



UNIVERSITY OF CALGARY

Neuroanesthesia Fellowship Program Manual

Updated June 2021

OVERVIEW

The University of Calgary (U of C) is offering a 12-month fellowship in neuroanesthesiology. The main goal of the fellowship is to provide a comprehensive exposure to contemporary anesthetic care for patients undergoing neurosurgical procedures.

The training will primarily be done at the Foothills Medical Centre (FMC). FMC is a level 1 trauma centre that serves southeastern British Columbia, southern Alberta, and southern Saskatchewan (total catchment of ~2 million people). Over 1000 craniotomies are performed per year. The full spectrum of subspecialty neurosurgical care is provided: vascular, epilepsy, functional, CSF shunting, peripheral nerve, & skull base. Fellows will also gain exposure to more novel procedures including MR guided focused ultrasound & laser procedures. The centre boasts the world's first mobile intraoperative MRI (now 3T), and the world's first robotic neurosurgery.

FMC is an internationally recognized center for interventional neuroradiology and stroke care; approximately 200 endovascular procedures are performed on an annual basis. In addition, the U of C has the largest comprehensive spine surgery program in Canada and performs over 1600 procedures per year ranging from minimally invasive decompressions to CT guided complex deformity surgery using neuromonitoring.

The fellowship includes a neurocritical care module in our dedicated neurotrauma ICU. Time will also be allocated to developing knowledge in diagnostic neuroradiology and intraoperative electrophysiologic neuromonitoring. Additional exposure to pediatric neuroanesthesia at FMC and Alberta Children's Hospital can be accommodated if desired.

Fellows will work one-on-one with faculty anesthesiologists when in a neurosurgical OR. Additional clinical expertise and training will be garnered from six fellowship-trained neuroanesthesiologists. A multitude of additional formal educational opportunities exist including rounds, lecture series, and guided reading.

STRUCTURE

The minimum length of neuroanesthesiology fellowship training is 12 months, 10 of which must be spent doing clinical training in neuroanesthesia. Training may commence only after the privileging process is complete.

The scope and duration of rotations are in keeping with the curricular guidelines from the Society for Neuroscience in Anesthesiology and Critical Care (SNACC) and the International Council on Perioperative Neuroscience (ICPNT). There are 13 four-week blocks.

- 1) Clinical adult neuroanesthesia (10 blocks)
- 2) Neurocritical Care (1 block)
- 3) Neuroradiology (1 block)
- 4) Intraoperative Neuromonitoring (1 block)

- 5) Clinical Neuroscience Education & Scholarship (20 days distributed longitudinally throughout the year)

The intent of the program is to ultimately be achieve ICPNT accreditation and is structured in keeping with this goal as well as to adhere to the curricular guidelines from the Society for Neuroscience in Anesthesiology and Critical Care.

Formal Educational Opportunities

- Neuroanesthesia Journal Club – The fellow will be expected to present
- FMC Anesthesia Grand Rounds & QA rounds
- Scholarly Project Night – The fellow has the option of attending & presenting
- Complex Case Committee – Attendance is required when neurosurgical patients are discussed.

Additional opportunities that the fellow may choose to attend if they do not conflict with clinical opportunities

- Department of Clinical Neurosciences Grand Rounds
- Vascular Neurosurgery Rounds
- Spine Rounds
- Complex Spine Deformity Group Meetings

Teaching Opportunities

Neuroanesthesia fellows are expected to be involved in the supervision and education of other medical trainees. These trainees may be scheduled in the same operating room to optimize learner case exposure as well as facilitate the development of consultant level teaching skills. Fellows will have the opportunity to teach residents outside of the operative room during the Neuroanesthesia Resident Core Program and during morning educational rounds.

Academic Opportunities

Attendance to the SNACC annual meeting as well as the CAS conference are supported and encouraged. Fellows will assume a supervised research/QI project related to neuroanesthesia. Fellows are encouraged to present a poster at the CAS annual meeting.

LEARNING OBJECTIVES

The following learning objectives are taken and adapted from the CanMEDS framework RCPSC Anesthesiology competencies¹

Medical Expert

This role incorporates application of medical knowledge and clinical expertise to provide high-quality patient-centred care as a subspecialty trained neuroanesthesiologist.

