

ANESTHESIA ROTATION - Cedar Crest Site

Welcome to your anesthesia rotation at Lehigh Valley Hospital!

Please report to the Anesthesiologists' office near the second floor operating rooms at Cedar Crest site by 0700 each day. Your main contact each day will be the Anesthesiologist listed on the schedule in that office as "CC2". This doctor carries a phone with the extension 610-402-0341 and will then help you organize your day. Failure to report to the Anesthesiologist by 7:30 each morning will be counted as an absence. If you expect to be late, call the Anesthesiologist before this time to inform them the reasons for your tardiness.

If there are any questions or problems that can't be handled by this doctor, please contact the Director of Education for the Department of Anesthesia, Dr. Rafael Martinez at pager number 9211.

*** Please only have Anesthesiologists sign and date your "DAILY LOG SHEET", which will be used for your evaluation and to confirm your attendance for each day of your rotation.**

* Attached is a "**ROTATION CHECKLIST**", which lists several lecture topics and procedural skills that should be completed during the course of your rotation. **As they are completed, please have the Anesthesiologist with you initial and date that item in the space provided.**

* Attached is a "**EVALUATION FORM**", which you should complete at the end of the rotation.

* Attached is a "**LECTURE ATTENDANCE SHEET**". Lectures are Mon., Wed., Thurs., & Fri. from 9:00am to 10:00am and are **MANDATORY**.

*******EXTREMELY IMPORTANT*******

ON THE LAST DAY OF YOUR ROTATION, RETURN THE ENTIRE ANESTHESIA PACKET TO:

Robin Gregory
1245 S. Cedar Crest Blvd., Suite #301
Allentown, PA 18103

Phone: 610-402-8896
Fax: 610-402-9029

- 1. IT IS IMPERATIVE THAT WE RECEIVE THE ENTIRE ANESTHESIA PACKET WITHIN ONE WEEK OF YOUR ROTATION.**
- 2. MAKE A COPY OF YOUR EVALUATION IN THE EVENT IT IS LOST IN THE MAIL.**
- 3. YOUR EVALUATION CANNOT BE COMPLETED WITHOUT YOUR RETURNED ANESTHESIA PACKET!!**
- 4. FOLLOW UP BY CALLING 610-402-8896 TO MAKE SURE YOUR PACKET HAS BEEN RECEIVED!**

Signature

School

Print Name

Dates of Rotation: ____ / ____ / ____ through ____ / ____ / ____

We have recently added the textbook “ Essential Anesthesia” to enhance the learning experience of your anesthesia rotation.

- * These textbooks are very limited and not every resident/medical student is guaranteed to receive a textbook for their anesthesia rotation.
- * The textbook must be returned to the supervising Anesthesiologist on your last day of your anesthesia rotation.
- * Please have the Anesthesiologist sign the bottom of your log as proof and receipt for returning the textbook.
- * *If the textbook is not returned to the Anesthesiologist on the last day of your anesthesia rotation, you will fail your anesthesia rotation and you will receive a \$60.00 charge for the replacement of the textbook.*
- * **The textbook is not to be returned to the department who scheduled your rotation with anesthesia.**

MEDICAL STUDENT AND RESIDENT ROTATION CHECKLIST

Please have topics/skills initialed by the Anesthesiologists who instructed you.

LECTURE TOPICS

- _____ 1. Discuss the drugs used for a routine induction of general anesthesia.
- _____ 2. Discuss airway management and the ASA Difficult Airway Algorithm.
- _____ 3. Discuss the risks/benefits of regional anesthesia vs. general anesthesia.
- _____ 4. Discuss routine monitoring and appropriate use of invasive monitors.
- _____ 5. Discuss extubation criteria and risks during emergence.

PROCEDURAL SKILLS

- _____ 1. Perform insertion of peripheral IV.
- _____ 2. Perform adequate mask ventilation technique.
- _____ 3. Perform direct laryngoscopy and intubation of trachea.
- _____ 4. Observe arterial line placement technique.
- _____ 5. Observe central venous line placement technique.

