Specialty Questions

What do you enjoy most about your specialty?
- excellent balance of cognitive and technical skills
- experts in non-surgical airway management
- real time application of physiology and pharmacology
- many sub-specialty options (cardiac, pediatric, neuro, obstetrics, critical care, transplant, chronic pain and thoracic)
- career options in academic medicine and research
- part-time work is available allowing a variety of work-life balance options
- able to work with many surgical specialties and in a variety of hospitals leading to variety in day to day experiences
- work is challenging and exciting
- OR environment is very social
- Learning in the OR is one-on-one

What do you enjoy least about your specialty?
- early starts and unpredictable end times
- call often means long nights
- surgery is unpredictable in length, combined with post-surgical complications can mean late nights
- less well recognized specialty; many people don’t know what we do or that we are even physicians
- OR environment can be very stressful at times
- Work directly with tissues, body fluids and sharp instruments producing occupational risks such as blood-borne and air-borne infectious agents

Why did you choose your specialty?
- I enjoyed focusing my whole attention on one patient
- I get great satisfaction from meeting anxious patients or patients with pain and being able to help them immediately and directly
- I liked the variety of work and patient types
- I like thinking and I like doing
- I enjoy the team approach that the OR entails
- I enjoy being able to see the dynamic physiology of the human body

What types of clinical cases do you commonly see?
- I have done a wide variety of cases. During my work week I may anesthetize patients with many different problems such as: pediatric, neurologic, cardiac, ENT, plastics, orthopedic or general surgical. I work in a variety of hospitals and non-hospital surgical suites which provides me with a great variety of patients and surgical procedures. I may give anesthetics in the O.R., the radiology department or gastroenterology suites, the cardiac catheterization lab or in the ICU. I may be asked by other doctors in ICU or emergency or on the wards for help in stabilizing a patient - often by securing the patient’s airway but also with difficult to manage pain issues.
**Briefly describe a typical day.**
- A typical clinical day begins as I arrive at the hospital early (0700) to see my first patient and prepare my room before the start of surgery. I may see 1-2 patients having major surgery or 7-8 patients having lower risk surgery. For more intense cases I may start an arterial line and/or central line. Some surgery is done under spinal or epidural anesthetic and others under general anesthetic or even sedation. My breaks occur between cases and can be very short during fast-paced, rapid-turnover days. During long cases I occasionally arrange for a colleague to relieve me for a break. My day ends when the last elective patient of the day leaves the recovery room, usually late in the afternoon. At that point, the surgical team is responsible for post-operative care.

**What are the varieties of lifestyles within your field?**
- Lifestyle opportunities are wide open in anesthesia. Generally speaking you can usually work as much or as little as you want. There is no longer a shortage of anesthesiologists in Canada, but job opportunities arise frequently. Many people job-share or work part-time in one hospital and part-time in another to increase the variety of work. Some will work part-time and travel part-time. Most go to at least one conference a year, often in the winter to a warm destination.

**Range of incomes?**
- Incomes range from $200,000 to $450,000 or more, depending upon how hard you wish to work.

**How do you see your discipline changing over the next decade?**
- Hopefully, more people will be attracted to anesthesia. I envision having more support to do our work more efficiently. Instead of being a sole provider, there will be a team approach to anesthesia, utilizing specially trained respiratory therapist-anesthesia assistants in particular. The types of cases we do may change - there may be fewer coronary bypass surgeries or surgeries for cancer as cancer rates change (e.g. decline in lung cancers). More cases may be done in the private setting, or in day hospitals. More and more cases will be done via laparoscopy and robots. Some people even envision long-distance anesthesia via robots. Anesthesiologists will develop a greater role in the hospitals as we are asked to provide assistance sedating more and more complex patients for interventional procedures such as endoscopy, non-surgical cardiac interventions and percutaneous / trans-orifice surgeries.

**What qualities/attributes do you think are important for a specialist in your field?**
- Psychological skills include the ability to think on your feet and to handle stress well. A good sense of humour is important. You must also be good at quickly putting your patient at ease, while explaining the anesthetic to him/her. Good communication skills are important in the OR as you must continuously communicate with the surgical and nursing team members. You must have good manual dexterity for the technical aspects like regional nerve blocks, airway management and lines. It is important to have an inquisitive mind and to enjoy learning, as anesthesia is a rapidly evolving specialty. Problem-solving and critical thinking skills are equally important.

**Residency Program Questions**

**What are you looking for specifically in an impressive candidate?**
- We are looking for well-rounded candidates who are academically accomplished, technically competent, think well on their feet and are team players. It helps if we see you in action, as these are hard characteristics to elicit in applications and interviews. Demonstration of critical thinking skills is a bonus.
What can a potential candidate do now in order to be an appealing applicant to your program?
- Candidates should maintain a good academic record, a balanced lifestyle, have an inquiring attitude, be an efficient worker, demonstrate leadership and have a positive outlook.

How is your residency program organized?
As of July 2017, anyone entering our program will be assessed under a new competency-based medical education system (Competence by Design - CBD). Residents progress through different stages of learning during their residency, and do not progress to the next stage until competence has been demonstrated.

