

FPA Curriculum Plan

Core Competencies

The curriculum is planned around 181 Core Competencies (CCs) that encompass anesthesia clinical and technical skills, and knowledge of anesthesia pharmacology, and physiology and pathologies as it relates to the delivery of anesthesia.

The CCs overarch the whole program. They define the **Clinical Evaluation Assessments, In Training Evaluation Reports, Morning Didactic Teaching Sessions, Academic Half Day Lectures, and the Oral Exam.** The CCs encompass the Priority Topics and Key Features for FPA as developed by the College of Family Physicians of Canada (CFPC) Working Group on the Assessment of Competence in Family Practice Anesthesia, the CFPC’s Core Professional Activities for FPAs found in the *Residency Training Profile for Family Medicine and Enhanced Skills Programs Leading to Certificates of Added Competence (2021)*, and the 2015 curriculum plan developed by the FPA-RPC.

The curriculum has been designed, with the rotations selected, to ensure that FPA residents meet their CCs.

Family Practice Anesthesia (PGY3)

A. Pre-Anesthetic Assessment of the Patient			Priority Topic – PT Key Features – KF Core Professional Activity - CPA
1.	Establish a rapport with the patient to facilitate all discussions regarding the patient’s medical and surgical history, procedure specific information, potential complications, consent and post-anesthesia care.	Communicator	PT2 KF1
2.	Perform a focused history and physical exam and gather all relevant documentation (medications, allergies, consent) and	Medical Expert	PT2 KF2, 3

	clinical information needed to optimize medical care and/or delay or change planned anesthesia if necessary.		
3.	Obtain medical consultations from medical specialists if the preoperative assessment suggests a specialist(s) expertise in management is required before surgery.	Collaborator	PT2 KF2
4.	Demonstrate the ability to determine and record an American Society of Anesthesiologists' (ASA) physical classification status for each patient.	Medical Expert	CPA1
5.	Develop a safe anesthesia plan based on a comprehensive preoperative assessment performed to identify patient-and procedure-specific considerations, optimize preoperative patient care and anticipate and plan for common and serious complications.	Medical Expert	PT1 KF1
6.	Arrange for referral of a patient to a tertiary centre, when indicated. Such referrals may be the result of the patient's medical status, the type(s) of surgery that is needed and/or the appropriate level of postoperative care that may be required.	Collaborator	PT14 KF1, 2 CPA1
B. Anesthesia Record			Priority Topic – PT Key Features – KF Core Professional Activity - CPA
7.	Chart the all monitored physiologic variables at intervals appropriate to the clinical circumstances as per the CAS guidelines.	Communicator	CPA1
8.	Chart all monitors, equipment and techniques used, as well as time, dose and route of all drugs and fluids delivered, and the type of intraoperative anesthetic care administered.	Communicator	CPA1
C. Anesthesia Delivery			Priority Topic – PT Key Features – KF Core Professional Activity - CPA
9.	Follow the Standard of Anesthesia delivery according to the guidelines outlined by the Canadian Anesthesiologists' Society and the American Society of Anesthesiologists, including NPO guidelines.	Medical Expert	CPA1
10.	Examine a patient's airway (easy, difficult, and/or compromised) by obtaining a patient's history, physical examination and reviewing previous anesthetics in the past.	Medical Expert	CPA1

