Strategies for Identifying and Assisting Residents Who are Having Difficulty during Their Cardiac Anesthesia Rotation

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Introduction:

The purpose of this abstract is to discuss methods to identify residents who may encounter difficulty with their cardiac anesthesia rotation and to discuss the resources that are in place to assist these residents.

Methods:

The University of Pittsburgh has two sites where residents can do their primary cardiac rotations: the Veteran's Administration Medical Center (VAMC), where the case load is low and the residents have continuous one-on-one attending supervision, and Presbyterian University Hospital (PUH) where the case loads and patient acuity are higher and the attending supervise two operating rooms.

Methods for identifying residents who may have potential difficulties include resident self reporting, experience with the resident during non-cardiac rotations, and reporting from a faculty advisor or a member of the Curriculum Committee.

Once a resident is identified, the first two strategies are to assign the resident to the VAMC whenever possible, and to postpone the rotation until the completion of either the hepatic or thoracic anesthesia rotations. When a resident is assigned to PUH, there is a pre-rotation meeting with the rotation director at least 2 weeks before the start of the rotation, where the resident receives goals and objectives and a written guide to orient the resident to the cardiac room, as well as the reference materials suggested for the rotation.

During the first week of the rotation, the resident is assigned to an attending or cardiac anesthesia fellow for one-to-one supervision and is exempt from call. If the resident requires this degree of supervision after two weeks, daily progress reports are generated and any deficiencies identified are discussed with the resident. If after one month the resident still requires close supervision, the rotation is stopped and repeated at the other site.

Results:

Over the past 4 years, 14 residents were identified as having the potential for difficulty. 5/14 of the residents were assigned to the VAMC and 9/14 were assigned to PUH with all residents doing their rotation after the first quarter of their second year. Out of this group, 14/16 received a satisfactory evaluation, 1/14 received a marginal pass, and 1/14 failed at both sites and will repeat the rotation this spring.

Discussion:

The cardiac anesthesia rotation can be one of the most intimidating rotations especially to residents who are having difficulty. Identifying and assisting these residents using these or similar methods may improve their ability to satisfactorily complete the objectives of this rotation and may decrease the incidence of failure or remediation.

References:

1. Bergen, P.C. et al., Identification of high-risk residents. J. Surg. Res. 2000. Aug;92(2):239-44.