PGY2 / CA1 Year Overview (4year program)
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 2 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 The PGY 1 / CB curriculum focused on the transition from medical student to resident and orientation to the facility and introduction to patient care. The PGY 2 / CA1 curriculum continues to build on this and starts to introduce subspecialty exposure to prepare the resident for more complex patient care and subspecialty anesthesia exposures. Competencies of PC and MK address a more through understanding of medical issues related to patients who present with illnesses related to these subspecialties (ie cardiac patients) requiring operative intervention (ie CABG). Competencies related to I+C, SBP, and P involve understanding the services that can provided by the various subspecialty consult services when clearing patients for surgery or dealing with complications (ie COPD patients for non pulmonary surgery), the strengths and limitations of subspecialty testing available (ie pulmonary function tests, stress echo…), and effective communication when requesting consultation so that specific questions can result in answers and assessments that will contribute to anesthetic care. At this point in their training, the resident now has enough experience in anesthesiology to be able to share experience and insight on patient care with the CB care teams on which they are service. This facilitates skills of PBLI and I+C that result in effective information exchange and teaming with patients, their families, and other health professionals, providing the anesthesiologists perspective to help improve patient care throughout the hospital.

The clinical base rotations for the PGY1 / CB year are as follows:
<u>Pulmonary Medicine (1 month)</u> – This is a consult service where the resident participates in the evaluation and care of inpatients. They also participate in the performance of bronchoscopies on in-and outpatients seen by the pulmonologists. There are no call duties. As consultants and experts on management of patient ventilation and oxygenation in the operating room, this rotation provides valued insight on pulmonary disease and will also be important when starting the clinical rotations in Cardiothoracic anesthesia in the PGY3 / CA2 year.
<u>Cardiology (1 month)</u> – Residents function as members of the cardiology inpatient care team. They participate in the admission, workup, and disposition of patients on the cardiology service. Call frequency is every fourth night. While there will be many areas where experiences during this rotation will be useful, it is especially important for the resident to reflect on their experience during

the Preop Assessment Clinic and think about When (PC, MK) and How (SBP) additional cardiac consult would benefit preoperative planning. In addition think about specific questions that can be asked (I+C) to ensure the consult provides the required information. This rotation is also strategically placed to prepare the resident for the Cardiothoracic rotation in the PGY3/ CA2 year.
NICU (1 month) – Residents function as members of the patient care team in the NICU where they are expected to admit, evaluate, present, and implement care plans and invasive monitoring techniques for the critically ill neonates. Call duties are every fourth night. This rotation is strategically positioned with rotations in CB OB-GYN and OB Anesthesia to create a block of study in neonatal medicine, preparing the resident for their rotation in Pediatric Anesthesia in the PGY3 / CA2 year.
OB-GYN (1 month) – Residents function as interns on the obstetrical floor where they follow the maternal and fetal well-being from admission to discharge. Special attention is given to fetal monitoring and high-risk perinatal care. There are no call responsibilities. There is also time set aside during this rotation to work with the anesthesia resident on OB Anesthesia and get oriented to the OB ward in preparation for their rotation in OB Anesthesia that immediately folls CB OB-Gyn. As noted above this rotation, with NICU and OB Anesthesia create a block of study in neonatal medicine.
ENT (1 month) – Residents function as members of the ENT service where they provide evaluation and care to ED patients, inpatients and outpatients seen by the ENT physicians. Participation in tracheostomy placement and care, nasopharyngeal endoscopy, and evaluation and management of airway masses (including participation in radical neck dissections) are emphasized. Call duties are pager call from home every fourth night. This rotation is followed immediately by an ENT Anesthesia rotation creating a two-month block of study of head and neck anatomy and difficult airway management.

Clinical Anesthesia rotations during the PGY2 / CA1 year build on the introduction to anesthesiology that was started in the PGY1 year. Cases will become more complex in preparation for subspecialty rotations in the PGY3 / CA2 year and call responsibilities will expand to include floor call once the OB-Anesthesia rotations are completed.

Clinical Anesthesia rotations during the PGY2 / CA1 year are as follows:
PACU (1 month) – Introduction to the practice of anesthesiology started in the PGY1 year with rotation in the Preoperative Assessment Clinic and One on One orientation to patient care. 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 interoperative 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).
Ambulatory Anesthesia (1 month) - This rotation builds on the General Anesthesia rotations of the PGY1 year 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 in the PGY1 year. 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 interoperative 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 they experience with neonatal patients in the PGY3 / CA2 year.

<u>OB Anesthesia (1month)</u> - follows directly after the CB OB-GYN rotation giving the resident the opportunity to function on “both sides of the ether screen” facilitating an understanding of both the patients’ (both mother’s and neonates’) needs (PC, MK) and the needs of the obstetrician (PC, I+C, SBP, P)

<u>ENT Anesthesia (1month)</u> – follows directly after the CB ENT rotation giving the resident the opportunity to function on “both sides of the ether screen” (PC, MK, SBP). Additional focus during this rotation will be 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).

<u>SICU (2 months)</u> – PGY2 / CA1 residents return to the SICU for two months building on their experiences in the MICU and SICU during their PGY1 year. 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).