

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. 6th ed. Philadelphia: Lippincott; 2009. Chapter 29: Airway Management.
2. Miller RD, editor. Anesthesia. 7th 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. 7th 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