### Department of Anesthesia Clerkship Rotation

#### **Objectives**

# 1. Understand the anesthetic considerations for a variety of medical conditions and demonstrate an appropriate preoperative assessment and optimization of the patient

- 1.1 Perform a relevant and focused medical history
- 1.2 Perform a relevant and focused physical examination
- 1.3 Perform a thorough assessment of the airway
- 1.4 Interpret basic laboratory investigations including CBC, Electrolytes, Blood Gas, ECG, Chest X-Ray
- 1.5 Present a focused problem list and assign an appropriate ASA physical status based on the patient assessment
- 1.6 Determine which medications to continue or to hold preoperatively (e.g. antihypertensives, antiarrhythmics; anticoagulants, oral antihyerglycemics)
- 1.7 List the recommended preoperative fasting guidelines and risk factors for perioperative aspiration
- 1.8 Council a patient regarding smoking cessation and its benefits within the perioperative context
- 1.9 Develop an anesthetic plan from suitable options for a given patient (e.g. General anesthetic, neuraxial anesthetic, regional anesthetic, MAC)
- 1.10 Describe the anatomic and physiologic changes of pregnancy and its impact on an esthetic management
- 1.11 Outline the anesthetic considerations in the pediatric patient and describe their impact on anesthetic management

#### 2. Describe the major drug classes commonly used in the perioperative period

- 2.1 Illustrate the main therapeutic properties and side effects of the following drug classes. *Examples in parentheses*.
- a) Benzodiazepines (lorazepam, diazepam, midazolam)
- b) Opioids (Fentanyl, sufentanyl, morphine, hydromorphone)
- c) Intravenous anesthetic agents (*Propofol, Ketamine*)
- d) Inhalational anesthetic agents (Sevoflurane, desflurane)
- e) Muscle relaxants (Succinylcholine, rocuronium)
- f) Local anesthetic agents (Lidocaine, bupivacaine, ropivicaine)
- g) NSAIDS (Ibuprofen, celecoxib)
- h) Vasoactive agents (Phenylephrine, ephedrine)
- i) Antiemetic agents (Dexamethasone, ondansetron, metoclopramide)



- 2.2 Explain equianalgesic dosing of opioids and apply an appropriate dosing strategy of opioids in the perioperative period
- 2.3 Demonstrate and interpret twitch monitoring in a patient with neuromuscular blockade
- 2.4 Summarize the differences between amide and ester local anesthetics and list the maximum recommended dosages of common local anesthetics (*Lidocaine and Bupivacaine*)
- 2.5 Describe the signs and symptoms of local anesthetic toxicity and outline the initial management
- Understand the principles of perioperative fluid assessment and integrate this knowledge within the framework of perioperative fluid and blood component therapy.
  - 3.1 Demonstrate an appropriate preoperative fluid status assessment based on combined history, physical examination, and laboratory investigations
  - 3.2 Describe the physiologic and pathophysiologic routes of fluid loss in the perioperative setting
  - 3.3 Successfully insert a peripheral intravenous catheter
  - 3.4 List the major components of the commonly-used crystalloid fluid solutions
  - 3.5 Select an appropriate fluid and electrolyte replacement strategy based on anticipated and realized patient fluid and electrolyte deficits, ongoing losses, and maintenance requirements
  - 3.6 Define the indications and complications of the various blood products (PRBC's, FFP, Platelets)
  - 3.7 Determine the considerations when deciding to transfuse a blood product

#### 4. Describe the principles of acute pain management

- 4.1 Explain multimodal analgesia
- 4.2 Identify the commonly used modalities for pain control and describe the advantages and limitations of each: Patient-controlled analgesia (PCA), epidural analgesia, peripheral nerve blockade, intrathecal opioids
- 4.3 Evaluate a patient's pain status using recognized assessment tools
- 4.4 Observe the insertion of an epidural
- 4.5 Participate in the placement of a spinal block
- 4.6 Discuss tailored analgesia strategies in the chronic pain patient presenting for surgery



#### 5. Acquire the basic skills in airway management

- 5.1 Apply the predictors of difficulty in execution of each of the following: Bag-mask ventilation, LMA placement, direct laryngoscopy and intubation
- 5.2 Successfully bag-mask ventilate an unconscious patient
- 5.3 Recognize the signs of upper airway obstruction and demonstrate the appropriate corrective maneuvers: Placement of oral and nasal airways, head repositioning, jaw thrust and chin lift maneuvers
- 5.4 Successfully insert and confirm correct placement of an LMA under direct supervision
- 5.4 Independently prepare the appropriate equipment for intubation
- 5.5 Successfully intubate an anesthetized patient under direct supervision
- 5.6 Independently recognize the signs of unsuccessful endotracheal intubation
- 5.7 Identify the indications for endotracheal intubation and associated short-term and long-term complications

## 6. Demonstrate an understanding of the principles of emergency resuscitation and the role of each member of the health care team

- 6.1 Properly identify an emergency situation and call for assistance if applicable
- 6.2 Participate in the resuscitative effort in a supportive role under the direction of the supervising anesthetist
- 6.3 Demonstrate knowledge of proper patient assessment during an emergency using an ABC approach
- 6.4 Apply ECG leads and BP cuff to the patient with minimal required supervision

### 7. Demonstrate at all times the utmost professionalism towards patients and the health care team

- 7.1 Demonstrate appropriate professionalism skills including respect for patients and the health care team
- 7.2 Respect patient confidentiality, privacy, and autonomy at all times
- 7.3 Communicate (both written and verbal) clearly and in a concise and polite manner with patients and the health care team
- 7.4 Demonstrate self-directed improvement of knowledge and skills through selected readings and sought feedback from preceptors

