

**OLIVE VIEW MEDICAL CENTER
REGIONAL & GENERAL ANESTHESIA
GOALS AND OBJECTIVES**

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p>Patient Care: To provide the resident with clinical experience in the anesthetic management of patients undergoing surgical treatment of diseases requiring regional anesthesia that is compassionate, appropriate, and effective.</p> <p>Residents will gain exposure to a wide range of patients requiring regional and general anesthesia from outpatient surgery to patients requiring intensive care, but usually not requiring referral to a tertiary institution. Residents will also gain exposure to a wide range of regional procedures. Residents will train in a county hospital setting with different requirements, as opposed to a large tertiary care hospital.</p>	<ol style="list-style-type: none"> 1. Spinal & Epidural Anesthesia: effectively and efficiently perform spinal and lumbar epidural anesthesia for surgery under various conditions and using various techniques. 2. Peripheral Nerve Blocks: be able to describe the basic and clinical sciences behind at least 5 different peripheral nerve blocks. These can include popliteal, sciatic, saphenous, and ankle blocks; ilioinguinal and iliohypogastric nerve blocks; elbow, wrist, and digital nerve blocks; 3-in-1 and fascia iliaca nerve blocks; lateral femoral cutaneous and sciatic nerve blocks; intercostal and paravertebral blocks; airway blocks; and others. 3. Brachial Plexus Blocks: be able to describe the basic and clinical sciences behind brachial plexus anesthesia for surgery, and be able to describe in detail at least two different approaches to brachial plexus blocks. 4. Intravenous Regional Anesthesia: be able to describe the basic and clinical sciences behind intravenous regional anesthesia, efficiently and effectively perform intravenous regional anesthesia for surgical procedures. 5. Risks & Complications: be able to use regional anesthesia in a way which minimizes the risks associated with regional anesthesia, and be able to diagnose and manage the most important complications associated with regional anesthesia. 6. Equipment & Supplies: be able to properly choose regional anesthesia equipment and supplies and care for them in a manner that promotes good patient care and clinician safety. 7. Advanced technical skills: arterial catheter, pulmonary artery catheter, double lumen intubation, flexible fiberoptic intubation. 	<ol style="list-style-type: none"> 1. Residents will be scheduled for cases in which there is a high probability of spinal and/or peripheral nerve blocks being included in their anesthetic plan. However, individual patient needs should take precedence in determining the anesthetic choice selected. Vascular, thoracic and obstetric cases assignments will also be made, as available. 2. Trainees on this rotation will be assigned by the clinical coordinator. Residents' instruction is primarily on a one-to-one basis in the context of clinical care. The operating rooms have sufficient complicated cases to accommodate assigned residents taking this rotation. Residents will be assigned to cases in the OR Monday through Friday. 3. A daily phone call is made by the residents to their assigned faculty for the next day to discuss the anesthetic plan for the cases. Any anesthetic or medical issues are researched and discussed. Final plans for patient optimization are also confirmed. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. Daily faculty evaluation of Resident – “web-based”. 3. Faculty evaluation of resident – rotation – “web-based”. 4. Personalized end of rotation faculty – resident interaction takes place in the conference room.
<p>Medical Knowledge: To acquire the basic clinical and applied science knowledge pertinent to the management of regional anesthesia.</p>	<p>Basic Science Knowledge:</p> <ol style="list-style-type: none"> 1. Local Anesthetics: be able to explain to specialist clinicians and non-specialist clinicians the physicochemical properties and clinical characteristics of local anesthetic agents, and be able to use these agents in varied clinical situations. Be able to discuss the principles and indications for various local anesthetic adjuvants such as epinephrine, narcotics, and bicarbonate. 2. Describe the selection criteria for regional anesthetic techniques. 3. Understand the basic science of sterile technique. <p>Clinical Knowledge:</p> <ol style="list-style-type: none"> 1. Understand appropriate techniques including: the set up and use of the ultrasound machine and the peripheral nerve stimulator. 2. Demonstrate skill with Neuraxial, Peripheral, Brachial Plexus, Intravenous 	<ol style="list-style-type: none"> 1. Preanesthetic evaluations. 2. Individual supervision and instruction in the operating room. 3. Directed independent study. 4. Rotation specific scheduled lectures in regional anesthesia. 5. Daily lectures on a one-on-one basis as determined by the cases of the day. Subjects include topics listed under Educational Objectives. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. Daily faculty evaluation of Resident – “web-based”. 3. Faculty evaluation of resident – rotation – “web-based”.

