Revised: 6/29/07

Rotation Title: Complex Obstetric Anesthesia

I. Definition: This rotation is a required one-month CA-3 rotation and may be taken as an elective for a total of up to 6 months as part of the Advanced Clinical Tract. The rotation will build on knowledge and skill obtained during the CA-2 obstetric anesthesia rotation.

II. Curriculum: The rotation provides clinical experiences with all elements of obstetric anesthesiology, including preoperative assessment, consultation, regional and general anesthesia for obstetrics, and postoperative analgesia. The resident will be expected to care for progressively more complex patients.

III. Performance Assessments:

A. Self Assessment
You (the resident) are to check off each criterion as the material is mastered. Self reflection on your own competencies is critical.

B. Faculty Assessment
Faculty will periodically review your self assessment and discuss their assessments of your competencies. The overall scores on the six competencies will be reported to you at least weekly.

C. Mentor Assessment
Your mentor should meet with you quarterly and review your entire portfolio. The mentor should report areas in which you have deficiencies (for your level of training). This report may be to you and/or to the program director as determined by your mentor.

IV. Competencies Assessed (Performance Criteria):

A. Patient Care: During the course of this rotation, the resident is expected to show increasing competency in each of the following …

1. Perform an appropriate preanesthetic assessment of the complex parturient, including history, physical exam and laboratory studies.
2. Interact effectively with patients and their families in the peripartum period while demonstrating respect and care for individuals.
3. Formulate an anesthetic plan based on the individual patient's medical history and expected peripartum course. Plan should be detailed and include flexibility when the expected peripartum course varies.
5. Perform competently all regional and general anesthetic techniques essential to the consultant in obstetric anesthesia
6. Work together with other members of the interdisciplinary health care team, to optimize patient care, while acknowledging the occasional stressful aspects of OB patient care.

B. Medical Knowledge: During the course of this rotation, the resident is expected to show increasing competency in each of the following …

1. Knowledge of all items in CA-2 rotation guidelines
2. Apply relevant scientific knowledge and reasoning to the practice of obstetric anesthesiology.
3. Demonstrate a sound knowledge base concerning anatomy and maternal and fetal-maternal physiology under normal and pathological states throughout gestation.
4. Demonstrate how specific disease states affect the anesthetic management of OB patients.
5. Understand historical and current controversies as well as recent developments in OB anesthesiology.

The CA-3 resident on their advanced obstetric anesthesia rotation(s) shall be responsible for mastering all material listed in Appendix A. These will be assessed by written and oral examinations.

C. Practice-Based Learning and Improvement: During the course of this rotation, the resident is expected to show increasing competency in each of the following …

1. The investigation and evaluation of their patient care practices
2. Appraising and assimilating scientific evidence
3. Improving their patient care practices by locating and evaluating evidence from scientific and clinical studies related to OB anesthesiology practice
4. Knowledge of the Core Curriculum in OB anesthesia developed by SOAP
4. Assist in the teaching of medical students and junior residents rotating through the OB anesthesia service
5. Discuss issues of study designs and statistical methods with the OB anesthesiology faculty

D. Interpersonal and Communication Skills: During the course of this rotation, the resident is expected to show increasing competency in each of the following …

1. Creating and sustaining a therapeutic and ethically sound relationship with peripartum patients
2. Using effective listening skills to elicit appropriate clinical information
3. Working effectively with others in the interdisciplinary health care team

E. Professionalism: During the course of this rotation, the resident is expected to show increasing competency in each of the following …

1. Demonstrating respect, compassion and integrity; a responsiveness to the needs to patients and society that supercedes self-interest
2. Demonstrating sensitivity and responsiveness to patient's culture, age, gender and disabilities
3. Demonstrating accountability to patients, colleagues and institution
4. Demonstrating a commitment to excellence and ongoing professional development

F. Systems-Based Practice: During the course of this rotation, the resident is expected to show increasing competency in each of the following …

1. The demonstration of an awareness of and responsiveness to the health care system, and effective use of resources to optimize patient care.
2. The practice of anesthesiology within the context of this health care institution and in cooperation with other health care professionals.
3. The practice of cost-effective health care

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Appendix A: Medical Knowledge expected to be mastered during the CA-3 Obstetric Anesthesia Rotation(s)

Lecture 144

Antepartum Fetal Assessment and Therapy

1) Ultrasonography, Fetal Heart Rate Monitoring
2) Amniotic Fluid (Amniocentesis, Oligohydramnios, Polyhydramnios)

Lecture 148

Pathophysiology of Complicated Pregnancy – Part 1

1) anesthesia for cerclage or non-obstetric procedure
2) ectopic pregnancy
3) spontaneous abortion
4) gestational trophoblastic disease (hydatid mole)
5) autoimmune disorders (lupus, antiphospholipid syndrome)
6) endocrine (thyroid, diabetes, pheochromocytoma

Lecture 149

Pathophysiology of Complicated Pregnancy – Part 2

1) heart disease (valvular disorders, pulmonary hypertension)
2) hematologic (sickle cell anemia, idiopathic thrombocytopenic purpura, von Willebrand disease, Disseminated Intravascular Coagulation (DIC), anticoagulant therapy, Rh and ABO incompatibility)

Lecture 150

Pathophysiology of Complicated Pregnancy – Part 3

1) hypertension (chronic, pregnancy-induced)
2) neurologic (seizures, myasthenia, spinal cord injury, multiple sclerosis, subarachnoid hemorrage)
3) respiratory (asthma, respiratory failure)
4) renal
5) human immunovirus (HIV) infection

Lecture 163

Professionalism and Credentialing, Licensure

Lecture 165

Malpractice

1) Definition
2) Legal Actions and Consequences
3) National Practitioner Database
4) Closed Claims Findings
5) Anesthetic Accidents
6) Professional Liability Insurance