

Iowa Methodist Medical Center
Department of Surgery Education
Resident Rotation Description

Rotation: Anesthesia

General Information:

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| 1. Postgraduate year: | PGY-1 |
| 2. Rotation Length: | One month |
| 3. Service Director: | George Lederhaas, M.D. |
| 4. Attending Staff: | Associated Anesthesiologists, P.C. |

Orientation:

The anesthesia rotation is to be coordinated with resident responsibilities for research, and the introduction to trauma care. The residents should meet with Dr. Lederhaas on the day prior to the start of the rotation to arrange the resident's schedule. The resident is generally encouraged to spend mornings in the surgery suite on anesthesia, with afternoons spent on an introduction to research. However, flexibility should be utilized to maximize the experience.

Recommended Reading List:

1. Selected anesthesia specific chapters from the major general surgery textbooks:
 - a. Sabiston "Textbook of Surgery" (current edition)
 - b. Schwartz "Principles of Surgery" (current edition)
2. SCORE (Surgical Council on Resident Education) Curriculum Portal

Call Schedule:

Surgery Call Schedule

Conference Schedule:

Surgery conferences

General Objectives and Description:

The one month anesthesia rotation will introduce the resident to anesthetic management and techniques. The resident is expected to obtain substantial experience with airway management and IV access, both central and peripheral. Finally, invasive monitoring will be taught.

Cognitive Objectives:

The resident should have an understanding of:

1. Pertinent aspects of preoperative patient evaluation related to anesthesia risk
2. Major anesthetic techniques including their advantages and disadvantages relative to the patient and the proposed surgical procedure
3. Pharmacology of anesthetic agents and adjuvant drugs including commonly used
 - a. Induction agents
 - b. Inhalation anesthetic agents
 - c. Narcotics and sedatives
 - d. Muscle relaxants

4. Basic physiology of surgical patients and the impact of anesthesia on major organ systems including
 - a. Central nervous system
 - b. Cardiovascular system
 - c. Pulmonary system
 - d. Renal system
 - e. Hepatic system
5. The importance and methods of intraoperative monitoring techniques for patients under anesthesia

Technical Skills Objectives:

The resident will:

1. Obtain peripheral venous access consistently
2. Administer and monitor general and regional anesthetic under direct supervision for ASA class 1 or 2 patients undergoing uncomplicated surgical procedures
3. Institute invasive monitoring including:
 - a. Interarterial catheters
 - b. CVP catheters via subclavian and internal jugular routes
 - c. Swan ganz catheter placement
4. Manage the airway in adults and children
5. Perform oral intubations

Outpatient Experience:

The resident is expected accompany the anesthesia staff in their preoperative patient evaluation.

Contact Persons within the Anesthesia Office:

George Lederhaas, M.D.	241-5722 (office)
Surgery Desk	241-6214

Evaluation:

At the end of the rotation, the resident will be evaluated by the service director using a composite of input from anesthesia attendings that have worked with the resident. A written or computer generated evaluation will be reviewed and signed by the residents and be kept in the residents confidential files.

COMPETENCY SPECIFIC GOALS AND OBJECTIVES:

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Demonstrate competence in airway management including endotracheal intubation
- Demonstrate competence in peripheral and central venous access
- Demonstrate competence in invasive monitoring

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:

- Demonstrate a fundamental knowledge of the basic physiology of the surgical patients undergoing general, and regional anesthetic procedures
- Demonstrate an understanding of the anesthesia departments interaction with surgical patients in postoperative pain management

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Participate in morbidity and mortality conference discussions of anesthetic related issues

Interpersonal and Communication Skills

Residents are expected demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients families, and other professional associates. Residents are expected to:

- Understand the importance of communication between the anesthesia and the surgical team

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Develop and demonstrate respect for the anesthesia team and its relationship to quality surgical care

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimum care of patients with general surgical diseases. Residents are expected to:

- Understand how surgical patient care must include optimum anesthesia care
- Know how to interact with anesthesiologist and the anesthesia team and system to coordinate and maximize surgical health care.