

Anesthesia Rotation
Rotation Goals and Objectives
Pulmonary/Critical Care Medicine Fellowship Program
University of Nebraska Medical Center
Revised: March 2010

I) Rotation Goals

- A) To manage patients with a difficult airway under controlled circumstances
- B) To become proficient in airway management in the early stages of induction of general anesthesia and with moderate sedation

II) Education Objectives

A) Patient Care

- 1) Demonstrate effective communication through the informed consent process for minor procedures
- 2) Demonstrate caring and respectful behaviors when interacting with patients
- 3) Gather essential and accurate information from patients
- 4) Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment
- 5) Develop and carry out patient management plans in association with the supervising physician
- 6) Counsel and educate patients and their families
- 7) Use information technology to support patient care decisions and patient education
- 8) Demonstrate competency in all medical and invasive procedures performed on this rotation
- 9) Demonstrate an ability to work with a variety of health care professionals to provide patient-focused care
- 10) Evaluation methods for this competency
 - (a) Attending evaluation
 - (b) Nurse anesthetist, OR nurse evaluation
 - (c) Mini-CEX (to be arranged with attending)

B) Medical Knowledge

- 1) Demonstrate an investigatory and analytic thinking approach to clinical situations by applying an evidence-based medicine principles
- 2) Demonstrate a fundamental knowledge of the care of perioperative patients
 - (a) The fellow will acquire knowledge (indications, contraindications, complications and limitations) of and competency in the performance of the following procedural skills:
 - (i) Establishment of airway
 - (ii) Maintenance of an open airway in a non-intubated, unconscious patient
 - (iii) Ventilation by bag and mask
 - (iv) Oral and/or nasotracheal intubation

- (v) Oxygen delivery and augmented ventilation
 - (vi) Mechanical ventilation using pressure-cycled, volume-cycled and negative pressure mechanical ventilation
 - (vii) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers and incentive spirometry
 - (viii) Management of pneumothorax (needle aspiration and drainage systems)
 - (ix) Maintenance of circulation
 - (x) Arterial puncture and blood sampling
 - (xi) Insertion of central venous, arterial and pulmonary artery catheters
 - (xii) Basic and advanced cardiopulmonary resuscitation
 - (xiii) Calibration, operation and interpretation of data from hemodynamic recording systems
- 3) Evaluation methods for this competency
- (a) Attending evaluation
 - (b) Chart-stimulated recall sessions
- C) Practice-based Learning and Improvement
- 1) Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
 - 2) Use information technology to manage information, access on-line medical information and support their own education
 - 3) Demonstrate teaching of students and other health care professionals
 - 4) Evaluation methods for this competency
 - (a) Attending evaluation
- D) Interpersonal & Communication Skills
- 1) Create and sustain a therapeutic and ethically sound relationship with patients
 - 2) Demonstrate effective listening skills
 - 3) Elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
 - 4) Work effectively with others as a member or leader of a health care team
 - 5) Demonstrate an ability to develop professional relationships with residents, students and other members of the health care team
 - 6) Evaluation methods for this competency
 - (a) Attending evaluation
 - (b) Evaluations from OR nurses and CRNAs
- E) Professionalism
- 1) Demonstrate respect, compassion, and integrity
 - 2) Demonstrate a responsiveness to the needs of patients and society that supercedes self-interest
 - 3) Demonstrate accountability to patients, society and the profession
 - 4) Demonstrates a commitment to excellence and on-going professional development

- 5) Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
 - 6) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities
 - 7) Evaluation methods for this competency
 - (a) Attending evaluation
 - (b) Evaluations from OR nurses and CRNAs
- F) System-based Practice
- 1) Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society
 - 2) Practice cost-effective health care and resource allocation that does not compromise quality of care
 - 3) Advocate for quality patient care and assist patients in dealing with system complexities
 - 4) Evaluation methods for this competency
 - (a) Attending evaluation
 - (b) Evaluations from OR nurses and CRNAs

