

PGY1 / CB Year Overview

The Penn State Milton S. Hershey Medical Center Department of Anesthesiology

For residents participating in the 4 year continuum of postgraduate medical training in Anesthesiology, rotations relating to the Clinical Base Year will be distributed across the first three years of training, facilitating aspects of the ACGME General Competencies. The PGY 1 year will consist of 5 months of Clinical Base and 7 months of Clinical Anesthesiology training.

By giving the residents exposure to anesthesiology early in their training, they approach learning during their clinical base month from the perspective of an anesthesiologist, giving special attention to those aspects of Medical Knowledge (MK) and Patient Care (PC) that are applicable to their future performance as an anesthesiologist. Clinical base months are also strategically placed adjacent to related months of clinical Anesthesiology, giving the resident an opportunity to work on teams on “both sides of the ether screen” at progressively higher levels of training, facilitating development in the areas of the competencies of Practice Based Learning and Improvement (PBLI), Interpersonal and Communications (IC), Systems Based Practice (SBP), and Professionalism (P).

Clinical Base rotations in the PGY1 year are selected in areas that focus on the entry of patients into the medical system facilitating exposure to the proper performance and documentation of the patient history and physical exam (PC, MK), ordering and interpretation of diagnostic tests (PC, MK, SBP), indications and implementation of consultative services (PC, PBLI, IC, SP), and functioning within a multi disciplinary team (PBLI, SBP, IC, P). Intensive Care Unit rotations are focused in introducing the resident the assessment, diagnosis, and treatment of the critically ill patient (PC, MK) as well as the managerial issues involved in working in open (SICU) and closed (MICU) units.

The clinical base rotations for the PGY1 / CB year are as follows:

Trauma Surgery (1 month) Residents function as surgical interns responsible for trauma calls, trauma patients admitted through the Trauma Bay (ATLS) protocol, preoperative, postoperative evaluation and care of surgical patients. Call frequency is every third night.

Internal Med Wards – (1 month – 2x – will be changed to 1 month starting in July 2006) Residents function as a member of the I Med ward team responsible for the admission, evaluation workup, and disposition of the patients on the general I Med Ward services.

MICU – (1 month) – Residents function as interns in MICU, which is a closed unit. They are responsible for the admission, evaluation, care, and disposition for 2-8 patients. Call frequency is every fourth night.

Emergency Medicine (1 month) – Residents have 17-19 nine-hour shifts in the ED during the one-month rotation. They are responsible for the initial patient evaluations and presentation of emergency department patients to the Attending ED physician on site. Treatment plans and disposition are then made for each patient. There are no call duties.

SICU – (1 month – starting July 2006) - Residents function as interns in SICU, which is an open unit, caring for all non cardiovascular surgical patients (including neurosurgical patients) who require intensive care. They are responsible for the admission, evaluation, care, and disposition for 2-8 patients. Call frequency is every fourth night.

Clinical Anesthesia rotations for the PGY1 year are selected to facilitate the resident's transition from medical student to functional member of the anesthesia care team. Competencies related to Patient Care (PC) and Medical Knowledge (MK) relate to the basic understanding of physiology and Pharmacology as they apply to the prescription and administration of anesthesia. Competencies related to Practice Based Learning and Improvement (PBLI) are related to establishing a baseline standard for performance expectations and establishing habits of critical self reflection that facilitate changes in practice and continual improvement. Competencies related to Interpersonal and Communications (I+C), Systems Based Practice (SBP) and Professionalism (P) relate to the resident gaining an understanding of their role in the care of patients, facilitation of patient care from the system perspective, and the duties and responsibilities of the anesthesiologist to ensure the primacy of patient care and safety while balancing the needs of the hospital and other care teams (ie surgeons).

Clinical Anesthesia rotations during the PGY1 / CB year are as follows:

One on One (1month) – All residents will spend one month of this service prior to being assigned to clinical duties in the OR. As the name of the rotation implies, residents on this service will be assigned to a single faculty member who has no other assignment. The level of supervision and faculty presence will vary over the course of the month starting with continual faculty presence and progressing to faculty presence during induction, emergence, and “critical portions” of the procedure. The end result is a resident who is able to function in a 2:1 supervision environment.

Acute Pain management Service (1month) – This rotation will be the resident's first formal exposure to neuraxial and regional anesthesia. As these are often important aspects of postoperative pain management, it is important for residents to get early exposure to these modalities so that they will be sure to incorporate them into their future anesthetic plans. Participating in Pain Service Rounds, will also teach them to manage issues relating to post op pain and anesthetic complications, reinforcing reflection on patient care issues beyond the OR.

Preoperative Assessment Clinic (1 month) – This rotation affords an opportunity to dedicate a month in learning the competencies involved in performing a focused anesthetic preoperative exam, determining the need for additional evaluation and workup, evaluating anesthetic options available, and obtaining informed consent. A faculty member who has no other assignment but clinic duties will supervise residents during this rotation.

General OR Anesthesia (4 months) – After successful completion of the One on One rotation, residents gain an additional 4 months of hands on clinical experience using a 2:1 resident to faculty supervision model. Every effort is made to place the PGY1 resident with the most simple and straightforward case lists available and to place a senior resident (requiring less intense supervision) in the faculty's other room. Residents may start to take call after successful completion of 2 months of General OR experience.