

Fanshawe College

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Documentation (Approvals etc...)

Anesthesia Assistant

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2007

### Anesthesia Assistant - Business Case

Fanshawe College

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# **ANESTHESIA ASSISTANT**

## **ONTARIO COLLEGE GRADUATE CERTIFICATE PROGRAM**

**Proposal prepared for: PROGRAM APPROVAL COMMITTEE**



**Submitted by:  
Dennis Hunter  
School of Health Sciences**

## **PROPOSAL FOR NEW PROGRAM REQUIRING BOARD OF GOVERNORS APPROVAL**

### **Ontario College Graduate Certificate ANESTHESIA ASSISTANT**

#### **PROGRAM DESCRIPTION AND PURPOSE**

This three semester Ontario College Graduate Certificate program trains students to become valuable members of the anesthesia care team. The Anesthesia Assistant is a specially trained, health professional who participates in the care of the surgical patient during general, regional, or local anesthesia under the immediate supervision of an anesthesiologist. Graduates will find employment in hospitals across Canada working primarily in the operating room but also in such areas as post-operative care areas, labour and delivery, emergency, and intensive care.

#### **CLASSIFICATION**

MTCU funded graduate certificate program  
**(Will be sent to MTCU for Approval for Funding)**

#### **DURATION**

Two didactic semesters – 15 weeks each  
One clinical semester – 8 weeks  
Total program hours - 620 for the three semesters

#### **RATIONALE FOR THE PROGRAM**

Due to tremendous advancements in the practice of anesthesiology over the past two decades, more complex surgical cases are being done on an older and higher risk population. This increasing surgical load imposes severe strains on the ability of anesthesiologists to meet their clinical and academic obligations. In a position paper published in June 2006, The Canadian Anesthesiologists' Society (CAS) endorsed the concept of the Anesthesia Assistant (AA). The CAS describes the AA as a well trained and competent healthcare professional able to assist in the delivery of anesthetic care in the operating room.

For several years the Canadian anesthesiology community has been concerned about a growing shortage of anesthesia personnel. This national shortfall was made particularly relevant to Ontario in light of the provincial government's announcement of its Wait List Initiative in the fall of 2003. Even though anesthesiologists sacrificed academic activity to ensure the provision of clinical services, surgical wait times continued to grow, operating rooms were closed and surgeries cancelled.

Despite recent efforts to address the situation, including increasing medical school enrollment and anesthesia residency training positions and investing in academic anesthesia services, the anesthesia shortfall continued to grow. The Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC) recognized that immediate action was required and

called for the establishment of the Operative Anesthesia Committee (OAC) in the most recent Physician Services Agreement.

To support stable and adequate access to anesthesia services in Ontario hospitals, the OAC is calling for the formal introduction of Anesthesia Care Teams (ACTs). The ACT is an innovative model of care which calls for a significant change to the way anesthesia services are currently provided. Specially trained other health professionals (Anesthesia Assistants) will assist in the provision of anesthesia services under the direct supervision of an anesthesiologist. This model of care will provide better access to anesthesia services in a more efficient and cost-effective manner.

Currently in Ontario only The Michener Institute for Applied Health Science offers a program to provide the needed graduates for this new field. Fanshawe College will be the first Ontario community college to offer such a program.

### **NEEDS ASSESSMENT**

The program will be open to health care professionals (Respiratory Therapists, Nursing) looking to expand their career horizons. There is significant interest in this program following the report in April 2006 from the Operative Anesthesia Committee (OAC) recommending one Anesthesia Assistant for every two operating rooms across the province. This represents tremendous opportunity for career advancement for qualified health care professionals. To date there are only a handful of officially designated Anesthesia Assistants working in the province.

### **FINANCIAL ASSESSMENT**

Fanshawe College has the resources to provide the necessary equipment and human resources to deliver the Anesthesia Assistant program.

### **REVIEWED BY**

Anesthesia Assistant Program Advisory Group – November 30<sup>th</sup>, 2006  
Program Approval Committee – January 29<sup>th</sup>, 2007  
Credentials Validation Service – January 29<sup>th</sup>, 2007

### **MOTION**

“That the proposal for Ontario College Graduate Certificate Program **Anesthesia Assistant** be forwarded to the Fanshawe College Board of Governors for approval and submission to the Ministry of Training, Colleges and Universities for final approval and authorization.”

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6. **Magenta.....Program at a glance**
7. **Clear Tab #2.....Excerpts: Operative Anesthesia Committee**

## **PROGRAM DESCRIPTION**

This three semester Ontario College Graduate Certificate program trains students to become a valuable member of the anesthesia care team. The Anesthesia Assistant is a specially trained, health professional that participates in the care of the surgical patient during general, regional, or local anesthesia under the immediate supervision of an anesthesiologist. Graduates will find employment in hospitals across Canada working primarily in the operating room but also in such areas as post-operative care areas, labour and delivery, emergency, and intensive care.

## **RATIONALE FOR THE PROGRAM**

Due to tremendous advancements in the practice of anesthesiology over the past two decades, more complex surgical cases are being done on an older and higher risk population. This increasing surgical load imposes severe strains on the ability of anesthesiologists to meet their clinical and academic obligations. In a position paper published in June 2006, The Canadian Anesthesiologists' Society (CAS) endorsed the concept of the Anesthesia Assistant (AA). The CAS describes the AA as a well trained and competent healthcare professional able to assist in the delivery of anesthetic care in the operating room.

For several years the Canadian anesthesiology community has been concerned about a growing shortage of anesthesia personnel. This national shortfall was made particularly relevant to Ontario in light of the provincial government's announcement of its Wait List Initiative in the fall of 2003. Even though anesthesiologists sacrificed academic activity to ensure the provision of clinical services, surgical wait times continued to grow, operating rooms were closed and surgeries cancelled.

Despite recent efforts to address the situation, including increasing medical school enrollment and anesthesia residency training positions and investing in academic anesthesia services, the anesthesia shortfall continued to grow. The Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC) recognized that immediate action was required and called for the establishment of the Operative Anesthesia Committee (OAC) in the most recent Physician Services Agreement.

To support stable and adequate access to anesthesia services in Ontario hospitals, the OAC is calling for the formal introduction of Anesthesia Care Teams (ACTs). The ACT is an innovative model of care which calls for a significant change to the way anesthesia services are currently provided. Specially trained other health professionals (AA's) will assist in the provision of anesthesia services under the direct supervision of an anesthesiologist. This model of care will provide better access to anesthesia services in a more efficient and cost cost-effective manner.

**PROPOSED START DATE:** September 2007

## **ENTRANCE REQUIREMENTS**

Registered Respiratory Therapist with a current Certificate of Registration in the province of Ontario with 2 years full time or equivalency in the past 5 years

Registered Nurse with a current Certificate of Competence in the province of Ontario with 2 years full time or equivalency in the past 5 years.

Applicants may receive advanced standing in the program based on related work experience.

**EXPECTED ENROLLMENT**

The program will be open to health care professionals (Respiratory Therapists, Nursing) looking to expand their job horizons. There is significant interest in this program following the report in April 2006 from the Operative Anesthesia Committee (OAC) recommending one AA for every two operating rooms across the province. This represents tremendous opportunity for career advancement for qualified health care professionals. To date there are only a handful of officially designated AA's working in the province.

**ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY  
CREDENTIALS VALIDATION SERVICE**

**APPLICATION FOR PROGRAM VALIDATION**

This proposal will be sent to MTCU for Approval for Funding     YES                     NO

<b>1. College: Fanshawe College – London Campus</b>
<b>2. College contact person responsible for this proposal:</b> Name: Dennis Hunter Title: Professor, Respiratory Therapy Program Telephone: (519) 452-4207 Electronic mail: dhunter@fanshawec.ca
<b>3. Proposed Program Title: ANESTHESIA ASSISTANT</b>
<b>4. Proposed Credential: (please indicate below)</b> Local Board Approved Certificate <input type="checkbox"/> Ontario College Certificate <input type="checkbox"/> Ontario College Diploma <input type="checkbox"/> Ontario College Advanced Diploma <input type="checkbox"/> Ontario College Graduate Certificate <input checked="" type="checkbox"/>
<b>5. Proposed Program Outcomes:</b> Please complete and attach the two Program Maps (Appendix A - Form 1 and Form 2)
<b>6. Proposed Program Description:</b> Please complete and attach the Program Description Form (Appendix B)
<b>7. Proposed Program Curriculum:</b> Please complete and attach the Program Curriculum Form (Appendix C)
<b>8. Date of Submission:</b>
<b>9. Date of CVS Response:</b>
<b>10. Validation Decision:</b> <input type="checkbox"/> Proposal Validated (APS Number:                    ) <input type="checkbox"/> Proposal not Validated. Reason: _____ _____
<b>Signed on behalf of CVS:</b>

Send the completed form and required appendices to: [klassen@collegecvcs.on.ca](mailto:klassen@collegecvcs.on.ca) For detailed information on how to complete the Application for Program Validation, please refer to the Instructions for Submission document. For



any additional information contact: College Credential Validation Service, 655 Bay Street, Suite 400, Toronto, ON M5G 2K4; or by telephone at (416) 596-8799

## **ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY CREDENTIALS VALIDATION SERVICE**

### **APPENDIX A - PROGRAM MAPS**

#### **(Vocational Program Outcomes & Essential Employability Skills Outcomes)**

##### **Vocational Program Learning Outcomes:**

Form 1(attached) is provided to assist you in mapping your proposed program vocational learning outcomes against existing vocational outcomes found in either Provincial Program Standards or in Provincial Program Descriptions.

Where there is a relevant Provincial Program Standard, the approved Vocational Learning Outcomes must appear in the first column, followed by your proposed program vocational learning outcomes.

