

## AIRWAY BLOCK

### THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA *Objectives of Training and Specialty Training Requirements in Anesthesia*

#### Specific Objectives in CanMEDS Format

#### ROTATION OBJECTIVES

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

#### Medical Expert/Clinical Decision-Maker

##### *General Requirements*

The resident is expected to:

- Demonstrate working knowledge of oral, pharyngeal, laryngeal, and tracheal anatomy.
- Understand and have clinical suspicion of acute and chronic pathology that can increase complexity of airway management.
- Demonstrate knowledge of airway assessment and prediction of the difficult airway (including elements of history, physical exam, and investigations).
- Demonstrate working knowledge of the indications, contra-indications, advantages, and disadvantages of a wide variety of airway management techniques.
- Have an approach to the unexpected difficult airway (including a working knowledge of the ASA Difficult Airway Algorithm).

##### *Specific Knowledge Requirements*

#### The resident will:

- Demonstrate competence in the use of the following airway devices or management techniques: bag mask ventilation, oral and/or nasal airways, direct laryngoscopy, Glidescope®, Laryngeal Mask Airway (LMA), lighted stylet, fiberoptic bronchoscope, nasal intubation, airway topicalization, awake intubation, and in-line cervical spine stabilization.

#### Communicator

#### The resident will be able to:

- Communicate aspects of airway assessment to supervising anesthesiologist, patient, and perioperative team.



- Effectively communicate plan of airway management to supervising anesthesiologist, patient and perioperative team (particularly during the preoperative team debriefing—often referred to as the surgical pause—when there are specific airway concerns).
- Properly and accurately document airway assessment and management techniques used on anesthetic record.

### **Collaborator**

#### **The resident will be able to:**

- Work effectively with members of multi-disciplinary team specific to airway management (including registered respiratory therapists, nurses, surgeons, and anesthesiologists).

### **Leader**

#### **The resident will:**

- Efficiently and fairly manage resident duty/call schedules if assigned as senior resident during airway rotation.
- Use time of airway rotation to maximize exposure to challenging airway management cases.

### **Health Advocate**

#### **The resident will:**

- Provide patients and other health care professionals with information regarding difficult airway management in order to improve patient safety in the future.

### **Professional**

#### **The resident will:**

- Demonstrate ethical behavior in interactions with patients, families, supervisors, other health care professionals, and peers.
- Demonstrate knowledge of the need for and technique of disclosure of potential and realized complications of airway management.
- Demonstrate punctuality and adherence to proper operating room attire.
- Adhere to hospital and departmental procedures and policies for the care of patients and code of conduct for professional interactions.

### **READING LIST**

#### **Suggested Readings:**

1. Barash PG, Cullen BF, Stoelting RK, editors. Clinical Anesthesia. 6<sup>th</sup> ed. Philadelphia: Lippincott; 2009. Chapter 29: Airway Management.
2. Miller RD, editor. Anesthesia. 7<sup>th</sup> ed. New York: Churchill Livingstone; 2010. Chapter 50: Airway Management in the Adult.



3. Motoyama EK, Davis PJ, editors. *Smith's Anesthesia for Infants and Children*. 7<sup>th</sup> ed. Philadelphia: Mosby; 2006. Chapter 10: Induction of Anesthesia and Maintenance of the Airway in Infants and Children.

Updated: June 2011, Dr. Granton & Dr. Turkstra