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- Exhibit appropriate mastery of key knowledge topics including neuroanatomy, neurophysiology, neuropathology, neuropharmacology, and the classification/grading of neurologic injury.
- Assesses and provide perioperative management unique to patients presenting for neurosurgical, spine, and endovascular procedures as well as patients with neurologic disease undergoing non-neurologic surgery.
- Evaluate and manage critical neurologic illness including common complications and recognition of when surgical intervention is indicated.
- Understand and utilize various neuromonitoring modalities in the operating room and intensive care unit including EEG, evoked potentials, EMG, transcranial dopplers, cerebral oximetry, ICP monitoring/pressure reactivity index, & precordial doppler.
- Interpret neuroimaging studies to identify neurologic illness.

The above objectives are a summary of the the ICPNT Clinical and Cognitive Competencies,² which contain the full list of Medical Expert objectives for the fellowship.

Communicator

In this role, physicians demonstrated the ability to develop rapport and communicate essential information with patients and their families. It also encompasses appropriate documentation and interprofessional communication.

- Demonstrate the ability to communicate with patients and their families in a compassionate manner.
- Obtain relevant information from the patient, the medical record, and colleagues necessary to provide perioperative care.
- Discuss anesthetic risk with the patient, patient's family, and surgical team.
- Effectively communicate care options to patients while engaging patients in their care plan.
- Summarize and document (written & electronic) information about a patient's medical encounter and recommendations.
- Discuss a patient's perioperative plan and health with the surgical team in a manner reflecting neuroanesthetic subspecialty training.
- Communicate new knowledge and current issues in neuroanesthetic practice to anesthesia colleagues.
- Effectively educate other medical trainees.
- Provide constructive feedback about your experience in the program to the fellowship supervisor.
- Elicit feedback from supervising physicians.

Collaborator

Anesthesiologists need to work effectively with other health care professionals both in and out of the OR.

² International Council on Perioperative Neuroscience Training Application Resources Appendix 2

- Demonstrate the ability to work with physicians and other colleagues in the health care professions
- Promote understanding and resolve conflicts with other health care professionals.
- Provide appropriate hand over the care of a patient to another health care professional

Leader

Leaders contribute to high-quality care at a systems level while taking responsibility for the delivery of excellent patient care.

- Contribute to the improvement of health care delivery in both quality & efficiency for neurosurgical patients.
- Demonstrate awareness of the costs of resources associated with neuroanesthetic care and be effect stewards of these resources.
- Apply principles of quality & safety to patient care.

Health Advocate

As Health Advocates, Anesthesiologists need to understand the impact of the determinants of health with the aim to improve the overall health of patients and communities.

- Advocate for individual patients to ensure their care needs are being met.
- Recognize and respond to deficiencies in patient safety.
- Initiate and contribute to efforts to implement system-level change to enhance community and population health.

Scholar

Neuroanesthesiologists master their domain of expertise through lifelong learning as well as contribution creation, dissemination, and application of medical knowledge.

- Demonstrate an ongoing effective personal learning strategy.
- Critically appraise literature in neuroanesthesia.
- Implement evidence-based decision making
- Contribute to the conduct of research or formulation & dissemination of knowledge.
- Teach other health care professionals and trainees.

Professional

Anesthesiologists adhere to high personal standards of behaviour and ethical practice.

- Demonstrate commitment to the well-being of individual patients, society, and self. Demonstrate integrity, honesty, compassion, and a respect for diversity.
- Meet medical, legal, and professional obligations of a specialist.
- Demonstrate awareness of own limitations, seek advice when needed, and engage in accurate self-appraisal.

SCHEDULING

Fellowship Core - Neurosurgical Operating Room

Fellows are expected to review the operating room slates each week and email assignment/academic day requests to our schedulers for the following week. During neuroanesthesia rotations, the fellow will typically be scheduled for 2-6 independent locum days per month as well as 2 academic days (Clinical Neuroscience Education & Scholarship days) at the discretion of the schedulers. An effort should be made to request assignments to both parts of staged procedures.

Assignment requests should be based on case complexity & case exposure. The fellow is to document the types of cases done on the provided tracking sheet to ensure that an adequate breadth of case exposures is met. Should deficiencies be noted, the fellow is to notify the program supervisor and schedulers so that adjustments can be made.

Fellows are to contact the attending anesthesiologist for neurosurgical cases ahead of time if there are any significant patient concerns or to arrange for particular teaching topics. Fellows are required to review outpatients' Netcare records and any pre-op consults that have been completed. Inpatients must be seen the day before their surgery and either a note or consult placed written on the chart or entered electronically on SCM. Any potential case delays or cancellations must be discussed with the attending anesthesiologist scheduled prior to discussion with the surgical team.

