

**RONALD REAGAN UCLA MEDICAL CENTER THORACIC ANESTHESIA
GOALS AND OBJECTIVES**

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p>Patient Care: To provide the resident with clinical experience in the anesthetic management of patients undergoing thoracic surgery that is compassionate, appropriate, and effective.</p>	<p>To acquire skills in:</p> <ol style="list-style-type: none"> 1. Methods of separation of two lungs 2. Double lumen endotracheal tubes, single lumen endotracheal tubes and bronchial blockers for one lung ventilation 3. Fiberoptic bronchoscopy to evaluate placement of above, and recognition of airway anatomy 4. Jet ventilation 5. Monitors: placement of arterial lines and central lines, as required by case 6. Postoperative pain management 7. Thoracic epidural 8. Intercostal nerve blocks 	<ol style="list-style-type: none"> 1. The resident thoracic rotation consists of two weeks. Annually, the UCLA Thoracic surgery service does approximately 350 (off pump) thoracic cases in the main operating rooms of the medical center. 2. Residents will be scheduled to the rotation from Monday through Friday. Residents will participate in the General O.R. call schedule. 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. Any anesthetic or medical issues are researched and discussed. Final plans for patient optimization are also confirmed. 4. Residents are eligible to be team captain on-call during this rotation. 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 pertinent to the management of the thoracic patient.</p>	<ol style="list-style-type: none"> 1. Basic Science Knowledge <ol style="list-style-type: none"> a) Thoracic anatomy b) Respiratory physiology and function c) Effects of thoracic surgery positioning, one lung ventilation, and the open chest on respiratory physiology d) Preoperative respiratory preparation 2. Clinical Knowledge <ol style="list-style-type: none"> e) Preanesthetic evaluation of thoracic surgery patients f) Management goals for rigid and flexible bronchoscopy, including jet ventilation g) Management of one lung ventilation h) Anesthetic management for mediastinoscopy i) Anesthetic management for esophageal surgery j) Postoperative pain management in thoracic surgery patients k) Early complications of thoracic surgery 	<ol style="list-style-type: none"> 1. Preanesthetic evaluations. 2. Individual supervision and instruction in the operating room. 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"> 1. Monthly on-line faculty evaluations. 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. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. 2. Learn to critically evaluate the thoracic 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 	<ol style="list-style-type: none"> 1. Obtain feedback from the supervising faculty. 2. Review and discuss supporting literature with the supervising faculty. 3. Participation in departmental Q/A. 4. Faculty lectures on statistics and critical literature 	<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>strategy.</p> <ol style="list-style-type: none"> Understand how to assess the impact of one's actions on outcomes. 	<p>evaluation.</p> <ol style="list-style-type: none"> Attend resident simulation. 	
<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"> Understand the importance of effective communication between the anesthesiologist and the surgeon, OR, ICU and PACU nurses. Learn techniques to decrease patient and patient family anxiety. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. Demonstrate the ability to effectively communicate concerns with surgeons. Learn strategies and techniques for teaching medical students thoracic anesthesia. 	<ol style="list-style-type: none"> Modeling by the thoracic anesthesia faculty Interact with patients and their families. Discuss preanesthetic evaluation and plan with the supervising faculty and pertinent members of the health care team. Attend resident simulation. Experience teaching medical students in the operating room. 	<ol style="list-style-type: none"> Daily faculty-resident interaction in the operating room. 360 evaluations. Monthly on-line faculty evaluations. Feedback medical students. 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"> Demonstrate compassionate and respectful behaviors when interacting with patients and their families. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English. Demonstrate sensitivity to patients various age, gender, ethnic, and religious backgrounds. Understand the legal and ethical issues involved in patient consent. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs. Adhere to institutional and departmental standards and policies. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities. Demonstrate the ability to effectively balance one's own personal affairs with clinical and educational duties as outlined in this document. Demonstrate a commitment to ongoing professional development. Learn how to discuss and record cases with complications and/or poor outcomes. 	<ol style="list-style-type: none"> Modeling by the thoracic anesthesia faculty <p>Attendance at conferences where many of these issues are discussed.</p>	<ol style="list-style-type: none"> Daily faculty-resident interaction in the operating room. 360 evaluations. Monthly on-line faculty evaluations. 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"> Learn the cost of the drugs, monitoring equipment and overall procedures involved in thoracic surgery. Understand how to do cost analysis for health care systems Understand the complex systems that form the foundation for care of patients suffering from various neurologic diseases. Learn how to effect improved operating room efficiency safely. Appreciate the complex interactions that go on between primary care teams, thoracic surgeons and anesthesiologist in the overall hospital management of these complex patients. Learn how to effectively use information management in the preoperative evaluation. 	<ol style="list-style-type: none"> 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. Attend resident simulation. 	<ol style="list-style-type: none"> Daily faculty-resident interaction in the operating room. 360 evaluations. Monthly on-line faculty evaluations. Quarterly meeting with program director.