



April 2017

About me

I am Tariq Esmail, a PGY-2 Anaesthesia resident at Mount Sinai Hospital in Toronto. My Bachelor of Medical Science is from Western and I completed my M.B., B.A.O., B.Ch. at the National University of Ireland, Galway. My hometown is Burlington, Ontario.

Why I chose Anaesthesiology

Early on in my studies, I gravitated towards the Operating Room. I like the acuity of surgery, the efficiency of the OR, and the challenges of the surgical patient. While taking an elective in Anaesthesia, I loved the feeling of “being in the driver’s seat”. Anaesthesia allows me to provide care to all people at all stages of life. Creating a plan to get the patient safely through surgery is intellectually stimulating, and there is a procedural component to the job that I also enjoy. In Anaesthesiology, we continually develop and maintain the skills needed to confidently respond in emergency situations, something that I always strive for.

Clinical Life

What does a typical day of clinical duties involve?

The hospital determines my schedule, and there are many different models of call schedules, specific daily assignments, and 2nd call/late call. Typically, my day includes:

Anaesthesiology – A typical day

6:15-6:30	Set up the OR for the day.
7:00-7:35	Attend a Resident Training Session in the morning. These range in topics, from didactic sessions to “trouble rounds” (case discussions in the form of an oral exam), trauma topics, textbook rounds, and others.
7:35-7:45	I’m assigned a staff member as my partner for the day.
7:45-8:00	Ready for OR to start.
8:00-4:00	OR (with coffee break and lunch break depending on the schedule).
4:00-6:00	I look at the next day’s OR schedule and take time to look up or visit my patients for the next day.

The cases each day vary from all specialties and sub-specialties within Anaesthesia, and they also vary depending on the hospital site. As I acquire more experience and knowledge, I become more confident and am given more responsibilities.



Anaesthesia allows me to provide care to all people at all stages of life. I like the acuity of surgery, the efficiency of the OR, and the challenges of the surgical patient.”

Anaesthesiology Resident Profile – Tariq Esmail

This is what my week look likes when I'm assigned to the OR:

Anaesthesiology – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00		Set up OR	Set up OR	Set up OR	Set up OR	Pre Call Day (No Mandatory Clinical Activities)	On Call
07:00		Morning Teaching	Morning Teaching	Morning Teaching	Morning Teaching		
08:00	On Call	OR	OR	OR	OR	[Grand Rounds]	Post Call (No Mandatory Clinical Activities)
09:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00						On Call (Night) - Handover	
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

* Note as per PARO contract, weekend call is usually a maximum of two weekends per month (average per rotation)

** Each week the schedule will change slightly depending the days you are on call

*** The blank slots in the schedule are also filled with various research meetings and any educational activities that you engage in, such as teaching medical students or participating in studies/preparing for presentations

What kinds of clinical rotations are required in your program?

In the first year, we rotate through Anaesthesia, Medicine (CTU), Surgery (General and a sub-speciality of our choice), Obstetrics, Emergency Medicine, Paediatric Emergency medicine, and two elective rotations.

In senior years, the Royal College requires 12-18 months of Adult Anaesthesia, and 6 months each in Paediatric Anaesthesia, ICU, Off-Service rotations (Respiratory medicine, Cardiology, CCU, Medicine Consults, etc.), Anaesthesia-related sub-specialties (Chronic Pain, Regional Anaesthesia, Community Anaesthesia, etc.). We also get up to six months of scholarly/research time.

Anaesthesiology Resident Profile – Tariq Esmail

When the Competency By Design program is introduced, this will change – the Royal College website has the most recent information about that.

Which of your personality characteristics have been particularly helpful in your field?

Being outgoing and having strong communication skills has been very helpful working in different teams and with a variety of patients. My ability to manage a variety of tasks and responsibilities simultaneously has also been useful.

What are the best aspects of your residency?

Generally speaking, I most enjoy working with others. I get to work one-on-one with staff and consultant physicians every day. I have access to help and guidance, while being able to experience the responsibility of delivering Anaesthetics independently. I love working with and learning from people who achieve excellence in their field. Many of the surgeons, nurses, and Anaesthesiologists I work with every day are world leaders in their field.

What are the most challenging aspects of your residency?

Balancing service and learning components is the most challenging. In addition to a full-time work schedule, outside the hospital we are preparing for specific cases each day. There is a great deal of reading and learning to be done on an ongoing basis. Managing “out of hospital” time effectively can be very challenging. The vast repertoire of knowledge that needs to be acquired is huge. It is also a constant challenge to apply this knowledge at the consultant level (learning to think like an Anaesthetist) – which is why the program is five years.

What is one question you’re often asked about your residency?

People want to know what I you do all day in the OR! There is a common misconception that you just deliver the Anaesthesia and that’s that. I’m often asked by laypeople what an Anaesthesiologist does. I’m often in the position of explaining the variety of roles that Anaesthesiologists play within a hospital.

Can you describe the transition from clerkship into residency?

Clerkship is a time of exponential learning, most it through observation of how things are done. That changes drastically once you have the responsibility of making decisions as the doctor on the case. It’s strange at first to be called “doctor,” especially when you don’t feel like you know everything you should yet. Medical school prepares you with knowledge, and then residency lets you apply it. You see the difference when your patients are no longer standardised. You are on the front line making decisions and talking to families. Staff are always available to give advice and answer questions, but the expectations are higher overall.

What are your future practice plans?

I am still in the planning stages for my future practice. We are generally encouraged to pursue a fellowship regardless of whether we choose to enter a community or academic practice. There is a vast range of fellowships available, and I am still exploring these options as I rotate through all the major specialties.



I love working with and learning from people who achieve excellence in their field. Many of the surgeons, nurses, and Anaesthesiologists I work with every day are world leaders in their field.”

Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

I'm very interested in integrating technology and social media platforms within residency. I'm working with the e-Learning people in our department to develop a platform for residents in our program to share information and resources. A variety of topics also interest me in the realm of research. I have focused my current efforts in Hyperbaric Medicine, where I was awarded a Post Grad Education Research Award for a proposal in the field. I am also currently the chief resident at my hospital site, and enjoy taking on leadership opportunities.

What is your work-life balance like, and how do you achieve this?

I make a conscious effort to maintain hobbies and interests outside of work. Finding this balance is an ongoing challenge, but it is necessary. It requires planning, clear communication, and time management. I prioritize personal fitness, outdoor activities, and downtime with friends and family. I am also fortunate to live with an amazing partner who is not in the medical field and yet understands and supports me through it all.



There is a common misconception that you just deliver the Anaesthesia and that's that. I'm often asked by laypeople what an Anaesthesiologist does. I'm often in the position of explaining the variety of roles that Anaesthesiologists play within a hospital.



For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/En/Pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.