



PRE-ADMISSION CLINIC BLOCK

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

Specific Objectives in CanMEDS Format

OVERALL GOALS

Pre-admission clinic is a rotation that will occur at either University Hospital or Victoria Hospital over four weeks. The resident will spend the majority of time in the preoperative clinic of either hospital. Residents will be expected to complete an appropriate history and physical on each patient seen in the clinic. The resident will then present a plan for further investigation, optimization and perioperative management of the patients seen. Written or dictated documentation of the consultations is expected.

ROTATION OBJECTIVES

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

Medical Expert

The resident will:

- Demonstrate appropriate and anesthesia specific history and physical skills, including assessment of the airway.
- Demonstrate internal medicine knowledge base as it applies to etiology, natural history and management of the following disease states that are common reasons for pre-admit clinic referral: coronary artery disease, Chronic Obstruction Pulmonary Disease, advance kidney failure, advanced liver failure, cerebral vascular disease, typical congenital disease states, obstructive sleep apnea, obesity, rheumatoid arthritis, ankylosing spondylitis, chronic pain.
- Demonstrate working knowledge of indications and recommendations for ordering of invasive and non-invasive investigations preoperatively, including: ECG, pulmonary function testing, chest radiograph, investigations of underlying coronary artery disease, investigations for cerebral vascular disease.
- Demonstrate ability to synthesize a reasonable optimization, investigation anesthetic management plan based on nature and urgency of surgery, history, physical and available investigations.



Communicator

The resident will be able to:

- Communicate well with patient and families in the Pre-admission Clinic, with a good bedside manner.
- Verbally explain findings of history and physical with anesthesia faculty supervisor and provide a reasonable management plan.
- Provide a concise dictated note regarding patient assessment and plan.

Collaborator

The resident will be able to:

- Interact well with multi-disciplinary team in the Pre-admission Clinic.
- Work well with other physicians in the Pre-admission Clinic, including internal medicine and surgery.

Health Advocate

The resident will be able to:

- Understand the anesthesiologist's role in optimization of the patient preoperatively. Takes steps to improve perioperative safety of patients (aspiration prophylaxis, Critical Care admission post-operatively, etc.).
- If appropriate, demonstrates willingness to communicate with surgeon the anesthesia team's concerns regarding timing, scope and appropriateness of proposed surgery
- Understand the anesthesiologist's role in patient education preoperatively, including smoking cessation.
- Provide options and risks and benefits of possible postoperative pain control options.
- Understand the anesthesiologist's role in blood conservation and should be able to describe the pros and cons of a variety of blood conservation strategies.

Professional

The resident will:

- Display professional behavior and attitude while dealing with patients, families and staff.

READING LIST

Required Reading:

1. Barash, Clinical Anesthesia, Chapter 26: 569-579 Preoperative Patient Assessment and Management
2. Miller's Anesthesia, Chapter 33: 969-999 Risk of Anesthesia
3. Miller's Anesthesia, Chapter 34: 1001-1066 Preoperative Evaluation
4. Miller's Anesthesia, Chapter 35: 1067-1150 Anesthetic Implications of Concurrent Diseases

Suggested Reading:

5. Ann Thorac Surg. 2011 Mar; 91(3):944-82. 2011 update to the Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists blood conservation clinical practice guidelines.
6. Anesthesiology. 2002; 96: 485-96 Practice Advisory for Preanesthesia Evaluation, A report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation
7. BJA. 2011; 107 (1): 83-96 Preoperative Cardiac Management of the Patient for Non-Cardiac Surgery: An Individual and Evidence Based Approach
8. The American Journal of Medicine. Feb. 2011; Vol. 124 (2): 144 – 154 Smoking Cessation Reduces Postoperative Complications: A Systemic Review and Meta-Analysis
9. Circulation 2007; 116: 1971-96. The ACC/AHA Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-Cardiac Surgery
10. NEJM December 2004; Vol. 351 (27): 2795 – 2804 Coronary Artery Revascularization Before Major Elective Vascular Surgery
11. The Lancet May 2008; Vol. 371: 1839 – 47 Effects of Extended Release Metoprolol Succinate in Patients Undergoing Non-Cardiac Surgery (POISE trial): A randomized controlled trial.

Reviewed: April 2012, Dr. Granton