11.	Demonstrate the ability to intubate the trachea by many methods that are available to the FPA, including the use of fiberoptic bronchoscope, glidescope, Laryngeal Mask Airway.	Medical Expert	CPA1
12.	Demonstrate appropriate knowledge, use, safe delivery and dosages of the various inhalational and intravenous agents used in the practice of Anesthesia including adverse reactions, contraindications and drug interactions.	Medical Expert	CPA1
13.	Demonstrate appropriate knowledge of anesthesia considerations for patients undergoing surgery with common comorbidities such as hypertension, asthma, diabetes, hypothyroidism, obesity etc.	Medical Expert	CPA1
14.	Advocate for patient safety by completing a surgical safety checklist, being attentive to patient comfort, avoiding injury during technical procedures and check patient position to avoid injuries.	Health Advocate	PT1 KF2
15.	Demonstrate appropriate knowledge of the various positions a patient can be placed in during surgery, the changes to a patient's physiology while being in various positions during surgery and how various patient positions can influence the plan of anesthesia.	Medical Expert	CPA1
16.	Maintain vigilance (e.g., even with low-risk procedures in healthy patients) and adapt the anesthetic according to changing circumstances.	Health Advocate	PT1, KF3 PT15, KF1
17.	Demonstrate appropriate knowledge of the role of temperature monitoring in the operating room and the various sites for monitoring a patient's temperature.	Medical Expert	CPA1
18.	Demonstrate the appropriate knowledge of the thermoregulatory changes/responses in anesthetized patients, how to maintain normothermia in the operating room, know where temperature loss from the patient occurs and the various methods of actively warming a patient in the operating room.	Medical Expert	CPA1
19.	Demonstrate the appropriate knowledge of the pathophysiology of malignant hyperthermia, "triggering" agents, signs and symptoms, treatment and how to deliver an anesthetic to a patient with known malignant hyperthermia and/or a family history of malignant hyperthermia.	Medical Expert	CPA1
20	Execute efficient, safe and smooth emergence and extubation.	Medical Expert	PT1 KF4
21.	Develop a comprehensive post-operative pain relief plan and management that is specific to the patient and the procedure, including a plan for pain relief and management of medical comorbidities.	Medical Expert	PT1 KF5

D. Airway Management			Priority Topic – PT Key Feature – KF Core Professional Activity - CPA
22.	Assess airway and identify the airway that may be difficult to manage. Identify the stage(s) at which difficulties are expected (e.g., bag-mask ventilation, laryngoscopy, intubation, or extubation).	Medical Expert	PT5 KF1
23.	Use appropriate manoeuvres to overcome situations where it is difficult to provide effective bag-mask ventilation.	Medical Expert	PT5 KF2
24.	Anticipate and prepare for an unexpected difficult airway.	Medical Expert	PT5 KF3
25.	Secure an endotracheal tube using a technique appropriate to the situation (e.g., awake intubation, inhalation induction).	Medical Expert	PT5 KF4
26.	Know how to deliver a safe anesthetic to a patient with hypovolemia or raised intracranial pressure.	Medical Expert	PT5 KF5
27.	Know how to perform a surgical airway when necessary.	Medical Expert	PT5 KF6
28.	Understand and apply the ASA Practice Guidelines for Management of the difficult airway.	Medical Expert	CPA3
29.	Describe Rapid Sequence Induction (RSI) correctly, including the definition of RSI, the appropriate use, contraindications and the medications required.	Medical Expert	CPA3
E. Anesthesia Equipment			Priority Topic – PT Key Feature – KF Core Professional Activity - CPA
30.	Check equipment using an established equipment safety checklist.	Health Advocate	PT1, KF2 PT3, KF1a, KF5 CPA9
31.	Identify and resolve problems before procedures (e.g., ensure suction is functioning, ensure oxygen tank is filled).	Medical Expert	PT3 KF1b

			CPA9
32.	Ensure appropriate settings have been selected and adjust accordingly to avoid iatrogenic injuries (e.g., barotrauma, anesthetic overdose, hyper/hypoventilation).	Medical Expert	PT3 KF2 CPA9
33.	Prepare the machine for a trigger-free anesthetic for a malignant hyperthermia susceptible patient about to undergo anesthesia.	Medical Expert	PT3 KF3 CPA9
34.	Monitor alarms when patient under anesthesia, differentiate between patient, equipment, or surgical cause and use a systematic approach to identify and resolve the issue.	Medical Expert	PT3 KF4 CPA9

F. Vascular access			Priority Topic – PT Key Feature – KF Core Professional Activity - CPA
35.	Assess the urgency and type of access needed, and identify the complications that may arise when attempting vascular access such as pneumothorax, arterial puncture, nerve injury, extravasation etc.	Medical Expert	PT4 KF1 CPA10
36.	For challenging peripheral access secure IV access using alternative methods.	Medical Expert	PT4 KF2
37.	Following line placement ensure a stable fixation and re-assess to rule out complications.	Medical Expert	PT4 KF3
38.	Secure vascular access using the appropriate approach such as central lines, peripheral veins, arterial puncture and cannulation.	Medical Expert	PT4 KF4
39.	Demonstrate effective technical skills in peripheral and central line placement.	Medical Expert	CPA10
G. Anesthesia Considerations			
i)	Respiratory Physiology and Diseases		
40.	Demonstrate knowledge of normal respiratory physiology and its accompanying diseases.	Medical Expert	

