

## **Preadmission Clinic Rotation Objectives**

During this rotation residents will attend a preadmission clinic for a one-month period of time over. The following objectives apply to this rotation.

### **Medical Expert/Clinical Decision Maker:**

#### **General Objectives:**

The resident will learn to:

1. Perform preoperative anesthetic assessments with accurate assessments of the airway and cardio respiratory systems.
2. Based on these assessments and when warranted initiate further patient encounters/investigations.
3. Know the common anesthetic classification systems (e.g. ASA status, NYHA, Mallampati, etc).
4. Address patient inquiries as to pertinent complications and risks of anesthesia, blood transfusion and analgesic options.
5. Appreciate the costs involved for preoperative consultation, testing and preparation for anesthesia and be able to describe the key factors in the organization of an anesthesia consult clinic.
6. Maintain a consultant and professional profile in the medical and public domains.

#### **Specific Objectives:**

The resident will:

1. Become proficient in airway evaluation including familiarity with common diagnostic imaging of the airway.
2. Improve skills at directed history and physical examination.
3. Identify patients who require further necessary preoperative preparation, consultant or investigation.
4. Appreciate the role of specialized cardiac investigation, their basic principles of interpretation and limitations, their cost and benefit.
5. Learn effective outpatient preparation strategies for surgical patients presenting with common medical problems such as asthma, diabetes mellitus, ischemic heart disease, sleep apnea
6. Recognize the difficulties and limitations of screening patient problems.
7. Develop anesthetic management plans with consultant anesthesiologist.
8. Be able to present the various anesthetic techniques available for the surgical procedure and inform the patient about the specific risks and benefits of each technique.
9. Inform patients as to the pain management services available to them.
10. Be able to prepare and educate the patient regarding the need for specialized postoperative care (e.g. monitoring, ICU admission, potential for postoperative ventilation).
11. Address the role and indications for common preoperative therapies (anxiolytics, bronchodilators, antisialagogues, steroids, perioperative  $\beta$ -blockers, antacids).
12. Learn to communicate with the referring physician and operating room staff to ensure all necessary equipment, precautions, preparations are complete by the time of surgery. (eg. difficult airway equipment, latex allergy precautions, need for postoperative monitoring.)

**Communicator:**

- Develop communication skills in preoperative consultation to benefit the patient, the referring physician, and the consultant.
- Demonstrate the ability to discuss the risks and benefits of the various anesthetic techniques relevant to the patient and procedure.
- Be able to compose concise anesthetic consultation letters listing the anesthetic considerations and a clear plan for the perioperative management
- Learn to communicate with the referring physician to discuss the need for further investigations, postponement of surgery, or special perioperative needs.

**Collaborator:**

- Collaborates with the referring physician and / or other consulting physicians to ensure optimal patient assessment and preparation (e.g., baseline test results, blood pressure management)

**Manager:**

- Considers health care resources when determining preoperative testing needs
- Demonstrates knowledge of the departmental guidelines for management of patients in the perioperative period (e.g., malignant hyperthermia, preoperative testing, NPO, ambulatory surgery).

**Health Advocate:**

- Provides appropriate education to ensure patients are well informed and well prepared for their procedure.
- Encourages patients to optimize their health status preoperatively (e.g., smoking cessation, blood pressure control, use of nCPAP etc)

**Scholar:**

- Demonstrates ongoing review of procedures / policies with goal of detecting areas of potential improvement
- Critically evaluates the medical literature pertaining to preoperative evaluation

**Professional:**

- Demonstrates integrity and honesty when interacting with patients, families, and other health care professionals

**Evaluation:**

At the end of rotation and occasionally on a daily basis

**References:**

Fleisher LA. Preoperative Evaluation in: *Clinical Anesthesia* (3<sup>rd</sup> ed) eds. Barash, Cullen, and Stoelting. Chapter 18 pp. 443-459, 1997