ACUTE PAIN AND OUT OF OR ANESTHESIA

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

This rotation is a unique combination of the Pre-Admission Clinic at Victoria Hospital, the Acute Pain Service, and provision of anesthesia services outside of the operating room. The objectives for the Pre-Admission portion are the same as those for University Hospital and are included below. The objectives for the Acute Pain Service and out of OR anesthesia follow.

The Pre-Admission Clinic is a rotation that will occur at either University Hospital or Victoria Hospital over a four week period. 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 (PRE-ADMISSION CLINIC)

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

Medical Expert/Clinical Decision-Maker

General Requirements

The resident will be able to:

- Demonstrate appropriate and anesthesia specific history and physical skills, including assessment of the airway.

Specific Knowledge Requirements

The resident will be able to:

- Demonstrate internal medicine knowledge base as it applies to the etiology, natural history, and management of the following disease states that are common reasons for pre-admission 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, and chronic pain.
Demonstrate a 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, and investigations for cerebral vascular disease.

Demonstrate the 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 patients 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 the multi-disciplinary team in the Pre-Admission Clinic.
- Work well with other physicians in the Pre-Admission Clinic including internal medicine and surgery.
- Consult other specialties (internal medicine) when required for patient care.

**Health Advocate**

**The resident will:**
- Understand the anesthesiologist’s role in optimization of the patient preoperatively.
- Take steps to improve perioperative safety of patients (aspiration prophylaxis, post-operative Critical Care admission, etc.).
- If appropriate, demonstrate willingness to communicate to the 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.
- Be able to provide 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:


Suggested Readings:

ROTATION OBJECTIVES (ACUTE PAIN SERVICE)

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

Medical Expert/Clinical Decision Maker

The resident will:

- Demonstrate the ability to assess patient and surgery specific needs and options for perioperative pain control.
- Have working knowledge of indications, contra-indications, and complications of narcotics, anti-inflammatory medications, antidepressants, sedatives, intrathecal medications, and epidural analgesia as they pertain to perioperative pain control.
- Understand the rational and is able to deliver multimodal perioperative analgesia.
- Demonstrate the ability to assess and provide management for a patient with non-surgical acute pain issues.
- Demonstrate the ability to assess and modify acute analgesia management plan for patients with chronic pain disorders.

Communicator

The resident will be able to:

- Elicit appropriate input from patient or parents regarding effectiveness and concerns about perioperative pain control.
- Demonstrate effective and accurate written and verbal communication with nurses and surgical team regarding pain control.

Collaborator

The resident will be able to:

- Work well with the Acute Pain Service team and respects the roles of team members, including consultants and nurses with advanced training.

Manager

The resident will be able to:

- Efficiently participate or run acute pain service rounds on a high volume of patients.

Health Advocate

The resident will:

- Demonstrate an understanding of the unique patient safety issues and complications that can arise with perioperative pain control strategies including nausea, vomiting, constipation, respiratory depression, delirium, hypotension, and neurological injury.
• Be able to counsel patients or parents on a variety of pain control options and describe the risks and benefits of each.

Professional
The resident will:
• Display professional behavior and attitude while dealing with patients, families, and staff.

READING LIST
Suggested Readings:
4. Excellent link to LHSC APS teaching site: http://www.lhsc.on.ca/priv/pain/ioa.htm

ROTATION OBJECTIVES (OUT OF OR ANESTHESIA)
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:
• Demonstrate location, patient, and procedure specific knowledge of unique anesthesia considerations when providing anesthesia services outside of the operating room including:
  o Available personnel with skills required to help anesthesiologist
  o Timely availability of back-up in case of an emergency
  o Location and acceptability of resuscitation equipment
  o Transport of patients to Post Anesthetic Care Unit after procedure
  o Pros and cons of sedation versus general anesthesia for procedures

Communicator
The resident will be able to:
• Clearly communicate anesthesia specific requests and concerns to staff that may not be familiar with the anesthesia teams’ needs.
Health Advocate

The resident will:

- Ensure proper equipment and personnel are available prior to starting the provision of anesthesia services.
- Understand the principles of and complies with radiation safety for the patient, staff, and personally.

Professional

The resident will:

- Display professional behaviors and attitudes while dealing with patients, families, and staff.

READING LIST

Suggested Readings:

1. Miller’s Anesthesia 7th ed. Chapter 79. Anesthesia at remote locations

Reviewed: June 2013, Dr. Granton