

RONALD REAGAN UCLA MEDICAL CENTER VASCULAR 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 a wide range of vascular patients that is compassionate, appropriate, and effective.</p>	<p>Residents will gain skills in managing the following:</p> <ol style="list-style-type: none"> 1. The perioperative management of the co morbidities often found in the vascular surgery patient (cardiac, pulmonary, endocrine ,etc.) 2. Patients undergoing repair of the abdominal aorta via endovascular as well as open approach <ol style="list-style-type: none"> a) Preoperative evaluation of co-existing disease b) The appropriate use of invasive monitors c) The physiology of cross clamping and its implications for anesthetic management 3. Patients undergoing carotid endarterectomy. The use of cerebral monitoring 4. Patients undergoing lower extremity revascularization. Preoperative evaluation of preexisting disease 5. Patients undergoing procedures for thoracic outlet syndrome 6. Patients undergoing thoroscopic sympathectomy for hyperhydrosis. The proper placement of double lumen tubes (a unique opportunity in this generally healthy patients) 7. Patients undergoing anesthesia for line and graft placement. The proper use and limits of sedation in patients with multiple serious co-existing medical conditions 8. Patients undergoing endovascular repair of the thoracic aorta including the possibility of spinal cord ischemia. 	<ol style="list-style-type: none"> 1. Residents on the Vascular Rotation will gain knowledge through reading, interaction with faculty, the applicable lectures, conferences and grand rounds of the department as well as the practical experience from the management of cases from the vascular surgery service at UCLA Medical Center. 2. On occasions, one or more of the above procedures is not encountered. In that event, the resident should assure that they have obtained sufficient knowledge of the anesthetic implications via their readings and discussions with faculty. 3. Cases are assigned Monday through Friday. Residents will take call on the General O.R. schedule. No more than 80 hours of training will be assigned per week. 4. 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. 5. Any anesthetic or medical issues are researched and discussed. Final plans for patient optimization are also confirmed. 6. Residents may be eligible to be team captain while on-call during this rotation. 	<ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. 360 evaluations. 3. Quarterly meeting with program director.

		7. Residents may participate in simulation.	
<p>Medical Knowledge: To acquire the clinical and applied science knowledge pertinent to the management of the vascular patient.</p>	<ol style="list-style-type: none"> 1. Learn the indications and contraindications for the use of regional anesthesia in patients with neuromuscular deficits. 2. Learn how to diagnose and treat coagulopathies 3. Learn how to evaluate and manage the patient with a compromised airway 4. Learn how to manage the patient with pulmonary dysfunction 5. Learn how to manage the patient with morbid obesity 6. Learn how to manage patients with uncommon co-existing diseases 7. Learn about the anesthetic management of patients with cardiac disease undergoing non-cardiac surgery 8. Learn about the diagnosis and treatment of cardiac dysrhythmias 	<ol style="list-style-type: none"> 1. Document preanesthetic evaluations on all patients. 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. 4. 360 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 anesthesia and medical 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 supporting literature with the supervising 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 in the operating room. 2. Self evaluations. 3. Monthly on-line faculty evaluations. 5. 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 need for close interactions between the anesthesiologist and the surgeon during vascular procedures given the often complex co morbidities of vascular patients. 2. Understand the importance of effective communication between the anesthesiologist and the surgeon, OR, ICU and PACU nurses. 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. Learn strategies and techniques for teaching medical students the principles of anesthesiology. 	<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 from 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 anesthesia 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 surgical care including the implications of minimally invasive vascular surgery (both in terms of cost as well as patient outcome). 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 patient care. 	<ol style="list-style-type: none"> 1. 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. 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.

