

PGY2 / CA1 Year Overview (3year program)

For residents in the Three Year Program, this will be their first year in the Penn State System. Having completed a PGY1 CB year elsewhere their rotations for the PGY2 year will be all clinical anesthesia with a focus of introducing them to the practice of anesthesia (PC, MK) and orienting them to the hospital system as well as department expectations (PBLI, I+C, SBP, P).

Clinical Anesthesia rotations during the PGY2 / CA1 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.

Preoperative Assessment Clinic (1 month) – This rotation affords an opportunity to dedicate a month on 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.

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.

PACU (1 month) –The PACU rotation rounds out this introduction by allowing for a one-month period addressing postoperative medicine and pain management in the Post Anesthesia Care Unit (PACU). Beyond simply addressing post operative patient care issues (PC, MK) residents should reflect on what the implication of post op complications and slow discharge from PACU the patient’s experience (PC, SBP), what could have been done in the pre and intraoperative periods to prevent complications (PC, PBLI), and what practices they can incorporate in to their own practice (PBLI). Residents on this rotation will also be expected to offer to give one in-service talk to the PACU nurses on an anesthesia topic (I+C).

General OR Anesthesia (2 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 resident with the most simple and straightforward cases 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.

Ambulatory Anesthesia (1 month) - This rotation builds on the General Anesthesia rotations placing new emphasis on the needs of patients who will be going home the day of surgery (PC, MK, SBP).

Orthopedic Anesthesia (1month) – As many orthopedic cases are either done using regional anesthesia as a primary anesthetic or as an adjunct for post operative pain management, this rotation becomes a continuation of experience from the APMS month. As part of the APMS team the resident would have participated in the preoperative place of regional blocks and the post op management of pain catheters and now has the opportunity to focus on intraoperative management of patients with regional blocks (PC, MK, SBP). This rotation also builds on the CB-Trauma Surgery rotation for the PGY1 year as many of the patients on this service will present with

traumatic injury. This is also an opportunity to gain exposure to pediatric patients, particularly children presenting to the pediatric orthopedic surgery service, in preparation for their experience with neonatal patients in the PGY3 / CA2 year.

OB Anesthesia (1month) - Since the resident in the 3 year program will not have had the advantage of rotating on the CB-OB service, residents will be required to have successfully completed the APMS rotation to ensure an adequate understanding of the prescription and application and management of neuraxial anesthetics (epidurals) and the at least one full month of General Anesthesia. They will also have 3 to 5 days of orientation to OB during which they will be assigned to the OB service IN ADDITION to another experienced resident ensuring a full understanding of both the patients' (both mother's and neonates') needs (PC, MK) and the needs of the obstetrician (PC, I+C, SBP, P).

ENT Anesthesia (1month) –provides a 1-month focus on management of the difficult airway (PC, MK, PBLI) and communication with the surgeons (sharing the airway, use of muscle relaxants....) to ensure optimal patient outcome (I+C, SBP, P).

SICU (2 months) – PGY2 / CA1 residents will spend two months in the SICU building on their experiences from their CB year (where they will have done at least two months of critical care). Expectation this year is that they play a larger role in the diagnosis and management of critically ill patients (PC, MK) and assist the senior resident on service with managing the team (I+C, SBP, P).