Should an interesting neurosurgical emergency case be booked during the day while the fellow is in a neurosurgical OR, the fellow may switch assignments after discussion with their current supervising anesthesiologist. The fellow is to return to their originally scheduled room after completion of the emergency case.

Patients should arrive in the operating room prior to 07:50h with the expectation that the room has already been prepared and the patient interviewed preoperatively in the holding area.

Preadmission Clinic

The preadmission clinic (PAC) at FMC is in the North Tower. Fellows may be scheduled to do preadmission clinic one day per month, typically on either a Thursday or a Friday. These clinics are staffed by two anesthesiologists and as such afford additional opportunities to see patients for brain or spine surgery as the clinics are not dedicated to one surgical population. Seeing patients with significant neurologic disease for non-neurologic surgery should also be prioritized. Fellows will have the opportunity to attend the complex spine anesthesia assessment clinic should they choose. These are typically held on the last Friday of every month. All consults must be dictated on behalf of the supervising anesthesiologist in clinic for that patient. This allows for the consults to be electronically reviewed and signed by that attending.

Neuroradiology

Learning assignments and call coverage are at the discretion of the supervisor for this rotation. Two to four academic days per month will be permitted. The fellow is expected to take home call with the neurointerventional radiology team to gain exposure to the management of acute stroke and aneurysm rupture. Anesthetic services for these procedures are NOT to be provided by the fellow when on a neuroradiology rotation unless assistance is requested by a supervising staff anesthesiologist in the room.

Intraoperative Monitoring

Learning assignments are at the discretion of the supervisor for this rotation. One academic day per week will be taken during this rotation. Fellows will be scheduled for 2-6 fellow independent locum days in the OR during this month including weekend day call.

Neurocritical Care

Learning assignments and call coverage are at the discretion of the supervisor for this rotation. Academic days and OR coverage are not to be scheduled during this rotation.

Call Requirements

6-8 weekend day calls per year. Done during neuroanesthesia rotations as well as the intraoperative neuromonitoring rotation.

EVALUATION POLICY

1. Verbal feedback during the day while working with preceptors.
2. Daily evaluation and feedback via one45 for clinical work in core rotations.
3. ITER for each block and final evaluation by the fellowship supervisor.
4. Off-service rotation evaluations will be completed by the supervisor of that rotation and reviewed by the fellowship supervisor.
5. Research or QI project will be evaluated by fellowship supervisor.
6. Logbook
7. Quarterly meetings with fellowship supervisor.

REMUNERATION & LOCUMING

Locum Scheduling

The fellow's income for the training year is generated through locum OR assignments where the fellow bills the day as an independent practitioner. The locum assignments will be at the FMC. If a fellow is interested in locum opportunities at other Calgary hospitals this can be explored. The FMC locum shifts are assigned by the FMC OR schedulers and can be in any OR including but not limited to Foothills, McCaig, Labor & Delivery (day assignments only), Tom Baker Cancer Center, Diagnostic Imaging, and subspecialty rooms (excluding neurosurgery/spine and cardiac).

Locum call assignments may also be made. These shifts are typically limited to 2nd or 3rd call coverage in the McCaig OR from 07:30 to 18:00 on weekends. If there is insufficient emergency casework to run a 2nd or 3rd OR, the fellow may stay at or return home. Fellows bill during these

assignments just as they would for any other locum assignment. Fellows will not be given any 1st call or L&D call assignments. Any special requests by the department for a fellow to cover one of these shifts will have to be approved by the FMC site chief, the fellowship supervisor and the fellow.

The fellows will be assigned approximately 60 weekday and 6-8 weekend locum assignments per year. The locum shifts will be distributed in a fashion that will minimize impact on fellowship education and provide additional OR coverage during time periods where the schedulers are traditionally short-staffed.

Ideally the locum assignments will be evenly spread out over the block, however depending on need/availability fellows may be asked to provide locum coverage concentrated within period of their block (for example, 3 assignments in one week followed by 2 weeks with no assignments). Fellows will need to be available for room assignments (though may not be booked) for 2 of the 4 high demand vacation periods: Thanksgiving, Christmas, New Year, and Spring Break. At the start of the fellowship year, the fellows are expected to choose which two periods they will be available for potential scheduling. If you are scheduled on a statutory holiday, you may choose any other day to have "in-lieu". The choice of in-lieu day can be made by e-mailing the program secretary and supervisor (same as vacation requests) and booking them on Physician Scheduler as an "Academic Day" with a note to the schedulers.

