

Anesthesia Rotation Medical Student Orientation

Students interested in a career in anesthesia may choose to follow the anesthesia-track which includes more reading and additional exposure to procedures. This is to help prepare students for success during potential away-rotations.

Surgeries typically start at 7:15 in the main OR. On the first day of the rotation please arrive no earlier than 8:00, as the anesthesiologists will be busy getting cases started prior to that. Rena Moticka will be able to provide a locker assignment and direct you to the anesthesiologists' office. Once all the students arrive, you will get a brief tour of the OR including the front desk and preanesthesia holding area. Please watch the online airway videos if you haven't already.

On subsequent days please arrive early enough to select a patient to see prior to surgery. If time allows, you are encouraged to perform a preanesthesia evaluation on a patient that you are interested in following. Present your findings to the anesthesiologist assigned to the case. Blank forms can be used during the patient interview and will not become part of the medical record (see below for more details). An anesthetic plan will be discussed and you can follow the patient to the OR.

In the OR, please introduce yourself to the CRNA and tell him or her what you'd like to accomplish (manage the airway, start an IV if needed, observe the entire case, etc.).

Textbook

Basics of Anesthesia, 7th edition by Pardo and Miller, available on Clinical Key

Course Requirements

1. Read the following chapters:
 - 9: Opioids
 - 10: Local Anesthetics
 - 13: Preoperative Evaluation and Medication
 - 16: Airway Management

Anesthesia-track students should also read the following chapters:

- 2: Learning Anesthesia
 - 8: Intravenous Anesthetics
 - 17: Spinal, Epidural, and Caudal Anesthesia
 - 20: Anesthetic Monitoring
 - 39: Postanesthesia Recovery
2. Airway Videos – These videos are found on the SIU website and should be watched early in (or even prior to) the rotation.

3. Didactic Session - Please select one student on the rotation to contact Dr. Liberman to schedule a time for an introductory didactic session. This would ideally happen early in the rotation, but may occur on the second week if Dr. Liberman is out of town. (pager 492-2517, email colin.liberman@gmail.com)
4. Procedure checklist – Download from the SIU website and complete during the rotation. The requirements will vary for anesthesia-track and nonanesthesia-track students.
5. Final Exam – Download from the SIU website and complete either individually or as a group. Meet with a faculty member to discuss the answers during the final week of your rotation.

Study Questions

Some optional self-directed study questions can be found on the SIU website. These can be discussed at your leisure with any attending anesthesiologist.

Hospital Locations

Besides working in the main operating room, students are welcome to rotate in different areas of the hospital. Each student should plan on going to ECT at least once during their rotation (available each M,W,F starting at 7:00 on the 5th floor). This is the best location to practice mask ventilation and to learn to start IVs (please one student at a time). Most pediatric cases are done at the Baylis outpatient center. The CVOR is the best location for invasive procedures such as central lines, arterial lines, and double lumen endotracheal tubes. If you're looking for certain types of cases, any anesthesiologist should be able to help you view the upcoming schedule to help you plan when to visit other locations.

Procedures

Procedural checklists can be found on the SIU website. Students are welcome to participate in most procedures, but depending on the acuity of the case, patient factors, or timing of the procedure, you may be asked to observe or to assist in a minimal fashion.

Some cases to look for when seeking out procedures:

Intubations - Any surgery with the words "laparoscopic" or "robotic" in them, all gastric bypass cases, most ENT cases, all cases done in the prone position (such as lumbar spine surgery), all cervical spine surgeries, all CABG and heart valve surgeries.

Spinals – All total knee and hip replacements.

LMAs – Most non-laparoscopic and non-robotic gynecologic cases, most non-MAC cystoscopies (ureteroscopies, holmium laser, TURPs), and many peripheral orthopedic cases (hand, wrist, foot, ankle).

IVs – All ECT patients prior to their treatment. Also, many patients will get a 2nd IV placed after induction, for example, all robotic surgeries, many larger abdominal surgeries (colon resection, whipple), and many multi-level spine cases.

Arterial Line – All CABG and heart valve surgeries, all carotid endarterectomies, most intracranial surgeries, many thoracoscopy/thoracotomies.

Central Line – All CABG and heart valve surgeries along with most kidney transplants. Other instances typically depend on patient comorbidities.

Peripheral Nerve Blocks – All total knee replacements get an adductor canal block. Most shoulder arthroscopies and all total shoulder replacements get an interscalene block. Most wrist fusions get a supraclavicular or infraclavicular block. Most ankle fusions and ORIFs get sciatic/popliteal blocks.

Preanesthesia Evaluations

The final preanesthesia evaluation is performed by the attending anesthesiologist and entered into the electronic medical record. Blank paper forms are available in the preop-holding area for you to use when presenting to the anesthesiologist. One is attached for your reference. These forms do not become part of the medical record and are strictly used to help you present the case. The electronic forms automatically fill in vital signs, medications, allergies, and previous surgeries so you should not feel pressured to write all of these things down (but don't forget to mention them when pertinent!).

Strive to be brief when interviewing patients (around 10 minutes) and succinct when presenting. Our H&Ps are quite focused. You may need to look in the paper or electronic charts to find all pertinent information. High-yield areas for us include:

- Previous anesthetics and any complications
- Pertinent drug allergies
- Cardiac history along with any recent tests (stress tests, echo, cath reports, EKG)
- Pulmonary history, especially any history of recent illnesses or exacerbations
- Other major systemic diseases with anesthetic implications (e.g. ESRD, significant GERD, debilitating neuromuscular disease)
- Airway exam

Tips for Success

This rotation is loosely organized to allow students the freedom to learn what they want to. It helps to be assertive if there are certain things that you want to see or do during the rotation. Keep in mind that we are a busy private practice group and occasionally don't have as much time as we'd like for teaching.

