

**UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
ANESTHESIOLOGY RESIDENCY PROGRAM**

**GOALS AND OBJECTIVES
PRE-SURGICAL EVALUATION CLINIC**

CA-1/CA-3 REQUIRED ROTATION

Pre-operative evaluation, risk stratification regarding the attendant surgery and anesthetic, and formulation of an anesthetic plan (or ensuring that the necessary information has been gathered to formulate an anesthetic plan) are among the most important functions of an anesthesiologist in his or her role as a peri-operative physician.

The rotation in the Pre-Surgical Evaluation Clinic is divided into two parts. CA-1 residents will complete an initial two (2) week rotation in the Pre-Surgical Evaluation Clinic under the direct supervision of the Anesthesiology Director of PSE, Dr. Theo Matheos. The two weeks are contiguous, allowing for better continuity of experience and education, and will be complemented by a two (2) week PACU rotation during a one month block. During the PSE rotation, junior residents will develop the skills necessary to perform and present an accurate pre-anesthetic history and physical and to obtain informed consent, while gaining familiarity with basic tenants of peri-operative medicine. These two weeks will be complemented by an additional 2 week experience in the CA-3 year. During this senior rotation, residents will focus on the preanesthetic evaluation of the most complicated patients, develop the skills to act as a consultant in peri-operative medicine, and become familiar with the systems-based implications of pre-operative testing on the peri-operative experience as a whole.

The Clinic operates daily from 8:00am-5:00pm with approximately 60% of patients seen by an anesthesia provider (80-100 patient visits/day), while the remainder of the patients undergo chart review by an anesthesia provider. Residents at all levels interact on a regular basis with other health care providers in the clinic, including surgeons, translators, nurses, and secretarial staff.

As a CA-1, the emphasis will be on developing the skill set to perform a focused history and physical examination, and to present findings in a manner that is thorough but expeditious. He/she will also become familiar with basic tenets of peri-operative medicine such as the NPO guidelines and the anesthetic implications of common disorders learn how to manage common medications perioperatively, and stratify the risk of surgery and anesthesia.

CA-3 residents will evaluate and manage the more complicated patients, learn which tests to order and under what circumstances, and how to develop mechanisms of ensuring that their practice is evidence-based and current.

GOAL

The goal of this rotation is to develop resident proficiency in preoperative assessment of the patient and all of its attendant nuances.

COMPETENCIES

I. MEDICAL KNOWLEDGE

At the conclusion of the rotation, the CA-1 resident will be able to:

- Identify the components of a focused history and physical that includes all relevant data needed to develop an anesthetic plan
- Correctly determine ASA status

- Describe the current NPO guidelines, and their relation to co-morbidities
- Explain the correct assessment and optimization needed for patients with common co-morbidities, including hypertension, COPD, diabetes, coronary artery disease, asthma
- List and describe the various components of a cardiovascular evaluation
- Discuss basic principles of risk assessment
- Discuss the components of an airway evaluation
- Have an understanding of appropriate use of pre-operative lab tests
- Have an understanding of the appropriate need for consultants and further evaluations

At the conclusion of this rotation, the CA-3 resident should meet all objectives as delineated for the CA-1 resident, in addition to being able to:

- Apply ACC/AHA guidelines for Peri-operative cardiology consultation and beta blockade

II. PATIENT CARE

At the conclusion of the rotation, the CA-1 resident will be able to:

- Demonstrate assessment skills necessary in the preoperative evaluation of patients, especially in eliciting sometimes difficult-to-obtain information
- Demonstrate the ability to evaluate an airway
- Develop an anesthetic and post operative anesthesia plan for an uncomplicated patient
- Expeditiously perform a focused history and physical that includes all relevant data needed to develop an anesthetic plan
- Demonstrate ability to interpret preoperative tests including:
 - ECGs
 - Laboratory data
 - Cardiac testing including stress testing, echocardiograms, Persantine-thallium testing, and cardiac catheterization
 - Pulmonary Function testing
 - Vascular studies

At the conclusion of this rotation, the CA-3 resident should meet all objectives as delineated for the CA-1 resident, in addition to being able to:

- Determine which tests are indicated and under what circumstances
- Request consults from appropriate consultants
- Demonstrate independent thought and action in the assessment and workup of patients in the PSE clinic

II. PROFESSIONALISM

During the rotation, both CA-1 and CA-3 residents will be expected to:

- Dress in appropriate professional attire; no scrubs
- Address patients and families appropriately, using title and last name for all adults
- Interact with nursing and support staff in an appropriate manner
- Demonstrate the willingness to seek staff consultation when appropriate
- Demonstrate teamwork in meeting all patient care needs

III. COMMUNICATION AND INTERPERSONAL SKILLS

At the conclusion of the rotation, the CA-1 resident will:

- Demonstrate ability to provide clear and understandable explanations of a patient's anesthetic options, along with associated risks and benefits, for basic non-complex procedures
- Demonstrate ability to obtain information from patient's primary care providers
- Present findings from a patient's evaluation expeditiously in a manner that includes all pertinent information
- Demonstrate the ability to answer patients' questions clearly and using language they would understand
- Demonstrate a sensitivity to patients' limitations of understanding, access, and the ability to participate in obtaining and receiving optimal medical care

At the conclusion of this rotation, the CA-3 resident should meet all objectives as delineated for the CA-1 resident, in addition to being able to:

- Communicate benefits and risks of a proposed anesthetic plan to patients scheduled to undergo complex procedures
- Demonstrate ability to seek appropriate consultation from other services, to do appropriate follow-up, and to communicate results to the surgical team
- Demonstrate ability to clearly communicate issues of concern with the surgical team

IV. SYSTEM-BASED PRACTICE

During the rotation, the CA-1 resident will:

- Be able to discuss the many systems involved in getting a patient from the pre-surgical clinic to the operating room at the scheduled time and date.
- Demonstrate appropriate handling of confidential patient information

At the conclusion of this rotation, the CA-3 resident should meet all objectives as delineated for the CA-1 resident, in addition to being able to:

- Discuss the systems-based implications of receiving testing at an institution but surgery at another
- Discuss the implications of the lack of adequate peri-operative screening on the system as a whole
- Discuss the difficulties involved in evaluating the patient with difficult social issues (patients with limited mobility, incarcerated patients, those who require legal guardians)
- Develop a sense of cost-effective practice in the determination of need for additional preoperative evaluation or lab testing

V. PRACTICE-BASED LEARNING

At the conclusion of the rotation, the CA-1 resident will:

- Demonstrate skill in gathering all relevant patient information from both electronic and paper sources
- Demonstrate skill in finding appropriate information relevant to procedures about which the resident is unfamiliar, and demonstrate ability to discuss

At the conclusion of this rotation, the CA-3 resident should meet all objectives as delineated for the CA-1 resident, in addition to being able to:

- Be able to discuss missed opportunities for assessment, i.e. cases canceled day of surgery secondary to lack of proper work-up or follow-up etc.

REPORTING INSTRUCTIONS

The Pre-surgical Evaluation Clinic is located at the Memorial Campus in the Levine Building located directly behind the main hospital building. Parking will be in the Employee Parking Garage. Reporting time is 7AM prompt, with the exception of Wednesdays where you will report immediately following Grand Rounds.