

RONALD REAGAN UCLA MEDICAL CENTER CARDIAC AND TRANSPLANT ANESTHESIA GOALS AND OBJECTIVES

| GOALS | EDUCATIONAL OBJECTIVES | CLINICAL RESPONSIBILITIES / ACTIVITIES | EVALUATIONS |
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| <p>Patient Care: To provide the resident with clinical experience in the anesthetic management of adults and pediatric cardiac surgical patients that is compassionate, appropriate, and effective.</p> <p>The patient population includes neonates, infants and adults with congenital and acquired heart disease. This enables a unique training to residents in the anesthetic management of patients with a wide variety of cardiac lesions, aortic pathology, and lung and heart transplantation.</p> | <ol style="list-style-type: none"> 1. To acquire skills in: <ol style="list-style-type: none"> a) Placement of arterial catheter b) Placement of pulmonary artery catheter c) Transesophageal echo d) Double Lumen Intubation e) Flexible Fiberoptic Intubation 2. Anesthetic management of adult patients having: <ol style="list-style-type: none"> a) Coronary artery bypass surgery b) Valvular heart surgery c) Repair of congenital heart defect d) Heart and lung transplantation e) Patients undergoing ventricular assist device placement | <ol style="list-style-type: none"> 1. A two month rotation on the service will include daily clinical assignments of a cardiac case with an attending cardiac anesthesiologist. Typically one resident is assigned to this cardiac rotation every month. 2. The resident will perform the preoperative assessment, discuss the case with the attending the night before and, be directly involved in the management of the case. 3. The residents will receive a manual for the cardiothoracic service which is designed to provide them with knowledge about the rotation, which includes literature about various cardiovascular lesions and pathology and their anesthetic implications. 4. Residents will be scheduled in the Cardiac Service call and on occasion be scheduled on the OR call. 5. Residents may participate in simulation. | <ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. 360 evaluations. 3. Quarterly meeting with program director. |
| <p>Medical Knowledge: To acquire the clinical and applied science knowledge</p> | <ol style="list-style-type: none"> 1. Improved understanding of the physiology of normal and pathologic cardiovascular system 2. Knowledge of the pharmacology of anesthetic agents and their effects on the | <ol style="list-style-type: none"> 1. Document preanesthetic evaluations on all patients. 2. Individual supervision and instruction in the | <ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. Self evaluations. |

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| <p>pertinent to the management of the cardiac surgical patient.</p> | <p>cardiovascular system, drugs commonly used in the treatment of heart disease, and their interaction with anesthetic drugs</p> <ol style="list-style-type: none"> 3. Understanding of cardiopulmonary bypass and its anesthetic implications 4. Review the pathogenesis, diagnosis and treatment of cardiac dysrhythmias 5. Interpretation of invasive monitoring lines (arterial, central and pulmonary artery). 6. Understanding of hemostatic changes that occur with cardiopulmonary bypass and the blood products and drugs used to improve coagulation. 7. Introduction to transesophageal echocardiography | <p>operating room.</p> <ol style="list-style-type: none"> 3. Directed independent study. 4. Attend annually scheduled lectures. 5. Attend resident simulation. 6. Discuss topics listed under Educational Objectives with the supervising faculty daily on a one-on-one basis as determined by the cases of the day. 7. In addition to significant teaching during the supervised case, residents will participate in a monthly journal club and a monthly TEE workshop. There is a weekly M&M, combined surgical, cardiology and anesthesia conferences in conjunction with cardiac faculty. . | <ol style="list-style-type: none"> 3. 360 evaluations. 4. Quarterly meeting with program director. |
| <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"> 1. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. 2. Learn to critically evaluate the cardiac anesthesia literature. 3. Apply scientific evidence to decision making. 4. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. 5. Understand how to assess the impact of one's actions on outcomes. | <ol style="list-style-type: none"> 1. Obtain feedback from the supervising faculty. 2. Review and discuss scientific literature with the supervising faculty. 3. Participate in departmental Q/A. 4. Attend faculty lectures on statistics and critical literature evaluation 5. Attend resident simulation. | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. Self evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director. |
| <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"> 1. Understand the importance of effective communication between the anesthesiologist and the cardiothoracic surgeon, OR, ICU and PACU staff. 2. Learn techniques to decrease patient and patient family anxiety. 3. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. 4. Demonstrate the ability to effectively communicate concerns with surgeons. 5. To learn strategies and techniques for teaching medical students the principles of anesthesiology. | <ol style="list-style-type: none"> 1. Modeling by the cardiac anesthesia faculty 2. Interact with patients and their families. 3. Discuss the preanesthetic evaluation and plan with the supervising faculty and pertinent members of the health care team. 4. Attend resident simulation. 5. Participate in teaching medical students in the operating room. | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Feedback from medical students. 5. Quarterly meeting with program director. |

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| <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 cardiac anesthesia faculty 2. Attend conferences where many of these issues are discussed. | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director. |
| <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. Interact with surgical, intensive care, and nursing services in a unique environment, which will require sensitivity to structured and multidisciplinary, simultaneous patient care. 2. Attend resident simulation. | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director. |