41.	Describe the difference between oxygenation and ventilation.	Medical Expert	
42.	Demonstrate knowledge of the various methods of oxygen delivery and the various modes and types of ventilators used in Anesthesia.	Medical Expert	
43.	Demonstrate knowledge of how Obstructive Respiratory Diseases and Restrictive Respiratory Diseases can influence the anesthesia plan.	Medical Expert	
ii)	Cardiac Physiology and Diseases		
44.	Demonstrate appropriate knowledge of normal cardiac physiology.	Medical Expert	
45.	Demonstrate knowledge of how coronary artery disease can influence the anesthesia plan.	Medical Expert	
46.	Demonstrate knowledge of how hypertensive heart disease can influence the anesthesia plan.	Medical Expert	
47.	Demonstrate knowledge of how valvular heart disease can influence the anesthesia plan.	Medical Expert	
48.	Demonstrate knowledge of how dysrhythmias can influence the anesthesia plan.	Medical Expert	
49.	Demonstrate knowledge of how pacemakers can influence the anesthesia plan.	Medical Expert	
50.	Demonstrate knowledge of how congenital heart diseases can influence the anesthesia plan.	Medical Expert	
51.	Demonstrate knowledge of how the different types of shock (cardiac, hypovolemic, neurogenic, hemorrhagic, septic) can influence the anesthesia plan.	Medical Expert	
iii)	Gastrointestinal Physiology and Diseases		
52.	Demonstrate appropriate knowledge of the normal physiology of the gastrointestinal system and its pathologies.	Medical Expert	
53.	Describe how a patient with a 'full stomach' influences the anesthesia plan.	Medical Expert	
54.	Describe the various types of surgeries of the gastrointestinal systems and the anesthesia plan for the accompanying surgery.	Medical Expert	
iv)	Renal Physiology and Diseases		
55.	Demonstrate appropriate knowledge of normal renal physiology and its pathologies.	Medical Expert	

56.	Demonstrate knowledge of how acute and chronic renal failure can influence the anesthesia plan.	Medical Expert	
57.	Demonstrate how to maintain and to correct electrolyte and fluid balance peri-operatively in patients.	Medical Expert	
58.	Describe the various types of surgeries of the renal, genitourinary and urinary systems and the anesthesia plan for the accompanying surgery.	Medical Expert	
v)	Hepatic Physiology and Diseases		
59.	Demonstrate appropriate knowledge of the normal physiology of the hepatic system and its pathologies.	Medical Expert	
60.	Describe how alcoholic liver disease can influence the anesthesia plan.	Medical Expert	
61.	Demonstrate knowledge of how acute and/or chronic liver disease/failure can influence the anesthesia plan.	Medical Expert	
vi)	Musculoskeletal Physiology and Diseases		
62.	Demonstrate appropriate knowledge of the neuromuscular junction including its normal physiology and pathologies.	Medical Expert	
63.	Demonstrate how to monitor neuromuscular blockade.	Medical Expert	
64.	Describe how osteoarthritis and rheumatoid arthritis can influence the anesthesia plan.	Medical Expert	
65.	Demonstrate knowledge of how myopathies and myotonias can influence the anesthesia plan.	Medical Expert	
vii)	Hematology		
66.	Demonstrate appropriate knowledge of the composition of blood, the normal physiology, rheology and diseases of the blood.	Medical Expert	
67.	Demonstrate how to use blood component therapy peri-operatively including knowledge of indications, contraindications and adverse effects.	Medical Expert	
68.	Describe the various methods of homologous blood conservation techniques.	Medical Expert	
69.	Demonstrate appropriate knowledge of how blood diseases can influence the anesthesia plan.	Medical Expert	
70.	Demonstrate how to treat massive blood loss/hemorrhagic shock and know the complications that can arise with massive blood transfusion therapy.	Medical Expert	