Where there are no Provincial Program Standards, the first column will contain program outcomes from the Provincial Program Description. Again, your proposed program vocational learning outcomes will be added in the middle column.

**NOTE:** *Both these types of documents can be obtained from staff at the CVS or at the Colleges Branch, MTCU.*

The last column will contain a list of the relevant curriculum proposed in your program to address the outcome in a manner that ensures the graduate will have reliably demonstrated the required skill or ability. Course numbers or course codes, corresponding to those provided in your list of courses (Appendix C), are sufficient in this column.

##### **Essential Employability Skills Outcomes:**

A mapping of the Essential Employability Skills (EES) will be done on Form 2 (attached).

The instructions / requirements for this map are the same as for the Vocational Program Map. The first three columns contain the approved skill categories, the defining skills, and the EES learning outcomes. The last column will contain the proposed curriculum (as listed in Appendix C) that will ensure the meeting of these outcomes.

**ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY  
CREDENTIALS VALIDATION SERVICE**

**APPENDIX A - PROGRAM MAPS  
Form 1 - Vocational Program Outcomes**

<b>PROVINCIAL PROGRAM STANDARD VOCATIONAL LEARNING OUTCOMES / PROVINCIAL PROGRAM DESCRIPTION OUTCOMES</b>	<b>PROPOSED PROGRAM VOCATIONAL LEARNING OUTCOMES</b>	<b>COURSE TITLE / COURSE CODE (From Appendix C)</b>
	1. Operate anesthetic equipment according to Canadian Standards Association (CSA) and Canadian Anesthesiology Society (CAS) guidelines.	ANES 1001 – ANESTHETIC EQUIPMENT ANES 1003 – LABORATORY PROCEDURES I ANES 2002 – PRINCIPLES OF ANESTHESIA CARE
	2. Participate in the provision of comprehensive patient care by applying airway management concepts as required.	ANES 1002 – CARDIOPULMONARY MANAGEMENT ANES 1003 – LABORATORY PROCEDURES I ANES 2002 – PRINCIPLES OF ANESTHESIA CARE ANES 2004 – LABORATORY PROCEDURES II
	3. Use applicable technology systems and software on anesthetic and monitoring equipment in the provision of patient care	ANES 1001 – ANESTHETIC EQUIPMENT ANES 1003 – LABORATORY PROCEDURES I ANES 2002 – PRINCIPLES OF ANESTHESIA CARE ANES 1004 – ONLINE SELF STUDY ANES 2005 - ONLINE SELF STUDY

	4. Interpret patient hemodynamic data and adjust the patient care plan as needed.	ANES 1002 – CARDIOPULMONARY MANAGEMENT ANES 1003 – LABORATORY PROCEDURES I
	5. Provide anesthetic care according to pharmacological principles.	ANES 2001 – ANESTHESIA PHARMACOLOGY ANES 2002 – PRINCIPLES OF ANESTHESIA CARE ANES 2003 – CASE STUDY MANAGEMENT ANES 2004 – LABORATORY PROCEDURES II
	6. Evaluate on-going patient condition and adjust care plan accordingly.	ANES 1001 – ANESTHETIC EQUIPMENT ANES 1002 – CARDIOPULMONARY MANAGEMENT ANES 1003 – LABORATORY PROCEDURES I ANES 2001 – ANESTHESIA PHARMACOLOGY ANES 2002 – PRINCIPLES OF ANESTHESIA CARE ANES 2003 – CASE STUDY MANAGEMENT ANES 2004 – LABORATORY PROCEDURES II ANES 3001 – CLINICAL PRACTICUM
	7. Assist the Anesthesiologist with the patient care plan which may include preoperative assessment, induction, monitoring, maintenance of anesthesia and post-op care.	ANES 1001 – ANESTHETIC EQUIPMENT ANES 1002 – CARDIOPULMONARY MANAGEMENT ANES 1003 – LABORATORY PROCEDURES I ANES 2001 – ANESTHESIA PHARMACOLOGY ANES 2002 – PRINCIPLES OF ANESTHESIA CARE ANES 2003 – CASE STUDY MANAGEMENT ANES 2004 – LABORATORY PROCEDURES II ANES 3001 – CLINICAL PRACTICUM

Add additional rows as required to complete the mapping exercise.

**ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY  
CREDENTIALS VALIDATION SERVICE**

**APPENDIX A - PROGRAM MAPS  
Form 2 - Essential Employability Skills Outcomes**

<b>SKILL CATEGORIES</b>	<b>DEFINING SKILLS</b> Skill areas to be demonstrated by the graduates	<b>ESSENTIAL EMPLOYABILITY SKILLS OUTCOMES</b> The graduate has reliably demonstrated the ability to:	<b>COURSE TITLE / COURSE CODE</b> (From Appendix C)
<b>COMMUNICATION</b>	<ul style="list-style-type: none"> <li>• Reading</li> <li>• Writing</li> <li>• Speaking</li> <li>• Listening</li> <li>• Presenting</li> <li>• Visual Literacy</li> </ul>	<ul style="list-style-type: none"> <li>➤ communicate clearly, concisely, and correctly in the written, spoken, and visual form that fulfils the purpose and meets the needs of the audience</li> </ul>	All courses
		<ul style="list-style-type: none"> <li>➤ respond to written, spoken, or visual messages in a manner that ensures effective communication</li> </ul>	All courses
<b>NUMERACY</b>	<ul style="list-style-type: none"> <li>• Understanding and applying mathematical concepts and reasoning</li> <li>• Analysing and using numerical data</li> <li>• Conceptualizing</li> </ul>	<ul style="list-style-type: none"> <li>➤ execute mathematical operations accurately</li> </ul>	All courses

SKILL CATEGORIES	DEFINING SKILLS Skill areas to be demonstrated by the graduates	ESSENTIAL EMPLOYABILITY SKILLS OUTCOMES The graduate has reliably demonstrated the ability to:	COURSE TITLE / COURSE CODE (From Appendix C)
<b>CRITICAL THINKING &amp; PROBLEM SOLVING</b>	<ul style="list-style-type: none"> <li>• Analysing</li> <li>• Synthesizing</li> <li>• Evaluating</li> </ul> Decision-making Creative and innovative thinking	➤ apply a systematic approach to solve problems	All courses
		➤ use a variety of thinking skills to anticipate and solve problems	All courses
<b>INFORMATION MANAGEMENT</b>	Gathering and managing information Selecting and using appropriate tools and technology for a task or a project Computer literacy Internet skills	➤ locate, select, organize, and document information using appropriate technology and information systems	ANES 1001 – ANESTHETIC EQUIPMENT ANES 1002 – CARDIOPULMONARY MANAGEMENT ANES 1003 – LABORATORY PROCEDURES I ANES 2002 – PRINCIPLES OF ANESTHESIA CARE ANES 2003 – CASE STUDY MANAGEMENT ANES 2004 – LABORATORY PROCEDURES II ANES 3001 – CLINICAL PRACTICUM

SKILL CATEGORIES	DEFINING SKILLS Skill areas to be demonstrated by the graduates	ESSENTIAL EMPLOYABILITY SKILLS OUTCOMES The graduate has reliably demonstrated the ability to:	COURSE TITLE / COURSE CODE (From Appendix C)
		<ul style="list-style-type: none"> <li>➤ analyse, evaluate, and apply relevant information from a variety of sources</li> </ul>	ANES 1003 – LABORATORY PROCEDURES I ANES 2004 – LABORATORY PROCEDURES II ANES 3001 – CLINICAL PRACTICUM
INTER-PERSONAL	<ul style="list-style-type: none"> <li>• Team work</li> <li>• Relationship management</li> <li>• Conflict resolution</li> <li>• Leadership</li> <li>• Networking</li> </ul>	<ul style="list-style-type: none"> <li>➤ show respect for the diverse opinions, values, belief systems, and contributions of others</li> </ul>	All courses
		<ul style="list-style-type: none"> <li>➤ interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals</li> </ul>	All courses
PERSONAL	<ul style="list-style-type: none"> <li>• Managing self</li> <li>• Managing change and being flexible and adaptable</li> <li>• Engaging in reflective practices</li> <li>• Demonstrating personal responsibility</li> </ul>	<ul style="list-style-type: none"> <li>➤ manage the use of time and other resources to complete projects</li> </ul>	All courses
		<ul style="list-style-type: none"> <li>➤ take responsibility for one's own actions, decisions, and consequences</li> </ul>	All courses



**Credentials Validation Service**  
**Service de validation des**  
**titres de compétence**

## **ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY CREDENTIALS VALIDATION SERVICE**

### **APPENDIX B - PROGRAM DESCRIPTION**

**PROGRAM DESCRIPTION:** (including occupational areas where it is anticipated graduates will find employment).

**Anesthesia Assistant:**

This three semester post graduate program trains students to become a valuable member of the anesthesia care team. The Anesthesia Assistant is a specially trained, health professional that participates in the care of the surgical patient during general, regional, or local anesthesia under the immediate supervision of an anesthesiologist. Graduates will find employment in hospitals across Canada working primarily in the operating room but also in such areas as post-operative care areas, labour and delivery, emergency, and intensive care.

**VOCATIONAL PROGRAM LEARNING OUTCOMES:** (vocational program learning outcomes must be consistent with the requirements of the Credentials Framework for the proposed credential)

***The graduate has reliably demonstrated the ability to:***

1. Operate anesthetic equipment according to Canadian Standards Association (CSA) and Canadian Anesthesiology Society (CAS) guidelines.
2. Participate in the provision of comprehensive patient care by applying airway management concepts as required.
3. Use applicable technology systems and software on anesthetic and monitoring equipment in the provision of patient care.
4. Interpret patient hemodynamic data and adjust the patient care plan as needed.
5. Provide anesthetic care according to pharmacological principles.
6. Evaluate on-going patient condition and adjust care plan accordingly.
7. Assist the Anesthesiologist with the patient care plan which may include preoperative assessment, induction, monitoring, maintenance of anesthesia and post-op care.

