



REGIONAL ANESTHESIA BLOCK (UH)

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

Objectives of Training and Specialty Training Requirements in Anesthesia

Specific Objectives in CanMEDS Format

It should be noted that the University Hospital Regional Anesthesia Block will typically be a supplemental rotation after completion of the St. Joseph's Health Care Regional Rotation. Given the reduced regional volume at University Hospital versus St. Joseph's Health Care, the resident may be required to participate on the Acute Pain Service or within the general operating room assignments to maintain optimal clinical exposure and education.

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 knowledge acquisition in the following areas:

- Anatomy related to specific regional anesthesia (RA) technique including: surface landmarks, perineural structure, ultra sound anatomy, sensory innervation, motor innervation, and components and details of brachial plexus, lumbar plexus, and sacral plexus.
- Physiology related to specific RA techniques and disease processes, including: nerve transmission/blockade, physiologic response to acute pain, and the patient with chronic pain at the site of surgery.
- Pharmacology of local anesthetics, adjuvants (epinephrine, opioids, HCO₃, etc.), chronic opioid use in the patient presenting for surgery.
- Regional anesthesia equipment including: needles, peripheral nerve stimulator, ultrasound, catheters, and stimulating catheters
- Complications/side effects, including: IV toxicity and management of local anesthetic overdose, neural injury, needle trauma to surrounding tissue (i.e. hematoma, pneumothorax, dural puncture), unintended neural blockade (i.e phrenic nerve, epidural).
- Contraindications related to specific RA techniques including infection, anticoagulation, pre-existing neural injury, increased ICP, and pulmonary disease.
- Various RA techniques including IV regional anesthesia, peripheral nerve blockade (single shot, continuous technique, rescue), and neuraxial blockade.

Communicator



The resident will:

- Demonstrate abilities in effective communication to patients and family, other physicians and ancillary personnel via:
 - Written (charting complete & legible, consultation).
 - Verbal (anesthesia and analgesia options for various procedures, case presentations, personal discussion).
 - Listening (effectively listen and assimilate information important for patient care and for personal growth).

Collaborator

The resident will demonstrate abilities in the following areas:

- A good relationship with the perioperative team, essential to provide exemplary care to the patient, including the anesthesiology team, the surgical team, and the nursing staff of the Block Room, OR and PACU.

Leader

As Leader of the block room the resident will demonstrate an understanding of the Block Room/OR patient flow dynamics. This will include:

- Coordination of patient flow perioperatively.
- Appropriate patient selection.
- Appropriate timing/calling for the patient (i.e. which patient to attend to first given limited resources).

Health Advocate

The resident will demonstrate an ability to:

- Provide appropriate information to the patient and/or their family so they can make an informed decision (and obtain consent) regarding regional anesthesia as:
 - A primary anesthetic technique.
 - A component of their intra & post-op analgesia.
 - Dealing with adverse outcomes.

Professional

The resident will:

- Demonstrate appropriate behaviors and attitude towards patients, his/her family and all personnel involved in the care of that patient, the anesthesiology team, surgical team, and nursing staff.

Updated: July 2012, Dr. Granton