

## Clinical Base Year Rotation Descriptions

The Clinical Base Year (CBY) Resident will be an equal participant with the other residents on a given service with respect to equality of learning opportunities, "hands-on" activities, and assigned responsibilities. The CBY resident is expected to participate fully in the teaching conferences for the service on which they are rotating. They are not responsible for attending any of the Department of Anesthesiology teaching conferences, unless on rotation in Anesthesiology or Perioperative Medicine, but are always welcome if interested. The following is a brief overview of the resident responsibilities on each rotation. Additional information on the Department of Medicine rotations can be found on the DHMC Intranet.

### **CORE ROTATIONS**

#### **Adult Critical Care Medicine (ICU)**

During the CBY, Anesthesiology interns will actively participate in adult critical care in the Surgical Intensive Care Unit (SICU). You will work with board certified intensivists from the departments of anesthesiology, emergency medicine and surgery. Critical Care fellows will oversee residents and interns from a variety of specialties including anesthesia, OB/GYN neurosurgery, surgery and orthopedics. The SICU census is divided between the R1 Team (trauma attending led) and the R2 Team (anesthesiology attending led). Care is delivered through a multidisciplinary team of physicians, nurses, respiratory therapists, pharmacist and nutritionist. Educational objectives are achieved through guided management of complex and unstable patients, as well as through formal didactics.

#### **Acute Pain Service (APS)**

This rotation introduces the resident to the management of patients with acute postoperative pain. The resident will work with the APS team to gain familiarity with patient-controlled intravenous analgesia techniques, neuraxial blockade, and other pain-control modalities.

#### **Clinical Anesthesiology (Clin Anes)**

The final block of the Clinical Base Year rotation is performed in the Department of Anesthesiology. This is intended as a group transitional training experience leading into the CA-1 year. This rotation includes a combination of lectures, hands-on demonstrations/in-services, and simulation experience in the Patient Safety Training Center. CBY residents will have one-on-one clinical experience with senior residents, CRNAs and attending anesthesiologists. There is no call during this final block.

#### **Perioperative Cardiovascular Care (CVCC)**

The resident will report directly to the cardiac anesthesiologist assigned to the CVCC. The workflow will consist of daily rounding on all cardiac surgical patients in the CVCC as well as occasional consultations on the cardiac surgical floor service and cardiology patients. The resident will be involved with procedures such as transesophageal echocardiograms, invasive monitors and airway manipulations. A daily educational component will occur during morning and afternoon rounding, as well as case discussions on

a daily basis regarding clinical issues. Reading material will be referenced in the care of the critically ill cardiac surgical patient. This will be a fun rotation with a strong educational component and close contact with the cardiac anesthesiologist.

### **Perioperative Medicine (Periop)**

The CBY resident performs a key role in the pre-procedure assessment of patients. This experience occurs through the Department of Anesthesiology, with the resident reporting each day to the assigned Perioperative Care Clinic (PCC) and Floor Runner attendings for their duty assignments. Assignments can carry the resident to the Pre-Admission Testing program, or to inpatient units. The resident will be involved with reviewing the patient medical record, reviewing lab results, conducting physical exams, considering coexisting conditions, and formulating an anesthetic plan. Skill will be acquired in obtaining a medical history, performing a physical examination, as well as lab test interpretation, EKG, and chest film reading. Once an anesthetic plan has been devised, it is reviewed and discussed with the Anesthesiologist assigned to the case. This is not a call-based service for the resident.

### **Point of Care Ultra Sound (POCUS)**

We have an established perioperative echocardiography curriculum that covers both TTE and TEE and includes: 1) a regularly scheduled Perioperative Echocardiography lecture series to establish foundational knowledge regarding ultrasound and echocardiography, 2) access to e-echocardiography.com, a comprehensive online echo resource, 3) a HeartWorks TTE/TEE echocardiography simulator system to develop a comfort level with obtaining the standard views and beginning to differentiate normal from pathologic, and 4) the QPath Point-of-Care Ultrasound (POCUS) workflow management system that allows for logging and storage of all POCUS exams performed and facilitates expert feedback on those exams for our residents. All residents (PGY1-4) rotate at least annually on the Perioperative Echo rotation which gives them a protected block of time to best utilize these resources. As evidence of the strength of this training, many CA-3s have successfully passed the Basic Perioperative TEE certification examination, achieving testamur status.