- **Transition to Discipline (TTD):** This three month block takes you from medical student to anesthesia resident. Starting in the community hospitals (GNH and MIS), you will begin the process of working independently while increasing your technical skills and anesthesia knowledge.
- **Foundations I:** This stage is approximately two years long. The first part of this stage continues from TTD and provides you with basic clinical experiences in CCU, Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Otolaryngology, Pediatrics, Surgery and also an Anesthesia-specific rotation on Difficult Airway Management.
- **Foundations II:** This stage typically starts in second year. You rotate through ‘general anesthesia’ which includes general surgery, orthopedics, otolaryngology, plastics, urology, etc. You also experience two months of obstetrical anesthesia, one month of pediatric anesthesia and one month of regional anesthesia.
- **Core:** This stage typically starts in the third year and ends partway through the fifth year. You rotate through off-service medicine rotations such as Pulmonary, Cardiology, and Transfusion medicine; and through Critical Care rotations such as ICU, CV-ICU and PICU. You will rotate through subspecialty areas of anesthesia such as neuro, cardiac, pediatric, regional, and chronic pain. You will complete the majority of your off-service and subspecialty rotations during this stage.
- **Transition to Practice (TTP):** This stage typically starts a few months into your fifth year. You will have increasing responsibilities on your final anesthesia rotations, including managing and providing all organizational aspects related to anesthesia care. This is to prepare you for independent practice.

What is your residency program’s orientation and focus?
- We have an extremely wide variety of surgical and anesthesia specialties each with its’ own focus center. Specifically we have very productive and interesting cardiac, pediatric and transplant centers. We require research exposure during residency.

What is the typical day in the life of a resident?
- Residents meet and review any inpatients on their list in the late afternoon or evening and then contact the staff person with whom they work the next day. Early the next morning, the resident arrives at the hospital to check and prepare the operating room, anesthetic machine, drugs, equipment and monitors. The resident meets the first patient in the holding area, reviews the chart and interviews the patient. Final plans for the anesthetic are made with the staff anesthetist. In the operating room, the resident applies monitors, starts IVs, administers the anesthetic and follows the patient through to the recovery room. Each case is different and the anesthetic will change based on patient and surgical factors. Residents usually finish late in the afternoon. They typically administer 4-5 anesthetics in a day (range of 1-10).
• Call duties vary between rotations and hospital sites. Generally call may involve attending Pre-Admission Clinic, seeing consults on emergency cases, participating in the trauma team and responding to difficult airway calls. This is a resident’s opportunity to see emergency cases which often includes patients who are very ill. Call is usually over a 24 hour time period but there are rarely cases through the entire night. Residents are excused from clinical and academic activities the day after in-house call.
• On Wednesday afternoons, residents are expected to attend academic half-day. This includes chief resident rounds or problem rounds, plus a formal Problem-Based Learning (PBL) curriculum.

What is the resident satisfaction level?
• Morale in our program is good. Our simulation training system is expanding and there is very little ‘scut’ work. Our finishing residents have an excellent track record at the Royal College exams and have been able to obtain prestigious fellowships if desired.

What is the on-call schedule during each year of residency?
• During 1st year, residents rotate through a variety of specialties similar to a rotating internship. The call varies depending on the rotation/site but is never more than 1:4 for in-house call and 1:3 for home call (as per the PARA agreement).
• 2nd year residents spend their time on junior core anesthesia rotations and call varies between 1:4 and 1:7 depending on the rotation/site.
• 3rd and 4th year residents are spent in subspecialty anesthesia and off-service medicine/ICU rotations. Call in anesthesia subspecialty rotations is kept low to maximize daytime exposure. Off-service medicine/ICU call is often 1:4.
• 5th year residents spend time in electives and senior core anesthesia rotations. Call varies from 1:4 to 1:7. There is often no call during electives. There is reduced call on all anesthesia rotations starting in January to allow for Royal College exam preparation.

What distinguishes the U of A program from other programs?
• The University of Alberta is an internationally recognized institution in one of Canada’s fastest growing cities. People who move here from the East or West are often surprised at the size of the University, the extensive health care facilities and the size of our catchment area. We are the main tertiary care referral center for Northern and Central Alberta, Northern Saskatchewan, Northern BC, Northwest Territories and Western Nunavut.

Who can we contact for more information or to set up electives? Shadowing?
• Contact Darci Chaba for information about electives and shadowing requests at: dchaba@ualberta.ca

Is there a list of residents whom we can call or email?
• Contact Kay Kovithavongs (apmedu@ualberta.ca) who will put you in touch with residents from different years.

How competitive is it to get in and then to succeed in your field?
• We interview up to 60 medical applicants each year for four to five positions, so it is very competitive. The attrition from our program is very low.
Is there active and/or required research in your residency program?
  - All residents are required to make two scholarly presentations at the Annual Research Day during their residency. This typically consists of a poster presentation in PGY2 and an oral presentation in PGY4. Ideally, clinical or basic science projects should be the goals of the residents which would be showcased at the Annual Research Day as a project proposal (poster presentation) and preliminary data / completed work (oral presentation). Residents are strongly encouraged to identify a particular research interest and formulate a research question / project; however, suitable presentations also include case reports and literature reviews. Many of these research projects have been suitable for publication or presentation at National or International scientific meetings. Exceptional residents may pursue additional training appropriate to the establishment of a career as a clinician scientist. Residents have access to seasoned researchers to advise them about research design, statistics and writing scholarly articles. The Postgraduate Research Director will meet with residents at least twice annually to document their progress as well as provide mentorship by facilitating the pairing of faculty and residents for research projects and by discussing options to pursue a career in academic medicine for those residents interested in that career path.

What local, national or international conferences would be of benefit to candidates interested in your residency program?
  - We do not expect applicants to have attended anesthesiology conferences prior to interviewing. The conferences that I would recommend for those interested in anesthesia would be the annual meeting of the Canadian Anesthesiologists' Society and the American Society of Anesthesiologists.