

Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency
Rotation Curriculum

Rotation: Anesthesia (PGY1)

Site: Olive View-UCLA Medical Center (OVMC)
14445 Olive View Drive
Sylmar, CA 91324

Contacts: **Rotation Director**

Timothy Yuen tyuen@lacounty.dhs.org

Service Chief

Rima Matevosian, MD rmatevos@ucla.edu

Program Coordinator

Mary Shafer (818) 364-4350

Schedule: Emergency Medicine (EM) PGY1 residents work approximately 40 hours per week, Monday through Friday, 7:30am-3:30pm. There are no weekend or overnight call duties. A detailed schedule will be provided to each EM resident before the start of their rotation by the Department of Anesthesia program coordinator.

Description of Rotation:

The Anesthesia rotation is a 2 week rotation. Under the direct supervision of Anesthesiology faculty, EM residents learn basic and advanced airway management techniques relevant to emergency medicine including endotracheal intubation, fiberoptic laryngoscopy, and laryngeal mask airway use. Residents are exposed to a wide variety of procedural anesthesia practice including procedural sedation, peripheral line placement, regional anesthesia, and central venous monitoring. The rotation also provides didactic teaching and experience with topics relevant to Emergency Medicine, such as anesthetic and vasopressor pharmacology, cardiopulmonary physiology, and hemodynamic monitoring.

Responsibilities:

EM residents will be paired with a Department of Anesthesia attending physician each day. Residents are expected to follow their own patients and participate in the continuum of anesthesia care including pre-operative evaluation, airway management, anesthetic administration, peri-operative anesthesia, and post-operative care of patients under the supervision of the anesthesia attending physicians.

Goals and Objectives:

The measurable competency objectives for the Olive View-UCLA Medical Center Anesthesia rotation are as follows:

A. Patient Care

1. Perform endotracheal intubation with assistance including rapid sequence intubation.
2. Ventilate lungs by mask or laryngeal mask airway and intubate the trachea of patients with easy-to-moderately difficult airways.
3. Manage patients with difficult airways by fiberoptic laryngoscopy with assistance.
4. Perform peripheral venous intravenous catheter insertion.

B. Medical Knowledge

1. Demonstrate knowledge of the physiology and pharmacology of agents used for sedation, and rapid sequence intubation as relevant to Emergency Medicine (EM) practice.
2. Know how to perform preoperative evaluation of patients, including selection of preoperative tests and consultations and obtaining informed consent.
3. Perform procedural sedation for elective procedures with assistance.
4. Understand the physiology and pathophysiology of significant respiratory events (hypoxemia, hypercapnia, bronchospasm).
5. Understand the physiological and pathophysiology of significant cardiovascular events (caval compression, hypovolemia, hypervolemia).

C. Practice Based Learning

1. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy.
2. Apply scientific evidence to decision making.
3. Obtain feedback from supervising faculty.

D. Professionalism

1. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.
2. Understand the legal and ethical issues involved in patient consent for operative and elective procedures.

E. Interpersonal and Communication Skills

1. Communicate anesthesia plan with patient, family, nurses, and operating room staff.
2. Be able to work as an interdisciplinary team member in the operating room with surgeons, nurses, operating room technicians, and other staff.
3. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety.

F. Systems Based Practice

1. Appreciate the complex interactions that go on between primary care teams, surgeons and anesthesiologist in the overall hospital management of these complex patients.
2. Learn the cost of the drugs, monitoring equipment and overall procedures involved in surgical care.

Assessment

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: end of rotation evaluation of resident performance with respect to the stated objectives by the rotation director. Input from faculty, other team resident members, students, and nursing staff informs the performance summary.
2. Residents will also receive formative verbal feedback during the rotation from attending physician staff.