

RONALD REAGAN UCLA MEDICAL CENTER IN-PATIENT PRE-OPERATIVE UNIT JUNIOR ROTATION GOALS AND OBJECTIVES

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p>Patient Care: 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>	<ol style="list-style-type: none"> 1. Coordinate the pre-operative care of patients admitted to undergo surgery including the assessment and management of cardiac, pulmonary, neurologic, renal, hepatic, hematological and endocrine risk factors. 2. Function as a consultant in perioperative medical management and anesthetic planning. 3. Obtain and document a focused history and physical exam. 4. Optimize comorbid conditions. 5. Order and interpret indicated testing. 6. Manage medications. 7. Develop an anesthetic and postoperative analgesia plan. 8. Practice cost-effective health care and not compromise quality of care. 	<ol style="list-style-type: none"> 1. During this two week rotation, the pre-operative resident shall report at 9:00 AM to the Procedures and Treatment Unit. 2. Help resolve preoperative issues identified by the Preoperative Evaluation Suite (PES) 3. Help clarify outstanding preoperative issues at the request of the primary health care team. 4. Help assess non emergent add-ons cases 5. Assist the resident on A call with preoperative workups. 6. Remain available to obtain in-patient consents for post-call residents. 7. Sign out to the on-call attending and on-call Team Captain by 6:00 PM. 8. 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 pertinent to the preoperative management of patients.</p>	<ol style="list-style-type: none"> 1. Understand patient factors that increase the risk of anesthesia 2. Obtain and understand the importance of information gathered regarding a patient's previous anesthesia history, focusing on types of surgery, anesthetic technique, and any adverse reactions. 3. Understand the importance of familial anesthetic complications. 4. Understand surgical factors affecting patient outcomes including hemodynamic consequences, respiratory effects, stress response and pain. 5. Be familiar with the ASA classification 6. Obtain all the relevant components of a cardiac history and physical. 7. Understand and apply ACC/AHA guidelines for Perioperative Cardiology Consultation. 8. Understand the value of noninvasive cardiac testing. 9. Understand the value of myocardial revascularization. 10. Understand the impact of beta-blockade, alpha-blockade and statins on cardiac risk reduction. Prescribe such medications as indicated. 11. Demonstrate the ability to assess exercise tolerance. 12. Understand the impact of various cardiac conditions on anesthetic planning and perioperative morbidity. 13. Understand ECG interpretation. 14. Understand indications for SBE prophylaxis. 15. Understand anesthetic implications of smoking, reactive airway disease, COPD, respiratory infections. 16. Understand pulmonary function testing, ABG interpretation. 17. Understand the impact of various neurological conditions on anesthetic planning and perioperative morbidity. 18. Understand the anesthetic implications of gastroenterological diseases and 	<ol style="list-style-type: none"> 1. Complete the preanesthetic evaluation of scheduled and add on cases as necessary. 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.

	<p>risks associated with aspiration.</p> <ol style="list-style-type: none"> 19. Understand NPO guidelines. 20. Be able to identify patients at risk for postoperative nausea and vomiting. 21. Understand the impact of various hematological conditions on anesthetic planning and perioperative morbidity. 22. Understand the anesthetic implications of renal diseases. 23. Understand the impact of various endocrinologic conditions on anesthetic planning and perioperative morbidity. 24. Understand the anesthetic implications of pregnancy. 25. Demonstrate the ability to evaluate the airway. 26. Understand indications for preoperative testing. 27. Understand preoperative management of medications. 28. Demonstrate the ability to Formulate an appropriate anesthetic plan <ol style="list-style-type: none"> a) Type of anesthesia <ol style="list-style-type: none"> i General <ol style="list-style-type: none"> (1) Airway management (2) Induction (3) Maintenance (4) Muscle relaxation ii Local or regional <ol style="list-style-type: none"> (1) Techniques (2) Agents iii Monitored anesthesia care <ol style="list-style-type: none"> (1) Supplemental oxygen (2) Sedation b) Intraoperative management <ol style="list-style-type: none"> i Monitoring ii Positioning iii Fluid management iv Special techniques c) Postoperative management <ol style="list-style-type: none"> i Pain control ii Intensive care <ol 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>	<ol style="list-style-type: none"> 1. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. 2. Apply scientific evidence to decision making. 3. Demonstrate the ability to efficiently obtain reliable information. 4. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. 5. Use all available resources, under the guidance of the attending, to make informed decisions about diagnostic and therapeutic interventions based on patient information, up-to-date scientific evidence and clinical judgment; evaluate and implement priorities in patient care, develop and carry out patient management plans. 6. Become familiar with perioperative quality assurance indicators. 7. 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 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. 	<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. 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. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. 6. Learn how to ensure patient satisfaction with preoperative evaluation. 	<ol 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. 	<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. 	<ol style="list-style-type: none"> 1. Modeling by 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. Appreciate the complex interactions that go on between primary care teams, consulting services, surgeons and anesthesiologist in the overall hospital management of complex patients. 8. Be able to implement accuracy and efficiency in preoperative evaluation. 9. 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.