viii)	Neurology		
71.	Demonstrate appropriate knowledge of the central autonomic nervous system including its normal physiology and pathologies.	Medical Expert	
72.	Demonstrate knowledge of how intracranial pressure (ICP) can influence the anesthesia plan.	Medical Expert	
73.	Know how cerebral vascular accidents (strokes) can influence the anesthesia plan.	Medical Expert	
74.	Know how seizure disorders can influence the anesthesia plan.	Medical Expert	
75.	Know how paraplegia and quadriplegia can influence the anesthesia plan.	Medical Expert	
xi)	Endocrine Physiology and Diseases		
76.	Demonstrate appropriate knowledge of normal endocrine physiology and its pathologies.	Medical Expert	
77.	Know how diabetes mellitus (Type 1 and 2) can influence the anesthesia plan.	Medical Expert	
78.	Know how hypothyroidism and hyperthyroidism can influence the anesthesia plan.	Medical Expert	
x)	Obesity		
79.	Define "obesity" medically.	Medical Expert	
80.	Recognize the co-morbid diseases that can be associated with obesity.	Medical Expert	
81.	Appropriately modify the plan for anesthesia for obese patients.	Medical Expert	
H. Pharmacology			
i)	Basic Pharmacology		
82.	Demonstrate an understanding of the pharmacokinetics, pharmacodynamics, mechanisms of action, toxicity, routes of delivery, and elimination of common medications used in the practice of Anesthesia.	Medical Expert	
83.	Demonstrate an understanding of the pharmacokinetics, pharmacodynamics, mechanisms of action, routes of delivery and elimination, and adverse effects of medications with significant impact on anesthesia care and surgery (e.g., antibiotics, cardiovascular mediations etc.).	Medical Expert	
84.	Know how drug dosages, onset of action, duration of action, offset of action, half-life, volume of distribution, and	Medical Expert	

	metabolism/elimination can vary between patients depending on parameters such as bioavailability and patient demographics.		
85.	Know the effects anesthesia drugs have on patients with diminished function/reserve in the following organ systems: respiratory, cardiovascular, hepatic, renal, endocrine, neurological and hematological.	Medical Expert	
ii)	Inhalational Agents		
86.	Know the various inhalational agents used in Anesthesia and Minimum Alveolar Concentration (MAC).	Medical Expert	
87.	Know how to deliver inhalational agents safely.	Medical Expert	
88.	Know the adverse reactions of inhalational agents and their contraindications.	Medical Expert	
iii)	Intravenous Agents		
89.	Know the various types of intravenous agents used in Anesthesia including induction drugs, benzodiazepines, opioids, NSAIDs, other analgesic agents/adjuvants, local anesthetics, muscle relaxants and reversal agents, anti-emetic agents, vasopressors, inotropic agents and cardiac resuscitation drugs (ACLS).	Medical Expert	
90.	Know how to deliver intravenous agents safely.	Medical Expert	
91.	Know the adverse reactions of intravenous agents and their contraindications.	Medical Expert	
I. Procedural Sedation			Priority Topic – PT Key Feature – KF Core Professional Activity - CPA
92.	Assess the patient, clarify the proposed procedure, identify and recognize contraindications and develop an anesthetic management plan including appropriate medications for the procedure, and management of an emergency or complication.	Medical Expert	PT6 KF1, KF2
93.	Ensure appropriate monitoring during and after procedural sedation until the patient is fully recovered.	Medical Expert	PT6 KF3
94.	Demonstrate the ability to define 'procedural sedation'.	Medical Expert	CPA1
95.	Describe when procedural sedation is appropriate, what medications are commonly used and what are the common complications and contraindications of procedural sedation.	Medical Expert	CPA1