	<p>Regional Nerve Blocks and advanced technical skills as noted above.</p> <ol style="list-style-type: none"> Learn the importance of anticoagulation and thrombocytopenia in the planning and performance of regional anesthesia. Learn how to evaluate and manage the patient with a compromised airway. Learn the implications of regional anesthesia in the patient with pulmonary dysfunction. Learn how to manage the performance of regional anesthesia in a patient with morbid obesity. Learn how to manage patients with rare conditions of concern to the Anesthesiologist. Learn about the anesthetic management of patients with cardiac disease undergoing non-cardiac surgery and the implications for regional anesthesia. Learn about the diagnosis and treatment of cardiac dysrhythmias. Learn about the possible cardiac complications of regional anesthesia. 		
<p>Practice Based Learning: To be able to investigate and evaluate their own patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.</p>	<ol style="list-style-type: none"> Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. To learn to critically evaluate the regional anesthesia literature. Apply scientific evidence to decision making. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. To understand how to assess the impact of one's actions on outcomes. 	<ol style="list-style-type: none"> Obtain feedback from the supervising faculty. Review and discuss supporting literature with the supervising faculty. Participation in departmental Q/A Faculty lectures on statistics and critical literature evaluation. 	<ol style="list-style-type: none"> Daily faculty-resident interaction in the operating room. Daily faculty evaluation of Resident – “web-based”. Faculty evaluation of resident – rotation – “web-based”. During scheduled evidence based lectures.
<p>Interpersonal and Communication Skills: To be able to demonstrate communication skills that result in effective information exchange and appropriate interaction with colleagues, surgeons, patients, and ancillary personnel</p>	<ol style="list-style-type: none"> Understand the importance of effective communication between the anesthesiologist and the surgeon, OR, ICU and PACU nurses. Learn techniques to decrease patient and patient family anxiety. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. Demonstrate the ability to effectively communicate concerns with surgeons. Learn strategies and techniques for teaching medical students the principles of anesthesiology. 	<ol style="list-style-type: none"> Modeling by the faculty. Interact with patients and their families. Discuss preanesthetic evaluation and plan with the supervising faculty and pertinent members of the health care team. Experience teaching medical students in the operating room. 	<ol style="list-style-type: none"> Daily faculty-resident interaction in the operating room. Self evaluations. Daily faculty evaluation of Resident – “web-based”. Faculty evaluation of resident – rotation – “web-based”. “Feedback” from Medical Students. Personalized end of rotation faculty – resident interaction takes place in the conference room.

<p>Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p>	<ol style="list-style-type: none"> 1. Demonstrate compassionate and respectful behaviors when interacting with patients and their families. 2. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English. 3. Demonstrate sensitivity to patients various age, gender, ethnic, and religious backgrounds. 4. Understand the legal and ethical issues involved in patient consent. 5. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs. 6. Adhere to institutional and departmental standards and policies. 7. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities. 8. Demonstrate the ability to effectively balance one’s own personal affairs with clinical and educational duties as outlined in this document. 9. Demonstrate a commitment to ongoing professional development. 10. Learn how to discuss and record cases with complications and/or poor outcomes. 	<ol style="list-style-type: none"> 1. Modeling by the faculty. 2. Attendance at conferences where many of these issues are discussed. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. Self evaluations. 3. Daily faculty evaluation of Resident – “web-based”. 4. Faculty evaluation of resident – rotation – “web- based”. 5. Feedback – Patients and their families. 6. Personalized end of rotation faculty – resident interaction takes place in the conference room.
<p>Systems Based Medicine: To be familiar with the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<ol style="list-style-type: none"> 1. Learn the cost of the drugs, monitoring equipment and overall procedures involved in surgical care. 2. Understand how to do cost analysis for health care systems 3. Understand the complex systems that form the foundation for care of patients suffering from various diseases. 4. Learn how to effect improved operating room efficiency safely. 5. Appreciate the complex interactions that go on between primary care teams, surgeons and anesthesiologist in the overall hospital management of these complex patients. 6. Learn how to effectively use information management in the preoperative evaluation. 	<ol style="list-style-type: none"> 1. During their experience in the operating room, the trainees will interact with intensive care, surgical and nursing services in a unique environment, which will require sensitivity to structured and multidisciplinary, simultaneous patient care. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. Self evaluations. 3. Daily faculty evaluation of Resident – “web-based”. 4. Faculty evaluation of resident – rotation – “web- based”. 5. Feedback – Medical Students 6. Feedback – OR personnel and Surgeons