize clinical exposure to thoracic cases while allowing time for reading around thoracic topics. Academic days while on non-thoracic OR rotations will be agreed upon with the rotation coordinator of that rotation.

## LEARNING OBJECTIVES

### **General objectives:**

The fellow will:

- A. Gain experience in the preoperative assessment of thoracic surgery patients
- B. Describe anesthetic considerations for specific respiratory disease
- C. Describe the anesthetic considerations for routine and complex thoracic procedures
- D. Develop and approach to postoperative management of thoracic surgical patients
- E. Refine skills required for adequate analgesia, lung isolation and monitoring of thoracic surgical patients

### **Medical Expert:**

#### **1.Preoperative Assessment:**

To gain experience in the preoperative evaluation of thoracic surgery patients, the Fellow will:

- a. Be directed to perform any complex inpatient and outpatient thoracic anesthesiology consultations that arise
- b. Learn how to evaluate operability of patients for lung resection surgery, and identify which patients require further investigations
- c. Describe methods to optimize patients with respiratory disease and which patients require further consultation or investigation

#### **2.Specific Respiratory Conditions:**

The Fellow will learn more about the anesthetic considerations and management of patients with:

- a. Obstructive lung disease (Asthma, COPD)
- b. Restrictive lung disease
- c. Pulmonary hypertension
- d. Pneumothorax
- e. Mediastinal Mass
- f. Bullous Lung Disease
- g. Bronchopleural Fistula
- h. Pulmonary Hemorrhage

#### **3.Specific Thoracic Procedures:**

To gain experience in the management of patients with thoracic pathology and describe specific considerations for various procedures, the Fellow will be involved in the following cases:

- a. Bronchoscopy
- b. Mediastinoscopy
- c. Thoracoscopy

- d. Lobectomy
- e. Pneumonectomy
- f. Esophagectomy
- g. Esophagoscopy +/- Dilation
- h. Tracheal Resection (+ Sleeve Resections)
- i. Insertion Tracheal / Esophageal Stents

If possible, the Fellow would be encouraged to be involved in any special procedures as they arise, including:

- a. Airway Laser Surgery
- b. Retrieval Foreign Body in Airway
- c. Elective Thoracic Aneurysm Repair (Non Cardiopulmonary Bypass )
- d. Any "Emergency" Thoracic cases (eg. Thoracic Trauma, Pulmonary Hemorrhage, etc.)

#### 4.Thoracic Techniques:

The Fellow will be able to:

- a. List indications for One Lung Anesthesia (Absolute and Relative)
- b. Describe variety of techniques to achieve One Lung Ventilation
- c. Describe physiology of lateral position and open thorax
- d. Describe approach to hypoxia on One Lung Ventilation
- e. Gain experience in practical skills required for Fiberoptic Bronchoscopy
- f. Gain experience is practical skills in establishing intra-arterial catheters and insertion of central venous catheters

#### 5.Thoracic Analgesia:

The Fellow will be able to:

- a. Describe differences between thoracic and lumbar vertebrae and how this impacts placement of epidural catheters
- b. Gain skill in establishing thoracic epidural analgesia
- c. List alternative techniques to epidural analgesia for post-thoracotomy pain
- d. Spend several days on the Acute Pain Service (APS) to gain an appreciation for postoperative analgesia assessment of Thoracic Surgery patients.

#### 6.Postoperative Care:

The Fellow will be able to:

- a. Describe immediate Post Anesthesia Care Unit (PACU) complications specific to thoracotomy patients
- b. Describe the condition of Post-Pneumonectomy Pulmonary Edema
- c. Gain experience in the transportation and transfer of high risk patients from the operating room to the ICU and PACU

**Communicator:**

This role relates to physicians being effective at establishing rapport, patient-centered therapeutic relationships. Further, being effective in developing relationships with patients, families, other professionals and individuals is central to this role.