### **Cardiology (M1)**

PGY-1 residents on the M1 rotation work in both the ICCU and CCU as part of one of two teams, each supervised by a PGY-3 resident. Patients include those with STEMIs, cardiac arrests, unstable angina, complex congestive heart failure, vasculopathies, and arrhythmias presenting for electrophysiologic testing. There is a dedicated service attending responsible for all patients and teaching as well as a fellow assigned to each team. Nurse practitioners manage a non-teaching service without residents. CBY residents are expected to develop the ability to evaluate and manage patients presenting with a wide range of cardiac-related issues including: new murmur, recent MI, congestive heart failure, chest pain, dyspnea, effort intolerance, new hypertension, claudication, palpitations, and syncope.

### **Internal Medicine (M2)**

The PGY-1 resident is the primary physician for the M2 patient, necessitating him/her to take primary ownership and responsibility for all aspects of their patients' care. This includes, but is not limited to, admission orders, gathering, assimilating, and presenting information, developing a care plan, documentation, ensuring proper sign out at the end of the day, and prompt discharge at the end of

hospitalization. All medical disciplines except cardiology, dermatology, hematology, oncology, and neurology are represented. Each team consists of an attending, PGY-2 or PGY-3, a PGY-1 and 1-2 students.

### **Palliative Care Medicine (PC)**

During this two-week block, the CBY resident participates on a multidisciplinary team addressing end-of-life patient care. This service helps to develop an awareness and sensitivity to patient “Do Not Resuscitate” orders, patient/family dynamics, and customs of death and dying. You will be assisting with the formation of appropriate medical care plans within the context of imminent death. Clinical knowledge of pain, pain scales, analgesic treatments, and treatment of non-pain symptoms is gained.

### **Pulmonary Consult Service (Pulm)**

The pulmonary consult service includes inpatient pulmonary consultations, urgent outpatient consults, observation of fiberoptic bronchoscopies and pleural biopsies, interpretation of pulmonary function tests, occasional interpretation of cardiopulmonary exercise tests, simple bronchoscopy and interpretation of chest radiographs.

### **Emergency Medicine (ED)**

Emergency Medicine is a 12-hour shift rotation with supervision from dedicated, board-certified emergency medicine attending staff. Dartmouth-Hitchcock is a Level 1 trauma facility with a mixed medical and surgical emergency department. The PGY-1 resident will see patients on a selective basis. All patients evaluated are reviewed with and seen by the ED attending. The PGY-1 resident is responsible for following up on results and documentation.

### **Clinical Pathology (Path)**

This is a two-week experience involving daily lectures, case studies and hands-on work in the clinical pathology labs. Residents will also attend daily Transfusion Medicine rounds and weekly Clinical Pathology rounds, seminars and conferences. The CBY residents participate in this rotation as a group. There is no call during this experience.

The rotation is designed specifically for the Clinical Base Year and serves as a practical introduction to all areas of clinical pathology including clinical chemistry, hematology/coagulation, clinical microbiology, molecular diagnostics and transfusion medicine. Topics of particular relevance to anesthesiology will be covered in greater detail and include: blood gas measurements, toxicology testing, cardiac biomarkers, coagulation screening, blood component therapy, pre-transfusion testing and complications of blood product transfusion.

### **General Surgery (GS)**

The CBY resident works with the general colorectal/transplant surgical teams comprised of several surgical residents and surgery faculty members. Primary responsibility includes the work-up and evaluation of surgical patients as well as the pre and post-op management of these patients. Emphasis will be placed on the assessment of patients’ operative risk, indications for surgery, antibiotic and DVT prophylaxis and pre-operative medication management. In the post-operative setting, the CBY resident is expected to

develop the ability to evaluate and manage post-surgical issues such as fluid and electrolyte balance, pain, nutrition and wound infection.

#### **Otolaryngology/Head and Neck Surgery (ENT)**

The ENT rotation will provide the PGY-1 resident with in-depth experience in the inpatient management of patients with a variety of surgical and non-surgical disorders of the head and neck. In addition, the resident will be exposed to the outpatient evaluation and management of patients with general ENT conditions as well as head and neck cancer. At the conclusion of the rotation, residents should demonstrate proficiency in the medical management of the postoperative otolaryngology patient, have an understanding of the outpatient management of the general otolaryngology patient, and develop skills in basic ENT procedures.

#### **Obstetrics (OB Gyn)**

The primary objective of this rotation for the anesthesiology first year residents would be to gain familiarity with low risk and high risk obstetrics patients in the inpatient setting. Residents would be involved in antepartum, intrapartum, and postpartum care of these patients. Residents would gain familiarity with normal vaginal delivery and operative deliveries from the perspective of the OB team. Residents would also participate in multispecialty team meetings for all patients every morning and on an individual basis for complicated patients as needed. They would gain familiarity with the management of common obstetrical complications including preeclampsia, preterm labor, and third trimester bleeding and with management of women with chronic medical conditions.