

**RONALD REAGAN UCLA MEDICAL CENTER OBSTERIC ANESTHESIA
GOALS AND OBJECTIVES BY ROTATION**

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p>Patient Care: To provide the resident with clinical experience in caring for healthy patients and those with co-morbidities during the perinatal period that is compassionate, appropriate, and effective.</p>	<p>To acquire skills in:</p> <ol style="list-style-type: none"> 1. Preanesthetic evaluation of the pregnant patient 2. Analgesia for labor <ol style="list-style-type: none"> a) Lumbar epidural b) Combined spinal-epidural 3. Anesthesia for operative procedures <ol style="list-style-type: none"> a) Cesarean section b) Bilateral tubal ligation c) Cerclage (optional) 	<ol style="list-style-type: none"> 1. One full-time resident will be scheduled to train on the UCLA OB Service for one month at a time. 2. Residents will take call on the General O.R. schedule. No more than 80 hours of training will be assigned per week. 3. As the only scheduled resident on the rotation, the primary responsibility for the resident is the management of anesthesia in the labor and delivery area. 4. Residents should know at all times the progress of labor and status of anesthetic management of all patients. 5. The Attending MUST be present for the start of all anesthetics. 6. For a stat Cesarean Section, make sure the Attending (phone x78631) and Team Captain (phone x78714) have been called STAT. 7. The resident assigned to the OB Service will carry a phone x78649. 8. 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:</p>	<p>Basic Science Knowledge</p>	<ol style="list-style-type: none"> 1. Document preanesthetic evaluations on 	<ol style="list-style-type: none"> 1. Monthly on-line faculty

<p>To acquire the basic clinical and applied science knowledge pertinent to the management of the obstetric patient.</p>	<ol style="list-style-type: none"> 1. Local anesthetics 2. Physiology of pregnancy 3. Preeclampsia/eclampsia 4. Complications of regional anesthesia 5. Tocolytic agents 6. Abnormal presentation 7. Multiple gestation 8. Anaphylactoid syndrome of pregnancy (amniotic fluid embolism) 9. Diabetes mellitus in pregnancy <p>Clinical Knowledge</p> <ol style="list-style-type: none"> 1. Analgesia for labor and vaginal delivery 2. Anesthesia for Cesarean section <ol style="list-style-type: none"> a) regional anesthesia b) general anesthesia 3. Anesthesia for bilateral tubal ligation 4. Intrapartum fetal monitoring 5. Antepartum and postpartum hemorrhage 6. Postanesthetic evaluation and management of the peripartum patient 7. Postoperative analgesia 8. Postdural puncture headache 9. Non-obstetric surgery during pregnancy 10. Anesthetizing the parturient with structural heart disease 	<p>all patients.</p> <ol style="list-style-type: none"> 2. Individual supervision and instruction in the operating room and delivery rooms. 3. Directed independent study. 4. Annually scheduled lectures. 5. Simulation curriculum. 6. 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"> 2. 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. To learn to critically evaluate the obstetric anesthesia literature and apply scientific evidence to decision making. 2. Demonstrate the ability to utilize information technology, and primary texts to expand their knowledge base. 3. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. 4. Seek and respond to constructive criticism to improve performance in the six core competencies. 	<ol style="list-style-type: none"> 1. Obtain feedback from the faculty. 2. Review and discuss obstetric anesthesiology guidelines and supporting literature with the faculty. 3. Participation in departmental Q/A. 4. Faculty lectures on statistics and critical literature evaluation. 5. Attend resident simulation. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction. 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. To understand the importance of effective communication between the anesthesiologist and the obstetrician, nurses, and pediatricians. 2. Demonstrate the ability to clearly convey to patients anesthetic and analgesic alternatives, patient specific risks associated with various techniques, and answer any questions that they may have. 3. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. 	<ol style="list-style-type: none"> 1. Modeling by the anesthesia faculty 2. Interact with patients and their families. 3. Discuss assessments, plans and recommendations with the Attending and various 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. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Feedback medical students. 5. Quarterly meeting with program director.

<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 supervising faculty. 2. Attendance at conferences where many of these issues are discussed. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction. 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 obstetric anesthesia. 2. Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources. 3. Practice cost-effective health care without compromising quality of care. 4. Understand the complex systems that form the foundation for care of obstetric patients. 5. Appreciate the complex interactions that go on between obstetricians and anesthesiologist in the overall hospital management of these complex patients. 6. Understand how choices in patient care and other professional practices affect other healthcare professionals, the healthcare organization and the larger society and how these elements of the system affect the practice of obstetric anesthesia. 7. Learn how to effectively use information management in the patient care. 	<ol style="list-style-type: none"> 1. During their experience in the obstetric ward and the operating room, the trainees will interact with obstetric, pediatric 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. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director.