- a. Demonstrate understanding and compassion in communicating with patients
- b. Demonstrate an ability to explain a patient's options in a clear and complete manner
- c. Demonstrate an ability to deal with a patient's family in a compassionate manner
- d. Demonstrate an ability to communicate clearly and respectfully with other members of the surgical team
- e. Demonstrate accurate, timely, and legible documentation

**Collaborator:**

This role is central to conflict management and forming partnerships with others who are involved in patient care. This role is integral to working with multi-disciplinary teams as well as patients and families. Being an effective collaborator leads to the provision of optimal care as well as education.

- a. Demonstrate effective interactions with other health care personnel and acknowledge their roles and expertise
- b. Demonstrate an ability to delegate effectively and use other team members to the fullness of their abilities

**Leader:**

This role relates to the everyday practice activities which involve co-workers, resources, and policies. Integral to this role is the ability to engage in effective operation of the healthcare system.

- a. Demonstrate an appreciation for the cost-effective use of health care resources, including operating rooms
- b. Demonstrate realistic priorities and good time management
- c. Understand and apply principles of quality and safety

**Health Advocate:**

This role relates to the determinants of health, ensuring patient safety and the ability to improve the overall health of patients and communities. Physicians must be able to appropriately influence public health and policy.

- a. Intervene or speak on behalf of individual patients, when indicated



- b. Recognize and respond to the needs for general patient safety advocacy
- c. Understand and apply the guidelines for anesthesia practice and equipment in Canada

**Scholar:**

This role is central to physicians mastering their domain of expertise and furthering knowledge. They must be able to facilitate education as well as create, disseminate and apply medical knowledge. As scholars, physicians are expected to engage in lifelong learning.

- a. Demonstrate an ongoing and effective personal learning strategy
- b. Accesses and critically appraises medical information
- c. Uses evidence in clinical decision-making appropriately
- d. Gives guidance and teaching to others
- e. Gives feedback effectively

**Professional:**

This role is guided by the code of ethics and high professional standards of behaviour. Through this role, physicians must demonstrate commitment to their patients, profession and society through ethical practice.

- a. Demonstrates integrity, honesty, compassion and a respect for diversity
- b. Meets medical, legal and professional obligations of a specialist
- c. Is reliable and conscientious
- d. Is aware of own limitations, is able to seek advice when needed, and engages in accurate self-appraisal
- e. Compares own performance to standards

## **CALL REQUIREMENTS**

### **Locum (main OR assignments)**

Fellows may be given a weekend main OR call shift. These shifts will generally be a Saturday or Sunday day-shift to minimize disruption to weekday OR assignments but may also include occasional overnight call shifts. Fellows bill during these assignments similar to any other locum assignment. Fellows are usually not assigned to any main OR 1<sup>st</sup> call or OB evening shifts during their fellowship year. Any special requests by the department for a fellow to cover one of these shifts will have to be approved by the FMC department chair, the fellowship director, and the fellow himself/herself.

## **EVALUATION POLICY**

1. Verbal feedback during the course of each day while working with preceptors
2. A formal electronic evaluation will then be provided using the U of C one45 online system. These are to be submitted by the fellow at the end of each day and will be completed by the preceptor. It is mandatory for fellows to submit a one45 evaluation for each day they work with a preceptor.
3. At the end of each block, a final evaluation (ITER) will be produced by the program director for the fellow. This ITER will be based on the daily evaluations as well as any other formal feedback received by the program director.
4. The fellow will be required to maintain a case log of OR experiences during the year.
5. The fellow will meet quarterly to review his/her progress in the training program. This review will include ITERs, logbook and any other feedback received by the program director.

## REMUNERATION/LOCUM

The fellow's income for the training year is generated through locum Main OR assignments where the fellow bills the day as an independent practitioner. The locum assignments will generally be at FMC. If a fellow is interested in locum opportunities at other Calgary hospitals, this can be explored. The FMC locum shifts are assigned by the FMC schedulers and can be in any OR including, but not limited to Foothills main operating rooms (non-cardiac OR), McCaig operating rooms, labour and delivery, Tom Baker Cancer Center, diagnostic imaging and subspecialty rooms. The fellows will be assigned approximately 65 weekday and 6-8 weekend locum shifts during the year. The exact distribution of these shifts will depend on scheduling requirements and will be determined in conjunction with the program director.

