Director of Acute Care Coverage
Department of Surgery, Calgary Zone, AHS

DATES
December 1, 2022 – November 30, 2025 (Three Years)

POSITION OVERVIEW
The Acute Care Coverage (ACC) Program in Surgery includes funded personnel to support surgeons who provide care in AHS acute care facilities. The ACC program is meant to support the most responsible physician (MRP) on services with high patient volumes and/or high acuity. The ACC program includes several provider groups such as Clinical Surgical Assistants (CSAs), Clinical Associates (physicians participating in the Calgary Zone Inpatient Co-Managed Care Clinical ARP), resident extenders in surgery, physician assistants and nurse practitioners. The Director of Acute Care Coverage for the Department of Surgery is a highly valued and important position. This surgeon will work closely with the Department of Surgery Manager, and the Deputy Department Head Clinical Programs and Operations, Surgical Quality and Innovation, to provide oversight and management of the acute care coverage program.

QUALIFICATIONS / CHARACTERISTICS OF IDEAL CANDIDATE
This surgeon will hold active privileges in the Department of Surgery, AHS Calgary zone. They will be eager to develop a keen understanding of the different roles covered in this portfolio. They will have previously demonstrated leadership skills in a clinical environment including proficiency in communication, team building, engagement of personnel, and trouble-shooting of problems. They will be familiar with the dyad model in AHS leadership and they will be able to demonstrate collaborative skills when working closely with their dyad partner.

SCOPE OF POSITION / DELIVERABLES

Acute Care Coverage Strategy and Oversight
The Director of Acute Care Coverage will:

- Represent the Department of Surgery on any Calgary Zone committees pertaining to acute care coverage and will regularly update the Zone Clinical Department Head of
Surgery, Calgary Zone on changes in zonal policies, principles or standards that develop from these committees.

- Work with Department of Surgery leadership to develop innovative service delivery models for acute care coverage within the different sections.
- Help to problem solve acute care coverage issues that develop within the Department of Surgery (examples: scheduling issues, call coverage issues, pandemics, mass casualty situations).

**Working with the Provider Groups in Acute Care Coverage**

Currently, the following provider groups support acute care coverage in the Department of Surgery and Surgical Services in the Calgary zone, AHS. See appendix 1 for definitions.

- Clinical Surgical Assistant Program (CSA program)
- Clinical Associates (Physicians participating in the Calgary Zone Inpatient Co-Managed Care (CZICMC) Clinical ARP)
- Resident Extender in Surgery program
- Physician Assistants and Nurse Practitioners in Surgery

*The Director of Acute Care Coverage will:*

- Develop an understanding of the roles of the different acute care coverage providers.
- Work closely with the Department of Surgery manager and the surgeon site leads for each section that accesses the ACC program.
- Adapt the roles of these acute care coverage providers to the needs of the Department of Surgery and Surgical Services.
- Provide oversite for the distribution of resources within programs.
- Support the surgeon site leads with recruitment of individuals, onboarding, scheduling, evaluation and reporting on programs.
- Be the Department of Surgery point of contact for the Authorized Representatives of the CZICMC Clinical ARP.
- Work closely with the Director of the Office of Surgical Education to understand the role of surgical residents and surgical fellows in acute care coverage.
- Strategize with the Department of Surgery manager and operational leadership to organize the placement of physician assistants and nurse practitioners in surgical service areas.
COLLABORATION AND ACCOUNTABILITY
This leader will work closely with the Department of Surgery Manager and the Deputy Department Head Clinical Programs and Operations, Surgical Quality and Innovation. They will report to the Department Head of Surgery, Calgary Zone.

REIMBURSEMENT AND FTE
0.25 FTE Medical Affairs honoraria $57,997.50 per annum

APPLICATION
Please send your letter of intent, curriculum vitae and three letters of reference to Elaine Campbell at Elaine.campbell@ahs.ca

DEADLINE
November 3, 2022

INFORMATION
For questions regarding this leadership position, please contact Dr. Marcia Clark Deputy Department Head Clinical Programs and Operations, Surgical Quality and Innovation. Marcia.clark@ahs.ca
Or
Dr. Frankie Fraulin Deputy Department Head, Physician Services and Governance Frankie.fraulin@ahs.ca

Appendix 1
Taken partially from AHS document: Acute Care Coverage Program Principles
Definitions

Clinical/Surgical Assistant (CSA)
An International Medical Graduate (IMG) who doesn’t qualify for independent practice in Alberta, but has been employed by AHS to provide supervised acute care coverage at a similar level as a resident within a surgical program in which they also provide assistance during surgery. Clinical/Surgical Assistants are not undergoing training and are limited in scope to a specific clinical program.
• Clinical/Surgical Assistants are licensed on the Limited Practice – Clinical/Surgical Assistant register with the College of Physicians & Surgeons of Alberta and they are eligible to bill fee-for-service for their assistance at surgery which becomes a revenue stream to the program.
• To become a Clinical/Surgical Assistant they must have completed an orientation and assessment as a Clinical Assistant Candidate within their specific clinical program.
**Clinical Associate and the CZICMC Clinical ARP**
A physician who has been fully licensed for independent practice, but provides a limited scope of coverage (acute care / bedside). The Clinical Associate is a member of the Medical Staff. They do not have admitting privileges. The Calgary Zone Inpatient Co-Managed Care (CZICMC) Clinical ARP’s participating physicians provide generalist physician co-managed surgical care in Calgary zone acute care hospitals across the continuum of facility-based care. Participating physicians work together to improve efficiency, integration, resource utilization, responsiveness and patient flow. They work with the surgeons who are the MRPs for the patients.

**Resident Extender**
A postgraduate trainee who has been granted approval to work additional, supervised shifts beyond the service delivery and educational requirements of their training program. Resident Extenders must have an appropriate license (typically the Provisional Register – Postgraduate Trainee, Physician Extender), professional liability coverage (typically Canadian Medical Protective Association Type of Work Code 14), and privileges through Medical Affairs’ Non-Appointed Medical Staff Privileges process. While extending they are providing supervised bedside care, similar to what they would otherwise be doing in their training program.
• As part of the licensing requirements they have to have their LMCC certification. Most non-Canadian Clinical Fellows lack this certification and are therefore prohibited from extending.
• The Canadian Medical Protective Association Type of Work Code 14 is not applicable for most Clinical Fellows and the specialty code coverage can be cost prohibitive for this activity.

**Physician Assistant (PA)**
An educated and certified health professional that works directly with physicians to provide a range of health services. The Physician Assistant performs duties as negotiated and agreed on by the supervising physician(s) and the Physician Assistant. Physician Assistants are not independent practitioners, but rather a representative of the physician and may share responsibilities with the acute care team, “treating the patient in the style and manner developed and directed by the supervising physician” (taken from the Canadian Association of Physician Assistants website).

**Nurse Practitioner (NP)**
An advanced practice Registered Nurse, educated and trained to provide expanded practice within an employment model. The Nurse Practitioner may share responsibilities with the acute care team.