Billing

Anesthetic services in Alberta are billed on a fee-for-service basis. Fellows are responsible to obtain billing codes from the surgeon they are working with as well as entering appropriate modifiers. Billing slips will be submitted for 3rd party billing (provided by MediCom) to be submitted to Alberta Health & Wellness (AHW). Billing will be paid by AHW into an account reserved exclusively for anesthesia fellows. Fellows will then be paid out of this account monthly. Billings and the fellowship accounts are maintained by our program. Individual fellow billing summaries and statements can be made available upon request.

Billing slips are submitted to MediCom by placing a sealed envelope in the mail slot marked "CAS" in the FMC 2nd floor anesthesia mail room. Slips are picked up Wednesday morning. If possible, please try to submit all billings for each rotation on the last Tuesday prior to the start of the next rotation. Any Workers Compensation Board (WCB) payments will come to the account directly. In the rare event that you bill an international patient that payment will be sent directly to you from MediCom and will not be counted in your annual salary or quarterly bonuses from AHS (i.e., if/when you get paid it will be "bonus" money).

For any "split-cases", where the case has been split between a fellow and another attending, the following procedure will need to be followed.

- Scenario 1: You are billing the "split-case". You need to write down on the billing slip that it is a split case, the name of the other anesthesiologist, and the times each person

was involved in the case. This is in addition to the regular billing info. Submit this slip. The other anesthesiologist will be paid their portion directly from the Fellowship Program.

- Scenario 2: The other anesthesiologist is billing the “split-case.” You must still fill in a complete billing slip as described above. The difference will be to note clearly that it is the other anesthesiologist submitting to AHW. Once that anesthesiologist has given you a cheque, notify the fellowship administrator of the amount and we will subtract that amount from your next monthly payment.

Please do not arrange to have any billings paid to you directly from another attending, for a split-case or otherwise. Doing so will be considered an unprofessional action and may result in loss of the end-of-year bonus

Fellowship Salary

Fellows will be paid a yearly salary of \$95 000.00. This salary will be paid out monthly at the end of each month. Fellows’ billings will be reviewed quarterly: September 30, December 31, March 31, and June 30. 50% of any billings accrued by the fellow above \$95000.00 will be paid to the fellow as a bonus after the completion of their fellowship year. It takes several weeks to ensure all billings have been received and the accounting is complete. Therefore, fellows can expect to receive their bonus 2-3 months after completion of their fellowship.

The remaining 50% of the billing income above \$95000.00 will be transferred to a University of Calgary Research Account. The purpose of this account will be to enhance the academic experience for the fellows. Expenditures from the Research Account will be decided by a committee and approved by the fellowship director & supervisor. There will be fellow representation on this committee. The mandate of the Research Account is to spend funds only on requests which are directly related to Fellowship Academics. This includes, but is not limited to the following:

1. Equipment/statistical assistance/administrative help for research projects
2. Equipment used for fellowship education
3. Reimbursement of travel for conference presentations
4. Honorariums for selected visiting speakers

Note: No tax will be withheld by AHW so please plan to set aside an appropriate amount of your salary and bonus payments to account for income tax payment. In addition, any professional membership/registration fees, CMPA dues, and supplemental health care insurance is NOT provided by the Fellowship Program.

Extra Locum Assignments

Fellows may elect to request additional locum assignments during their vacation time. All billings during this time will still be subjected to the arrangement specified above (50% retention above \$95000.00). Fellows may also elect to use vacation time to work at a hospital outside of Alberta. The specifics of such an arrangement (privileges, CMPA, etc.) is to be set-up

by the fellow and that hospital. Any income generated outside of Alberta would not go through the AHS Fellowship Account and would not be subjected to any retention of funds.

ABSENCE POLICY

Vacation

Fellows are allotted up to 4 weeks (including weekends) of vacation time during the fellowship year. Fellows are encouraged to minimize vacation requires during non-neuroanesthesia blocks to limit the loss of educational activities during these short periods.

Vacation requests can be submitted to the fellowship supervisor. Any requests during non-neuroanesthesia blocks should be directed to the specific rotation supervisor, in addition to informing the fellowship supervisor.

