University of Toronto
Department of Anesthesiology
and Pain Medicine
CaRMS 2021
Introduce you to our program

Explain what CBD at U of T looks like

Describe our evaluative process and educational support

Opportunities during residency (Graduate Studies, scholarship, Research etc.)

Review the resident experience at each of the various hospital sites.
Who We Are
Clinical Excellence
Opportunities - SIMULATION

All residents involved
Teaching/Evaluation/Research
Abundance of Simulation experience
Opportunities – Full POCUS Curriculum

Bootcamp, block rotations, teaching curriculum

Abundance of Simulation experience - Department Simulator and PIE website
Mentorship Programs

30+ Mentors Identified

Groups – PG 1 – 5

Resident Driven Success
Clinical and Educational Resources

- Quaternary care hospitals
- Academic community sites
- World renowned Faculty
- Simulation Centres
- Academic Curriculum (AM, AHD, SRT,...)
- UofT PGME
- CBD
Were we training by Incompetence?

Why CBD – Why? What’s different Now

Technology
Rate of new medical knowledge
Millennial learners
Duty hour restrictions
Accountability
Emphasis on patient safety
Enhanced learner assessment and feedback
How does CBD benefit learners?

More frequent assessment and meaningful feedback from faculty

Well-defined learning paths and clarity around the competencies needed to progress to the next stages of training

A learning path that focuses on personal development

Explicit transitions between stages

The chance to prepare for independent practice by honing skills and working more independently during the final stage of residency

The Anesthesia Resident Competence Committee (ARCC)
Resident Dashboards

Resident017 has received 30 assessments. 24 of them were High Complexity Cases. 8 of them were On-Call Cases.

In previous page, he/she has been identified as a "Resident in Safe Zone."

CanMEDs Competencies

In most cases, the evaluators gave positive feedback in residents' CanMEDs Competencies, which was "Demonstrates Proficiency for Level of Training".

The left table shows the specific proportion of time that he/she demonstrated proficiency in six different CanMEDs Competencies.

Individul vs. Cohort

Above Average
Below Average

CEA1-9

CEA1 - Patient Assessment
CEA2 - Anesthesia Plan Preparation, Intra-op management, disposition
CEA3 - Patient & Family Communication
CEA4 - Team Collaboration
CEA5 - Technical Skills
CEA6 - Critical Thinking, Insight, Judgement
CEA7 - Situational Awareness
CEA8 - Organization/efficiency/pt Safety
CEA9 - Overall Level of Independence

Rank of All’s Performance in Various Case Specialties in Terms of CEAS

<table>
<thead>
<tr>
<th>Rank</th>
<th>CASE</th>
<th>N</th>
<th>Score</th>
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<tbody>
<tr>
<td>1</td>
<td>Obstetrical Anesthesia</td>
<td>5</td>
<td>4.200</td>
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<tr>
<td>2</td>
<td>Orthopedic Surgery</td>
<td>1</td>
<td>5.000</td>
</tr>
<tr>
<td>3</td>
<td>General Surgery</td>
<td>4</td>
<td>4.500</td>
</tr>
<tr>
<td>4</td>
<td>On-Call</td>
<td>2</td>
<td>4.000</td>
</tr>
<tr>
<td>5</td>
<td>Urology/Gynecology</td>
<td>1</td>
<td>5.000</td>
</tr>
<tr>
<td>6</td>
<td>Hepatobiliary</td>
<td>1</td>
<td>4.000</td>
</tr>
<tr>
<td>7</td>
<td>Robotic</td>
<td>1</td>
<td>4.000</td>
</tr>
<tr>
<td>8</td>
<td>Otolaryngology- Head  &amp; Neck</td>
<td>5</td>
<td>3.600</td>
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<tr>
<td>9</td>
<td>Vascular Anesthesia</td>
<td>1</td>
<td>4.000</td>
</tr>
<tr>
<td>10</td>
<td>Thoracic Anesthesia</td>
<td>6</td>
<td>3.333</td>
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<tr>
<td>11</td>
<td>Cardiac Anesthesia</td>
<td>2</td>
<td>2.500</td>
</tr>
</tbody>
</table>
Assessment Strategy Summary

Daily: LOW STAKES
- Staff-completed, workplace based assessments: CEAs, EPAs, procedural assessments
- Multi-source feedback
- Scholarly project, learning modules, ...

Overall: Residency Competency Committee
- Periodic review of each resident by committee
- Makes decisions about progression and promotion
- Assessments, ITERS, exams, resident logbook, required curriculum modules, etc
Educational Philosophy

❖ Residency is for learning, and in order to learn you need to know how to improve

❖ CBD = thinking differently about training, and includes the coaching model to help you improve developmentally

❖ Assessment *for* learning, as opposed to assessment *of* learning

❖ This is a *culture change* – it is about getting regular meaningful feedback and reflecting on it – Embrace it!!
Research and Scholarship

VIRTUAL REALITY: NOT JUST FOR GAMERS ANYMORE

THE GLOBE AND MAIL

What parents should know about the use of general anesthesia in toddlers.
Research and Scholarship

Dr Dallas Duncan - Resident Research Coordinator
Dr Brian Cuthrupson - Chair Resident Research Committee

- Resident Academic Committee
- Mentored scholarship opportunities
- Masters Degrees
- CIP Program
Resident Socialization
Anesthesia Community - Sports Day
There are no strangers here
Only friends
you have not yet met

William Yeats