

## SANTA MONICA UCLA MEDICAL CENTER REGIONAL ANESTHESIA GOALS AND OBJECTIVES

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p><b>Patient Care:</b> To provide the resident with clinical experience in the anesthetic management of patients undergoing surgical treatment of diseases requiring regional anesthesia that is compassionate, appropriate, and effective.</p>	<ol style="list-style-type: none"> <li>1. Continue improvement of technical skills (arterial catheter, pulmonary artery catheter, epidural block, double lumen intubation, flexible fiberoptic intubation).</li> <li>2. Risks &amp; Complications: be able to use regional anesthesia in a way which minimizes the risk associated with regional anesthesia, you should be able to diagnose and manage the most important complications associated with regional anesthesia</li> <li>3. Equipment &amp; Supplies: be able to properly choose regional anesthesia equipment and supplies and care for them in a manner that promotes good patient care and clinician safety.</li> <li>4. Spinal &amp; Epidural Anesthesia: effectively and efficiently perform spinal and lumbar epidural anesthesia for surgery under various conditions and techniques.</li> <li>5. Brachial Plexus Blocks: be able to describe the basic and clinical sciences behind brachial plexus anesthesia for surgery; be able to describe in detail at least two different approaches to brachial plexus blocks.</li> <li>6. Intravenous Regional Anesthesia: be able to describe the basic and clinical sciences behind intravenous regional anesthesia, efficiently and effectively perform intravenous regional anesthesia for surgical procedures.</li> <li>7. Peripheral Nerve Blocks: be able to describe the basic and clinical sciences behind at least 5 different peripheral nerve blocks. These can include intercostal and paravertebral blocks; elbow, wrist, and digital nerve blocks; 3-in-1 and fascia iliac blocks; femoral and sciatic nerve blocks; ankle blocks; ilioinguinal and iliohypogastric nerve blocks; airway blocks; and others.</li> </ol>	<ol style="list-style-type: none"> <li>1. One resident will be scheduled for the Regional Anesthesia Education training on a one-month rotation basis. Residents may opt for an additional month of training as an elective.</li> <li>2. Trainees on this rotation will be assigned by the clinical coordinator to cases that are more complicated and require invasive management or are uncommon. The majority of these cases will be in the areas of Orthopedic Surgery, Spine Surgery, General Surgery, Vascular Surgery, Head and Neck Surgery, Thoracic Surgery, and Urology. If there is not a conflict with other subspecialty rotations, the resident may be assigned to complicated cases in the other subspecialty areas.</li> <li>3. Residents' instruction is primarily on a one-to-one basis in the context of clinical care. The operating rooms have sufficient complicated cases to accommodate assigned residents taking this rotation.</li> <li>4. Residents will be assigned to cases in the</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly on-line faculty evaluations.</li> <li>2. 360 evaluations.</li> <li>3. Quarterly meeting with program director.</li> </ol>