Conferences

Fellows are encouraged to attend relevant conferences/educational meetings. Attendance to these events will be allowed without requiring the use of vacation time for up to 5 weekdays or 3 events. Additional time off will be possible should the fellow be presenting a poster or speaking at a conference. These additional conference requests will be assessed on a case-by-case basis.

Leaves of Absences

The Postgraduate Medical Education (PGME) LOA policy can be found at <https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines> under the tab "Leaves of Absence." Special leave will be granted by the fellowship supervisor in accordance with PGME/AHS/RCPSC policies. The general rule is that any leave of absence over 2 weeks duration (accumulative) will require extension of training.

Early Termination of the Fellowship Program

Requests for early termination of the fellowship program should be made to the Fellowship Supervisor as soon as possible to facilitate the required paperwork and scheduling changes. The fellow will be excused from all educational activities immediately. Attempts will be made to cover any locum shifts that have already been assigned. If no coverage is possible, the fellow will be asked to complete the assignment so that patient care is not negatively affected.

If there has been insufficient locum work to cover the fellow's month salary payments, the fellow will be required to reimburse the Fellowship Program for the difference.

Early departure will result in forfeiture of the fellows' 50% split of any overage billings accumulated up to the point of fellowship termination.

CODE OF CONDUCT

All fellows should be aware of the U of C PGME code of conduct as well as other policies and operative standards expected for clinical trainees. These can be found at

<https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines>.

Fellows are also expected to be aware of and abide by the College of Physician and Surgeons of Alberta's. Standards of Practice (<https://cpsa.ca/physicians/standards-of-practice/>), Code of Conduct (<https://cpsa.ca/physicians/standards-of-practice/code-of-conduct/>), and Code of Ethics (<https://cpsa.ca/physicians/standards-of-practice/code-of-ethics/>).

FELLOW WELLBEING

Fellow wellbeing is given a high priority in our program. For health, personal, and career concerns, fellows are encouraged to seek assistance early. In addition to the resources available within the department, excellent support is available through the UCalgary Student Wellness Services (<https://www.ucalgary.ca/wellness-services>) and the Physician and Family Support Program of the Alberta Medical Association (<https://www.albertadoctors.org/services/physicians/pfsp>).

PERSONAL & PROFESSIONAL RESPONSIBILITIES

Be aware of escalating health problems, sleep deprivation, stress, worries and doubts, and promptly discuss these issues with the fellowship supervisor or other faculty member. Be aware of signs of drug misuse in your colleagues and seek advice if you have concerns.

HARASSMENT AND BULLYING, OMBUDSMAN

Any fellow who feels that they are being harassed or bullied should notify either: a faculty member or the fellowship supervisor. All allegations of harassment and bullying are taken seriously and will be investigated and addressed. If the fellow is not comfortable addressing the matter with any member of the Department of Anesthesia, the fellow should contact the program's ombudsman, Dr. John Graham (john.graham@ahs.ca) to have the matter addressed.

FELLOW SAFETY POLICY

All fellows should be aware of the PGME policy on resident safety. This information can be found at <https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines> under the heading 'Resident Safety'. These same policies apply to fellows. The Neuroanesthesia Fellowship Program wishes to act promptly to address identified safety concerns/incidents, and to be proactive in providing a safe learning environment.

FELLOWSHIP PROGRAM SUPERVISOR

The fellowship supervisor is responsible for the overall conduct of the fellowship program and is accountable to the Foothills Medical Centre Department of Anesthesia, the head of the Department of Anesthesia, the associate dean for PGME, and the Royal College of Physicians and Surgeons of Canada. Specific duties include:

1. The development and operation of the program to meet general and specific standards of accreditation;

2. Selection of candidates for admission to the program, including the organization and conduct of interviews;
3. Evaluation in accordance with appropriate policies and stated educational objectives;
4. Maintenance of an appeal mechanism;
5. Facilitation of career planning;
6. Counseling fellows as required and dealing with professional and personal problems
7. Ongoing program review to include:
 - a. The educational experience (including the curriculum as it relates to goals and objectives);
 - b. Optimal use of available resources and facilities;
 - c. Opinions of the fellows;
 - d. Teaching and teachers.