When looking for cases, avoid rooms with SRNAs (student nurse anesthetists). They get priority for airway management. They have purple magnets on the board by the main OR desk so you can tell which rooms they're in (see picture). Very rarely they'll show up in ECT, so if that's the case you'll have to find a different day to report.

Occasionally there may be competition for procedures from other sources (EM and ENT residents, EMT and paramedic students, RT students). They do not get priority over medical students (nor do you over them) so, again, it helps to be assertive.

Below is a picture of the OR assignments found by the front desk of the main OR. CRNAs are marked with red magnets for each room. In this instance, you can see that SRNAs have been assigned to OR rooms 4 and 8. You can also see the name of the anesthesiologist assigned to each group of rooms on the right side, along with phone numbers for each.

OR Room	Scrub	Prusak	ator	CRNA	Anesthesiologist
2	Paoni	O'Flaherty	JANES		
3	Nuzback	Fraser	LARSON, A		2 306-7616 Dr. T. Knox
4	Tillman	Cobern	ELLIS, M Eckhart, SRNA		
5	Hill	McSherry	UY, H.		
6	Barnes, J Grundler	Bailey	HODEL, M		5 306-7619 Dr. K. Cunningham
7	Hamilton	Brusky Tolley	FRANK, J.		
8	Gardner Fox	Martin	GORDEN, C DENNEY, SRNA		
9	Moragas	Weakley	McMAHAN, J		4 306-7618 Dr. C. Liberman
10	Schmidt	Churchill Jay Ann	FIAUSH, J		
11	Behl Milhauser	Conn Warren	BEE, K		
12	Rehkemper	Thompson	LeFLORE, K.		3 306-7617 Dr. C. Fiedler

Memorial
MEDICAL CENTER
PRE-ANESTHETIC EVALUATION

Name _____ Room _____		Date _____ Time _____		Proposed Procedure _____		Chief Complaint _____	
Age: _____	Sex: _____	Ht: _____	Wt: _____	BP: _____	HR: _____	RR: _____	Temp: _____ SPO ₂ : _____
Previous Anesthesia History				Medications		B Blocker _____ <input type="checkbox"/> N/A	
Operations _____						Last dose date/time _____	
Family Hx / Complications _____						Contraindicated: _____	
						Allergies	
Past Medical History / Review of Systems / Physical Exam							
wnl	System _____			Comments / Exam _____			
<input type="checkbox"/>	Airway/Neck Mouth/Teeth			Mallampati classification: _____			
	<input type="checkbox"/> Known history of difficult airway <input type="checkbox"/> Neck Mobility: <input type="checkbox"/> Full ROM <input type="checkbox"/> Limited ROM <input type="checkbox"/> Limited mouth opening <input type="checkbox"/> Loose or missing teeth <input type="checkbox"/> Caps/Crowns/Bridge/Partial/Dentures			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Comments: _____			
<input type="checkbox"/>	Respiratory			<input type="checkbox"/> BBS			
	<input type="checkbox"/> Asthma <input type="checkbox"/> OSA/CPAP <input type="checkbox"/> COPD <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Home O ₂						
<input type="checkbox"/>	Cardiovascular			<input type="checkbox"/> S ₁ S ₂			
	<input type="checkbox"/> HTN <input type="checkbox"/> PVD <input type="checkbox"/> CAD <input type="checkbox"/> MI <input type="checkbox"/> CHF <input type="checkbox"/> Dysrhythmias <input type="checkbox"/> Valvular Disease <input type="checkbox"/> Cardiac/Medical Clearance			Exercise tolerance _____			
<input type="checkbox"/>	Gastrointestinal			NPO after _____			
	<input type="checkbox"/> Hepatitis <input type="checkbox"/> Hiatal Hernia/GERD						
<input type="checkbox"/>	Neuromuscular			Anesthetic Assessment and Plan			
	<input type="checkbox"/> TIA / Stroke <input type="checkbox"/> Arthritis <input type="checkbox"/> Neuropathy <input type="checkbox"/> Sz Disorder						
<input type="checkbox"/>	Renal / Endocrine						
	<input type="checkbox"/> Diabetes BG _____ @ _____ <input type="checkbox"/> Renal Insuff'y / ESRD <input type="checkbox"/> Thyroid			ASA PS I II III IV V E Plan _____ Premed _____ Add'l Monitors _____			
<input type="checkbox"/>	Other			Postanesthesia Care Unit			
	<input type="checkbox"/> Malignancy <input type="checkbox"/> Weight Loss <input type="checkbox"/> Steroids <input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> ETOH / Substance Abuse						
<input type="checkbox"/> Discharge Criteria Met							
Patient examined and available medical records reviewed. Any update or interval changes affecting the perioperative anesthetic care of the patient are included above.							
I have discussed with the <input type="checkbox"/> patient and/or <input type="checkbox"/> other _____ the anesthetic plan, alternatives, pertinent risks, and complications. He/she/they agree(s) to proceed. All questions answered.							
Date: _____ Time: _____							

Physician Signature _____ Date _____ Time _____

