F. Clinical Components

1. Clinical Experience

A wide spectrum of disease processes and surgical procedures must be available within the program to provide each resident with broad exposure to different types of anesthetic management. The following list represents the minimum clinical experience that should be obtained by each resident in the program. Although the minimum requirements are for the CA-1 through CA-3 years, the majority of these should be accomplished in the CA-1 and CA-2 years.

a) Forty anesthetics for vaginal delivery; evidence of direct involvement in cases involving high-risk obstetrics, as well as a minimum of 20 cesarean sections.

b) Anesthesia for 100 children under the age of 12, including anesthesia for 15 infants less than 1 year of age, including infants less than 45 weeks postconceptual age.

c) Anesthesia for 20 patients undergoing surgical procedures involving cardiopulmonary bypass.

d) Twenty other major vascular cases (including endovascular cases).

e) Twenty intrathoracic (thoracotomy, thoracoscopy) noncardiac cases.

f) Twenty procedures involving an open cranium, some of which must include intracerebral vascular procedures.

g) Fifty epidural anesthetics for patients undergoing surgical procedures, including cesarean sections.

h) Ten major trauma cases.

i) Fifty subarachnoid blocks performed for patients undergoing surgical procedures.

j) Forty peripheral nerve blocks for patients undergoing surgical procedures.

k) Twenty-five new patient evaluations for management of patients with acute, chronic, or cancer pain disorders. Residents should have familiarity with the breadth of pain management, including clinical experience with interventional pain procedures.

l) Documented involvement in the management of acute postoperative pain, including familiarity with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities.

m) Documented involvement in the systematic process of the preoperative management of the patient.

n) Significant experience with certain specialized techniques for airway management (such as fiberoptic intubation, double lumen endotracheal tube placement, and laryngeal mask airway management), central vein catheter placement, pulmonary artery catheter placement, peripheral artery cannulation, transesophageal echocardiography, evoked potentials, and electroencephalography.

o) A postanesthesia care experience of 2 continuous weeks, which must involve direct care of patients in the postanesthesia-care unit and responsibilities for management of pain, hemodynamic changes, and emergencies related to the postanesthesia-care unit. Designated faculty must be readily and consistently available for consultation and teaching.

p) Critical care rotation, including active participation in patient care by anesthesia residents in an educational environment in which participation and care extend beyond ventilatory management, and active involvement by anesthesiology faculty experienced in the practice and teaching of critical care. This training must take place in units in which the majority of patients have multi-system disease. The postanesthesia-care unit experience does not satisfy this requirement.

q) Appropriate didactic instruction and sufficient clinical experience in managing problems of the geriatric population.

r) Appropriate didactic instruction and sufficient clinical experience in managing the specific needs of the ambulatory surgical patient.

2. Clinical Documentation

a) Resident Log

The program director must require residents to maintain an electronic record of their clinical experience. The record must be reviewed by the program director or faculty on a regular basis. It must be submitted annually to the RRC office in accordance with the format and the due date specified by the RRC.

The program should also have the means for monitoring the appropriate distribution of cases among the residents.

b) Patient Records

A comprehensive anesthesia record must be maintained for each patient as an ongoing reflection of the drugs administered, the monitoring employed, the techniques used, the physiologic variations observed, the therapy provided as required, and the fluids administered. The patient's medical record should contain evidence of preoperative and postoperative anesthesia assessment.