The locum shifts will be distributed in a fashion that will 1) minimize interruption of elective or non-thoracic anesthesia rotations and 2) provide additional OR coverage during time periods where the site is typically understaffed.

Ideally the locum assignments will be evenly distributed over the block, however depending on need/availability fellows may be asked to provide locum coverage concentrated within periods of their block (eg. 3 assignments in one week followed by 2 weeks with no assignments). Fellows will need to be available for room assignments (though may not be booked) for 2 of the 4 high demand vacation periods: Thanksgiving, Christmas, New Year and Spring Break. At the start of the fellowship year, the fellows are expected to co-ordinate the 2 periods that they are available for scheduling (in conjunction with other fellows). If you are scheduled on a STAT you may choose any other day to have as an "in-lieu" day. The choice of in-lieu day must be made by 1) emailing the program secretary and program director and 2) booking them on Physician Scheduler as an "academic day" with a note to the schedulers.

Fellows are responsible for obtaining billing codes from the surgeon they are working with as well as entering the appropriate modifiers. Billing slips will be submitted for 3<sup>rd</sup> party billing (provided by MediCom) to be submitted to Alberta Health & Wellness. Billing will be paid by AH&W into an AHS Fellowship Account reserved exclusively for anesthesia fellows. Fellows will then be paid out of this account. Billing slips are submitted to MediCom by placing a sealed envelope in the mail slot marked "CAS" in the 2<sup>nd</sup> floor anesthesia mail room. Slips are picked up on Thursday mornings. If possible, please try to submit all billings for each rotation on the last Wednesday prior to the start of the next rotation.

Any WCB payments will come into the AHS account directly. In the rare event that you bill an international patient that payment will be sent directly to you from MediCom and will not be counted in your annual salary or quarterly bonuses from AHS (ie. If and when you get paid, it will be "free" money).

For any "split cases" where the case has been split between a fellow and another attending, the following procedure will need to be followed:

Scenario 1: You are billing the “split case”. You need to indicate clearly on the billing slip that it is a split case, the name of the other anesthesiologist, and the times each person was involved in the case. This is in addition to the regular billing info. Submit this slip to MediCom. Once the total amount has been deposited into the AHS account, you will be paid “extra” and you are required to write a cheque to the other anesthesiologist. MediCom will provide you with a letter stating the amount that will need to be paid.

Scenario 2: The other anesthesiologist is billing the “split case”. You must still fill in a complete billing slip as described above, but state clearly on the billing slip that the other anesthesiologist will be submitting this claim to AH&W. Once that anesthesiologist has given you a cheque, that amount will be subtracted from your next monthly payment.

Fellows will be paid a yearly salary of \$95000.00. This salary will be paid out monthly at the end of each month. Fellows’ billings will be reviewed quarterly: June 30, September 30, December 31, and March 31. A 50% proportion of billing above a calculated rate of \$95000/year will be paid to the fellows as a quarterly bonus. The quarterly bonuses will be paid approximately 6 weeks following the end of the quarter to allow for the majority of billings to be received and for the required AHS accounting/payment processes to be completed. If the fellowship is terminated pre-maturely, the quarterly bonus will not be paid out.

The remaining 50% of the billing income will be transferred to a University of Calgary Research Account. The purpose of this account will be to enhance the academic experience of the fellows. Expenditures from the research account will be overseen by the fellowship committee and approved by the program director. There will be fellow representation on this committee. The mandate of the Research Account is to spend funds only on requests which are directly related to fellowship academics. This includes, but is not limited to the following: equipment/statistical assistance/administrative help for research projects, equipment used in fellowship education, reimbursement for travel for conference presentations, honorariums for selected visiting professors.

Fellows may elect to request additional locum assignments during their vacation time. All billings during this time will still be subjected to the arrangement specified above (i.e. 50% retention above \$95000.00). Fellows may also elect to use vacation time to work at a hospital outside Alberta. The specifics of such an arrangement (privileges, CMPA, licensing etc) is to be set-up by the fellow and that particular hospital. Any income generated outside of Alberta would not go through the AHS fellowship account and would not be subjected to any retention of funds.