**ADMISSION REQUIREMENTS:**

Registered Respiratory Therapist with a current Certificate of Registration in the province of Ontario with 2 years full time or equivalency in the past 5 years

Registered Nurse with a current Certificate of Competence in the province of Ontario with 2 years full time or equivalency in the past 5 years.





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*titres de compétence*

**ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY  
CREDENTIALS VALIDATION SERVICE**

**APPENDIX C - PROGRAM CURRICULUM**

<b>Semester</b>	<b>Course Code*</b>	<b>Course Title (and brief course description)</b>
<b>1</b>	<b>ANES 1001</b>	<b>ANESTHESIA EQUIPMENT</b> This course introduces students to anesthetic equipment commonly used in the operating room in order to assist the anaesthesiologist. It provides the student with a sound knowledge base in the operation of the anesthetic gas machine and all its components such as vaporizers, breathing systems, ventilators, anti-pollution equipment and gas monitors. The student will practice pre-surgery checks of all equipment according to CAS guidelines.
<b>1</b>	<b>ANES 1002</b>	<b>CARDIOPULMONARY MANAGEMENT</b> This course introduces students to standards required for a pre-operative assessment. The student will learn techniques for non-complicated intubations for adult, pediatric and neonatal patients. Hemodynamic monitoring for all patients will be discussed as it's applied in the operating room (OR). This includes the equipment, patient selection criteria, and techniques for such things: <ul style="list-style-type: none"><li>• arterial line insertion</li><li>• arterial blood gases</li><li>• non-invasive blood pressure</li><li>• central venous pressure</li><li>• pulmonary artery pressure</li><li>• mixed venous saturations</li><li>• peripheral nerve stimulator</li><li>• intracranial pressure monitoring</li></ul>

1	ANES 1003	<p><b>LABORATORY PROCEDURES I</b></p> <p>This course allows the student to perform practical applications of anesthetic equipment and techniques in a supervised and controlled laboratory environment as discussed in ANES 1001 and ANES 1002.</p> <p>Included but not restricted to the following:</p> <ul style="list-style-type: none"> <li>• anesthetic gas machine set up and check out</li> <li>• anesthetic gas and hemodynamic monitors</li> <li>• case studies scenarios</li> </ul>
1	ANES 1004	<p><b>INDEPENDENT LEARNING I</b></p> <p>This course allows the student to participate in weekly online discussions and assignments on specific topics provided by the instructor. Examples include:</p> <ul style="list-style-type: none"> <li>• determine which pre-op airway classification is best</li> <li>• discuss equipment setup changes for malignant hyperthermia</li> <li>• explain the differences between equipment &amp; techniques for adult, pediatric and neonatal patients</li> </ul>
2	ANES 2001	<p>This course discusses anesthesia pharmacology. Specific areas include:</p> <ul style="list-style-type: none"> <li>• muscle relaxants</li> <li>• inhalation anesthesia</li> <li>• intravenous anesthesia</li> <li>• neuroleptanesthesia</li> <li>• local anesthesia</li> <li>• regional anesthesia</li> <li>• post-op pain management.</li> </ul>
2	ANES 2002	<p><b>PRINCIPLES OF ANESTHESIA CARE</b></p> <ol style="list-style-type: none"> <li>a) The first part of this course introduces the student to the concepts of anesthesia and basic procedures required when a patient enters the OR for surgery.</li> <li>b) The second part of the course discusses techniques to start, maintain and discontinue anesthesia.</li> <li>c) Part three of the course explores post operative care.</li> </ol>

2	ANES 3003	<p><b>CASE STUDY MANAGEMENT</b></p> <p>The student will be presented with patient scenarios each week which will include for discussion:</p> <ul style="list-style-type: none"> <li>• Pre-operative evaluation and preparation</li> <li>• Induction techniques</li> <li>• Monitoring</li> <li>• Patient Positioning</li> <li>• Fluid &amp; Blood therapy</li> <li>• Maintenance, Emergence, Discontinuation</li> <li>• Post Anesthesia Care</li> </ul>
2	ANES 2004	<p><b>LABORATORY PROCEDURES II</b></p> <p>This course allows the student to practice case scenarios as discussed in a supervised and controlled laboratory environment as discussed in ANES 2002 and ANES 2003.</p>
2	ANES 2005	<p><b>INDEPENDENT LEARNING II</b></p> <p>This course allows the student to participate in weekly online discussions and assignments on specific topics provided by the instructor. Examples include:</p> <ul style="list-style-type: none"> <li>• discuss fluid and blood therapy as it pertains to the patient's condition</li> <li>• describe patient positioning techniques</li> <li>• explain the induction techniques for adult, pediatric and neonatal patients</li> </ul>
3	ANES 3001	<p><b>CLINICAL PRACTICUM</b></p> <p>Under the direction of the attending Anesthesiologist, this course allows the student to apply the knowledge gained from all didactic courses in the operating room.</p>

Add additional rows as required to complete the curriculum chart.

**\* (be sure to identify those courses designed to deliver General Education)**

## EMPLOYMENT OPPORTUNITIES

The Anesthesia Assistant is a valuable member of the anesthesia team who works closely with the anesthetist during surgery. The AA would be employed in all operating rooms across the province as well as extended areas such as post-operative care areas, labour and delivery rooms, emergency rooms and intensive care.

The Operative Anesthesia Committee (OAC) established by the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC) has recommended in their April 2006 report:

- 1 FTE anesthesia assistant for every 2 operating rooms
- The assumption is that this staffing ratio could result in a 20% increase in operating room efficiency and that this increase in efficiency could result in more operative cases
- Note: to fully utilize the Anesthesia Care Team (ACT) model, Anesthesia Assistants should be available 24 hours a day, seven days a week

## STUDENT INTEREST

A study circulated to Respiratory Therapists and Nurses in London in the spring of 2005 showed the following results:

“I would be interested in taking the Anesthesia Assistant program if offered”

### Respiratory Therapists: (18 respondents)

Strongly Agree: 25%      Agree: 19%      Neutral: 25%

### Nursing: (13 respondents)

Strongly Agree: 25%      Agree: 17%      Neutral: 8%

**\*\* It must be noted this survey was done before any formal scope of practice or official endorsement was given by the CAS and the OAC. Since the publication of the CAS position paper in June 2006 and the OAC report in April 2006, Fanshawe College has received many emails and phone calls inquiring about the proposed program.**

## RELATION TO PROFESSIONAL/VOCATIONAL ACCREDITATION BODIES

The College of Respiratory Therapists of Ontario (CRTO) has issued the following statement:

“The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice of Respiratory Therapy and the legislation, standards and policies of the College.” (CRTO Position Statement, June 2005)

<http://www.crto.on.ca/pdf/RT-Anesthesia-Assistant.pdf>

The College of Nurses of Ontario has issued the following statement

“While the role of anesthesia assistant is within an RN’s scope of practice, it is beyond the basic preparation of RNs and dependant on the direction and close supervision of an anesthesiologist. The *Medication* practice standard indicates that RNs who have obtained additional education may assist the anesthesiologist with the administration of general anesthesia and client monitoring”.

[http://www.cno.org/prac/yau/2006/06-03\\_anesthesia.htm](http://www.cno.org/prac/yau/2006/06-03_anesthesia.htm)

**COMPARISON WITH SIMILAR EXISTING PROGRAMS**

The only program that presently exists in Ontario is at the Michener Institute for Applied Health Science. Their first intake of students was Jan. 2006. It has been recommended by the OAC that new programs starting in Ontario be similar in structure to Michener's program. Therefore the proposed program for Fanshawe College will be similar to the Michener program but with some changes due to the different Ministries involved. Subject to meeting MTCU criteria for a Graduate Ontario College certificate, subject matter and program length will be similar to Michener which will ensure continuity of the material taught and guarantee the portability of the student across the province. As this is a new program there is no data as yet for applicant, grad and employment rates as well as other KPI information.

## **ANESTHESIA ASSISTANT PROGRAM**

### **ANES 1001 – ANESTHESIA EQUIPMENT – Semester one**

**Duration:** 2 hrs/wk. x 15 wks. 30 total course hours

**This course is a prerequisite for:**

ANES 2001 – ANESTHESIA PHARMACOLOGY

ANES 2002 – PRINCIPLES OF ANESTHESIA

ANES 2003 – CASE STUDY MANAGEMENT

ANES 2004 – LABORATORY PROCEDURES II

**Course Description:**

This course introduces students to anesthetic equipment commonly used in the operating room. In order to assist the anesthesiologist in the operating room (OR), this course provides the student with a sound knowledge base in the operation of the anesthetic gas machine and all its components such as vaporizers, breathing systems, ventilators, anti-pollution equipment and gas monitors.

**Learning Outcomes:**

At the completion of this course, the student will be able to:

1. explain the technical operation and safety devices found on an anesthetic gas machine
2. explain the operation of anesthetic vaporizers
3. explain the difference and operation of breathing circuits used to deliver an anesthetic
4. describe the difference between conventional ventilators and anesthetic ventilators
5. explain the operation of an anesthetic ventilator
6. explain different methods employed to reduce operating room pollution
7. explain the operation of various gas monitors used in the operating room.
8. describe potential hazards of gas delivery during anesthesia
9. perform an anesthetic gas machine checkout as per the Canadian Anesthesiologist Society (CAS) guidelines

## **ANESTHESIA ASSISTANT PROGRAM**

### **ANES 1002 – CARDIOPULMONARY MANAGEMENT**

**Duration:** 2 hrs/wk. x 15 weeks                      30 total course hours – Semester one

**This course is a prerequisite for:**

ANES 2001 – ANESTHESIA PHARMACOLOGY

ANES 2002 – PRINCIPLES OF ANESTHESIA

ANES 2003 – LABORATORY PROCEDURES II

**Course Description:**

This course introduces students to standards required for a pre-operative assessment. The student will learn techniques for non-complicated intubations for adult, pediatric and neonatal patients. Hemodynamic monitoring for all patients will be discussed as it's applied in the operating room (OR). This includes the equipment, patient selection criteria, and catheter insertion techniques. The student will learn criteria for perioperative evaluation of the patient.

