Goals and Objectives
University of Minnesota Department of Anesthesiology
Senior Resident Supervising Rotation

Introduction

The ABA defines the attributes of consultant as:

A Board certified anesthesiologist is a physician who provides medical management and consultation during the perioperative period, in pain medicine and in critical care medicine. A diplomate of the Board must possess knowledge, judgment, adaptability, clinical skills, technical facility and personal characteristics sufficient to carry out the entire scope of anesthesiology practice. An ABA diplomate must logically organize and effectively present rational diagnoses and appropriate treatment protocols to peers, patients, their families and others involved in the medical community. A diplomate of the Board can serve as an expert in matters related to anesthesiology, deliberate with others, and provide advice and defend opinions in all aspects of the specialty of anesthesiology. A Board certified anesthesiologist is able to function as the leader of the anesthesiology care team.

During the Senior Supervising rotation the resident is expected to demonstrate proficiency in the attributes of a consultant by defining, defending, and executing an anesthetic plan that is well-suited to the patient, surgeon, provider, and the procedure.

Medical Knowledge/Patient Care: During this rotation the resident is expected to:

- Conduct a complete pre-anesthetic assessment recognizing and prioritizing relevant patient’s co-morbidities, age, and the operative procedure
- Understand the implications of the patient’s co-existing disease, anatomy, past medical history, and age on the anesthetic plan.
- Develop primary anesthetic plan and a back-up plan.
- Articulate the pharmacologic and physiologic basis for anesthetic plans developed. Monitor and supervise the induction of general anesthesia, regional anesthesia, or monitored anesthesia care as appropriate for the patient and the planned procedure with the guidance of an attending anesthesiologist
• Demonstrate the ability to implement and justify common intraoperative decision-making.

• Understand causes for intraoperative physiologic derangements and the knowledge to guide appropriate interventions.

• Supervise emergence of patients from anesthesia, including extubation.

• Manage postoperative recovery from anesthesia and common problems encountered in the PACU.

• Determine when patients meet discharge criteria from PACU and are eligible to leave the hospital, as applicable.

• Demonstrate professionalism, needed communication skills, and collegiality.

• Understand documentation requirements, including compliance and billing forms.

Residents can facilitate their understanding with reading and comprehension of the following chapters from Miller’s Anesthesia, 6th edition:

Chapter 24 Risk of Anesthesia
Chapter 25 Preoperative Evaluation
Chapter 26 Pulmonary Function Testing
Chapter 27 Anesthetic Implications of Concurrent Disease
Chapter 28 Patient Positioning

Another excellent reference is:


Additional journal articles, practice guidelines, and review articles will be provided to supplement assigned reading.
**Practice-Based Learning and Improvement:** During this rotation, the resident will discuss cases they are assigned with the attending anesthesiologist. Interesting cases and/or complications are discussed with the responsible faculty at the time of their occurrence with the intent of practice improvement. These cases are also discussed in the weekly case management conference. At this conference a discussion of how to improve individual practice based on the cases presented occurs. In addition, the medical literature pertaining to the case presented is critically reviewed to determine if changes in medical practice are necessary.

- Access literature when needed to answer clinical questions.
- Effectively teach residents on service.
- Identify areas for continuous improvement of care on service.
- Apply findings from relevant literature to clinical cases.
- Assist learners on service in identifying strengths and areas for improvement.

**Interpersonal and Communication Skills:** The Senior Supervising rotation offers the residents many opportunities to learn and hone their communication skills with patients and their families, surgeons, consultants, CRNA’s, OR nurses, allied health personnel, and others. Since parents are often present with children for induction and recovery from anesthesia, the resident will understand the skills required to provide information to families during the perioperative period. Residents are expected to make every effort to improve their ability to communicate effectively and regularly with all personnel on the perioperative team.

- Communicate effectively with residents under supervision, staff and supervising attendings.
• Provide effective information to patients and families in perioperative care.
• Answer family and team questions thoroughly and accurately.
• Consult effectively with referring physicians.
• Provide effective feedback to residents and other members of the team.
• Accept constructive feedback from residents and other members of the team.

Professionalism: During this rotation the senior residents are expected to demonstrate the demeanor of a consultant, which includes respectful behavior towards patients, faculty and staff. As with every other rotation, the residents will:

• Demonstrate adherence to ethical principles including the confidentiality of patient information.
• Effectively obtain informed consent.
• Show sensitivity and responsiveness to patients’ culture, age, gender, and privacy.
• Promote and advocate for team harmony.

Systems-Based Practice: During this rotation the residents will learn first-hand how patient care practices impacts health care delivery within the hospital. Discussion of how a treatment decision may impact the health system occurs on a case-by-case basis with an individual faculty. By the end of the rotation, the residents are expected to:

• Understand the major reasons for unexpected hospitalization of ambulatory surgical patients.
• Anticipate ICU needs for postoperative patients
• Demonstrate appropriate ordering of preoperative laboratory tests and consultations
• Manage team to promote timeliness and efficiency of induction, emergence, OR turnover.

• Review discharge times from PACU and second stage recovery, and factors which prolong patient stay in these areas

• Identify and implement initiatives which benefit patients during their perioperative period (e.g., appropriate use of beta-blockers, timely administration of prophylactic antibiotics, temperature control, pain control, communication with personnel).

**Resident Assessment:**

The following methods are used to assess the Senior Supervising resident’s performance:

1. Daily “de-briefing” session with attending anesthesiologist

2. Routine monthly resident evaluation.
**Logistics: How will this work?**

**Participation:** Assignment during spring of the CA-3 year *is a privilege* and not automatic (must be approved by departmental leadership).

**Duration:** one week block

**Hours:** Routine, but not less than 0615 a.m until 1500 p.m. The resident will report in the morning and the officer-of-the-day will co-assign the resident with one of a select number of faculty, hopefully maintaining this interface throughout the week.

**Function:** The resident should act and function as ‘junior attending.’ **PRIOR** to starting the first induction of the morning, the resident will meet with the assigned staff to confirm the plan for that patient and the day. The resident will carry out the responsibilities of the staff including pre-operative assessment, induction, intra-operative management, emergence, and post-operative care.

**Evolution:** Initially, all residents will start supervising just one room, usually with a CA-1 resident as the in-room provider. At the discretion of the faculty, the exceptional resident may be asked to expand their role to coverage of two (2) anesthetizing sites.

**Expectations of you:**

You must provide meaningful clinical and academic teaching with the CA-1/2 resident with each patient. For instance, you may choose to discuss the pharmacokinetics of various induction agents (ketamine vs. thiopental vs. propofol vs. etomidate). You will need to think about, plan, review, update, and summarize your thoughts about each ‘teaching pearl’ and come prepared with new teaching vignettes each day. You must document and quantify these educational efforts in the form of a teaching log (attached).
for each day. The log will be reviewed each afternoon by your faculty mentor. Failure to complete this log daily will terminate the supervision rotation for that week.

**Your Evaluation:** At the conclusion of each day, the resident will debrief with their assigned staff to review teaching points and other appropriate insights.
### Anesthesiology Senior Resident Supervising Week Education Log

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Note: Add one or two word notation in each box above of subject material covered.