

Pre-operative Medicine Rotation
Director Thomas Witkowski, MD

Goals

CA 1 residents are assigned to the Pre-operative Anesthesia Clinic for 1 month and will:

1. Learn to do perform an anesthetic pre-operative history and physical exam
2. Learn to obtain written informed consent in pre-surgical patients
3. Learn to add information to the electronic medical record
4. Acquire the knowledge to recommend pre-operative medical management of patients with concomitant medical disease
5. Learn to obtain pertinent information from the outpatient EMR
6. Acquire the knowledge to order preoperative testing based on medical evidence
7. Develop expertise in communicating pertinent information to the care team

Objectives

1. Perform directed pre-operative anesthesia assessments in all assigned patients presenting to the pre-operative testing clinic (PC)
2. Recommend pre-surgical dietary restriction based on ASA NPO guidelines (PC, MK)
3. Instruct patients in the preoperative use of their medications and any herbal preparations when needed (PC, MK)
4. Provide examples of how an anesthetic plan could change as a result of a change in: surgical procedure, patient's medical condition, BSA, age, gender, and cultural uniqueness (PC, MK, Prof)
5. Recommend preoperative laboratory tests for ASA 1, 2, 3, and 4 patients and define indications (PC, MK)
6. Complete the following reading assignments: Barash Chapters 18, 19, and 20 (MK)
7. Discuss the indications for pre-op cardiac consultation (MK)
8. Define the ASA pre-operative NPO guidelines (MK)
9. Define the Mallampati airway evaluation scoring system (MK)
10. Establish a collaborative relationship with advanced practice nurses and medical specialists to cultivate a multidisciplinary approach to preoperative evaluation and optimization of the patient (IPSC, Prof, SBP)
11. Communicate pertinent medical concerns with surgeons or other consultants when appropriate (MK, IPSC)
12. Obtain informed consent from patients in a manner that provides necessary information without provoking undue anxiety or apprehension (IPSC)
13. Describe an evidence-based approach to requesting additional evaluation in the cardiac surgery patient undergoing non-cardiac surgery (PBLI)
14. List the perioperative anesthetic problems associated with one uncommon disease and cite references supporting best practice (PBLI)
15. Demonstrate reliability by initiating patient evaluations when assigned (Prof)
16. Treat patients and their families with dignity, respect and honesty at all times (Prof)
17. Accept responsibility for following-up on patients requiring additional testing or consultation (Prof)
18. Review patients' chart for completeness and acceptability of their history, physical examination, test results and consultant recommendations (SBP)

19. Certify that all requirements have been met and the patient is ready for surgery according to departmental and institutional standards (SBP)
20. Recommend a change in the organizational set-up of the Pre-op Clinic to: reduce the total time-in to time-out for patients and improve efficiency (SBP)

Description of Resident Responsibilities:

1. Residents are expected to:
 - a. Document all duty hours in New-Innovations
 - b. Complete all medical records in a timely and accurate fashion
 - c. Self-monitor for fatigue
 - d. Dress appropriately
 - e. Act in professional and ethical manner in interactions with patients, nursing and medical staff
2. Residents are expected to participate in the following activities during the workday:
You should report to the Jefferson Pre-operative Testing Center at 7am unless otherwise directed. It is your responsibility to evaluate new patients as assigned.
3. Residents will abide by all ACGME work rules. Unapproved tardiness and absenteeism is not tolerated.
4. Residents will attend all Departmental didactic lectures. This includes: Tuesday & Thursday 6:15 am lectures and Thursday Grand Rounds. Additionally, residents assigned to Simulation Lab activities should participate after of the supervising attending.
5. The development of clinical skills and mature clinical judgment requires that residents be given responsibility, under proper supervision and commensurate with their ability, for decision making and for direct patient care in all settings. The resident's patient care responsibilities should include the planning of care, and the writing of orders, progress notes and relevant records, subject to review and approval by fellows and attending physicians.

Description of Didactic Experience:

1. Participate in skills sessions, daily lectures, resident core conferences, anesthesia grand rounds, assigned and web-based multimedia presentations
2. Review assigned reading.

Evaluation Process:

Electronic evaluations by supervising faculty
Evaluation of rotation and faculty by resident

Feedback mechanisms:

Review of resident evaluations with program director or faculty advisor
Daily feedback from supervising faculty