

PGY3 / CA2 Year Overview (3 and 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 3 year will consist of the final 2 months of Clinical Base and 10 months of Clinical Anesthesiology training. Residents in the **3-year** program will do all the same Clinical Anesthesia rotations listed below and 2 months of General Clinical Anesthesia in lieu of the CB rotations listed below.

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 during the PGY3/ CA2 reflect the advanced level of the resident and the fact that they will soon be making decisions on future career paths.

CB-Elective (1 month) – provides a one month period where the resident can focus study in an area of interest relevant to past experience and future practice. Consistent with the Competency of PBLI, the resident, in consultation with their faculty advisor and the Program Director, may submit a plan for use of this month to advance their education including faculty mentorship and any projected ed product (i.e. writing submission, publication, certification....). As a general rule clinical anesthesiology rotations are discouraged. Time may be used as a one-month block, or broken up over a period of time. Requests to participate in clinical or education research must be submitted to the Resident Research Committee for approval as outlined in the document on Resident Research Opportunities. This document will serve as Goals / Objectives / and expectations for the Elective month. Examples of past electives have included rotations studying interoperative neuromonitoring, clinical science research, and education research in the simulation lab.

Osteopathic physicians in the 4-year program may also use this month to fulfill the American Osteopathic Association’s requirement for a one-month rotation in Family Practice.

PICU (1 month) – The Pediatric Intensive Care is the 6th month of critical care experience and represents one of the most challenging wards in the hospital. This rotation is reserved for the PGY3 / CA2 year to optimize the residents learning experience by ensuring that they have some prior pediatric experience in the clinical OR setting and NICU. It is timed to occur during the same year that resident will have their focused rotations in Pediatric Anesthesia (2 months) allowing them to see the continuum of care for these sickest of sick children (PC, MK, SPB). Compared to their fellow residents from the Pediatrics Residency, they have had far more experience with airway and ventilator management, pain management, and the use of pressors; and as such are looked to as key members of the team, both in caring for the patients, sharing ideas, and teaching their fellow residents (PC, MK, I+C, SBP, P)

Clinical Anesthesia rotations during the PGY3/ CA2 year represent the full breadth of anesthesia subspecialty care and represent a culmination of their hard work to date. Having said this, many resident report that the CA2 year is the most challenging in that every month represents a dramatically different set of challenging cases.

Clinical Anesthesia rotations during the PGY2/ CA2 year are as follows:

Cardiothoracic Anesthesia (2 months) – the first month of cardiac anesthesia is oriented toward introduction to the physiologic and pharmacologic principals essential to caring for these critically ill patients (PK, MK) as well as a focused study of the indications, prescription, placement, and interpretation of invasive monitors (PK, MK). Another important aspect of this first month is an introduction to the system of care for cardiothoracic surgery patients and the anesthesiologist's role in facilitating patient care (SBP, I+C, P). This is also an opportunity for residents in the 4 year program to reflect on their PGY2/CA2 experiences on the CB-cardiac and CB-pulmonary rotations and identify lessons learned during these rotations to their patients (PBLI). The second month of CT anesthesia is focused on caring for more critically ill patients (i.e. valvular disease, LVADs, heart transplant) as well as an opportunity to participate in caring for pediatric patients with congenital heart disease.

Vascular Anesthesia (1month) – focuses on the care of patients having major vascular procedures (i.e. AAA, vascular bypass) and major abdominal and transplant surgeries (i.e. liver transplant). Much like the rotation in the rotation in cardiothoracic anesthesia, this is an opportunity to become familiar with the unique system of care for these patients and reflect on aspects of CB rotations and their application to the operating room (PBLI, I+C, SBP, P).

Pediatric Anesthesia (2 months) – the first month of pediatric anesthesia is oriented toward introduction to the physiologic and pharmacologic principals essential to caring for these patients (PK, MK), as well as the unique aspects of performing focused preoperative evaluations in children (MK,PK), effective communication with parents / guardians, and obtaining informed consent (PK, I+C, SBP, P). While exposure to the first month is limited to “basic” pediatric cases (i.e. hernia repair, tonsillectomy, adenoidectomy, endoscopy), the second month has a greater focus on patients of younger gestational age having more complex procedures (i.e <45 weeks gestational age, tracheal esophageal fistula, diaphragmatic hernia repair) (MK,PK). For residents in the 4 year program this is an opportunity to tie in experiences from the block of time devoted to neonatal medicine (CB- OB, Clinical –OB, NICU) during the PGY2/CA1 year (SBP, PBLI).

Neurosurgical Anesthesia (2 months)

Obstetric Anesthesia (1month)– this will be the second month of Obstetric Anesthesia. The only rotation outside of the medical center the second month of OB takes place at Lehigh Valley Hospital (LVH) in Allentown, PA. The LVH OB team is a private practice group lead by a prior graduate and chief resident of the Penn State Program (Dr. James Shaheen) and is focused on a high volume, low risk patient population. While there should be little in the way of new knowledge or patient care skills, this is an opportunity to refine clinical skills to become smoother and more facile (PK), and to get exposure to the system of practice in private practice (I+C, SBP, P). This is also a chance for residents to reflect on these two different care environments and identify aspects of each that can be incorporated into their own practice style (PBLI).

Geriatric Anesthesia (1month) - focuses on the care of patients over 65 years of age (PK, MK) including a focus on the preoperative management of patients with chronic disease and the appropriate implementation of practice protocols (i.e. perioperative Beta blockers and glucose management) (PBLI, SBP).

Chronic Pain (1 month) – introduction to the diagnosis and treatment of chronic pain (PK, MK), as well as functioning within a clinic based practice (I+C, SBP). During the pain medicine rotation, residents will work closely with the attending pain management specialist and pain medicine fellows. They will be exposed to both inpatient and outpatient chronic pain patients and will be responsible for evaluation, assessment, and the development and implementation of the patient care plan under direct supervision by a faculty member. They will perform interventional pain procedures including fluoroscopically guided procedures.