

RONALD REAGAN UCLA MEDICAL CENTER PERIOPERATIVE CARE ADVANCED ROTATION GOALS AND OBJECTIVES

| GOALS | EDUCATIONAL OBJECTIVES | CLINICAL RESPONSIBILITIES / ACTIVITIES | EVALUATIONS |
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| <p>Patient Care:</p> <p>To provide the resident with clinical experience in preoperative evaluation of a broad range of patient populations undergoing a wide variety of surgical and interventional procedures that is compassionate, appropriate, and effective.</p> <p>To provide experience in the management of perioperative emergencies.</p> <p>To provide experience in management of respiratory failure including airway intervention outside the operating room.</p> | <ol style="list-style-type: none"> 1. Direct the triaging, assessment and optimization of patients prior to any procedure requiring anesthesia. 2. Facilitate operating room management including allocation of anesthesia and surgical resources. 3. Coordinate the pre-operative care of patients admitted to undergo surgery including the assessment and management of cardiac, pulmonary, neurologic, renal, hepatic, hematopoetic and endocrine risk factors. 4. Effectively manage respiratory distress. 5. Provide safe sedation for urgent airway management. 6. Provide safe airway management outside the operating room. 7. Applying ACLS outside of the operating room including the coordination of the "code" team. 8. Practice cost-effective health care and not compromise quality of care. | <ol style="list-style-type: none"> 1. This is a two week rotation. 2. At 7:00 AM, the resident receives the pre-operative phone and pager from the on-call perioperative resident and a sign out of pending cases and pre-operative evaluations. 3. Respond to all code blue calls throughout the hospital. They will be responsible for assessing and managing the airway, and will assist in the coordination and administration of ACLS. 4. Evaluate all E.R. code traumas, focusing on pre-op optimization, coordination of emergency cases, and assist with airway management. 5. Assess all emergency cases and coordinate their care with the faculty in charge, the charge nurse, and the anesthesiologist assigned to the case. 6. Assess and coordinate the care of newly scheduled cases according to level of urgency. The patient's medical condition and ability to give consent should be assessed. Any recommendations for further workup should be discussed with the supervising faculty. If the patient is unable to give consent for anesthesia, an appropriate surrogate should be identified and contacted. 7. Help clarify outstanding preoperative issues at the request of the primary health care team. 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>To acquire the clinical and applied science knowledge pertinent to the preoperative management of patients and management of airway emergencies.</p> | <ol style="list-style-type: none"> 1. Know the most current ACLS guidelines 2. Learn how to evaluate and manage the difficult airway 3. Understand patient factors that increase the risk of anesthesia 4. Demonstrate the ability to effectively detect medical disease <ol style="list-style-type: none"> a) History, physical examination and chart review b) Preoperative testing <ol style="list-style-type: none"> i Predictive value of various tests ii Risk-benefit analysis of testing iii Laboratory test abnormalities in asymptomatic populations c) Drug sensitivities | <ol style="list-style-type: none"> 1. Perform preanesthetic evaluations for add-on cases. 2. Individual supervision and instruction by the perioperative faculty. 3. Directed independent study. 4. Annually scheduled lectures. 5. Simulation curriculum. 6. Daily lectures on perioperative topics. Subjects include topics listed under Educational Objectives. | <ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. Quarterly meeting with program director. |

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| | <ul style="list-style-type: none"> d) Previous anesthetic experiences 5. Understand surgical factors affecting patient outcomes including hemodynamic consequences, respiratory effects, stress response and pain. 6. Be familiar with the ASA classification 7. Demonstrate the ability to formulate an appropriate anesthetic plan <ul style="list-style-type: none"> a) Type of anesthesia <ul style="list-style-type: none"> i General <ul style="list-style-type: none"> (1) Airway management (2) Induction (3) Maintenance (4) Muscle relaxation ii Local or regional <ul style="list-style-type: none"> (1) Techniques (2) Agents iii Monitored anesthesia care <ul style="list-style-type: none"> (1) Supplemental oxygen (2) Sedation b) Intraoperative management <ul style="list-style-type: none"> i Monitoring ii Positioning iii Fluid management iv Special techniques c) Postoperative management <ul style="list-style-type: none"> i Pain control ii Intensive care <ul style="list-style-type: none"> (1) Postoperative ventilation (2) Hemodynamic control | | |
| <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> | <ul style="list-style-type: none"> 1. Learn to critically evaluate the preoperative, trauma, and airway management guidelines and supporting literature. 2. Learn to critically evaluate the anesthesia literature. 3. Apply scientific evidence to decision making. 4. Become familiar with perioperative quality assurance indicators. 5. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. 6. Understand how to assess the impact of one's actions on outcomes. | <ul style="list-style-type: none"> 1. Obtain feedback from the perioperative attending and individual anesthesiologist responsible for the intraoperative care of patients being evaluated. 2. Review and discuss preoperative guidelines and supporting literature with the perioperative attending. 3. Faculty lectures on statistics and critical literature evaluation. 4. Attend resident simulation. | <ul 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> | <ul style="list-style-type: none"> 1. Understand the importance of effective communication with patients and their families, nurses, nurse practitioners and physician colleagues. 2. Understand the role of teamwork and demonstrate the ability to manage consulting services. 3. 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 or direct them to an expert that can. 4. Demonstrate the ability to clearly explain the need for testing or consultation to patients and members of the health care team. 5. Demonstrate the ability to effectively communicate concerns with surgeons. 6. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. 7. Learn how to ensure patient satisfaction with preoperative evaluation. | <ul style="list-style-type: none"> 1. Modeling by supervising faculty. 2. Interact with patients and their families. 3. Discuss assessments, plans and recommendations with various members of the health care team. 4. Attend resident simulation. | <ul 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. |

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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. Understand medico-legal liability associated with preoperative assessment, and emergency airway management. 6. Learn how to discuss and record cases with complications and/or poor outcomes. 7. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs. 8. Adhere to institutional and departmental standards and policies. 9. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities. 10. Demonstrate the ability to effectively balance one's own personal affairs with clinical and educational duties as outlined in this document. 11. Demonstrate a commitment to ongoing professional development. | <ol style="list-style-type: none"> 1. Modeling by the supervising faculty. 2. Attend 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. Be able to assist patients in dealing with system complexities. 2. Learn how to consult or work as a team member with health care managers or providers to assess, coordinate, and improve health care. 3. Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources. 4. Understand how their patient care and other professional practices affect other health care professionals, other medical services, and how these elements of the system affect anesthesiology/pain practices. 5. Learn how to do cost analysis for health care systems. 6. Understand the complex systems that form the foundation for care of patients suffering from a variety of surgical diseases. 7. Learn how to effect improved operating room efficiency safely. 8. Appreciate the complex interactions that go on between primary care teams, consulting services, surgeons and anesthesiologist in the overall hospital management of these complex patients. 9. Be able to implement accuracy and efficiency in preoperative evaluation. 10. Learn how to effectively use information management in the preoperative evaluation. | <ol style="list-style-type: none"> 1. Interact with intensive care, surgical 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. |