In consultation with the CFPC competency documents, and with various stakeholders (family medicine physicians, residents, and Royal College specialty physicians) we propose the follow competencies to be taught and assessed during the (Anesthesia) rotation in (Lethbridge/Medicine Hat).

In the PGY -1 year, foundational competencies must be demonstrated prior to the resident proceeding to his/her six month rotation in family medicine with the goal that they will establish a success path for his/her core family medicine specialty rotation (the six month rotation) in the PGY2 year.

The competencies are modelled after the CanMeds 2015 roles from the Royal College of Physicians and Surgeons of Canada, which we believe will be adopted by the Canadian College of Family Physicians in 2016.

Relevant EPAs

21.) Recognize and manage common pediatric emergencies
22.) Recognize and manage common adult emergencies.
26) Demonstrate general key features for procedural skills.

Medical Expert Role

*This domain includes overall knowledge base and procedural skills specific to this rotation.*

By the end of their Anesthesia rotation, each resident will be able to:
Anesthesia Competencies

This non-exhaustive list is intended for the use of the clinicians overseeing Rural Family Medicine residents training in Anesthesia. Clinicians are asked to keep these objectives in mind when assigning tasks and duties to residents, and when teaching. This is not intended to replace the Overall Evaluation of the Resident (ORITER) which will still need to be completed at the end of each resident’s rotation.

PRE-OPERATIVE RISK ASSESSMENT
By the end of this rotation the resident is expected to demonstrate skills in the following:
1. Pre-anesthetic assessment with respect to the airway, anatomical anomalies and medical conditions.
2. Advice to patients re: optimization of medical conditions for anesthesia and surgery
3. Pre-surgical risk assessment (CASA 1-5 classification)

VASCULAR ACCESS
By the end of this rotation the resident is expected to acquire skills in the following:
1. Demonstrate clinical skills in initiating peripheral vascular access.

AIRWAY SKILLS

BASIC AIRWAY SKILLS
By the end of this rotation the resident is expected to acquire skills in the following:
1. jaw thrust/lift: must be able to maintain and open airway;
2. suctioning: must be able to properly suction and clear airway;
3. pharyngeal: must be able to choose proper size and demonstrate insertion technique;
4. bag/valve/mask: must be able to choose proper mask size, maintain an airway seal and ventilate using appropriate volumes.
5. Must have knowledge of the anatomy and physiology of the airway

ADVANCED AIRWAY SKILLS
By the end of this rotation the resident is expected to acquire skills in the following:
1. endotracheal intubation:
   a. intubating adults, paediatrics, neonates (may need to be done on training models)
   b. must have knowledge of appropriate ventilatory volumes, rates and monitoring
2. laryngeal masks:
   a. must be able to choose appropriate size and demonstrate skill in insertion
   b. must understand limitations
3. aids to intubation:
   a. must have skills in using one or more aids to difficult intubation, eg. gum rubber bougie, trachlight, lever tipped laryngoscope blade
4. surgical airway:
   a. must demonstrate knowledge of the approach used for a cricothyroidotomy
5. drugs for intubation and ventilation:
   a. must demonstrate knowledge of the pharmacology of the basic drugs used for intubation and ventilation, i.e. succinylcholine, propofol, ketamine, etomodate, fentanyl, midazolam, pancuronium, rocuronium
   b. must demonstrate knowledge pertaining to the induction agents as relates to rapid sequence induction
6. intubation in trauma:
   a. must demonstrate knowledge and skill on intubation of a trauma patient while protecting the C-spine. (This may be done in the OR by intubating patients without neck extension and with inline traction.)

Regional Anesthesia

**SPINALS**

By the end of this rotation the resident is expected to demonstrate knowledge on spinal techniques:

1. Must demonstrate knowledge relevant for improving skills for lumbar puncture
2. Must appreciate complications of dural puncture
3. Must demonstrate an appreciation of anaesthesia techniques for labour and delivery.
4. Knowledge of indications and contraindications, risks and benefits of spinal anaesthetic techniques including in the setting of obstetric labour analgesia and anaesthesia

**POST-OPERATIVE MANAGEMENT**

By the end of this rotation the resident is expected to demonstrate knowledge of common post operative management concerns:

1. Demonstrate knowledge of the management of in particular, post operative airway, cardiopulmonary, hemodynamic complications and nausea and vomiting.
2. Demonstrate knowledge of approaches to post operative pain management.

**PROCEDURAL SEDATION**

By the end of this rotation the resident is expected to demonstrate knowledge of procedural sedation techniques:

1. Demonstrate knowledge of the appropriate role of sedation outside of the operating room setting.
2. Demonstrate an understanding of appropriate agents used for procedural sedation
3. Demonstrate an understanding of the contraindications to the various techniques of procedural sedation
4. Demonstrate knowledge of the process of procedural sedation
5. Demonstrate knowledge of appropriate patient monitoring during and after procedural sedation

Health Advocate Role

The resident demonstrates behaviours that actively promote health and advocates for patients needs.

Communicator Role

Establishes a relationship with the patient and family, and develops rapport and trust. Accurately elicits synthesizes, communicates, and documents information. Presents patients effectively.

Collaborator Role

Demonstrates teamwork and positive interpersonal interactions in the health care settings.

Leader Role

Demonstrates effective resource allocation, career management, and leadership roles

1. Effectively cares for and manages appropriate clinical workload
2. Manages and utilizes resources effectively where appropriate (e.g. appropriate investigations)
3. Displays appropriate time management skills (e.g. prioritizing tasks, performing interventions in a timely manner, work at a pace appropriate for level of training.)

Scholar Role

Demonstrates self directed learning, insight and self reflection, and uses medical literature appropriately and applies it to patient care

1. Demonstrates ability to use point of care resources in order to optimize clinical decision making.
2. Demonstrates appropriate evidence based medicine skills to start the practice of family medicine.

Professional Role
Demonstrates ethical behavior, honesty, integrity, respect for others, and patient confidentiality

1. Exhibits appropriate professional behaviours in practice (honesty, integrity, commitment, compassion, respect, and altruism)
2. Is punctual for work related activities and show enthusiasm for learning.
3. Follows through on assigned tasks, transfer of patient care, and informs supervisors or errors or concerns.
4. Demonstrates a willingness and openness to receiving feedback
5. Demonstrates a recognition of own limitations.