

UW ANESTHESIOLOGY RESIDENCY PROGRAM “ESSENTIAL REQUIREMENTS”

The UW Anesthesiology Residency Program has defined “*Essential Requirements*” for the more technical areas of anesthetic practice. These are distinguished from the ABA and program academic standards and the ACGME competencies. These include: intellectual, sensory, motor, behavioral and social aspects of physician performance. The resident must be able to function independently in his/her care and interactions with patients, i.e. without the use of a surrogate (communication with patients and their families via an interpreter would be the only exception to the need for a surrogate).

A resident must be able to meet all the “essential requirements” to participate in the training program and to care for patients. If necessary a formal medical evaluation may be required to determine whether or not the resident can meet these requirements.

Intellectual Standards

These include conceptual, interactive, and quantitative abilities for problem solving and diagnosis.

1. The resident must demonstrate abilities in information acquisition and be able to master information presented in course work through lectures, written material, projected images, and other forms of medial and web-based presentations.
2. The resident must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze and synthesize material.
3. The resident must be able to discern and comprehend dimensional and spatial relationships of structures, and be able to develop reasoning and decision-making skills appropriate to the practice of medicine.
4. The resident must have the ability to take a medical history and perform a physical examination; such tasks require the ability to communicate with the patient.

Sensory Standards

The resident must be capable of:

1. Perceiving the signs of disease as manifested through the physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs, and auditory information (patient voice, heart tones, bowel and lung sounds).
2. Discerning skin, subcutaneous masses, muscles, joints, lymph nodes, and intra-abdominal organs (for example, liver and spleen).
3. Perceiving the presence or absence of densities in the chest and masses in the abdomen.
4. Assimilating information from radiological and other imaging modalities.
5. Discriminating information displayed on patient monitors from a distance of up to 6-8 feet.
6. Detecting, understanding and responding to spoken words and requests from patients or other care providers.
7. Detecting, understanding and responding to spoken words and commands in the operating rooms, clinics, wards and critical care units during routine, urgent and emergent situations.
8. Detecting, discriminating and understanding patient monitor alarms in a moderately noisy operating room, clinic, ward or critical care unit.

Motor Standards

The practice of anesthesiology requires a certain levels of physical ability. Residents must be able to perform the following activities independently.

1. Take “in-house” call every third night for a limited period and every fourth night for more prolonged periods. The maximum continuous in-house shifts maybe up to 30 hours.
2. Performing modest lifting at the height of a typical operating room stretcher (**e.g. controlling a patient’s head during patient transfer, lifting bags of intravenous fluid and blood to the top of an IV pole, lifting and carrying infusion pumps, portable ventilators and other transport equipment**).
3. Making sudden and rapid unanticipated movements to protect a patient (**e.g. reaching to support a patient’s limb that is sliding from a stretcher**).
4. Standing for prolonged periods at a time (**e.g. inducing anesthesia, observing procedures over the surgical drapes at critical points in the surgery, participating in ward rounds**).
5. Walking and pushing a patient stretcher for long distances (**e.g. moving patients from patient holding areas to the operating rooms and back to the post-anesthesia care facility, moving patients to and from critical care units which may be distant from the OR**).
6. Kneeling, bending, stooping, crouching and reaching to a height of 6-7 feet (**e.g. to check lines below the level of the operating room table, to place intravenous fluid bags on IV poles**).
7. Responding to cardiac arrests and urgent calls in a timely fashion (**e.g. running or walking quickly to any floor in the hospital, at times, without the aid of the elevators**).
8. Assuming unusual positions while caring for patients in operating rooms, wards or in the ICUs (**e.g. lying on the floor to intubate patients who have experienced cardiac arrest, leaning over equipment at the head of the patient beds to intubate a patient or place a central line**).
9. Possessing sufficient strength and manual dexterity to support an airway, provide bag mask ventilation, hold a laryngoscope, intubate a patient, place IV, intraarterial and central venous catheters, perform epidural, spinal and regional anesthetic techniques and other technical activities required of anesthesiologists.

Behavioral and Social Standards

Residents must:

1. Be able to arrive at their work location ready and prepared for work by 6:30 am daily and in some circumstances earlier to attend academic conferences or prepare rooms for more complex procedures (e.g. cardiothoracic or neuro anesthesia).
2. Residents must be able to remain at their work location until at least 17:00 pm daily and later as call or patient care duties require. (Residents should refer to the ACGME duty hours policies for the maximum expected work hour requirements).
3. Be able to provide patient care for prolonged periods with the understanding that patient care requirements may mean that a resident may not be able to be take a break from their duties exactly when he or she requires it. (Residents will be provided with appropriate breaks for refreshment and other activities during the course of a working day; however patient care requirements may mean that breaks are not provided at exactly the same time each day).
4. Possess the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.

5. Understand the basis and content of medical ethics within the settings in which he/she is caring for patients. He/she must possess attributes, which include compassion, empathy, altruism, integrity, responsibility, and tolerance.
6. Respond to all pager or telephone calls promptly during a period of duty.
7. Provide contact telephone numbers and a contact address for use in emergencies, including failure of a resident to report for duty when expected. (This information will be kept confidential).
8. Refrain from the use of alcohol, sedatives and narcotics within 8 hours of reporting to work and throughout the clinical shift.
9. Maintain standards of dress and personal hygiene that are appropriate and respectful towards the patients and staff with whom they interact.