**Learning Outcomes:**

At the completion of this course, the student will be able to:

1. discuss patient data collected for a perioperative evaluation
2. discuss the pre-operative assessment of the airway
3. describe the equipment used and explain the technique for orotracheal intubation.
4. explain the theory of operation of hemodynamic monitoring equipment.
5. describe various monitoring techniques as they apply to the patient's condition
6. explain the indications, insertion techniques, and clinical relevance for monitoring adult, pediatric and neonatal patients with respect to:
  - arterial blood gases
  - arterial pressure
  - central venous pressure
  - pulmonary artery pressure
  - mixed venous saturations

# ANESTHESIA ASSISTANT PROGRAM

## ANES 1003 – LABORATORY PROCEDURES I

**Duration:** 4 hrs/wk. x 15 hrs. 60 total course hours – Semester one

**This course is a prerequisite for:**

ANES 2001 – ANESTHESIA PHARMACOLOGY

ANES 2002 – PRINCIPLES OF ANESTHESIA

ANES 2003 – LABORATORY PROCEDURES II

**Course Description:**

This course allows the student to perform practical simulations in a supervised and controlled laboratory environment using anesthetic equipment as discussed in ANES 1001 (Anesthesia Equipment) and ANES 1002 (Cardiopulmonary Management).

**Learning Outcomes:**

At the completion of this course, the student will be able to:

1. demonstrate the operation of the anesthetic gas machine with respect to gas flows and safety systems.
2. employ an anesthetic vaporizer
3. explain the operation of different anesthetic breathing systems and the rationale for the selection of each
4. operate an anesthetic ventilator in conjunction with the anesthetic gas machine
5. explain the need for anti-pollution measures in the operating room and the equipment used to minimize pollution
6. perform a full equipment checkout on the anesthetic gas machine and its components as per Canadian Anesthesiology Society (CAS) guidelines.
7. troubleshoot the anaesthetic gas machine and its components as per simulated clinical situations.
8. perform perioperative assessments.
9. utilize artificial airways and evaluate their use as per the clinical scenario.
10. perform orotracheal intubation
11. set up, operate and troubleshoot hemodynamic monitoring equipment
12. apply equipment needed for critical incident management



# ANESTHESIA ASSISTANT PROGRAM

## ANES 1004 – INDEPENDENT LEARNING

**Duration:** 2 hrs/wk. x 15 weeks                      30 total course hours – Semester one

### **This course is a prerequisite for:**

ANES 2001 – ANESTHESIA PHARMACOLOGY  
ANES 2002 – PRINCIPLES OF ANESTHESIA CARE  
ANES 2003 – LABORATORY PROCEDURES II  
ANES 2004 – INDEPENDENT STUDY

### **Course Description:**

This course allows the student to participate in weekly on-line discussions and assignments on specific topics provided by the instructor. See examples of possible topics in the vocational learning outcomes.

### **Vocational Learning Outcomes:**

At the completion of this course, the student will be able to:

1. determine which pre-op airway classification is best
2. discuss equipment setup changes for malignant hyperthermia
3. explain the differences between equipment & techniques for adult, pediatric and neonatal patients

### **Essential Employability Skills - Outcomes**

1. use current information technology to communicate on class topics with classmates and course instructor
2. search for relevant articles for discussion in the classroom and online.
3. use selected web sites to compliment classroom teaching
4. access and complete all online tests

# ANESTHESIA ASSISTANT PROGRAM

## ANES 2001 – ANESTHESIA PHARMACOLOGY

**Duration:** 2 hrs/wk. x 15 wks. 30 total course hours – Semester two

**This course is a prerequisite for:**  
ANES 3001 – CLINICAL PRACTICUM

### **Course Description:**

This course discusses anesthesia pharmacology. Specific areas include inhalation anesthesia, muscle relaxants, intravenous, local and regional anesthesia as well as post-op pain management.

### **Learning Outcomes:**

At the completion of this course, the student will be able to:

1. describe basic pharmacology principles of anesthesia
2. explain the pharmacology of inhalation anesthesia
3. discuss the use of muscle relaxants
4. explain the operation of a peripheral nerve stimulator
5. explain neuroleptanesthesia
6. describe the use of local anesthetics
7. describe the administration of regional anesthesia
8. discuss the management of acute and chronic postoperative pain

## **ANESTHESIA ASSISTANT PROGRAM**

### **ANES 2002 – PRINCIPLES of ANESTHESIA CARE**

**Duration:** 3 hrs/wk. x 6 wks. 18 total course hours – Semester two

**This course is a prerequisite for:**  
ANES 3001 – CLINICAL PRACTICUM

#### **Course Description:**

This course focuses on the complete anesthesia patient care from the start of an operation to the recovery room.

#### **Learning Outcomes:**

At the completion of this course, the student will be able to:

1. discuss the basic principles of anesthesia
2. describe the typical anesthesia workstation
3. describe the procedure for intravenous access
4. discuss what is meant by a difficult airway
5. explain the specialty equipment and techniques needed to intubate a patient with a difficult airway
6. explain different induction techniques
7. describe patient positioning techniques
8. discuss fluid and blood therapy as it pertains to the patient's condition
9. explain patient care with respect to the maintenance, emergence and discontinuation of anesthesia
10. describe all aspects of post-anesthesia care

## **ANESTHESIA ASSISTANT PROGRAM**

### **ANES 2003 – CASE STUDY MANAGEMENT**

**Duration:** 3 hrs/wk. x 9 wks. 27 total course hours – Semester two

**This course is a prerequisite for:**  
ANES 3001 – CLINICAL PRACTICUM

#### **Course Description:**

Different patient case scenarios will be presented and discussed with respect to the role of the Anesthesia Assistant.

#### **Learning Outcomes:**

At the completion of this course, the student will be able to:

1. analyze clinical patient outcomes with respect to presented clinical scenarios.
2. analyze pharmacological principles with respect to presented clinical scenarios.
3. evaluate anesthetic techniques with respect to presented clinical scenarios.
4. discuss ongoing patient care plan.

# ANESTHESIA ASSISTANT PROGRAM

## ANES 2004 – LABORATORY PROCEDURES II

**Duration:** 3 hrs/wk. x 15 wks. 45 total course hours – Semester two

**This course is a prerequisite for:**  
ANES 3001 – CLINICAL PRACTICUM

### **Course Description:**

Under direction of the Anesthesiologist, this course allows the student to perform practical simulations in a supervised and controlled laboratory environment using anesthetic equipment as discussed in ANES 2002 (Principles of Anesthesia Care) and ANES 2001 (Anesthesia Pharmacology).

### **Learning Outcomes:**

At the completion of this course, the student will be able to:

1. prepare a typical anesthesia workstation.
2. prepare patient documentation
3. acquire intravenous access
4. evaluate patient for artificial airway insertion
5. utilize appropriate equipment for patients with non-difficult airways
6. utilize appropriate equipment for patients with difficult airways
7. perform various induction techniques such as rapid sequence, inhalational, IV.
8. position the patient appropriately
9. discuss proper placement of spinal and epidural catheters
10. apply various patient monitors based on the patient's condition
11. administer fluid and blood products based on the patient's condition.
12. discuss anesthesia with respect to maintenance, emergence and discontinuation
13. evaluate patient airway at the end of the operation and discontinue artificial airway as indicated
14. transport the patient to Post Anesthesia Care Unit (PACU)
15. monitor patient for post-op complications

# ANESTHESIA ASSISTANT PROGRAM

## ANES 2005– INDEPENDENT LEARNING

**Duration:** 2 hrs/wk. x 15 weeks                      30 total course hours – Semester one

**This course is a prerequisite for:**

ANES 3001 – CLINICAL PRACTICUM

### **Course Description:**

This course allows the student to participate in weekly on-line discussions and assignments on specific topics provided by the instructor. See examples of possible topics in the vocational learning outcomes.

### **Vocational Learning Outcomes:**

At the completion of this course, the student will be able to:

1. apply fluid and blood therapy as it pertains to the patient's condition
2. apply patient positioning techniques
3. demonstrate the induction techniques for adult, pediatric and neonatal patients

### **Essential Employability Skills - Outcomes**

1. use current information technology to communicate on class topics with classmates and course instructor
2. search for relevant articles for discussion in the classroom and online.
3. use selected web sites to compliment classroom teaching
4. access and complete all online tests

# ANESTHESIA ASSISTANT PROGRAM

## ANES 3001 – CLINICAL PRACTICUM

**Duration:** 320 total course hours – Semester Three

### **Course Description:**

Under the direct supervision of an Anesthesiologist, this course provides the student the opportunity to apply skills and techniques studied in the didactic portion of the program in a supervised clinical setting. Practicum areas include equipment setup and maintenance, perioperative assessment, clinical anesthesia and post anesthesia care.

### **Learning Outcomes:**

At the completion of this course, the student will be able to:

1. assist the Anesthesiologist in procedures as outlined in the Clinical Skills Evaluation Logbook.
2. demonstrate appropriate patient care skills.
3. communicate effectively with patients and health care personnel.
4. maintain professional behaviour and responsibility.
5. practice safely within the guidelines of the program, hospital and regulatory bodies.