No tax will be withheld by AHS so please plan to set aside an appropriate amount of your salary and bonus payments to account for income tax payments.

## **ABSENCE FROM CLINICAL WORK**

### **Vacation**

Fellows are allotted up to 4 weeks (including weekends) of vacation time during the fellowship year. Fellows are encouraged to minimize vacation requests during non-thoracic OR blocks to limit the loss of educational activities during these short periods.

Vacation requests can be submitted to the Fellowship Director for Thoracic Anesthesia blocks. Any requests during non-thoracic anesthesia rotations should be directed to the director of that rotation, in addition to informing the Fellowship Director.

### **Conferences**

Fellows are encouraged to attend relevant conferences/educational meetings (eg. Thoracic Anesthesia Symposium presented by the Society of Cardiovascular Anesthesiologists). Attendance to these events will be allowed without requiring the use of vacation time for up to 5 weekdays or 3 events. Additional time off will be possible should the fellow be presenting a poster or speaking at a conference. These additional conference requests will be assessed on a case-by-case basis.

### **Leaves of Absence (LOA)**

The PGME LOA policy can be found at <http://wcm.ucalgary.ca/pgme/current-trainees/residency-training-policies> under the tab 'Leaves of Absence'. Special leave will be granted by the Fellowship Director in accordance with PCME/AHS/RCPSC policies. The general rule is that any LOA over 2 weeks duration (cumulative) will require extension of training.



## **CODE OF CONDUCT**

All fellows should be aware of the PGME policies on code of conduct expected of residents. This can be found at <http://wcm.ucalgary.ca/pgme/current-trainees/residency-training-policies> under 'Code of Conduct'. In particular, residents should review the "CPSA Advice to the profession" on social media.

## **FELLOW WELL-BEING**

Fellow well-being is given a high priority in our program. For health, personal and career concerns, fellows are encouraged to seek assistance early. In addition to the resources available within the department, excellent support is available through the University Health Services at the University of Calgary.

(<https://www.ucalgary.ca/wellnesscentre/services/health/medical>) and the Physician and Family Support Program (PFSP) of the Alberta Medical Association (AMA)

(<https://www.albertadoctors.org/services/physicians/pfsp>).

### **Personal and Professional Responsibilities**

Be aware of escalating health problems, sleep deprivation, stress, worries and doubts, and promptly discuss these issues with the Fellowship Director or other Faculty Member. Be aware of signs of drug misuse in your colleagues and seek advice if you have concerns.

### **Harassment and bullying, Ombudsman**

Any fellow who feels that they are being harassed or bullied should notify either a Faculty member or the Fellowship Director. All allegations of harassment and bullying are taken seriously and will be investigated and addressed as needed. In the event that the fellows is not comfortable addressing the matter with any member within the department, they should contact the program's ombudsman, Dr. John Graham ([john.graham@ahs.ca](mailto:john.graham@ahs.ca)) to have the matter addressed.

### **Fellow Safety Policy**

All fellows should be aware of the PGME policy on resident safety. This can be found at <http://wcm.ucalgayr.ca/pgme/current-trainees/residency-training-policies> under 'Resident Safety'. These same policies apply to fellows. The Thoracic Anesthesia Fellowship Program wishes to act promptly to address identified safety concerns and incidents, and to be proactive in providing a safe learning environment.

## **FELLOWSHIP PROGRAM DIRECTOR**

The Fellowship Program Director (PD) is responsible for the overall conduct of the fellowship program and is accountable to the Department of Anesthesiology, Perioperative and Pain Medicine, the Associate Dean for PGME, and the RCPSC.