III) Teaching Methods

- A) Clinical experience
- 1) Observation of select surgical procedures in the operating suite
 - 2) Evaluate and manage patients in the Pre-Op Holding Area
 - 3) Document a progress note on patients as required in the perioperative areas
 - 4) Perform those procedures expected of an anesthesiologist in the perioperative areas, e.g.; chest tube placement, central line and arterial line placement, intubation for mechanical ventilation
 - 5) Perform anesthetic induction under the direction of the anesthesiologist or designee
 - 6) Demonstrate proficiency in the use of a LMA or other artificial airway
 - 7) Demonstrate an ability to assess a difficult airway and successfully intubate the patient
 - 8) Complete the airway management competency course
- B) Clinical Teaching
- 1) Present any pertinent clinical findings to the anesthesiologist daily
 - 2) Review patient management in consultation with the anesthesiologists and surgeon daily
- C) Performance Feedback
- 1) Fellow and supervising anesthesiologist will review these goals and objectives at the beginning of the rotation
 - 2) Staff anesthesiologist will provide ad hoc feedback on a regular basis
 - 3) Fellow and supervising staff anesthesiologist will meet and the anesthesiologist will provide written and verbal feedback at the completion of the rotation.

D) Didactic Sessions

- 1) Attend all daily noon conferences of the PCCM fellowship program.
- 2) Attend all Anesthesia conferences unless a conflict with PCCM conferences exists.

E) Self-Learning

- 1) The fellow is expected to read the primary literature in regards to perioperative management of patients
- 2) The fellow is expected to complete any readings assigned by the supervising anesthesiologist. Other readings that may be appropriate include appropriate chapters covering Anesthesia in a Critical Care Medicine textbook of the fellow's choice. Appropriate sections of eMedicine or Up-to-Date may be substituted.

IV) Responsibilities

A) Fellow

1) First Year

- (a) These guidelines for the Anesthesia rotation will be made available to each fellow and must be read prior to starting the Anesthesia rotation
- (b) Participate in all patient care responsibilities expected of a member of the anesthesia service
- (c) The fellow will coordinate daily with the rotation director to plan for the greatest opportunities to meet rotation objectives
 - (i) First year fellows will be expected to achieve competency in airway management and induction of general anesthesia and moderate sedation
- (d) Provide education to junior members of the team in regards to ventilator management and medical management of patients.
- (e) Complete an evaluation of the rotation and the attending.

2) Third Year

- (a) These guidelines for the Anesthesia rotation will be made available to each subspecialty resident and must be read prior to starting the Anesthesia rotation
- (b) Participate in all patient care responsibilities expected of a member of the anesthesia service
- (c) The subspecialty resident will coordinate daily with the rotation director to plan for the greatest opportunities to meet rotation objectives
 - (i) Third year fellows will be expected to demonstrate competencies noted for first year fellows and additionally achieve competency in calibration, operation and interpretation of data from hemodynamic recording systems
- (d) Provide education to junior members of the team in regards to ventilator management and medical management of patients.
- (e) Complete an evaluation of the rotation and the attending.

B) Attending

- 1) These guidelines for the Anesthesia rotation will be made available to the Anesthesia Attending and must be reviewed with the fellow at the start of the Anesthesia rotation along with any other expectations

- 2) Assign clinical responsibilities to the PCCM fellow.
- 3) Provide adequate supervision for procedures performed by the fellow
- 4) Provide instruction in the anesthetic management of patients
- 5) Complete a written evaluation and provide verbal feedback at the completion of the rotation

C) Service

1) On Call Responsibility

- (a) Be available, in house, as directed by the attending anesthesiologist except for officially sanctioned events, i.e. any section conferences
- (b) Take after hours call as assigned by the PCCM Program Director.

2) Vacation

- (a) No more than two-weeks vacation time may be taken during this rotation.
- (b) Emergency leave may be requested after discussion with the Program Director and the staff anesthesiologist. The Program Director will notify the anesthesiologist if not previously notified.

V) Method of Evaluation

A) Formative

- 1) The Attending should give feedback throughout the rotation and a formal verbal evaluation should be given at the mid-point and at the end of the rotation
- 2) The responsible attending physician must prepare a written evaluation of the fellow at the conclusion of the rotation. This evaluation will assess the six general competencies as outlined by the ACGME and on the form provided.
 - (a) The fellow in the presence of the attending physician should review the assessment personally.
- 3) At the conclusion of the fellow's service period, he/she should complete an evaluation form assessing the quality of the rotation
- 4) The fellow should complete an evaluation that addresses the teaching undertaken by the attending physician(s).