## **MEETING MINUTES**

### ***SUMMARY OF KEY POINTS***

- Meeting # 2 – June 29, 2005
  - 5.4 “The committee agreed that the AA program at Fanshawe College should continue to develop based on the positive survey responses. It was suggested it would be helpful to identify all areas where Anesthesia is presently being asked to attend as well as areas where conscious sedation is being done but not normally attended to by the Department of Anesthesia.”
  
- Meeting # 5 – April 6, 2006
  - 6.1 “After much discussion the committee agreed that the idea of a common curriculum throughout the province was indeed important and that Fanshawe College should pursue the possibility of starting an AA program at Fanshawe College.”
  
- Meeting # 8 – November 30, 2006
  - 5.4 “Dennis distributed the Vocational Learning Outcomes portion of the Credential Validation Service document. The committee agreed the outcomes reflected the nature of the program and accepted the outcomes for submission as written.”



**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant Program Advisory Committee**

**Meeting #1  
Apr. 21, 2005  
Fanshawe College – M2001-1**

**PRESENT:** Brian Brennan  
Dr. Richard Cherry  
Janice Elliot  
Steve Englander  
Judy Fraser  
Dennis Hunter  
Mike Keim  
Jane Montgomery  
Dr. Fiona Ralley  
Pam Skinner  
Dr. Jim Watson

Heather Fisher (regrets)

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 0910 hrs. The committee introduced themselves.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Steve Englander.

**3.0 APPROVAL OF AGENDA**

The agenda was approved, as circulated by Jane Montgomery and seconded by Brian Brennan.

**4.0 APPROVAL OF MINUTES**

As this was the first PAC meeting for the Anesthesia Assistant (AA) program, there were no previous minutes to approve.

## **5.0 NEW BUSINESS**

- 5.1 Dennis Hunter reviewed the pre-circulated Terms of Reference for Program Advisory Committees (PAC) in the Health Sciences Division of Fanshawe College.
- 5.2 Mr. Hunter presented a chronological overview of the Anesthesia Assistant as outlined by the Canadian Anesthesiologist Society (CAS) from 1993 to the present.
- 5.3 Pam Skinner, Dean, Faculty of Health Sciences & Human Services, discussed the proposal process for Fanshawe College and for the Ministry of Colleges and Universities. Pam stated that the Health Sciences laboratory and classroom areas will be renovated over the next year with the construction of a mock operating room theatre set for 2007.
- 5.4 Dennis Hunter stated that for any new college program, a needs analysis survey is to be done. Dennis stated that he has been working closely with the Planning Department at Fanshawe College to develop three online surveys, one each for:
- i) Anesthesia consultants
  - ii) Respiratory Therapists (RT)
  - iii) Nursing
- Discussion followed on the possibility of sending a separate survey for the anesthesia residents.

### **ACTION:**

1. Dennis Hunter to distribute the surveys for committee feedback.
  2. Dennis Hunter to develop a separate survey for anesthesia residents and distribute to the committee for feedback.
- 5.5 Mr. Hunter stated that a national curriculum has been developed by the Canadian Society of Respiratory Therapists (CSRT) based on a task analysis conducted in 2000. Drafts of this document have been presented to the CAS Allied Health Committee for feedback over the past couple of years. In March 2005, Dennis stated he attended a meeting sponsored by the CSRT in Ottawa that included representatives from interested schools and RT OR therapists from various parts of the country. The draft curriculum was reviewed by the group and final changes made to the document. This final version will be reviewed by the CAS Allied Health Committee in June 2005.

- 5.6 There was general discussion regarding career opportunities and the impact if any, the AA would have on the current anesthesia residency program. It was agreed that the survey results would help the committee decide the next step for the program.

**ACTION:**

Dennis Hunter to get in touch with Dr. Sal Spadafora for his feedback. Dr. Spadafora heads up the anesthesia residency program in London.

**6.0 NEXT MEETING DATE**

**The next meeting is scheduled for  
Wednesday, June 29, 2005.  
9:00 a.m. to 11:30 a.m.  
Conference Room H1007**

**7.0 ADJOURNMENT**

As there was no further business, the meeting was adjourned.

**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant Program Advisory Committee**

**Meeting # 2  
June 29, 2005  
Fanshawe College – M2001-1**

**PRESENT:** Dennis Hunter  
Brian Brennan  
Janice Elliot  
Steve Englander  
Mike Keim  
Jane Montgomery  
Dr. Fiona Ralley

**REGRETS:** Dr. Richard Cherry  
Dr. Jim Watson  
Judy Fraser  
Heather Fisher  
Pam Skinner

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 0910 hrs.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Steve Englander.

**3.0 APPROVAL OF AGENDA**

The agenda was approved as circulated by Steve Englander and seconded by Brian Brennan.

**4.0 APPROVAL OF MINUTES**

The minutes were approved as circulated by Jane Montgomery and seconded by Mike Keim.

## **BUSINESS ARISING**

- 5.1 Dennis Hunter presented the committee with the results from the Needs Analysis survey sent out in May 2005. The survey was sent electronically to Anesthesia Consultants, Anesthesia Residents, Respiratory Therapists and Nurses in the critical care and operating room areas at London Health Sciences Centre (LHSC). The survey return rate for the consultants and residents was approximately 50% for both groups. Much of the survey discussion centred on the different responses between the consultants and residents. The committee agreed that the resulting survey feedback by the consultants on the Anesthesia Assistant (AA) was very positive but just the opposite for the results supplied by the anesthesia residents. Dr. Ralley suggested that the residents may perceive the role of the Anesthesia Assistant as infringing on their opportunity to practice their skills in the operating room since the consultant is also in the room with them. On the other hand, the consultant is usually working as the sole anesthesiologist for the case and would welcome the expertise of the Anesthesia Assistant. With respect to the survey results from Respiratory Therapists and Nursing, it was noted the return rate was quite small from both groups, 18 and 13 respondents respectively. The committee felt that the survey came out just prior to the LHSC move from South Street to west campus and that the flood of emails staff were receiving at that time may have contributed to the small return rate. It was agreed that the survey could easily be sent out again in the future if necessary.
- 5.2 D. Hunter updated the PAC committee on the meeting recently held by the Allied Health Committee (AHC) of the Canadian Anesthesiologist Society (CAS) held in Vancouver, June 17-21, 2005. The activity at the meeting was reported to Dennis by Ms. Sue Jones, president elect of the Canadian Society of Respiratory Therapists (CSRT) who attended the meeting. Other AHC committee members included 5 physicians, 3 other representatives from the CSRT and representatives from the Operating Room Nurses Association of Canada (ORNAC). The representatives from ORNAC presented a job description of the Anesthesia Assistant that their association had been working on. The AHC felt it was not inclusive enough and asked the CSRT and ORNAC to work together to come up with a joint job description over the next few months and report back to the AHC.
- It was agreed that the Program Advisory Committee should develop an Anesthesia Assistant job description based on the London and surrounding area. This could then be compared to the national profile for completeness in the future. It was felt by developing a local profile, it would aid in the development of the program at Fanshawe College and help the hospitals identify this position to administration at each of the respective sites.

### **Action:**

1. Mike Keim stated that St. Joseph's hospital in London had developed a draft job description of the Anesthesia Assistant in 2003. He will circulate it to the committee for review and discussion.
  2. Jane Montgomery will look to see if there is a formal job description for Respiratory Therapists working in the OR at the LHSC sites.
- 5.3 The proposed AA curriculum developed by the CSRT was not discussed in depth at the AHC meeting as it was still being finalized by the CSRT. This was deferred to the next meeting of the AHC.
- 5.4 The committee agreed that the AA program at Fanshawe College should continue to develop based on the positive survey responses. It was suggested it would be helpful to identify all areas where Anesthesia is presently being asked to attend as well as areas where conscious sedation is being done but not normally attended to by the Department of Anesthesia.

**Action:**

Dr. Ralley volunteered to compile a list of areas where Anesthesia is presently being asked to attend as well as areas where conscious sedation is used but not traditionally attended to by the Department of Anesthesia.

**6.0 NEXT MEETING DATE**

The next meeting is scheduled for late August or September 2005. The time and date to be announced at a later date.

**7.0 ADJOURNMENT**

As there was no further business, the meeting was adjourned a motion of adjournment by Mike Keim and seconded by Jane Montgomery.

**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant Program Advisory Committee**

**Meeting # 3**

**September 22, 2005**

**Fanshawe College – H1007**

**PRESENT:** Dennis Hunter (Recorder)  
Pam Skinner  
Brian Brennan  
Dr. Richard Cherry  
Steve Englander  
Judy Fraser  
Jane Montgomery  
Dr. Fiona Ralley  
Dr. Jim Watson

**REGRETS:** Janice Elliot  
Heather Fisher  
Mike Keim

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 1310 hrs.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Steve Englander.

**3.0 APPROVAL OF AGENDA**

The agenda was approved, as circulated, by Dr. Watson and seconded by Brian Brennan.

**4.0 APPROVAL OF MINUTES**

The minutes were approved, as circulated, by Jane Montgomery and seconded by Steve Englander.

## **5.0 BUSINESS ARISING**

**5.1** Dennis Hunter directed the committee's attention to the pre-circulated national curriculum for Anesthesia Assistant that has been proposed by the Canadian Society of Respiratory Therapists (CSRT). Dr. Ralley commented that, in her opinion, the curriculum was far too in depth for an Anesthesia Assistant (AA) program especially in the area of pharmacology and general anesthesia. Dr. Ralley commented that the AA would be involved in conscious sedation cases only and not general anesthesia. Dr. Watson and Dr. Cherry concurred. Following lengthy discussion, the committee decided the curriculum as it stands, is far too in depth for the position of AA as it perceived by the committee. The committee does realize the curriculum is a national document, based on a task analysis report with the goal of standardizing the role of the AA across the country. However, the committee feels feedback needs to be directed to the CSRT expressing the committee's view of the curriculum.

