

**RONALD REGAN UCLA MEDICAL CENTER BASIC CLINICAL ANESTHESIA  
GOALS AND OBJECTIVES BY ROTATION**

| <b>GOALS</b>   | <b>EDUCATIONAL OBJECTIVES</b>   | <b>CLINICAL RESPONSIBILITIES / ACTIVITIES</b>  | <b>EVALUATIONS</b>  |
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| <p><b>Patient Care:</b><br/>To provide the resident with clinical experience in the anesthetic management of adults and pediatric surgical patients that is compassionate, appropriate, and effective.</p> | <p>Technical skills will be gained in the following:</p> <ol style="list-style-type: none"> <li>1. Insert peripheral IV's in pediatric patients</li> <li>2. Insert PA catheters with minimal assistance</li> <li>3. Perform awake tracheal intubation with minimal assistance</li> <li>4. Perform spinal and lumbar epidural blocks in patients with difficult anatomy</li> <li>5. Perform thoracic epidural blocks with assistance</li> <li>6. Perform regional anesthetic blocks with assistance</li> </ol> | <ol style="list-style-type: none"> <li>1. Residents are assigned to clinical responsibilities (cases in the operating rooms, or subspecialty services with patient care) on all weekdays except when they are post-call.</li> <li>2. On regular work days, residents are expected to set up for cases and begin caring for patients at 7:00 a.m. (on Wednesday, residents begin patient care at 8:00 a.m., after attendance at 7:00 a.m. Grand Rounds).</li> <li>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.</li> <li>4. Any anesthetic or medical issues are researched and discussed. Final plans for patient optimization are also confirmed.</li> <li>5. Residents may participate in simulation.</li> </ol> | <ol style="list-style-type: none"> <li>1. Monthly on-line faculty evaluations.</li> <li>2. 360 evaluations.</li> <li>3. Quarterly meeting with program director.</li> </ol> |
| <p><b>Medical Knowledge:</b><br/>To acquire the clinical and applied science knowledge pertinent to the management of the surgical patient.</p>  | <p>Basic Science Knowledge</p> <ol style="list-style-type: none"> <li>1. Physiology of significant cardiovascular events (pulmonary embolism, myocardial ischemia, myocardial depression, aortic cross-clamp, fat emboli)</li> <li>2. Pharmacology of vasoactive drugs and anesthetic drugs in depth</li> <li>3. Pathophysiology of medical diseases in surgical patients and implications for anesthesia (pulmonary, cardiovascular, hepatic, renal, endocrine)</li> </ol>                                   | <ol style="list-style-type: none"> <li>1. Preanesthetic evaluations.</li> <li>2. Individual supervision and instruction in the operating room.</li> <li>3. Directed independent study.</li> <li>4. Annually scheduled lectures.</li> <li>5. Simulation curriculum.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Monthly on-line faculty evaluations.</li> <li>2. Quarterly meeting with program director.</li> </ol>                              |

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|   | <p>Clinical Knowledge</p> <ol style="list-style-type: none"> <li>1. Manage routine Head &amp; Neck, Urology, Plastics, GY, Trauma, Dental/Oral, Off-Site (Radiology, Pediatrics, and Cardiac) cases with assistance</li> <li>2. Discuss and perform emergency airway procedures, including use of LMA, Combitube, retrograde wire intubation, and cricothyroidotomy with jet ventilation</li> <li>3. Manage the emergency airway of trauma patients with assistance</li> <li>4. Identify intraoperative problems, formulate differential diagnosis, and treat these problems independently</li> <li>5. Recognize anatomic landmarks, indications/contraindications, and complications of regional blocks (brachial plexus blocks other than axillary approach, blocks for management of chronic pain)</li> <li>6. Initiate management of trauma cases</li> <li>7. Transfer and admit patients in the PACU (airway, pain, hemodynamic and fluids)</li> </ol> | <ol style="list-style-type: none"> <li>6. Daily lectures on a one-on-one basis as determined by the cases of the day. Subjects include topics listed under Educational Objectives.</li> </ol>  |  |
| <p><b>Practice Based Learning:</b><br/>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"> <li>1. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base.</li> <li>2. Learn to critically evaluate the anesthesia literature.</li> <li>3. Apply scientific evidence to decision making.</li> <li>4. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy.</li> <li>5. Understand how to assess the impact of one's actions on outcomes.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Obtain feedback from the supervising faculty.</li> <li>2. Review and discuss supporting literature with the supervising faculty.</li> <li>3. Participation in departmental Q/A</li> <li>4. Faculty lectures on statistics and critical literature evaluation</li> <li>5. Attend resident simulation.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction in the operating room.</li> <li>2. Self evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Quarterly meeting with program director.</li> </ol>                                       |
| <p><b>Interpersonal and Communication Skills:</b><br/>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"> <li>1. Understand the importance of effective communication between the anesthesiologist and the surgeon, OR, ICU and PACU nurses.</li> <li>2. Learn techniques to decrease patient and patient family anxiety.</li> <li>3. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety.</li> <li>4. Demonstrate the ability to effectively communicate concerns with surgeons.</li> <li>5. To learn strategies and techniques for teaching medical students the principles of anesthesiology.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Modeling by the anesthesia faculty</li> <li>2. Interact with patients and their families.</li> <li>3. Discuss preanesthetic evaluation and plan with the supervising faculty and pertinent members of the health care team.</li> <li>4. Attend resident simulation.</li> <li>5. Experience teaching medical students in the operating room.</li> </ol> | <ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction in the operating room.</li> <li>2. 360 evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Feedback medical students.</li> <li>5. Quarterly meeting with program director.</li> </ol> |

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| <p><b>Professionalism:</b><br/>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"> <li>1. Demonstrate compassionate and respectful behaviors when interacting with patients and their families.</li> <li>2. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.</li> <li>3. Demonstrate sensitivity to patients various age, gender, ethnic, and religious backgrounds.</li> <li>4. Understand the legal and ethical issues involved in patient consent.</li> <li>5. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs.</li> <li>6. Adhere to institutional and departmental standards and policies.</li> <li>7. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities.</li> <li>8. Demonstrate the ability to effectively balance one's own personal affairs with clinical and educational duties as outlined in this document.</li> <li>9. Demonstrate a commitment to ongoing professional development.</li> <li>10. Learn how to discuss and record cases with complications and/or poor outcomes.</li> </ol> | <ol style="list-style-type: none"> <li>1. Modeling by the anesthesia faculty</li> <li>2. Attendance at conferences where many of these issues are discussed.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction in the operating room.</li> <li>2. 360 evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Quarterly meeting with program director.</li> </ol> |
| <p><b>Systems Based Medicine:</b><br/>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"> <li>1. Learn the cost of the drugs, monitoring equipment and overall procedures involved in surgical care.</li> <li>2. Understand how to do cost analysis for health care systems</li> <li>3. Understand the complex systems that form the foundation for care of patients suffering from various diseases.</li> <li>4. Learn how to effect improved operating room efficiency safely.</li> <li>5. Appreciate the complex interactions that go on between primary care teams, surgeons and anesthesiologist in the overall hospital management of these complex patients.</li> <li>6. Learn how to effectively use information management in the preoperative evaluation.</li> </ol>  | <ol style="list-style-type: none"> <li>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.</li> <li>2. Attend resident simulation.</li> </ol> | <ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction in the operating room.</li> <li>2. 360 evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Quarterly meeting with program director.</li> </ol> |