J. Neuraxial and Regional Anesthesia			Priority Topic – PT Key Feature – KF Core Professional Activity – CPA
96.	Determine and recognize any contraindications to performing neuraxial anesthesia.	Medical Expert	PT7 KF1
97.	Use a systematic and organized approach to landmarking before introducing the needle.	Medical Expert	PT7 KF2a
98.	Verify landmarks after a failed attempt, consider other possible causes of failure, and modify the approach for a subsequent attempt.	Medical Expert	PT7 KF2b
99.	Do not persist inappropriately if unsuccessful, and opt for an alternative choice of anesthesia, including consulting a colleague	Health Advocate	PT7 KF2c
100.	Select the appropriate medication and positioning for the level and degree of anesthesia required for the surgical procedure.	Medical Expert	PT7 KF3
101.	Anticipate the potential for inadequate anesthesia and plan for supplemental techniques (e.g., sedation, local anesthesia, general anesthesia).	Medical Expert	PT7 KF4
102.	Anticipate the potential for complications (e.g., hypotension, bradycardia, respiratory arrest, headache).	Medical Expert	PT7 KF5
103.	Know how to evaluate a patient for a regional anesthesia plan.	Medical Expert	CPA1
104.	Demonstrate appropriate knowledge of the anatomy of the spinal column and peripheral nerves and plexi.	Medical Expert	CPA1
105.	Describe the types of regional anesthesia available (central and peripheral) and be clinically and technically proficient in performing central axial regional blockade.	Medical Expert	CPA1
106.	Know the types of anesthetic agents used in regional anesthesia.	Medical Expert	CPA1
107.	Know the adverse reactions, complications and contraindications of regional anesthesia delivery.	Medical Expert	CPA1
K. Obstetrical anesthesia			Priority Topic – PT Key Feature – KF

			Core Professional Activity - CPA
108.	Recognize the changes in physiology and anatomy of the pregnant patient that will influence the choice of anesthetic (e.g., difficult airway, quick desaturation, risk to baby) and adjust the approach and anesthetic plan accordingly, including advance planning with the team.	Medical Expert Communicator	PT8 KF1
109.	Understand how coexisting medical diseases during pregnancy can influence the anesthesia plan.	Medical Expert	CPA1
110.	Identify a poorly functioning labour epidural and troubleshoot to obtain optimal analgesia.	Medical Expert	PT8 KF2
111.	For a patient in labour who has an epidural catheter and needs a Cesarean section, decide whether the epidural is adequate or if you should consider an alternate approach.	Medical Expert	PT8 KF3
112.	During a Cesarean section, monitor for and recognize intraoperative complications (e.g., hemorrhage, uterine atony) and manage appropriately.	Medical Expert	PT8 KF4
113.	During an emergency Cesarean section assess the patient and develop an appropriate anesthetic plan.	Medical Expert	PT8 KF5
114.	Identify high-risk situations and prepare for neonatal resuscitation.	Medical Expert	PT8 KF6
115.	Demonstrate the appropriate knowledge of how fetal presentations during labour can influence the anesthesia plan.	Medical Expert	CPA1
116.	Demonstrate the appropriate knowledge of how maternal emergencies and/or fetal emergencies can influence the anesthesia plan and/or analgesia.	Medical Expert	CPA1
117.	Demonstrate how to deliver anesthesia and analgesia for an obstetrical patient in labour, for vaginal births and for Cesarean sections.	Medical Expert	CPA1
118.	Demonstrate the appropriate knowledge of the physiology of maternal changes in pregnancy, labour and the postpartum period.	Medical Expert	CPA1
119.	Demonstrate appropriate knowledge of the normal physiology of the newborn, and the transition from fetus to newborn.	Medical Expert	CPA1

