Revised: July 14, 2014

Stanford Anesthesiology Residency Program

Rotation Goals, Objectives and Assessment for Residents

Core Curriculum for Ambulatory Anesthesia Rotation

Duration: 2 weeks

Rotation Director: Natalya Hasan

**Philosophy and Description:**

The Ambulatory Anesthesia Rotation offers a focused experience in the specialized anesthetic management of the ambulatory patient. In the period between 1996 and 2006, the number of outpatient surgery visits in the U.S. increased from 20.8 million to 34.7 million, making up approximately half of all surgery visits in 1996 and two thirds of all surgery visits in 2006 (1). While most care given during the residency will be to ambulatory patients (and the ACGME ambulatory patient case requirements will be easily met as a result), this rotation is designed to refine the skillful practice of ambulatory anesthesia. Residents will mainly work in the Ambulatory Surgery Center (ASC) operating rooms. Journal articles related to anesthesia for ambulatory surgery will be provided for review on the Ether site ASC syllabus.  As usual, time to attend the Libero lecture, weekly resident lecture, and Anesthesia Grand Rounds will be provided.

The resident clinical experience will include:

1. Management of patients undergoing ambulatory surgical care (whether it be sedation, general, or regional/neuraxial), while emphasizing a rapid and safe recovery and PACU discharge.
2. Focusing on the management and evaluation of postoperative pain in the ambulatory setting including regional anesthesia and other modalities with minimal side effects preventing discharge.
3. Emphasis on the prevention and rescue treatment of PONV.
4. Understanding the dynamic management and scheduling issues unique to an outpatient center.
5. Application of these principles as specially modified for our ambulatory pediatric and geriatric patients.

**Modality for Resident Performance Assessment**:

Residents will be evaluated using the Milestones evaluation in the 6 core competencies (medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems based practice) using specific web-based evaluation forms completed by supervising faculty. Each core competency is further divided into sub-competencies. Evaluation will occur at the end of the 2-week rotation. Residents must keep an accurate online log of procedures performed. An outline of core competencies with rotation objectives, instructional activities, and evaluations is outlined below in more detail.

1. Self Assessment – Residents should review the below listed goals and objectives and work towards meeting them as best they can.
2. Faculty Assessment – In addition to daily feedback with your attending, at the end of the rotation, the rotation directors, with input from the other faculty, surgeons, nurses and staff, will evaluate the resident according to the six ACGME core competencies through Medhub.

**Specific goals for the Ambulatory Anesthesia Rotation** formatted to the Milestones evaluation

1. Medical Knowledge
* Understand the application of regional anesthesia, including the importance of duration of blockade and the use of perineural catheters, in ambulatory anesthesia.
* Understand the pharmacology of rapidly acting agents, including opioids, sedative-hypnotics, volatile anesthetics and neuromuscular relaxants.
* Appreciate the special concerns in providing care for patients suffering from obstructive sleep apnea (OSA) in particular, and obesity, in general, in the outpatient surgery setting.
* Learn techniques of general anesthesia to lessen problems with postoperative problems (e.g., sedation, pain, shivering, nausea, and unplanned admission).
* Define criteria for PACU bypass, PACU discharge and discharge from the outpatient center.
* Appreciates issues of resource management and cost consciousness in regard to ambulatory surgery and healthcare delivery in general.
* Differentiate between freestanding, hospital-affiliated and hospital-based surgery centers, especially in the context of patient selection and management of emergencies, unplanned admissions and hospital transfers.
* Understand the role of the anesthesiologist as advisor or director of an ambulatory surgery center.
1. Patient Care
* Learn and practice pre-op and post-op telephone patient interviews to develop rapport, alleviate patient anxiety, facilitate a smooth perioperative process, enhance patient rapport and strengthen the patient/doctor relationship.
* Utilizing chart review, patient history and physical examination, evaluate patient appropriateness to safely receive outpatient surgical and anesthesia care, including risk identification for unplanned hospital admission or adverse events requiring higher level care.
* Develop proficiency in implementing a safe care plan tailored to achieve rapid recovery and timely facility discharge.
* Administer Monitored Anesthesia Care (MAC) tailored to unique patient and procedure requirements.
* Implement a successful peri-procedural pain management plan
* Successfully manage peri-anesthetic complications
* Demonstrate airway management skills appropriate for one’s level of residency
* Display proper use and interpretation of monitoring and equipment
* Prepare patients for and successfully perform regional anesthetic techniques as deemed appropriate for one’s level of residency
1. Interpersonal and Communication Skills
* Demonstrate empathy for patients and their families
* Demonstrate effective communication with patients and their families, OR staff, and other physicians, asking for assistance when needed
* Act in a consultative role to other physicians and staff in regard to the management of safe outpatient anesthesia care and patient recovery.
1. Professionalism
* Demonstrate compassion, integrity, responsiveness to patient needs, respect for patient privacy, and sensitivity to diversity.
* Striving toward adherence of honesty, integrity, and high ethical standards in the ambulatory surgery setting.
* Display a commitment to institution, department, and colleagues
* Show receptiveness to feedback by constructing and implementing a plan to address areas of improvement
* Provide feedback by performing evaluations of the attendings and the overall rotation
* Uphold responsibility to maintain personal emotional, physical, and mental health
1. Practice-Based Learning and Improvement
* Incorporate quality improvement and patient safety initiatives into personal practice (e.g. complete anesthesia time-outs and participate in the OR time-outs in a safe and time efficient manner)
* Pursue self-directed learning by completing the syllabus and identifying and researching other areas of interest relevant to personal professional goals
* Identify with faculty areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.
* Develop and maintain a willingness to accept, cope and learn from errors as a part of medicine and to use errors to continually improve the processes of care and personal practice.
* Strive to develop a problem based learning discussion (PBLD) based on the challenges and principles of ambulatory anesthesia care.
1. Systems-Based Practice
* Coordinate patient care in the outpatient surgical setting, including the ability to call on other resources in the healthcare system as necessary (e.g., 23 hour admission, subspecialty consultation and emergency patient transfer).
* Understand how advances in anesthesia and surgical techniques and technology have allowed for the safe and cost-effective shift of surgical care from resource intensive inpatient care to the outpatient setting.
* Appreciate the systems-tools and methodology for the safe and effective management of an outpatient surgical center.

Modified from the “SAMBA Curriculum Guidelines for The Anesthesia Resident Rotation in Ambulatory Anesthesia” written and approved by the Society for Ambulatory Anesthesia (SAMBA) Education Committee on November 15, 2005 and the ACGME Resident Physician Program Requirements from July 1, 2011.

1. Melton, S, Klein SM. Outpatient Anesthesia. In Chu LF, Fuller AJ, eds. Manual of Clinical Anesthesiology. Philadelphia, PA: Lippincott Williams & Wilkins; 2012:909.

**THE END**