**PLEASE MAKE A COPY OF YOUR COMPLETED ANESTHESIA PACKET IN THE EVENT IT
IS LOST IN THE MAIL. WE CANNOT DO YOUR EVALUATION WITHOUT IT!**

LECTURE ATTENDANCE SHEET

LECTURES ARE MANDATORY

(9:00am – 10:00 am) Mon., Wed., Thurs., Fri.

Please have the Anesthesiologist sign this sheet after you have attended the lecture.

Basic Anesthesia Lectures

Anesthesiologist Signature

1) Airway Anatomy/Evaluation	<hr/>
2) Airway Management/Difficult Airway	<hr/>
3) Induction Agents	<hr/>
4) Opioids/Intro Acute Pain Management	<hr/>
5) Muscle Relaxants	<hr/>
6) Regional Anesthesia	<hr/>
7) Monitored Anesthesia Care	<hr/>
8) Inhalational Agents	<hr/>
9) Intro to Pediatric Anesthesia	<hr/>
10) Intro to Cardiac Anesthesia	<hr/>
11) Intro to Neuro Anesthesia	<hr/>
12) TEE	<hr/>
13) Malignant Hyperthermia	<hr/>
14) Myocardial Ischemia	<hr/>
15) Valvular Heart Disease	<hr/>
16) Cardiomyopathy	<hr/>
17) Anesthesia for Patient with Liver Disease	<hr/>
18) Anesthesia for Carotid Endarterectomy	<hr/>
19) Thermoregulation during Anesthesia	<hr/>
20) Local Anesthetics	<hr/>
21) Blood Transfusions	<hr/>

In an effort to improve our teaching techniques and the anesthesia program, please take the time to score or comment on the Anesthesiologists that you worked with.

Your evaluation is mandatory, confidential and will not affect your grade in any way.

1 - (being the best) -- 5 - (being the worst)

<u>Physician's Name</u>	<u>Score</u>	<u>Comment</u>
1. Dr. Aras Ali	_____	_____
2. Dr. Eric Bernstein	_____	_____
3. Dr. Karen Bretz	_____	_____
4. Dr. Jodie Buxbaum	_____	_____
5. Dr. Dennis Chyung	_____	_____
6. Dr. John Collins	_____	_____
7. Dr. Jeffrey L. Drobil	_____	_____
8. Dr. Scott Dubow	_____	_____
9. Dr. Debra Fullan	_____	_____
10.Dr. Joseph Galassi	_____	_____
11.Dr. Dorothy Hartman	_____	_____
12.Dr. Michael He	_____	_____
13.Dr. Lisa Keglovitz	_____	_____
14.Dr. Richard Kolesky	_____	_____
15.Dr. Rafael Martinez	_____	_____
16.Dr. Michael Mylnarsky	_____	_____
17.Dr. Juhan Paiste	_____	_____
18.Dr. Avani Patel	_____	_____
19.Dr. Ivan Perry	_____	_____
20. Dr. Rene Pristas	_____	_____
21.Dr. Nan Schwann	_____	_____
22.Dr. James Shaheen	_____	_____
23.Dr. Amy Thompson	_____	_____
24.Dr. Cindy Wan	_____	_____
25.Dr. Daniel Weil	_____	_____
26. Dr. Lawrence Zohn	_____	_____

MEDICAL STUDENT AND RESIDENT **EVALUATION FORM**

1. Overall, did you have a good learning experience during this rotation? Yes No

2. How do you think we can improve upon this experience for future residents/students?

3. Would you recommend this rotation to others? Yes No

4. Please list any individual instructors you worked with during your rotation who you feel deserve to be singled-out in either a positive or negative way, and explain why:

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PACKET IN THE EVENT IT IS LOST IN THE MAIL. WE CANNOT DO
YOUR EVALUATION WITHOUT IT!**