



INTRODUCTION TO ANESTHESIA ROTATION (PGY-1 & 2)

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

During the Introduction to Anesthesia Rotation, the resident will be expected to develop an understanding of the fundamentals of anesthesia practice and the basic skills needed to support this understanding.

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

Medical Expert/Clinical Decision Maker

- The resident will be able to describe and implement clinical preoperative assessment, including risk assessment and comprehensive anesthetic planning.
- The resident will demonstrate an understanding of the physical principles relating to anesthesia equipment and the safety aspects pertaining to this equipment, including equipment checking.
- The resident will be able to apply their knowledge of the physical principles of monitoring systems to the clinical practice of anesthesia with particular reference to common monitoring devices (EKG, pulse oximetry, non-invasive and invasive blood pressure monitoring, gas analysis, temperature monitoring, and peripheral nerve stimulation).
- The resident will be proficient at airway management, demonstrating competence with mask ventilation, airway insertion, direct laryngoscopy, and the use of Glidescope®, and laryngeal mask airway devices.
- The resident will be able to describe the basic components of anesthesia (analgesia, amnesia, areflexia, unconsciousness, and muscle relaxation/immobility) and the appropriate clinical application of these modalities.
- The resident will demonstrate ability to assess and manage, with appropriate intervention, the respiratory and hemodynamic status of the patient during the perioperative period.
- The resident should be proficient at securing peripheral intravenous access, and be familiar with techniques of arterial and central venous cannulation.

- The resident should be capable of performing spinal anesthesia, and be familiar with epidural techniques, as well as having a good understanding of the equipment, indications, limitations, and contraindications for regional anesthesia.
- The resident will be familiar with the pharmacology of commonly used drugs in the perioperative period, as well as drugs used during resuscitation, and in the management of patients with common comorbidities. They will be aware of common drug interactions.
- The resident will be capable of providing anesthesia for ASA 1 and 2 patients undergoing uncomplicated surgery with minimal supervision.
- For those rotating at:

Victoria Hospital:

- Assessment for and provision of epidural insertion for labour and delivery should become an acquired skill.
- Residents should gain basics of anatomy, physiology, pharmacology, and psychology for pediatric patients.

University Hospital:

- Residents should begin to appreciate some anesthetic considerations for neurosurgical cases and physiology and pharmacology as it applies to intracranial pressure.

St. Joseph's Health Care:

- Residents will be able to identify and predict issues that are specific to ambulatory surgical cases including pain control, nausea and vomiting, and rapid turnover discharge criteria.

Communicator

- The resident will be able to effectively communicate with patients and/or their families for the purpose of eliciting an appropriate history.
- The resident will effectively communicate the risks and benefits of the anesthetic options available for the patient's surgery for the purpose of informing the patient and including them in the decision making process.
- The resident will be able to effectively communicate with all colleagues and members of the team involved in caring for the patient. They will be able to protect the patient's interests, and be confident to address concerns in an assertive but non-confrontational manner.



Collaborator

- The resident will be a team player and be able to appropriately consult other physicians for advice and further management of the patient.
- The resident will cooperate with colleagues to ensure patient care and safety.
- The resident will recognize the key interactions between members of the operating room team and strive to facilitate optimal patient care.

Leader

- The resident will learn by observation and begin to be able to apply the principles of effective operating list management through planning and preparation.

Health Advocate

- The resident will continue to promote the health of their patient and will develop a responsible attitude towards the utilization of finite healthcare resources.

Scholar

- The resident will be self-directed and focused on their career learning objectives.
- The resident will seek to apply the principles of evidence-based practice and continually try to justify clinical decision making processes.
- The resident should make a reasonable effort to prepare by prior reading or enquiry for each day's work.
- The resident should attend and participate in the formal teaching opportunities offered within the department and develop an awareness of research activities within their environment.

Professional

- The resident will demonstrate professional behavior towards senior and junior colleagues, patients, and allied healthcare workers.
- The resident will demonstrate a mature work ethic in keeping with the privilege of practicing medicine.
- The resident will accept advice and constructive feedback from their supervisors at times of formal assessment.

Reviewed: June 2013, Dr. Granton