

## **Curriculum for Outpatient Anesthesia Rotation: Teaching Practice Management**

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**Learner audience:** Anesthesiology Residents in their second and third year of training.

**Needs Assessment:** The Accreditation Council for Graduate Medical Education requires didactic instruction and clinical experience in the specific needs of the ambulatory surgical patient. It also requires Practice Management, i.e. operating room management, to be included in the residents' curriculum. We developed our one month Outpatient Surgery rotation to incorporate these requirements.

**Curriculum:** Second and third year anesthesia residents rotate to our outpatient surgery facility. The CA 2 rotation serves as an introduction to anesthetic management of the ambulatory patient. Three days a week, the resident is assigned to provide anesthesia for the surgical patients. The resident is expected to manage his/her own cases, including preoperative assessment, intraoperative management, and postoperative pain. The turnover time is rapid and the resident must learn to be efficient. Two days a week, the resident supervises the operating rooms in consultation with anesthesia faculty. The resident completes the preoperative assessment, performs all regional blocks, oversees the management of the anesthetic cases, and manages the patients in the post anesthesia care unit until discharge from the facility. The residents receive didactics on specific topics for the ambulatory patients including basic anesthesia billing concepts. They are given a project to serve as an introduction to anesthesia billing and are required to present a short oral presentation to their faculty member on the conclusion of this rotation. The CA3 residents have an expanded role in the management of the outpatient surgery center. They participate in patient selection and pre-surgical evaluations and are expected to contact the surgeon to discuss management and suitability of patients for outpatient surgery. The CA3 residents are given a more in-depth assignment concerning practice management of an outpatient surgery center and are required to make a detailed presentation to their faculty member upon the conclusion of the rotation.

**Impact:** The residents evaluated the rotation bases on intellectual environment (teaching, conferences, reading lists, faculty interaction, and supervision), work environment (volume, diversity and complexity of cases), overall impression of the rotation and did it fulfill their expectations. It was a five point scale (1 – worst, 5 –best). The resident rated this rotation as 5.0 in every category. Overall rating, with comparison to all 15 rotations, the residents gave this rotation 5.0 (range 3.71 – 5.0). In the future, improvements to the program may include instruction in cost saving strategies in anesthetic management and outpatient acute pain management.