L. Pediatric anesthesia			
120.	Develop age-appropriate rapport with the child and caregiver during the pre-anesthetic assessment of the child	Medical Expert	PT9 KF1a
121.	Look for age-appropriate conditions and comorbidities and adjust assessment accordingly (e.g., loose teeth, upper respiratory tract infections, asthma, obesity, developmental delay, congenital anomalies).	Medical Expert	PT9 KF1b
122.	Assess for the potential for an uncooperative child and plan for the management of an uncooperative child.	Medical Expert	PT9 KF1c
123.	Assess your and your institution's capacity to provide anesthetic to a specific age group and any limitations (e.g., pronounced physiologic and anatomic differences in young patients), and refer/call for help accordingly.	Collaborator	PT9 KF1d
124.	Develop an anesthetic plan for a child. Modify the plan based on age-related differences in physiology, pharmacology, and anatomy (e.g., drug doses, ventilator settings, thermoregulation, airway devices sizes).	Medical Expert	PT9 KF2a
125.	Recognize and plan for the unique technical challenges in this age group (e.g., difficult IV, intubation).	Medical Expert	PT9 KF2b
126.	During induction for an uncooperative child, use safe strategies to minimize risk (e.g., preoperative sedation, parental presence at induction, choice whether to proceed).	Health Advocate	PT9 KF3
127.	When inducing anesthesia in a child, recognize that a child can decompensate quickly. Act expeditiously with your team to safely: <ul style="list-style-type: none"> • Manage the airway • Secure intravenous access • Apply monitors 	Collaborator	PT9 KF4
128.	In a pediatric patient who is emerging from anesthesia, anticipate and manage complications that are common in the age group (e.g., emergence delirium, laryngospasm, hypothermia).	Medical Expert	PT9 KF5
129.	Demonstrate appropriate knowledge of the anatomic and the physiological differences in the pediatric patient versus the adult patient.	Medical Expert	CPA1
130.	Demonstrate the appropriate knowledge of the various methods of induction of general anesthesia for the pediatric patient.	Medical Expert	CPA1

131.	Demonstrate how to manage the various types of pediatric surgeries that a FP Anesthetist can see in his/her career – ENT, dental, genitourinary, abdominal, orthopedic surgeries.	Medical Expert	CPA1
M. Acutely ill or injured			
132.	Assess the patient and optimize their pathophysiology before proceeding with an anesthetic, but with undue delay.	Medical Expert	PT10 KF1
133.	Develop an anesthetic plan that accounts for altered physiological responses due to the patient's specific illness or injury as well as multiple and potentially conflicting management goals.	Medical Expert	PT10 KF2
134.	Consider and look for subtle symptoms and signs that suggest an unsuspected or underestimated injury or illness when planning and administering an anesthetic for emergency surgery.	Medical Expert	PT10 KF3
135.	For acutely ill or injured patient outside the operating room, act as a resource for other physicians by providing support to identify the need for, and provide, airway management and ventilation, securing vascular access, assisting with hemodynamic support and assisting with sedation.	Leader/Manager	PT10 KF4
136.	When preparing an acutely ill or injured patient for transport to another facility collaborate with the transport team and the receiving physician and anticipate the possible complications that may occur during transport, and manage before transport when appropriate.	Communicator Collaborator Leader/Manager	PT10 KF5
N. OR emergencies and complications			
137.	Demonstrate knowledge of the various types of intra-operative complications and emergencies that can occur in the operating room, their management and strategies used to prevent intra-operative complications and emergencies..	Medical Expert	PT11 KF1a
138.	Anticipate both likely and unlikely complications during anesthesia by monitoring the vital signs and other parameters carefully to ensure early detection of any complication and the ability to react promptly should a complication arise.	Medical Expert	PT11 KF1b, c
139.	When an emergency or complication (e.g., high airway pressure, hypotension) is detected, generate a prioritized differential diagnosis to direct management, reassess and re-evaluate the differential diagnosis frequently to avoid fixation error and use adjust for patient-specific for patient-specific pathophysiology	Medical Expert Manager/Leader	PT11 KF2

	(e.g., malignant hyperthermia, local anesthesia toxicity, cardiac arrest).		
140.	Following any major complication or critical incident, assess the impact this may have had on your own psychological preparedness for upcoming activities and adjust your activities appropriately.	Professional	PT11 KF3
141.	Maintain drugs and equipment to manage emergency situations.	Medical Expert	PT3 KF6 CPA9
O. Acute pain management			
142.	Address patient concerns, establish mutual expectations for pain management and plan for all phases of pain management.	Health Advocate	PT12 KF1
143.	When managing a patient experiencing pain with diagnosed cause, implement an appropriate pain management strategy based on the source of pain, severity, and patient-specific comorbidities to optimize relief and minimize side effects (e.g., opioid and non-opioid analgesics, regional anesthesia, non-pharmacologic therapies).	Medical Expert	PT12 KF2
144.	For poorly controlled patient pain or pattern changes reassess the patient to confirm the etiology and avoid assumptions that the pain is related to the initial pain diagnosis.	Medical Expert	PT12 KF3
145.	For a patient with a painful condition, periodically assess the severity of the pain and its impact on the patient to titrate treatment, optimize the therapeutic effect, and minimize complications.	Medical Expert	PT12 KF4
146.	Recognize complications of pain management treatment (e.g., respiratory depression, urinary retention, nerve injury) and manage accordingly.	Medical Expert	PT12 KF5
P. Post-operative care			Priority Topic – PT Key Feature – KF Core Professional Activity - CPA
147.	Develop a comprehensive post-operative plan.	Medical Expert	PT13 KF1
148.	Provide a detailed, comprehensive handover to the post-anesthesia care unit (PACU) staff.	Collaborator	PT13

