

**SANTA MONICA UCLA MEDICAL CENTER CA2 BASIC CLINICAL ANESTHESIA
GOALS AND OBJECTIVES BY ROTATION**

| GOALS | EDUCATIONAL OBJECTIVES | CLINICAL RESPONSIBILITIES / ACTIVITIES | EVALUATIONS |
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| <p>Patient Care: To provide the resident with clinical experience in the anesthetic management of adults and pediatric surgical patients that is compassionate, appropriate, and effective.</p> | <p>In addition to the objectives outlined for the CA1 Basic Clinical Anesthesia Rotation, residents will be able to:</p> <ol style="list-style-type: none"> 1. Manage routine pediatric, vascular, thoracic, spinal surgery cases with assistance. 2. Identify intraoperative problems, formulate differential diagnosis, and treat these problems independently. 3. Insert peripheral IV's in pediatric patients older than 1 year. 4. Perform awake tracheal intubation with minimal assistance. 5. Perform spinal and lumbar epidural blocks. 6. Perform thoracic epidural blocks with assistance. 7. Perform regional anesthetic blocks with assistance. 8. Manage patients in the PACU (airway, pain, hemodynamic and fluids) and determine readiness for discharge. | <ol style="list-style-type: none"> 1. Residents are assigned to patient care daily. 2. Residents are assigned to clinical responsibilities (cases in the operating rooms, or subspecialty services with patient care) on all weekdays. 3. On regular workdays, residents are expected to set up for cases and begin caring for patients at 7:00 a.m (on Wednesday, residents begin patient care at 8:00 a.m., after attendance at 7:00 a.m. Grand Rounds). 4. Residents will occasionally be given a study day if there are no appropriate cases for them to do, but are expected to be available on pager in the hospital if needed for clinical work on these days. 5. Call responsibilities include emergency cases in the operating rooms, airway management during codes, and preoperative evaluation of emergency and add-on cases. 6. Residents will be assigned to cases in the OR Monday through Friday. They will participate in the call back resident call. If a patient is returned to the OR after regular hours, the resident will be called back to provide continuity of care. | <ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. 360 evaluations. 3. Quarterly meeting with program director. |

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| | | <ol style="list-style-type: none"> 7. 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. 8. Any anesthetic or medical issues are researched and discussed. Final plans for patient optimization are also confirmed. | |
| <p>Medical Knowledge: To acquire the clinical and applied science knowledge pertinent to the management of surgical patients.</p> | <p>In addition to the objectives outlined for the CA1 Basic Clinical Anesthesia Rotation, residents will be able to:</p> <ol style="list-style-type: none"> 1. Understand the physiology of significant cardiovascular events (pulmonary embolism, myocardial ischemia, myocardial depression, aortic cross-clamp, fat emboli). 2. Demonstrate in depth working knowledge the pharmacology of vasoactive and anesthetic drugs. 3. Understand the pathophysiology of co-existing diseases in surgical patients and implications for anesthesia (pulmonary, cardiovascular, hepatic, renal, endocrine, morbid obesity, and orthopedic) 4. Recognize anatomic landmarks, indications/contraindications, and complications of regional blocks (brachial plexus blocks other than axillary approach, blocks for management of chronic pain). | <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. Discuss topics listed under Educational Objectives with the supervising faculty daily on a one-on-one basis as determined by the cases of the day. | <ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. Self evaluations. 3. 360 evaluations. 4. 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 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 scientific literature with the supervising faculty. 3. Participate in departmental Q/A. 4. Attend faculty lectures on statistics and critical literature evaluation. | <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>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 between the anesthesiologist and the surgeon, OR, ICU and PACU nurses. 2. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. 3. Demonstrate the ability to effectively communicate concerns with surgeons. 4. To 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 the preanesthetic evaluation and plan with the supervising faculty and pertinent members of the health care team. 4. Participate in teaching medical students in the operating room. | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Feedback from 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. 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 | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 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. 2. Demonstrate cost-effective decision-making for the ambulatory patients. 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 patient care. | <ol style="list-style-type: none"> 1. Interact with surgical, intensive care, and nursing services in a unique environment, which will require sensitivity to structured and multidisciplinary, simultaneous patient care. | <ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the operating room. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director. |