Goals and Objectives for the Anesthesia Rotation
Resident PGY1
Hamilton Health Sciences or St. Joseph Healthcare (1 block of one month)
Revised October 6, 2010

Overview

During the first year of their residency training the resident will spend 1 block of one month on anesthesia at Hamilton Health Sciences or at St. Joseph Healthcare. The resident will gain experience in assessing and managing patients undergoing an anesthetic. The anesthesia service at McMaster Hospital involves a significant amount of pediatric practice, in addition to adult practice and the Hamilton General and Henderson Hospitals involve an adult practice only. The St. Joseph Healthcare services primarily adults and some children. All residents must review their learning objectives with the Anesthesia staff at the beginning and at the end of the rotation to facilitate meeting the objectives.

Schedule of the week: Varies weekly and needs to be confirmed with their supervisor.

You will be expected to participate in the activities of the anesthesia department including preoperative clinic, the operating room, sedation clinics and educational activities. You are expected to make handover to the resident on call.

Call:
You will not be assigned to be on call with the anesthesia service. Instead you will be assigned to be on call with the Otolaryngology-Head and Neck Surgery service. The anesthesia supervisor or delegate will schedule your daily activities. Call will be set according to PAIRO guidelines.

Overall Objectives:

It is recognized that the resident may not be exposed to all elements of these objectives; however at the conclusion of the rotation the resident should demonstrate knowledge or competency in the following:

The resident will gain knowledge of the pharmacology of various anesthetic agents and adjuncts to anesthesia and will use this knowledge in a clinical setting in both adult and pediatric patient populations. The resident will experience pre- intra- and post-operative care of the patient undergoing an anesthetic, particularly as it relates to airway management. The resident will become comfortable with IV anesthetic for the purpose of bedside tracheotomy for future rotations.
Specific Objectives:

Medical Expert

The resident is expected to learn how to:

- Mask ventilation.
- Start IV’s.
- Laryngeal mask airways.
- Jet ventilation.
- Select the appropriate size airway instruments, endotracheal tubes.
- Perform direct laryngoscopy and intubations.
- Assess and treat strategies to deal with the difficult airway including an awake fiber optic intubations.
- Assess and manage postoperative pain.
- Manage anesthetic concerns during shared airway cases/procedures.

Knowledge Basic sciences and anatomy:

Understand better the physiology and anatomy of the upper and lower airway and cardiovascular systems particularly as it relates to patients under anesthetic.

Knowledge clinical:

Basic routine machine and equipment check, preparation of routine medications.
Choice of anesthetic agent and dosing.
Assessment of various plans of anesthesia.
Have an understanding of fluid/blood product requirements for routine surgeries.
Be able to identify normal parameters for routine intra-operative monitors, give an indication of abnormal values and when to intervene.
Identify basic intra-operative problems such as hypo/hypertension, hypoxemia, bradycardia, tachycardia, laryngospasm) and produce a differential diagnosis and treatment plan.
Intubations and selection of appropriate sized endotracheal tube.
Pain management.

Technical skills:

- IV setup and starting.
- Direct laryngoscopy.
- Intubations.
- Arterial lines.
- Central lines.
- Flexible endoscopies airway.
Communicator

Take a relevant detailed pre-operative history from the patient, and their family. Communicate effectively with health care professionals and other members of the team. Understand the basic of an anesthesia consultation. Communicate basic anesthetic concerns and pre-operative assessment in an organized fashion. Understand the basics in anesthesia charting. Listen effectively.

Collaborator

Consult and interact with respect to other health care professionals, in particular with the anesthesiologists, the surgeons and their team, nurses in the operating room and PACU, and respiratory technicians. Consult and work effectively with the attending staff. Consults and works effectively with other medical specialists. Consults and works effectively with colleagues, medical clerks and students.

Manager

Manage effectively the different tasks involved in the diagnosis and treatment of patients. Prioritize responsibilities. Utilize health care resources of the operating room safely and effectively. Utilize information technology effectively. Work well in the health care organization (clinic, ward, ICU, ER and operating room).

Health Advocate

Awareness of the health and preventive measures which will improve their peri/post operative care. Advocate on behalf of patients.

Scholar

Prepare and read for the requirement to continue personal education. Read about clinical cases and participate appropriately by asking questions. Understand the basics of critical appraisal as they pertain to anesthesia practice. Teach medical students and other health care professionals. Participate in academic rounds, teachings sessions and other educational outlets. Evaluate proposed diagnosis and treatment with current literature when appropriate.
**Professional**

Deliver health care to patients in an honest, ethical and professional manner.
Recognize own limitations and seek advice and help when needed.
Accept constructive feedback and act appropriately.
Arrive on time daily to help prepare the operating room and have the first patient assessed.
Continue to pursue a balanced life-style.

**Bibliography suggestions**

Miller: *Miller’s Anesthesia*, 7th ed.
Morgan G Edward: *Clinical Anesthesia*