

Anesthesia rotation

1. OVERVIEW

A 4 week elective rotation working in the operating room with the anesthesiologist.

2. GOALS

Understand the principles of pre-anesthetic evaluation, preparation, and anesthetic care, including history, physical examination, assessment of physiologic state, categorization of anesthetic risk, and care throughout the perioperative period.

3. OBJECTIVES

- a. **Patient Care:** By the completion of this rotation, the resident will:
 - i. Develop orotracheal intubation skills.
 - ii. Demonstrate and understand local anesthetic pharmacology and participate in the conduct of regional anesthetics.
 - iii. Demonstrate Knowledge of operating room safety
 - iv. Demonstrate an understanding of the principles of post anesthesia recovery care and participate in the conduct of that care including recognition of the common complications seen following an anesthetic.

- b. **Medical Knowledge:** By the completion of this rotation, the resident will:
 - i. Demonstrate and understand the principles of conduct of a general anesthetic by demonstrating:
 1. Knowledge of the pharmacology of the major anesthetic agents including appropriate selection and use.
 2. Knowledge of the basic physiology and interpretation of intra-operative monitoring including end-tidal CO₂, oxygen saturation, arterial blood gas, pulmonary artery pressures, and other hemodynamic measurements.
 3. Knowledge of and administration of appropriate peri-operative fluid therapy

- c. **Practice-based learning:** Resident is expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.

- d. **Interpersonal and communication skills:** Resident is expected to:
 - i. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - ii. Work effectively with others as a member of the OR team.

- e. **Professionalism:** Resident is expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident is expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients,; and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

- f. **Systems-based practice:** Resident is expected to:
 - i. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - ii. Advocate for quality patient care and assist patients in dealing with the complexities of the OR experience.

4. CLINICAL EXPERIENCE

The resident participates with anesthesiologist preceptors in pre-anesthetic evaluations, placement of monitors, conduction of anesthetics including induction, intubation, maintenance, emergence, and extubation, post-anesthetic recovery care and follow-up. The resident may also have opportunities to gain experience in regional anesthesia, chronic pain management, and sub-specialty anesthesia areas such as pediatric, obstetric, thoracic, and neurosurgical anesthesia.

5. DIDACTIC EXPERIENCE

Following a case-based reading approach, residents are expected to utilize resources for self-education which include anesthesia textbooks available in the medical library, bound medical, surgical and anesthesia journals in the medical library, and on-line searching capabilities maintained throughout the institution.

Suggested reading material includes

Clinical Anesthesia Procedures of the Massachusetts General Hospital
edited by Leonard Firestone.

Anesthesia for Obstetrics by Sol Shnider

Anesthesiology by Gershon Levinson and Ron Miller

Basics of Anesthesia WO200 M649b 2007 (7day loan in KHS library)

6. RESPONSIBILITIES

- a. **Decision making**
Decisions are made directly under the supervision of the staff anesthesiologist
- b. **Planning**

Planning for care is done on an ongoing basis with the staff anesthesiologist

c. **Direct patient care**

Patient care is performed only with the staff anesthesiologist

d. **Record keeping**

Residents complete the pre-anesthesia form on patients the morning of surgery, under direction of the staff anesthesiologist. Operating notes are written by the staff anesthesiologist or, if desired, by the resident under direct supervision by the staff anesthesiologist.

e. **Order writing**

Orders are generally written by the team responsible for the care of the patient. Perioperative anesthetic related orders are written by the staff anesthesiologist or, if desired, by the resident under direct supervision by the staff anesthesiologist.

f. **Ongoing patient management**

Patient management occurs only during preoperative evaluations, during the case and follow-up evaluations the first post-op day.

7. **SUPERVISION**

Direct supervision by the staff anesthesiologist at all times

8. **SCHEDULE**

Monday through Friday, 6:30 am to 3:30 pm.
Weekends and holidays off.

9. **DISTRIBUTION OF GOALS, OBJECTIVES**

At the beginning of the residency year. Copies are available in the office for review before the start of the rotation.

10. **METHODS OF IMPLEMENTATION**

One on one precepting
Faculty role modeling
Reading materials

11. **FUNDAMENTAL CLINICAL SKILLS EXPERIENCE**

Limited to none

12. **SENIOR RESIDENT CONTACT**

There is no senior resident contact

13. **VACATION**

Residents may schedule vacation with the approval from the department and the transitional program director.

14. **CALL RESPONSIBILITIES**

None

