

Training in Day Surgery: Anaesthetists

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Disclosures

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None



Day Surgery in US

83% of all US surgery; 62% of Medicare (>65) surgery 2006

Anesthesiology residents receive training for all their practice :

Subspecialty Rotations

- Ambulatory Anesthesia
- Cardiothoracic Anesthesia
- Critical Care Anesthesia
- Neurosurgical Anesthesia
- Obstetric Anesthesia
- Pain Medicine
- Pediatric Anesthesia



Society for Ambulatory Anesthesia Curriculum Guidelines 1997 -

SAMBA Curriculum Guidelines for an Anesthesia
Resident Rotation in Ambulatory Anesthesia

SAMBA Office-Based Anesthesia Curriculum

SAMBA Competency-based Curriculum for
Fellowship Education in Ambulatory and Office-
Based Anesthesia

www.sambahq.org



SAMBA Curriculum Guidelines for an Anesthesia Resident Rotation in Ambulatory Anesthesia

Overview

goals

experiential content

Objectives:

Cognitive Objectives

Skill Objectives



SAMBA Curriculum Guidelines for an Anesthesia Resident Rotation in Ambulatory Anesthesia - Overview

Case experience -

Minimum of 75 patients undergoing ambulatory surgery including:

20 peripheral nerve blocks for surgical procedures

20 general anesthetics emphasizing rapid emergence

20 monitored anesthesia care cases ranging from anxiolysis to deep sedation



SAMBA Curriculum Guidelines for an Anesthesia Resident Rotation in Ambulatory Anesthesia - Overview

Acute postop pain & nausea management, including intravenous techniques, oral medications and other modalities

Structured ambulatory postanesthesia care experience, involving direct care of patients in the PACU and responsibilities for management of pain, hemodynamic changes, and emergencies.

- * Under the supervision of designated faculty who must be readily and consistently available for consultation and teaching



SAMBA Curriculum Guidelines for an Anesthesia Resident Rotation in Ambulatory Anesthesia - Objectives

Cognitive 21

- Pharmacology of local anesthetics: side effects, toxicity.
- Ambulatory aspects of neuraxial & peripheral blocks: duration, failure, postanesthetic pain, headache.
- Pharmacology of rapidly acting agents: opioids, sedatives, volatile anesthetics, muscle relaxants.
- Sedation & GA techniques: minimize postop sedation, pain, shivering, nausea. unplanned admission.
- Recovery: PACU bypass, discharge criteria. home readiness vs street fitness. admission, transfer.
- Management & efficiency considerations
- Role of the medical director of an ASC



SAMBA Curriculum Guidelines for an Anesthesia Resident Rotation in Ambulatory Anesthesia - Objectives

Skill

- Appropriate preop patient assessment & selection.
- Premedication and preop discussion to prepare pt.
- Airway management: mask, LMA and/or other adjuncts.
- Present case discussion or lecture related to ambulatory anesthesia at departmental conference.
- Efficiently and safely administer all types regional & general anesthetics with minimal supervision.
- Supervise anesthesia by junior & midlevel providers.
- Manage ASU & PACU under medical director/ designee.
- Demonstrate understanding of processes of administrative decision-making, budget planning.



SAMBA Curriculum Guidelines for an Anesthesia Resident Rotation in Ambulatory Anesthesia - **Advanced**

Six to Twelve Months

- 1. Advanced Clinical Track.** Minimum 6 months.
 - ↳ 1-3 selected subspecialty rotations, or
 - ↳ additional complex clinical anesthesia assignments.
- 2. Subspecialty Clinical Track**
 - ↳ 9-12 mo subspecialty rotations, with advanced clinical.
 - ↳ 6 mo each of 2 subspecialty rotationsMay include medical/surgical directly related to subsp.
- 3. Clinical Scientist Track**
 - 6 mo laboratory or clinical investigation
 - + 6 mo advanced complex clinical assignments, or
 - one selected anesthesia subspecialty rotation



SAMBA

Office-Based Anesthesia Curriculum

1 month during final training year

Objectives:

Cognitive Objectives

Skill Objectives

General Core Competencies

Evaluation Tools



SAMBA Office-Based Anesthesia Curriculum: Cognitive Objectives

Pre-requisites to establish safe office anesthesia environment:

facility, surgery, anesthesia, patient factors.

Preop issues for patients having office based surgery:
education, premedication, anesthetic options
(regional nerve block, neuraxial anesthesia, GA)

Types of anesthetic agents most suitable for OBA.

Specific issues for emergence, recovery & discharge.

Unique issues w treatment of pain and PONV.

Issues and challenges of management of medical emergencies.



SAMBA Office-Based Anesthesia Curriculum: Skill Objectives

Deliver safe & appropriate anesthetic care in offices.

Perform rapid turnover between cases.

Techniques necessary for rapid emergence from GA.

Perform OBS neuraxial regional block.

Conduct pre-anesthetic interview specific for OBS patients, both in person and over the telephone.

Conduct postanesthetic followup interview over telephone.

Manage emergency situations efficiently in offices.

Familiarity with pertinent individual state regulations.

Familiarity with billing code compliance, occupational safety, equipment selection and maintenance and emergency protocols.



SAMBA Office-Based Anesthesia Curriculum: Core Competencies related to OBA

Patient Care Objectives

Practice-based Learning and Improvement Objectives

Medical Knowledge

Interpersonal and Communication Skills Objectives

Professionalism Objectives

Systems-based Practice Objectives



SAMBA Office-Based Anesthesia Curriculum: Evaluation core and rotation-specific competencies

360-Degree evaluation instrument

Oral exam

Written in-training examinations

Faculty evaluations (ABA) – daily

Case logs

Simulator training sessions

Scholarly activity

Case presentations

Research projects



SAMBA Competency-based Curriculum for Fellowship Education in Ambulatory and Office-Based Anesthesia

Overarching goal: provide the trainee with an organized, comprehensive, advanced educational experience in ambulatory anesthesia.

To develop organizational and managerial skills necessary for administration of an ambulatory facility and to conduct of clinical research.

Advanced competencies & objectives for common amb/obs surgery and anesthesia specialties:

- ENT, Eye, GU, GYN, Gen, Aesthetic.
- Regional. Ped. Administrative, Research experience

References.



Research on Impact of Teaching

Presence of Anesthesia Resident Trainees in Day Surgery Unit Has Mixed Effects on Operating Room Efficiency Measures

Compared to solo anesthesiologist practice, teams of Residents–Anesthesiologists had:

- significantly longer induction, emergence, and total anesthesia-controlled times
 20.2 ± 8.0 vs 18.4 ± 7.0 min
- + more on-time starts: 65% vs 53%
- + lower turnover times: 47.3 ± 13.6 vs 50.8 ± 14.5 min

Urman et al. Ochsner Journal 2012; 12:25–29.



Can the training of surgeons and anaesthetists
be performed during an operation in Day
Surgery?

Must.

Do!

AFCA IAAS