Specific duties include:

1. The development and operation of the program to meet general and specific standards of accreditation;
2. Selection of candidates for admission to the program, including the organization and conduct of interviews;
3. Evaluation in accordance with appropriate policies and stated educational objectives;
4. Maintenance of an appeal mechanism;
5. Facilitation of career planning;
6. Counselling fellows as required and dealing with professional and personal problems;
7. Ongoing program review to include:
  - The educational experience (including the curriculum as it relates to goals and objectives);
  - Optimal use of available resources and facilities;
  - Opinions of the fellows;
  - Teaching and teachers

The PD will ensure that the formal teaching in the program is organized, relevant, and continually updated. Assistance and resources will be provided to faculty involved in educational programs. The PD acts as a liaison between the fellows and faculty, frequently in the role of fellow advocate. Fellows' specific needs and requests are to be dealt with compassionately and rationally. With the assistance of faculty, the PD is required to have an ongoing awareness of the fellow's performance. Performance (or other) concerns will be addressed with the fellow and the Department of Anesthesiology, Perioperative and Pain Medicine in a timely and appropriate fashion.

The PD will ensure that program documents are current and widely available. The current PD is Dr. Lorraine Chow.

## **FELLOWSHIP SELECTION PROCESS**

Applications for fellowship training in thoracic anesthesia will be submitted directly to the Fellowship Director. All applicants must have received FRCPC designation and qualify for licensing from the College of Physicians and Surgeons of Alberta. A complete application includes: cover letter, current CV and 3 letters of references.

Candidate files are reviewed, and selected candidates are invited for an interview. The date for interview is determined based on availability of Faculty for interview as well as the schedule of



the fellowship applicant. If the applicant is unable to travel for an in-person interview, then a series of phone interview will be arranged. This will not be harmful to the success of an applicant in securing a fellowship position.

During the selection process, consideration is given to academic record, clinical performance record, suitability for training in cardiovascular anesthesia, letters of references, cover letter, and the interviews. The interview is conducted in a multiple mini-interview format. The application decisions are final.

## **RESOURCES FOR FELLOWS**

### **Agencies**

The AMA offers a variety of services (<https://www.albertadoctors.org/>), including emergency support. The AMA Physician and Family Support Program (<https://www.albertadoctors.org/services/physicians/pfsp>) manages a hotline at 1-877-SOS-4MDS (767-4637) (<https://www.albertadoctors.org/services/physicians/pfsp/i-need-help-now>). Up to six one-hour counseling sessions per family member per year are available free of charge.

AHS also has an Employee and Family Assistance Program that can be reached at 1-877-273-3134 or <http://insite.albertahealthservices.ca/Files/hr-whs-fact-sheet-shepellfgionline-access.pdf>.

The main campus of the University of Calgary offers a variety of services, including a bookstore, recreational facilities, The Chaplains' Association, Student Rights Advisor, and Academic Counseling.

### **Personal Health Care**

All fellows are urged to have a Family Physician throughout their training. Self-medication, prescription writing without formal consultation, and removal of pharmaceuticals from the ORs are not supported. While it is reasonable to keep a limited number of labeled syringes/vials to be taken to patient care areas while on-call, keeping narcotic boxes in the on-call room is absolutely prohibited.

### **CMPA**

If you think you might be, or are faced with, a serious complaint or a threat of a lawsuit, then you should notify the CMPA by telephone 1-800-267-6522 at once. Send complete, concise information. Do not contact the CMPA by email. Wait for a reply from the CMPA before taking any further steps or making any statements. Be sure your clinical records are secure. Do not consult a lawyer without instructions from CMPA. The CMPS does not accept responsibility for the payment of legal expenses incurred without its prior approval. Do not answer any letters of complaints from patients, lawyers or others without first receiving the CMPA's advice.

### **Experts from outside the Specialty**

Experts in the areas of law, practice management, accounting, lifestyle, time management, addiction, learning problems, exam-writing anxiety, multiple choice answering strategies, sleep disorders, and a variety of other areas of potential interest to residents are frequently invited to

present at academic half-day and the residency retreat. The PD and program administrator will also facilitate arrangements for individual fellows to get help in these areas as needed.

### **Ombudsman**

The role of the ombudsman is to assist fellows who perceive that they have been offended or treated unfairly, and feel that they are not being adequately supported within their own program. The ombudsman for the anesthesia residency training program is Dr. John Graham from the division of General Surgery at the Rockyview General Hospital.

I hereby acknowledge that I have read and fully understand the contents of the program manual. I agree to the terms and conditions stated in this document.

Fellow name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date