

CA-3 Anesthesiology Resident Trauma Anesthesia Rotation

GOALS

The CA-3 residents will be involved in all aspects of trauma anesthesia including teaching and supervision of residents, clinical research, and acute perioperative care of the trauma patient from resuscitation to post operative pain management. The program is designed to train the senior anesthesiology resident to expertly provide complete perioperative care of the acutely traumatized patient.

OBJECTIVES

I. Cognitive Objectives

At the end of the rotation the CA-3 resident should be able to:

- A. Appraise the core principles of trauma care: **(MK)**
 - 1. Trauma epidemiology, mechanisms of injury, and prehospital care
 - 2. Initial evaluation and management, team approach, triage, surgical priorities and mass casualty management
 - 3. Airway management, algorithms for emergency induction and intubation
 - 4. Vascular cannulation
 - 5. Shock resuscitation and fluid therapy, damage control resuscitation
 - 6. Blood component therapy and trauma coagulopathy, massive transfusion protocols.
 - 7. General anesthesia for trauma
 - 8. Regional anesthesia for trauma
 - 9. Monitoring the trauma patient
 - 10. Ultrasound and echocardiography in trauma
 - 11. Postoperative care of the trauma patient
 - 12. Chemical and radiologic exposures in trauma
- B. Analyze anesthetic considerations for patients with the following blunt or penetrating injuries: **(MK)**
 - 1. Traumatic brain injury
 - 2. Spinal cord trauma
 - 3. Ocular and maxillofacial trauma
 - 4. Chest trauma
 - 5. Abdominal trauma
 - 6. Musculoskeletal trauma
- C. Design anesthetic management plan for the following special populations: **(MK)**
 - 1. Burn trauma patients
 - 2. Pediatric trauma patients
 - 3. Geriatric trauma patients
 - 4. Pregnant trauma patients

II. Psychomotor Objectives

At the end of the rotation the CA3 resident should be able to:

- A. Serve as trauma anesthesia team leader under the supervision of the attending staff. **(ICS)**
- B. Completely evaluate a trauma patient preoperatively, anticipating the need for special equipment for airway and or resuscitative management. **(PC)**
- C. Provide Anesthesiology consultation in the trauma resuscitation unit or emergency department. **(PC)**
- D. Present patients in a cohesive systematic-approach to an attending anesthesiologist and propose an anesthetic plan. **(PC) (ICS)**
- E. Thoroughly set up for an emergency case including anesthesia machine checkout, selection of routine and special monitoring devices, selection of appropriate airway equipment, selection of vascular access catheters and fluid delivery systems, choose appropriate anesthetic and resuscitation drugs, create an environment for temperature homeostasis. **(PC) (SBP)**
- F. Maintain a complete anesthetic record during all cases either hand written or with an automated, computerized record keeper. **(PC)**
- G. Display effective communication skills with patients and family members, colleagues, nursing staff, respiratory therapists, administrative staff, and other support personnel. **(ICS) (SBP)**
- H. Perform the following procedures: **(PC)**
 - 1. Endotracheal intubation with and without inline cervical immobilization including but not limited to direct and fiberoptic techniques on both awake and unconscious patients. (The procedure may be performed in the operating room, trauma resuscitation unit, or emergency department.) The CA3 resident should be able to manage the most challenging airways.
 - 2. Use of tracheal tube introducers, supraglottic airways, and videolaryngoscopy.
 - 3. Percutaneous cricothyroidotomy and retrograde intubation (task simulator).
 - 4. Induction, maintenance, and emergence of general anesthesia.
 - 5. Arterial puncture and cannulation.
 - 6. Insertion of central venous catheter.
 - 7. Position a patient for common procedures with attention to pressure points and eye protection.
 - 8. Insertion of oro/nasogastric tube.
 - 9. Perform regional anesthetic blocks for extremity and other procedures for which they are indicated.
 - 10. Provide pain relief for acutely injured patients including epidural analgesia
- I. Manage patients in the post anesthesia care unit. **(PC)**

III. Affective Objectives

At the end of the rotation the CA3 resident should be able to:

- A. Organize, supervise and teach CA1/CA2 residents on his team under the direction of the attending staff. **(ICS)**
- B. Demonstrate sensitivity to patients' culture, age, gender, and disabilities. **(PF)**
- C. Demonstrate commitment to medical records confidentiality. **(PF)**
- D. Practice cost-effective care. **(SBP)**
- E. Display caring and respectful behavior with patients and staff. **(PC)**
- F. Document all complications that occurred during his/her team call period. **(PBLI)**
- G. Present patients and complications during trauma morning report. **(PBLI)**
- H. Participate in trauma QA conference. **(PBLI)**
- I. Display judgment in knowing when to call for help. **(PC) (ICS)**
- J. Consider patient and staff safety in all patient care and planning. **(PC) (PF)**
- K. Display a willingness to acknowledge error or mistakes. **(PBLI)**
- L. Accept criticisms with the understanding that the mutual goal is to improve patient care and personal performance. **(PBLI)**
- M. Consider issues of patient flow through the medical system when coordinating care. **(SBP)**
- N. Complete rotation and faculty evaluations. **(PF)**

ACGME's General Competencies:

- PC** Patient Care
- MK** Medical Knowledge
- PBLI** Practice-Based Learning and Improvement
- ICS** Interpersonal and Communication Skills
- PF** Professionalism
- SBP** Systems-Based Practice