

Ambulatory Anesthesia Rotation Objectives

The goal of the Ambulatory Anesthesia rotation for trainees is development of an understanding of the common surgical conditions amenable to outpatient surgery. In addition, anesthetic techniques enabling anticipated discharge from hospital in a timely postoperative fashion will be stressed. An understanding of common etiologies of unplanned hospital admission (eg. nausea/vomiting, pain, etc.) and measures to prevent them will be elucidated. The resident will be expected to complete a quality assurance project during their rotation.

Medical Expert/Clinical Decision Maker:

KNOWLEDGE

The resident will be able to

- Describe in detail pathophysiologic changes that general anesthesia produces and their effects on outpatient function
- Describe in detail the pharmacologic and pharmacodynamic effects of anesthetic agents used in ambulatory patients
- Describe the pathophysiologic changes that common medical conditions (eg. hypertension, asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes, etc.) produce and the acceptable limits for patients undergoing ambulatory surgery
- Describe the optimum management of the above-mentioned medical conditions in the perioperative period
- Describe the appropriate selection of surgical procedures and patients (eg. length of surgery, likelihood for blood loss, concomitant disease, extremities of age, etc.) for ambulatory surgery
- Describe the necessary preoperative assessment, preparation, and premedications (eg. NPO status, aspiration prophylaxis, postoperative nausea/vomiting prophylaxis, anxiolytics, chronic medications) for patients undergoing ambulatory surgery
- Describe the elements of quality assurance and describe the conduct of a quality assurance project

SKILLS

The resident will be able to

- Perform an appropriate anesthesia history and physical examination in the outpatient setting
- Demonstrate the appropriate ordering of laboratory investigations in the ambulatory setting
- Rapidly and safely provide general, regional, local anesthesia, sedation or monitored anesthesia care for ambulatory patients
- Choose an appropriate selection of muscle relaxants, narcotics, local anesthetics, regional plexus blocks, or central neuraxial blocks
- Recognize the normal and abnormal recovery from anesthesia, and readiness for discharge for ambulatory surgical patients

- Describe discharge criteria and patient instructions, and criteria for hospital admission (nausea/vomiting, pain, etc.)
- Have a plan for postoperative complications
- Critically assess the ambulatory anesthesia literature
- Gain some exposure to research in the area of ambulatory anesthesia
- Demonstrate their knowledge of quality assurance through completing a quality assurance project during this rotation, and by presenting it at a departmental rounds session

Communicator:

The resident will be able to

- Obtain and document the relevant medical history and physical examination thoroughly and efficiently
- Develop communication skills in ambulatory anesthesia to benefit the patient, the surgeon, and other members of the health care team
- Demonstrate the ability to discuss the risks and benefits of the various anesthetic techniques relevant to the patient and procedure

Collaborator:

The resident will be able to

- Be aware of the role of the contribution of each member of the ambulatory care team to patient care
- Work with the surgeons and other members of the health care team to ensure optimal patient assessment and preparation
- Ask for help appropriately, recognizing their limitations in knowledge and skills

Manager:

The resident will be able to

- Consider health care resources when determining the patient's perioperative management plan
- Acknowledge the difficulties and decision-making involved in utilization and allocation of finite health care resources
- Demonstrates knowledge of the departmental guidelines for management of patients in the ambulatory setting
- Describe the administrative aspects of an ambulatory anesthesia service, including the set-up and staffing of the Preadmission Clinic

Health Advocate:

The resident will be able to

- Understand the complex emotional effects of the illness on the patient and their family

- Provide appropriate education to ensure patients are well informed and well prepared for their procedure and anesthetic
- Encourage patients to optimize their health status

Scholar:

The resident will be able to

- Teach medical students skills and knowledge for ambulatory anesthesia
- Demonstrate ongoing review of procedures/policies with the goal of detecting areas of potential improvement
- Critically evaluate the medical literature pertaining to ambulatory anesthesia

Professional:

The resident will be able to

- Demonstrate integrity and honesty when interacting with patients, families, and other health care professionals
- Be punctual, efficient, and respectful at all times

Evaluation:

- There will be continuous daily assessment and feedback to the trainee by the consulting staff
- A mid-rotation evaluation form will be completed by the rotation coordinator and discussed with the trainee
- An end-of-rotation written evaluation will be completed by both the resident and coordinator of the rotation
- The resident evaluation will be discussed with the resident and signed by both the resident and the coordinator
- A short oral examination will take place at the end of the rotation

REFERENCE READING LIST

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3. Tong D & Chung F. Postoperative Pain Control in Ambulatory Surgery. *Surgical Clinics of North America*, 1999 (Apr), 79: 401-430.
4. Twersky RS. Ambulatory Surgery Update. *Canadian Journal of Anaesthesia*, 1998. 45: (5) R76-R83.

5. Marshall SI & Chung F. Discharge Criteria and Complications After Ambulatory Surgery. *Anesthesia & Analgesia*, 1999. 88: 508-517.
6. Sinclair DR, Chung F, & Mezei G. Can Postoperative Nausea and Vomiting Be Predicted? *Anesthesiology*, 1999. 91: 109-118.
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8. Joshi GP, Garg SA, Hailey A & Yu SY. The Effects of Antagonizing Residual Neuromuscular Blockade by Neostigmine and Glycopyrrolate on Nausea and Vomiting After Ambulatory Surgery. *Anesthesia & Analgesia*, 1999. 89: 628-631.
9. Macario A, Weinger M, Truong P & Lee, M. Which Clinical Anesthesia Outcomes Are Both Common and Important to Avoid? The Perspective of a Panel of Expert Anesthesiologists. *Anesthesia & Analgesia*, 1999. 88: 1085-1091.
10. Chung F & Mezei G. Adverse Outcomes in Ambulatory Anesthesia. *Canadian Journal of Anaesthesia*, 1999. 46: (5) R18-R26.