### **Action:**

1. Dennis Hunter will draft a letter to the Executive Director of the CSRT expressing the views of the committee.
2. Dr. Watson, along with Mike Keim, will examine the curriculum in more depth to offer edits to the curriculum that can be passed on to the CSRT.
3. Dr. Ralley to contact the Allied Health Committee (AHC) of the Canadian Anesthesiologists Society (CAS) to inquire about the endorsement process of the proposed CSRT curriculum.

**5.2** Dr. Ralley reported that she surveyed six (6) areas of University Hospital LHSC where conscious sedation is being carried out. Only one area, "Angiography and Interventional Radiography" reported back. It was reported that presently the radiologist delivers medication needed for sedation and that they would welcome a trained person such as the AA to assist in the conscious sedation of the patient.

## **6.0 NEXT MEETING DATE**

The next meeting is scheduled for November 17, 2005 at 1300 hrs. Fanshawe College, Main Campus, Conference Room H1007.

## **7.0 ADJOURNMENT**

As there was no further business, a motion of adjournment was presented by Judy Fraser and seconded by Steve Englander.



**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant Program Advisory Committee**

**Meeting # 4**

**Nov. 17, 2005**

**Fanshawe College – H1007**

**PRESENT:** Dennis Hunter (Recorder)  
Judy Fraser  
Dr. Jim Watson  
Mike Keim  
Audrey Van Belois

**REGRETS:** Janice Elliot  
Heather Fisher  
Dr. Richard Cherry  
Steve Englander  
Pam Skinner  
Jane Montgomery  
Dr. Fiona Ralley

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 1310 hrs. Audrey Van Belois was introduced as a new committee member. Audrey is replacing Brian Brennan who had to resign from the committee due to job commitments.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Judy Fraser.

**3.0 APPROVAL OF AGENDA**

The agenda was approved, as circulated, by Judy Fraser and seconded by Mike Keim.

**4.0 APPROVAL OF MINUTES**

The minutes were approved, as circulated, by Mike Keim and seconded by Judy Fraser.

## **BUSINESS ARISING**

### **5.1**

**1. Action item follow-up from last meeting:** Dennis Hunter reported that he had telephoned Doug Maynard, Executive Director of the Canadian Society of Respiratory Therapists (CSRT) by telephone, as directed by the committee at the last PAC meeting. Dennis stated he relayed the committee's concerns that the circulated CSRT curriculum for Anesthesia Assistant was very in depth for the role envisioned by the anaesthesiologists on the committee. Dennis reported that Mr. Maynard stated the document was meant to be a referral document and that it is realized that each area of the country would develop its own curriculum according to each area's specific needs. Mr. Maynard stated the feedback provided by the PAC committee would be forwarded to the appropriate persons at the CSRT.

**2. Action item follow-up from last meeting:** Dr. Jim Watson and Mike Keim emailed a revised curriculum to the committee based on a job description developed at St. Joseph's Health Care Centre (SJHC). Discussion regarding the new curriculum was deferred to a later time

**3. Action Item follow-up from last meeting:** Dennis Hunter read an email from Dr. Fionna Ralley who was unable to attend the PAC meeting. Dr. Ralley had attended a meeting of Ontario Anesthesiologists in Hamilton in September 2005 where the future of the Anesthesia Assistant was discussed following a presentation by Dr. David Beven, Chair of Anesthesia at the University of Toronto. Dr. Ralley reported the presentation spurred emotional debate among the attendees.

## **6.0 NEW BUSINESS**

**6.1** Dennis Hunter reported that he and Pam Skinner were part of a teleconference call Nov. 2, 2005 between Fanshawe, Michener and Algonquin College. The purpose of the call was to see where each school was in the development of their individual programs and to offer suggestions on future collaboration. It was decided to set up a meeting at Algonquin College in December for further collaborative discussions and to tour the new OR simulation lab at Algonquin.

**6.2** A Nov. 10, 2005 press release by Michener outlining their Jan. 9, 2006 launch of their Basic and Advanced programs for Anesthesia Assistant was discussed with respect to the impact to other Ontario Anesthesia Assistant programs. The general consensus was that Fanshawe College still pursue the possibility of starting a program but with the following action items:

**Action:**

1. Dennis Hunter to contact appropriate personnel in the Ministry of Health (MOH) and the Ministry of Training of Colleges and Universities (MCTU). The purpose of the call is to seek information about the possibility of funding directed to hospitals for Anesthesia Assistants.
2. Dennis Hunter to discuss with Paula Burns, Chair, Primary & Critical Care at Michener the possibility of collaborative or a joint program between Fanshawe and Michener.
3. Dr. Jim Watson to meet with Dr. Davy Cheng, Anesthesiologist-in-Chief, London Health Science Centres and SJHC to discuss gathering support from appropriate physician groups for the position of Anesthesia Assistant.

**7.0 NEXT MEETING DATE**

The next meeting to be scheduled in the New Year The time and date to be announced at a later date.

**8.0 ADJOURNMENT**

As there was no further business, a motion of adjournment was presented by Judy Fraser and seconded by Audrey Van Belois.

**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant Program Advisory Committee**

**Meeting # 5**

**Apr. 6, 2006**

**Fanshawe College – H1005**

**PRESENT:** Dr. Richard Cherry  
Janice Elliot  
Steve Englander  
Mike Keim  
Jane Montgomery  
Dr. Fiona Ralley  
Pam Skinner  
Dr. Jim Watson  
Dennis Hunter (Recorder)

**REGRETS:** Pamela Bushell  
Judy Fraser  
Audrey Van Belois

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 1310 hrs. The committee was informed that Heather Fisher resigned from the committee and has been replaced by Pamela Bushell, Nursing Clinical Educator, LHSC.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Janice Elliot.

**3.0 APPROVAL OF AGENDA**

The agenda was approved, as circulated, by Jane Montgomery and seconded by Jim Watson.

**4.0 APPROVAL OF MINUTES**

The minutes were approved, as circulated, by Mike Keim and seconded by Steve Englander.

**5.0 BUSINESS ARISING**

**5.1 Action items - follow-up from last meeting:**

1. Dennis Hunter reported that he has had discussions with Pam Skinner, Dean Health Sciences & Human Services about contacting the Ministry of Health to inquire about possible future funding for Anesthesia Assistants. Pam indicated that she would follow it up from her office.

2. Dennis Hunter and Pam Skinner travelled to Michener Institute for Applied Health Sciences in Toronto, Jan. 27, 2006 to meet with Paula Burns, Chair, Primary & Critical Care and Joann Aubut, Chair Health Sciences Division Algonquin College. As Michener had already started their AA program with the first intake of students Jan. 2006, discussion centred on the importance of a common curriculum across the province and how that could be achieved. The idea of purchasing curriculum from Michener was discussed at length. Paula agreed to explore this possibility.  
After the meeting, a tour was arranged of the OR simulation lab. Students were observed working through scenarios with the attending anaesthetist. A future teleconference call was scheduled.
3. Dr. Jim Watson reported that he had met with Dr. Davy Cheng, Anesthesiologist-in-Chief, London Health Science Centre and St. Joseph's Health Centre. Dr. Watson said that Dr. Cheng has submitted a proposal to the Ministry of Health for funding for several AA positions. Dr. Watson also reported that other centres such as Hamilton have also made submissions.

## **6.0 NEW BUSINESS**

- 6.1 All aspects of the current AA program at Michener were looked at including format, general structure, delivery methods and applicant pool. After much discussion the committee agreed that the idea of a common curriculum throughout the province was indeed important and that Fanshawe College should pursue the possibility of starting an AA program at Fanshawe College. The committee recommended continuing discussions with Michener on the possibility of purchasing curriculum. If this was not possible, the committee recommended maintaining close ties with the other schools as curriculum is developed for the Fanshawe College program.

### **Action:**

1. Dennis Hunter to discuss with Michener clinical placements.
2. Mike Keim agreed to look at possible clinical placements in the London and surrounding area.

## **7.0 NEXT MEETING DATE**

The next meeting to be called upon further program developments.

## **8.0 ADJOURNMENT**

As there was no further business, a motion of adjournment was presented by Mike Keim and seconded by Jim Watson.

**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant (AA) Program Advisory Committee**

**Meeting # 6**

**Sept. 21, 2006**

**Fanshawe College – M2001**

**PRESENT:** Dennis Hunter (Chair, recorder)  
Janice Elliot  
Steve Englander  
Judy Fraser  
Mike Keim  
Jane Montgomery  
Dr. Fiona Ralley  
Pam Skinner  
Audrey Van Belois  
Dr. Jim Watson

**REGRETS:** Pamela Bushell  
Dr. Richard Cherry

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 1410 hrs.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Janice Elliot.

**3.0 APPROVAL OF AGENDA**

The pre-circulated agenda was amended and approved by Judy Fraser and seconded by Steve Englander.

**4.0 APPROVAL OF MINUTES**

Mike Keim amended #6.2 of the last minutes to state that he wasn't looking into clinical placements but rather the components and objectives of clinical placements. A motion to approve the amended minutes was made by Jane Montgomery and seconded by Judy Fraser.

**5.0 BUSINESS ARISING**

**5.1 Action items - follow-up from last meeting:**

Dennis Hunter reported that a teleconference call was held early June between Michener, Algonquin and Fanshawe colleges. Discussion centred on the possibilities of shared curriculum and partnerships between the three colleges. Paula Baxter of Michener said that further discussion with her administration was necessary before any commitment could formally be made. It was agreed

to have a follow-up teleconference call later in the month or sometime in the summer which unfortunately did not materialize.

