VALA REGIONAL & GENERAL ANESTHESIA
GOALS AND OBJECTIVES

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
Patient Care: 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.	1. Advanced technical skills: arterial catheter, pulmonary artery catheter, transesophageal echo, epidural block, double lumen intubation, flexible fiberoptic intubation. 2. Risks & Complications: be able to use regional anesthesia in a way which minimizes the risk of associated with regional anesthesia, and you should be able to diagnose and manage the most important complications associated with regional anesthesia 3. Equipment & 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. 4. Spinal & Epidural Anesthesia: effectively and efficiently perform spinal and lumbar epidural anesthesia for surgery under various conditions and using various techniques. 5. Brachial Plexus Blocks: be able to describe the basic and clinical sciences behind brachial plexus anesthesia for surgery, and be able to describe in detail at least two different approaches to brachial plexus blocks. 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. 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; knee and ankle blocks; ilioinguinal and iliohypogastric nerve blocks; airway blocks; and others.	1. Residents will be scheduled for cases in which there is a high probability of spinal and/or peripheral nerve blocks being included in their anesthetic plan. However, individual patient needs should take precedence in determining the anesthetic choice selected. 2. Residents 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 during the CA-3 year of training. 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 will attend Case Conferences, and Lectures at RRUMC. Residents will be released with sufficient time to attend lectures on a timely basis.	1. Monthly on-line faculty evaluations. 2. Quarterly meeting with program director.

Medical Knowledge: To acquire the basic clinical and applied science knowledge pertinent to the management of regional anesthesia.	1. Local Anesthetics: be able to explain to non-specialists clinicians the physicochemical properties and clinical characteristics of local anesthetic agents, and be able to use these agents in varied clinical situations. 2. Learn how to evaluate and manage the patient with a compromised airway. 3. Learn how to manage the patient with pulmonary dysfunction. 4. Learn how to manage the patient with morbid obesity. 5. Learn how to manage patients with rare conditions of concern to the anesthesiologist. 6. Learn about the anesthetic management of patients with cardiac disease undergoing non-cardiac surgery. 7. Learn about the diagnosis and treatment of cardiac dysrhythmias. 8. Learn how to diagnose and treat coagulopathies.	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.	1. Monthly on-line faculty evaluations. 2. Quarterly meeting with program director.
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.	1. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. 2. To learn to critically evaluate the regional 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. To understand how to assess the impact of one's actions on outcomes.	1. Obtain feedback from the supervising faculty. 2. Review and discuss supporting literature with the supervising faculty. 3. Attend faculty lectures on statistics and critical literature evaluation.	1. Monthly on-line faculty evaluations. 2. Quarterly meeting with program director.
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	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. Learn strategies and techniques for teaching medical students the principles of anesthesiology.	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.	1. Daily faculty-resident interaction in the operating room. 2. Self evaluations. 3. Monthly on-line faculty evaluations. 3. Quarterly meeting with program director.
Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	1. Demonstrate compassionate and respectful behaviors when interacting with	1. Modeling by the faculty. 2. Attendance at conferences where many of these issues are discussed.	1. Daily faculty-resident interaction in the operating room. 2. Monthly on-line faculty evaluations. 3. Feedback medical students. 4. Quarterly meeting with

	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.		program director.
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.	1. Learn the cost of the drugs, monitoring equipment and overall procedures involved in surgical care. 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 patient care.	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.	1. Daily faculty-resident interaction in the operating room. 2. Monthly on-line faculty evaluations. 3. Quarterly meeting with program director.