			KF2 CPA5
149.	Demonstrate an understanding of the common complications that occur in the PACU, strategies for treatment and their management.	Medical Expert	PT13 KF3
150.	Decide on disposition (e.g., ward, home) based on the patient factors, surgical factors and available resources.	Medical Expert	PT13 KF4
151.	Chart on the anesthesia record the following information: patient's level of consciousness, heart rate, blood pressure, oxygen, saturation and respiratory rate upon arrival to the Post Anesthetic Care Unit (PACU).	Communicator	CPA4
Q. Know and apply limits of capacity (own and institutional)			
152.	<p>Patients with perioperative risk that may exceed your own or your institution's capacity for management, perform a systematic risk/benefit analysis to make an informed decision by:</p> <ul style="list-style-type: none"> Assessing the patient's underlying conditions, the planned procedure, and possible complications Assessing the capacity and preparedness of the team and the local resources to deal with the worst possible outcomes Considering possible alternatives, including transfer, and the associated risks/benefits Understanding the patient's and family's preferences, as well as those of the team providing care 	Manager/Leader	PT14 KF1 CPA6 CPA2
153.	<p>For a patient for whom risks exceed the capacity to manage or the likely benefits, and for whom there is a feasible safer option:</p> <ul style="list-style-type: none"> Do not proceed with anesthesia and maintain this decision, regardless of pressure from other team members (i.e., always act in the best interest of the patient) Remain prepared to reconsider if conditions and/or situations change 	Manager/Leader	PT 14 KF 2 CPA2
154.	Demonstrate an awareness of own limitations and ask for advice when necessary.	Professional	CPA1
R. Resuscitation and Crisis management			

155.	For a patient in medical crises, manage the situation effectively by: <ul style="list-style-type: none"> • Maintaining a calm and appropriately assertive demeanour • Engaging the team through clear communication and effective delegation of duties • Recognizing the need to call for help • Acting promptly and decisively • Assuming leadership of the situation if such action is indicated • Setting priorities dynamically (i.e., maintain situational awareness and adjust priorities as conditions change) 	Manager/Leader Professional	PT15 KF2 CPA5
156.	When the medical management of a patient is not producing expected results, consider alternative diagnoses and regularly re-evaluate the situation in collaboration with your team (i.e., avoid fixation error).	Collaborator	PT15 KF3 CPA5
157.	Understand the role of the anesthesiologist in a resuscitation situation.	Medical Expert	CPA5
158.	Know the methodology and “protocols” of treatment in a resuscitation situation.	Medical Expert	CPA3
159.	Assess and manage a resuscitation situation.	Medical Expert	CPA3
160.	Use the most appropriate type(s) of pharmacological therapy in a resuscitation situation.	Medical Expert	CPA3
S. Self-directed Learning and Scholarly Project			Priority Topic – PT Key Feature – KF Core Professional Activity - CPA
161.	Use daily feedback from teaching faculty, end of rotation feedback, the AKT exam results, the Periodic Review sessions, the simulator sessions, evaluations from Grand Round and Journal Club presentations to identify areas for improvement in knowledge and skills, and to undertake activities to meet specific learning goals and to facilitate continuous quality improvement.	Scholar	PT16 KF1, KF2, KF3, KF4 CPA6
162.	Commit to follow a regular pattern of self-learning and quality improvement by attending didactic teaching sessions, Academic Half Day lectures and self-directed reading.	Scholar	PT16 KF5, KF6 CPA6