		<p>OR Monday through Friday. They will participate in the call back resident call, taking approximately 6 to 8 overnight and weekend call assignments per month.</p> <p>5. 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.</p>	
<p><b>Medical Knowledge:</b> To acquire the basic clinical and applied science knowledge pertinent to the management of regional anesthesia.</p>	<p>Basic Science Knowledge</p> <ol style="list-style-type: none"> <li>Local Anesthetics: be able to explain to non-specialist clinicians the physicochemical properties and clinical characteristics of local anesthetic agents, and be able to use these agents in varied clinical situations.</li> </ol> <p>Clinical Knowledge</p> <ol style="list-style-type: none"> <li>Learn how to diagnose and treat coagulopathies</li> <li>Learn how to manage the pregnant patient for non-obstetric surgery</li> <li>Learn how to evaluate and manage the patient with a compromised airway</li> <li>Learn how to manage the patient with pulmonary dysfunction</li> <li>Learn how to manage the patient with morbid obesity</li> <li>Learn how to manage patients with rare conditions of concern to the anesthesiologist</li> <li>Learn about the anesthetic management of patients with cardiac disease undergoing non-cardiac surgery</li> <li>Learn about the diagnosis and treatment of cardiac dysrhythmias</li> </ol>	<ol style="list-style-type: none"> <li>Document preanesthetic evaluations on all patients.</li> <li>Individual supervision and instruction in the operating room.</li> <li>Directed independent study.</li> <li>Annually scheduled lectures.</li> <li>Simulation curriculum.</li> <li>Daily lectures on a one-on-one basis as determined by the cases of the day. Subjects include topics listed under Educational Objectives.</li> </ol>	<ol style="list-style-type: none"> <li>Monthly on-line faculty evaluations.</li> <li>360 evaluations.</li> <li>Quarterly meeting with program director.</li> </ol>
<p><b>Practice Based Learning:</b> 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"> <li>Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base.</li> <li>critically evaluate the regional anesthesia literature</li> <li>Apply scientific evidence to decision making.</li> <li>Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy.</li> <li>To understand how to assess the impact of one's actions on outcomes.</li> </ol>	<ol style="list-style-type: none"> <li>Obtain feedback from the supervising faculty.</li> <li>Review and discuss supporting literature with the supervising faculty.</li> <li>Participation in departmental Q/A</li> <li>Faculty lectures on statistics and critical literature evaluation.</li> </ol>	<ol style="list-style-type: none"> <li>Monthly on-line faculty evaluations.</li> <li>Quarterly meeting with program director.</li> </ol>

<p><b>Interpersonal and Communication Skills:</b> 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"> <li>1. Understand the importance of effective communication between the anesthesiologist and the surgeon, and nurses.</li> <li>2. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety.</li> <li>3. Demonstrate the ability to effectively communicate concerns with surgeons.</li> <li>4. Learn strategies and techniques for teaching medical students the principles of anesthesiology.</li> </ol>	<ol style="list-style-type: none"> <li>1. Modeling by the anesthesia faculty</li> <li>2. Interact with patients and their families.</li> <li>3. Discuss assessments, plans and recommendations with the Attending and various members of the health care team.</li> <li>4. Attend resident simulation.</li> <li>5. Participate in teaching medical students in the operating room.</li> </ol>	<ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction.</li> <li>2. Self evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Quarterly meeting with program director.</li> </ol>
<p><b>Professionalism:</b> 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"> <li>1. Demonstrate compassionate and respectful behaviors when interacting with patients and their families.</li> <li>2. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.</li> <li>3. Demonstrate sensitivity to patients various age, gender, ethnic, and religious backgrounds.</li> <li>4. Understand the legal and ethical issues involved in patient consent.</li> <li>5. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs.</li> <li>6. Adhere to institutional and departmental standards and policies.</li> <li>7. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities.</li> <li>8. Demonstrate the ability to effectively balance one's own personal affairs with clinical and educational duties as outlined in this document.</li> <li>9. Demonstrate a commitment to ongoing professional development.</li> <li>10. Learn how to discuss and record cases with complications and/or poor outcomes.</li> </ol>	<ol style="list-style-type: none"> <li>1. Modeling by the faculty.</li> <li>2. Attendance at conferences where many of these issues are discussed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction.</li> <li>2. 360 evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Feedback from medical students.</li> <li>5. Quarterly meeting with program director.</li> </ol>
<p><b>Systems Based Medicine:</b> 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"> <li>1. Learn the cost of the drugs, monitoring equipment and overall procedures involved in surgical care.</li> <li>2. Understand how to do cost analysis for health care systems</li> <li>3. Understand the complex systems that form the foundation for care of patients suffering from various diseases.</li> <li>4. Learn how to effect improved operating room efficiency safely.</li> <li>5. Appreciate the complex interactions that go on between primary care teams, surgeons and anesthesiologist in the overall hospital management of these complex patients.</li> <li>6. Learn how to effectively use information management in patient care.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction.</li> <li>2. 360 evaluations.</li> <li>3. Monthly on-line faculty evaluations.</li> <li>4. Quarterly meeting with program director.</li> </ol>