Dennis stated he and Pam Skinner had recently participated in a Sept. 18, 2006 teleconference call with Algonquin College and Thompson Rivers University (TRU). Discussion centred on a possible agreement to work together to share resources such as course design and curriculum development. TRU agreed to draft an agreement for review by Algonquin and Fanshawe.

**Action:**

1. Dennis Hunter to update the committee on any new developments between TRU, Algonquin and Michener.

5.2 Mike Keim stated that further work on the components/objectives of a clinical placement has not been done to date but it will be aligned with the earlier UHN objectives and current Michener information.

**6.0 NEW BUSINESS**

6.1 The position paper posted by the Canadian Anesthesiology Society (CAS), June 2006 was reviewed and discussed. Highlights of the paper include the endorsement of the concept of the Anesthesia Assistant as well as the scope of practice for the AA.

6.2 The Operative Anesthesia Committee (OAC) report from April 2006 was reviewed and discussed. The committee was established by the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC) in the most recent Physician Services Agreement. It was recognized that immediate action was required due to the growing shortage of anesthesia personnel throughout the province. Highlights of the report include:

- establishment of the Anesthesia Care Teams (ACT) pilot project at hospitals throughout the province
- widespread training and use of anesthesia assistants in the delivery of anesthesia services in a variety of practice settings (e.g. Academic Health Sciences Centres and community hospitals)

6.3 There was discussion about the Nurse Anesthetist model being put forth by the RNAO. Janice Elliot commented that the general Nursing membership does not have the full background on this proposal as it has not been circulated to the Nursing membership.

- 6.4 It was reported that the London hospitals have applied to be part of the ACT pilot projects. Starting dates are still to be determined.
- 6.5 Dennis Hunter circulated a proposed template for the AA program at Fanshawe. Dennis explained the difference between program structure under the Ministry of Training, Colleges and Universities (MTCU) as compared to the Ministry of Health (MOH) that Michener falls under. The program would be similar to the program started at Michener as recommended by the OAC report but with changes to reflect guidelines by the MTCU. The committee agreed to the structural template of the program which consists of 2 semesters didactic and one 8 week semester of clinical. The didactic semester would be given in a flexible delivery format. It was agreed that the clinical segment would be discussed at a later date.

**Action:**

1. Dennis Hunter to distribute course information sheets on the proposed courses for feedback from committee members.
- 6.6 Dennis Hunter circulated the AA program prerequisites currently being used by TRU and Michener and those proposed by Algonquin. After much discussion the committee agreed on the following prerequisites for the AA program at Fanshawe College:
- i) Registered Respiratory Therapist with a current Certificate of Registration in the province of Ontario with 2 years full time or equivalency in the past 5 years
  - ii) Registered Nurse with a current Certificate of Competence in the province of Ontario with 2 years full time or equivalency in the past 5 years.

It was agreed that a pre-assessment test as well as an advertising campaign geared toward the most appropriate candidates would help in the final selection of students. Discussion ensued regarding prerequisites for international medical graduates (IMG).

**Action:**

1. Dennis Hunter to discuss with Algonquin, Michener and TRU prerequisites used for the IMG.

**7.0 NEXT MEETING DATE**

The next meeting to be announced at the call of the Chair.

**8.0 ADJOURNMENT**

As there was no further business, a motion of adjournment was presented by Jim Watson and seconded by Steve Englander.



**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant (AA) Program Advisory Committee**

**Meeting # 7**

**Nov. 9, 2006**

**Fanshawe College – H1005**

**PRESENT:** Dennis Hunter (Chair, recorder)  
Dr. Richard Cherry  
Janice Elliot  
Steve Englander  
Mike Keim  
Dr. Fiona Ralley  
Audrey Van Belois

**REGRETS:** Pamela Bushell  
Judy Fraser  
Pam Skinner  
Dr. Jim Watson

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 1310 hrs.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Janice Elliot.

**3.0 APPROVAL OF AGENDA**

The pre-circulated agenda was approved by Mike Keim and seconded by Jane Montgomery.

**4.0 APPROVAL OF MINUTES**

Minutes from meeting #6 were approved by Jane Montgomery and seconded by Steve Englander.

**5.0 BUSINESS ARISING**

**Action items: Follow-up from last meeting:**

**5.1** Dennis Hunter reported that an agreement of cooperation was reached between Fanshawe College, Algonquin College and Thompson River University (TRU) in Kamloops. The agreement calls for the three schools to work together in the sharing of existing curriculum and any newly developed course material. Dennis reported that he had already received course outlines from TRU which included both support and core courses. Dennis said that he would be visiting Algonquin College over the next month to work with the Coordinator of Algonquin's AA program.

**5.2** The pre-circulated course information sheets of proposed courses were discussed at length. For each course, discussion centred on:

- Course content – omissions and inclusions
- Overall hours allotted for each course
- Which semester the course should be taught
- Physician teaching hours needed for the course

The proposed courses discussed were:

- ✓ ANES 1001- ANESTHESIA EQUIPMENT
- ✓ ANES 1002 – CARDIOPULMONARY MANAGEMENT
- ✓ ANES 2001 – ANESTHESIA PHARMACOLOGY
- ✓ ANES 2002 – PRINCIPLES OF ANESTHESIA CARE

## **6.0 NEW BUSINESS**

**6.1** Dennis Hunter introduced the Credential Validation Service (CVS) document he is working on for submission to the Ministry of Training, Colleges and Universities (MTCU) for approval. Further discussion of document content was deferred to the next meeting.

**6.2** Discussion of the clinical component of the program was deferred to the next meeting.

**6.3** Discussion on pre-requisites for international medical graduates (IMG) was deferred until the next meeting.

## **7.0 NEXT MEETING DATE**

The next meeting was set for Nov. 30, 2006.

## **8.0 ADJOURNMENT**

Due to time constraints, a motion of adjournment was presented by Fiona Ralley and seconded by Janice Elliot at 1600 hrs.

**FANSHAWE COLLEGE OF APPLIED ARTS AND TECHNOLOGY  
LONDON, ONTARIO**

**Anesthesia Assistant (AA) Program Advisory Committee**

**Meeting # 8**

**Nov. 30, 2006**

**Fanshawe College – A1031**

**PRESENT:** Dennis Hunter (Chair, recorder)  
Janice Elliot  
Steve Englander  
Judy Fraser  
Dr. Fiona Ralley  
Audrey Van Belois

**REGRETS:** Dr. Richard Cherry  
Mike Keim  
Pam Skinner  
Dr. Jim Watson

**1.0 WELCOME AND INTRODUCTIONS**

The meeting was called to order at 1310 hrs.

**2.0 ELECTION OF A SECRETARY**

Dennis Hunter volunteered to record the minutes of the meeting. This was seconded by Janice Elliot.

**3.0 APPROVAL OF AGENDA**

The pre-circulated agenda was approved by Steve Englander and seconded by Audrey Van Belois.

**4.0 APPROVAL OF MINUTES**

Minutes from meeting #7 were approved by Audrey Van Belois and seconded by Fiona Ralley.

**5.0 BUSINESS ARISING**

**Action items: Follow-up from last meeting:**

**5.1** Dennis introduced feedback from Jim Watson on the circulated Pharmacology course information sheet discussed at meeting #7. He suggested adding a new bullet under "Section VI - Regional Anesthesia." The course information sheet will be amended and re-circulated to the committee.

The rest of the course information sheets not covered at the last meeting were discussed at length. For each course, discussion centred on:

- Course content – omissions and inclusions
- Overall hours allotted for each course
- Which semester the course should be taught
- Physician teaching hours needed for the course

The proposed courses discussed were:

- ✓ ANES 2003 – CASE STUDY MANAGEMENT
- ✓ ANES 1003 – LABORATORY PROCEDURES I
- ✓ ANES 2004 – LABORATORY PROCEDURES II
- ✓ ANES 1004 – INDEPENDENT STUDY I
- ✓ ANES 2005 – INDEPENDENT STUDY II

**5.2** There was further discussion on program prerequisites specifically around international medical graduates (IMGs). Dennis stated that Michener and Thompson Rivers University at the time of the meeting, do not currently mention IMGs on their websites as possible candidates. The stumbling block seems to be that the IMG is not licensed to practice under any College in Ontario. Considering this fact, it was decided to leave the prerequisites as they were.

**5.3** The clinical practicum (ANES 3001) portion of the program was discussed. It was agreed that the eight week time frame was sufficient and that it could be done either in an eight week continuous block or if the student was not able to do it all at once that it could be broken up into two four week blocks. If the latter was the case, the two four week blocks should be completed within a three month window. Discussion of the exact delivery format was deferred to a later date.

**5.4** Dennis distributed the “Vocational Learning Outcomes” portion of the Credential Validation Service (CVS) document. The committee agreed the outcomes reflected the nature of the program and accepted the outcomes for submission as written.

**6.0 NEW BUSINESS**

There was no new business discussed.

**7.0 NEXT MEETING DATE**

The time and date to be announced at a later date.

**8.0 ADJOURNMENT**

A motion of adjournment was made by Janice Elliot and seconded by Judy Fraser at 1445 hours.