163.	Demonstrate the ability to critically appraise medical information and utilize evidence based medicine in clinical practice.	Scholar	CA7
164.	Prepare and present one Grand Round Presentation including a comprehensive literature search for evaluation.	Scholar	CA7
165.	Prepare and present one Journal Club article for evaluation.	Scholar	CA7
T. Communication, Collaboration and Team Work			
i)	When working in a team:		
166.	Maintain clear and effective communication and actively seek input from other team mates.	Communicator Collaborator Leader/Manager	PT17 KF1a
167.	Ensure each person's role is clear, including your own.	Communicator Leader/Manager	PT17 KF1b
168.	Remain flexible and be able to adapt to changing circumstances.	Collaborator	PT17 KF1c
ii)	During a crisis situation:		
169.	Assume a greater leadership role when appropriate while also recognizing your own skill set and limitations as well as the roles of other team members.	Leader/Manager	PT17 KF2
170.	Deal with disruptive or unhelpful behaviour in a respectful and professional manner.	Communicator	PT17 KF2d
171.	Recognize the need for post-crisis debriefing and the potential for follow-up care(e.g., addressing psychological trauma of team members).	Leader/Manager	PT17 KF2e
U. Health Advocate			
172.	Demonstrate a commitment to excellence in all aspects of practice including recognizing and responding to ethical issues encountered in practice and demonstrate knowledge of the legal and ethical requirements regarding informed consent of patients, including those that lack capacity.	Health Advocate	CPA8
173.	Demonstrate a commitment to patient safety and quality improvement.	Health Advocate	CPA8
V. Professional			

174.	Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.	Professional	CPA11
175.	Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality.	Professional	CPA11
176.	Recognize and manage conflicts of interest.	Professional	CPA11
177.	Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians including a commitment to maintaining and enhancing competence.	Professional	CPA11
178.	Demonstrate a commitment to the profession by adhering to standards of practice, professional and ethical codes, and laws governing practice including recognizing and responding to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions.	Professional	CPA11
179.	Demonstrate a commitment to physician health and well-being to foster optimal patient care.	Professional	CPA11
180.	Exhibit self-awareness and manage influences on personal well-being and professional performance including the ability to stay calm during a challenging situation and demonstrate knowledge of occupational hazards and implement measures to minimize those risks.	Professional	CPA11
181.	Promote a culture that recognizes, supports and responds effectively to colleagues in need by supporting others in challenging situations, recognizing health issues in colleagues and support their seeking medical care.	Professional	CPA11

Evaluation

Assessment methods, tools and frequency include:

1. Daily CEAs which provide formative feedback and are used to create the end of rotation ITER.
2. ITER 4 weekly summative feedback. The ITERS are mapped to the core competencies. These are tailored to reflect the rotations in Adult Anesthesia, Obstetrical Anesthesia, Pediatric Anesthesia, ICU and Community. Successful completion of a rotation is based on receiving a 3 or high on the rotation ITER and residents progress to the next rotation. The ITER is graded out of 5 with 2 or lower being considered a failed rotation.

3. Twice a year in September and December residents write the AKT1 and AKT6 respectively. These exams do not form part of the evaluative process but are used as a tool to guide individual education plans and self-guided learning.
4. Residents are required to present 1 Grand Round presentation and 1 Journal Club presentation, both of which are evaluated as part of their scholarly project.
5. Each resident meets quarterly with the Program Director to review CEAs, ITERs, AKT results and Simulator session performance, and discuss individual education plans, career planning, resident wellness and residents have an opportunity to provide feedback.
6. The Competence Committee meets quarterly to review resident progress based on CEAs and ITERs. At each meeting the committee makes an evaluation of the residents progress, the Program Director communicates this progress directly with the resident. Resident progress is also presented to the FPA Resident Program Committee on a quarterly basis. Residents can review the CEA dashboard and their individual ITERs to track their progress through the program.
7. In the case of a failed rotation, the resident is required to repeat the failed rotation. If the resident does not pass a second time, remediation is required. We follow the same guidelines as the Family Medicine Residency program.