The PD will ensure that the formal teaching in the program is organized, relevant, and continually updated. Assistance and resources will be provided to faculty involved in educational programs. The PD acts as a liaison between the fellows and faculty, frequently in the role of fellow advocate. Fellows' specific needs and requests are to be dealt with compassionately and rationally. With the assistance of faculty, the PD is required to have an ongoing awareness of fellow's performance. Performance (or other) concerns will be addressed with the fellow and FMC Department of Anesthesia in a timely and appropriate fashion.

RESOURCES FOR FELLOWS

Agencies

The AMA offers a variety of services (<https://www.albertadoctors.org/>), including emergency support. The AMA Physician and Family Support Program (<https://www.albertadoctors.org/services/physicians/pfsp>) manages a hotline at 1-877-SOS-4MDS (767-4637) (<https://www.albertadoctors.org/services/pfsp/i-need-help-now>). Up to six one-hour counseling sessions per family member per year are available free of charge.

AHS also has an Employee and Family Assistance Program that can be reached at 1-877-273-3134 or <https://insite.albertahealthservices.ca/hr/Page964.aspx>.

The main campus of the U of C offers a variety of services, including a bookstore, recreational facilities, The Chaplains' Association, Student Rights Advisor, and Academic Counseling.

Personal Health Care

All fellows are urged to have a Family Physician throughout their training. Self-medication, prescription-writing without formal medical consultation, and removal of pharmaceuticals from the OR are not supported. While it is reasonable to keep a limited number of labeled syringes/vials to be taken to patient care areas while on call, keeping narcotic boxes in the on-call room is absolutely prohibited.

Canadian Medical Protective Agency (CMPA)

If you think you might be, or are faced with, a serious complaint or a threat of a lawsuit, then

you should notify the CMPA by telephone 1-800-267-6522 at once. Send complete, concise information. Do not contact the CMPA by e-mail. Wait for a reply from the CMPA before taking any further steps or making any statements. Be sure your clinical records are secure. Do not consult a lawyer without instructions from the CMPA. The CMPA does not accept responsibility for the payment of legal expenses incurred without its prior approval. Do not answer any letters of complaint from patients, lawyers, or others without first receiving the CMPA's advice.

Experts from Outside the Specialty

Experts in the areas of law, practice management, accounting, lifestyle, time management, addiction, learning problems, exam-writing anxiety, multiple choice answering strategies, sleep disorders, and a variety of other areas of potential interest to residents and fellows are frequently invited to present at academic half-day and Calgary Anesthesia Residents' Retreat. The PD will facilitate arrangements for individual fellows to get help in these areas, if interested.

FELLOWSHIP SELECTION PROCESS

Applications for fellowship training in Neuroanesthesia will be submitted directly to the Fellowship Supervisor. *All applicants must have received FRCPC designation or equivalent and qualify for licensing from the College of Physicians and Surgeons of Alberta by the start of their fellowship. As locum work is a requirement, the privileging process must also be completed prior to starting. Application for the fellowship may be made prior to obtaining FRCPC designation or equivalent.* A complete application includes a cover letter, current curriculum vitae, and three (3) letters of reference.

Candidate files are reviewed, and selected candidates are invited for an interview. The date of the interview is determined based on availability of faculty for interviews, as well as the schedule of the fellowship applicant. If the applicant is unable to travel for an in-person interview, then a phone or videoconference interview will be arranged. This alternative arrangement will not be harmful to the success of an applicant in securing a fellowship position. During the selection process, consideration is given to academic record, clinical performance record, demonstrated interest in neuroanesthesia, letters of reference, cover letter, and the interview. The interview is conducted by a selection committee. Application decisions made by the selection committee are final.

APPLICATION DEADLINES

The deadline for applications is April 30th in the year prior to starting. The fellowship begins July 1st each year. Interviews will be held in May, with final decisions made by June 30th of the year prior to start date.

APPLICATION REQUIREMENTS

Fellows applying require the following:

1. Candidates must be eligible for BOTH a License for Postgraduate Training in Alberta AND a License for Independent Practice from the College of Physicians and Surgeons of Alberta.

2. Letter of intent
3. Curriculum Vitae
4. Three letters of reference.

The above should be mailed or emailed to:

Fellowship Supervisor: Dr. Kyle Rogan, MD FRCPC
Department of Anesthesiology, Perioperative and Pain Medicine.
Room C222, Foothills Medical Centre.
1405 29 St NW
Calgary, Alberta, T2N 2T9.
email: anesthesia.fellowships@ahs.ca