## Program Overview

- 2 semesters didactic (15 weeks ea.)
- 1 semester (clinical 8 weeks)
- Part time flexible delivery: One day a week on campus for didactic training
- Combination of classroom work and online delivery and testing
- Total program hours: 620 hrs. (3 semesters)

## Didactic Program Overview

- 2 semesters didactic
- Part time flexible delivery: One day a week on campus for didactic training
- Combination of classroom work and online delivery and testing

## Semester One Courses

1. ANES 1001 "Anesthesia Equipment"  
2 hrs./week x 15 weeks
  2. ANES 1002 "Cardiopulmonary Management"  
2 hrs./week x 15 weeks
  3. ANES 1003 Laboratory Procedures I  
4 hrs./week x 15 weeks
  4. ANES 1004 "Independent Learning"  
2 hrs./week x 15 weeks
- Total weekly hours: 10
  - Total semester hours: 150

## Semester Two Courses

1. ANES 2001 "Anesthesia Pharmacology"  
2 hrs./week x 15 weeks
  2. ANES 2002 "Principles of Anesthesia Care"  
3 hrs./week x 6 weeks
  3. ANES 2003 "Case Study Management"  
3 hrs./week x 9 weeks
  4. ANES 2004 "Laboratory Procedures II"  
3 hrs./week x 15 weeks
  5. ANES 2005 "Independent Learning"  
2 hrs./week x 15 weeks
- Total weekly hours: 10
  - Total semester hours: 150



**ANES 1001 "Anesthesia Equipment"**  
2 hrs./week x 15 weeks

- Anesthetic gas machine
- Vaporizers
- Breathing circuits
- Ventilators
- Gas Scavenging
- Gas monitors
- Gas delivery hazards
- Equipment checkout as per CAS guidelines
- Gas delivery hazards

**ANES 1002 "Cardiopulmonary Management"**  
2 hrs./week x 15 weeks

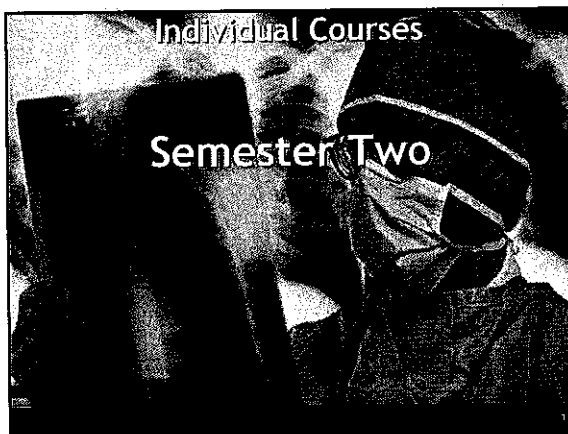
- Perioperative evaluation
- Artificial airways
- Oral/Nasal Intubation (non-complicated)
- Hemodynamic insertion techniques & monitoring (adult/ped.neon)
  - arterial blood gases
  - arterial pressure
  - central venous pressure
  - pulmonary artery pressure
  - mixed venous saturations
  - ECG
  - ICP
  - peripheral nerve stimulators
- Critical Incident Management

**ANES 1003 Laboratory Procedures I**  
4 hrs./week x 15 weeks

- Anesthetic gas machine & components
- Perioperative evaluation
- Artificial airways
- Oral/Nasal intubation
- Hemodynamic monitoring
- Critical Incident Management

**ANES 1004 "Independent Learning"**  
2 hrs./week x 15 weeks

- Online quizzes
- Online article searches and assignments
- Discussion board



**ANES 2001 "Anesthesia Pharmacology"**  
2 hrs./week x 15 weeks

- Pharmacological principles
- Inhalational Anesthesia
- Muscle Relaxants
- Intravenous Anesthetics
- Local Anesthetics
- Regional Anesthesia
- Post-Op Pain Management
- Resuscitative Drugs

**ANES 2002 "Principles of Anesthesia Care"**  
3 hrs./week x 6 weeks

- Principles of anesthesia
- Anesthesia workstation
- Difficult airway management
- IV access
- Patient Positioning
- Induction techniques
- Fluid & Blood therapy
- Maintenance, Emergence, Discontinuation
- Post Anesthesia Care

**ANES 2003 "Case Study Management"**  
3 hrs./week x 9 weeks

- Different patient scenarios presented each week with respect to:
- Pre-op assessment
- Induction techniques
- Monitoring
- Patient Positioning
- Fluid & Blood therapy
- Maintenance, Emergence, Discontinuation
- Post Anesthesia Care

**ANES 2004 Laboratory Procedures II**  
3 hrs./week x 15 weeks

- Anesthesia Workstation
- Fluid/Blood Therapy
- No-difficult and Difficult airway techniques
- Induction Techniques
- Patient Positioning
- Post-op airway evaluation (extubation etc.)
- Patient transport & Post-Op Care
- Case Scenarios

**ANES 2005 "Independent Learning"**  
2 hrs./week x 15 weeks

- Online quizzes
- Online article searches and assignments
- Discussion board

**Semester Three**

**1. ANES 3001 "Clinical Practicum"**

- ✓ 320 hours (8 weeks total)
- ✓ Flexible delivery:
  - i) 8 weeks continuous
  - ii) two 4 week sessions (\*\* To be completed within 3 month period)

# **Transforming the Delivery of Operative Anesthesia Services in Ontario**

**Report & Recommendations of the  
Operative Anesthesia Committee**

**April 2006**



## EXECUTIVE SUMMARY

For several years the Canadian anesthesiology community has been concerned about a growing shortage of anesthesia personnel. This national shortfall was made particularly relevant to Ontario in light of the provincial government's announcement of its Wait List Initiative in the Fall of 2003. Even though anesthesiologists sacrificed academic activity to ensure the provision of clinical services, surgical wait times continued to grow, operating rooms were closed and surgeries cancelled.

Despite recent efforts to address the situation, including increasing medical school enrollment and anesthesia residency training positions and investing in academic anesthesia services, the anesthesia shortfall continued to grow. The Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC) recognized that immediate action was required and called for the establishment of the Operative Anesthesia Committee (OAC) in the most recent Physician Services Agreement.

To support stable and adequate access to anesthesia services in Ontario hospitals, the OAC is calling for the formal introduction of Anesthesia Care Teams (ACTs). The ACT is an innovative model of care which calls for a significant change to the way anesthesia services are currently provided. Specially trained other health professionals assist in the provision of anesthesia services under the direct supervision of an anesthesiologist. This model of care will provide better access to anesthesia services in a more efficient and cost-effective manner. It will also allow all ACT team members to fully utilize their skills and experience in the provision of anesthesia services, a key component in transforming the provision of health care.

Outlined below are the Committee's 3 major recommendations. The steps suggested to implement these recommendations are detailed in the report:

**#1 Formal introduction of the ACT model**

*Establish ACT demonstration sites in Academic Health Sciences Centres (AHSCs) and community hospitals. Evaluate the demonstration sites, modify the model and set minimum requirements for viability and expected outcomes. Explore different funding models for ACTs (e.g. APP, AFP, fee-for-service). Roll out the ACT model across the province.*

**#2 Widespread training and use of anesthesia assistants in the delivery of anesthesia services in a variety of practice settings (e.g. Academic Health Sciences Centres and community hospitals)**

*Bring together a group of stakeholders to develop a common definition of anesthesia assistant, define their roles and responsibilities and agree on training requirements. Introduce and/or expand training opportunities across Ontario.*

**#3 Changes to the Schedule of Benefits, which will allow the use of supervision in a fee-for-service practice environment and encourage the provision of operative anesthesia services**

*Replace the anesthesia fee (base & time units) with a supervisory payment when someone other than an anesthesiologist provides anesthesia care. Reinvest the savings achieved through this change to the Schedule of Benefits in other anesthesia services. Further support the provision of operative anesthesia services through other specified investments.*

### ***Pre-operative Assessment Unit***

Specially trained nurses, under the supervision of an anesthesiologist, would conduct chart reviews, where indicated, initiate investigation using a series of protocols and algorithms and evaluate/assess patients. Technicians would collect blood work and conduct electrocardiograms. Anesthesiologists would oversee the clinic and provide consultation services as required.

#### **Staffing suggestions:**

- 1 FTE specially trained RN for every 5000 clinic patients (Approximately 20 patients per day)
- 1 FTE anesthesiologist for every 3500 clinic patients who require a consultation (Approximately 10-15 patients per day)
- The assumption is that an anesthesiologist may need to see approximately 30% of all clinic patients, seen by the physician only. Note, there may be other "flagged" patients that the nurse asks the anesthesiologist to see. These "flagged" patient visits will be much shorter as the nurse has already seen the patient.
- Note: staff to patient ratios may vary depending on the acuity of the case mix

### ***Intra-Operative Care***

Specially trained anesthesia assistants (RNs and/or RRTs) would provide both technical and clinical assistance to anesthesiologists. The technical role would involve preparation of equipment, facilitating vascular access and insertion of regional nerve blocks as well as assisting with airway management. The clinical role would include assisting the anesthesiologist in the care of stable patients during anesthesia. Anesthesiologists would continue to provide a full range of services in the operating room.

#### **Staffing suggestions:**

- 1 FTE anesthesia assistant for every 2 operating rooms
- The assumption is that this staffing ratio could result in a 20% increase in operating room efficiency and that this increase in efficiency could result in more operative cases
- Note: to fully utilize the ACT model, anesthesia assistants should be available 24 hours a day, seven days a week

### ***Post-operative Care - Acute Pain Service***

Specially trained nurses would provide patient monitoring and documentation and carry out therapeutic adjustments of both drugs and devices under agreed protocols. These RNs would also have a very active role in patient and unit staff education under the supervision of an anesthesiologist. Anesthesiologists would supervise the acute pain service and have a consultant role when conventional pain management fails.

#### **Staffing suggestions:**

- 1 FTE specially trained RN for every 1500 post operative pain patients
- 0.5 FTE anesthesiologist for every 5000 post operative pain patients
- The assumption is that the majority of patients could be cared for by the nurse under the supervision of an anesthesiologist. This staffing approach could reduce the anesthesiologist workload by at least 60%
- Note: to fully utilize the ACT model, specially trained nurses should be available 24 hours a day, seven days a week.