

**DESCRIPTION AND OBJECTIVES OF ANESTHESIA ROTATION FOR:
EMANUEL AND GOOD SAMARITAN HOSPITALS.**

**ROTATION DIRECTORS: BETSY OAKES, MD – EMANUEL HOSPITAL
JANICE CASEY, MD – GOOD SAMARITAN HOSPITAL**

General Description of Rotation: This rotation will be for a period of one month starting on the 26th of each month. The resident will be assigned to the Department of Anesthesiology and will work with the staff anesthesiologists. The resident will be under the direct supervision of the Anesthesia Department Educational Coordinator. The resident will be assigned appropriate reading material based on the stated goals and objectives for the rotation. (See reading list last page). The resident will devote his full time to the rotation but will be made free to attend the surgical/medical lectures and didactic sessions of particular importance. The resident will not work after taking call. The resident will work with various staff anesthesiologists daily. Please check the surgery schedule for assignments. ***It is the responsibility of the resident to contact the anesthesiologist that the resident will be working with the night before to discuss the cases for the next day and possible reading assignments.*** The resident must ask the staff anesthesiologist if the resident is to conduct a preanesthetic evaluation the night before surgery on all inhouse patients and after surgery. For any questions, please contact the 1st call anesthesiologist of the day at Emanuel or Drs. Casey, Nakayama or Takla at Good Samaritan. In addition, the resident will keep a log for all anesthesia cases that the resident is involved in. Please write down the anesthesiologist that you work with on the calendar in the Anesthesia office.

Overall Competency Goals:

I. Medical Knowledge

A. Gain a working knowledge of the basic principles of anatomy, pharmacology, and cardiopulmonary physiology as they apply to the performance of safe anesthesia.

II. Patient Care

A. Achieve a basic understanding and an ability to perform a preoperative evaluation, safe induction and performance of general anesthetic, principles of regional anesthetic, and management of the patient in the immediate postoperative period.

B. Demonstrate ability to perform endotracheal intubation.

III. Practice-Based Learning and Improvement

A. Improve their skill and efficiency in the anesthetic management over the course of the rotation.

IV. Interpersonal Skills and Communication

A. Develop the ability to communicate with attending anesthesiologists, surgeons, and nursing staff the critical information needed to provide safe perioperative care.

B. Be able to communicate with patients and families effectively, such that their natural apprehension surrounding anesthesia and surgery is allayed.

- V. Professionalism
 - A. Display respect, compassion, and integrity in dealing with patients and all member of the healthcare team, and display sensitivity to age, gender, culture, and disabilities.
- VI. Systems-Based Practice
 - A. Be able to work effectively within the structure of the operating room and its environs while respecting the roles and contributions of all who work there.

SPECIFIC LEARNING OBJECTIVES

I. MEDICAL KNOWLEDGE

II. PATIENT CARE

A. The following represents a detailed list of aspects of Medical Knowledge and Patient Care that must be considered in providing safe anesthetic management. They can serve as a guide and syllabus in addition to a list of objectives. It is recognized that a one-month rotation can provide only an introduction to anesthesiology and that residents will gain only basic understanding and proficiency, and not independent mastery of the field of anesthesiology during this rotation.

i. Preanesthetic Evaluation

The resident shall acquire an appreciation of the Anesthesiologist's consideration in preoperative evaluation of the patient. This is demonstrated by:

1. Conducting several preanesthetic assessments, including:
 - a) Taking and recording a pertinent history
 - b) Performing an appropriate physical examination, including assessment of:
 - (1) Airway
 - (2) Cardiovascular system
 - (3) Respiratory system
 - (4) Other systems as indicated
2. Discussing how the following factors may influence the patient's course during the perioperative period:
 - a) Age
 - b) Nature of surgery, including elective versus emergency
 - c) Cardiovascular disorders, including but not limited to:
 - (1) Angina pectoris
 - (2) Recent myocardial infarction
 - (3) Congestive cardiac failure
 - (4) Hypertension
 - (5) Dysrhythmias
 - (6) Valvular disorders
 - d) Respiratory Disorders:
 - (1) Upper and/or lower respiratory infection
 - (2) Chronic obstructive pulmonary disease
 - (3) Asthma

- (4) Abnormalities of pulmonary disease
 - (5) Abnormalities of pulmonary function
 - (6) Known or suspected difficult intubation
- e) Central nervous system disorders:
- (1) Convulsive disorders
 - (2) Stroke or TIA's
 - (3) Quadriplegia or paraplegia
 - (4) Increased intracranial pressure
- f) Gastrointestinal disorders:
- (1) Hiatus hernia or gastro-esophageal reflux
 - (2) Functional or mechanical bowel obstructions
 - (3) Other situations associated with a full stomach
 - (4) Hepatitis, hepatic insufficiency, portal hypertension
- g) Genitourinary disorders:
- (1) renal insufficiency
 - (2) dialysis dependency
- h) Hematologic disorders:
- (1) Anemia
 - (2) Sickle cell trait or disease
 - (3) Coagulopathies
- i) Personal or family history of unusual response to anesthesia:
- (1) Malignant hyperthermia susceptibility
 - (2) Abnormal succinylcholine metabolism
 - (3) Unexplained postoperative fever or jaundice
- j) Lifestyle factors:
- 1) Smoking
 - 2) Obesity
 - 3) Substance abuse
3. Discussing medication histories and the influence of chronic and current medications on the perianesthetic period, including:
- a) Which drugs should be continued and why?
 - b) The potential dangers of monoamine oxidase inhibitors.
 - c) The life-threatening rebound phenomena resulting from abrupt discontinuation of some classes of drugs, noticeably beta blockers and clonidine.
 - d) Approaches to perioperative management of patients taking insulin or anticoagulants.
4. Demonstrating understanding of informed consent, including
- a) Explanation of risks and alternatives.

- b) When a patient is capable of giving consent, and when it may be invalid.
- c) Dilemmas which may be encountered in the conscientious pursuit of informed consent.

ii. Preoperative Medication

A. The resident shall demonstrate knowledge of the principles of effective pre-anesthesia medication by stating the objectives for use of drugs for:

- 1. Relief of anxiety
- 2. Sedation
- 3. Amnesia
- 4. Analgesia
- 5. Drying secretions
- 6. Reducing gastric acidity and volume

B. The resident shall demonstrate knowledge of the basic pharmacology and pharmacokinetics of the following premedication agents, including dosage schedules and relative and absolute contraindications.

- 1. Narcotics
 - a) Morphine
 - b) Meperidine
 - c) Fentanyl
- 2. Sedatives
 - a) Barbiturates
 - b) Benzodiazepines
 - c) Others
- 3. Anticholinergics
 - a) Atropine
 - b) Scopolamine
 - c) Others
- 4. Drugs used to reduce the incidence of aspiration pneumonitis
 - a) Cimetadine
 - b) Ranitidine
 - c) Metaclopramide
 - d) Newer agents

iii. The Operating Room

A. The resident will prescribe and conduct appropriate intraoperative fluid and electrolyte therapy with the guidance of the instructor.

- 1. Explaining the rationales for establishing both central and peripheral venous access.
- 2. Identifying the common sites for venous access and the contraindications and indications for each.
- 3. Demonstrating skill at establishing venous access by:
 - a) Using sterile technique
 - b) Successfully inserting several peripheral catheters of various calibers

c) Protecting the venipuncture site and immobilizing the catheter

4. Prescribing maintenance fluid and electrolytes.

a) Predicting how the following conditions will alter requirement for perioperative maintenance therapy.

- (1) NPO
- (2) Bowel Prep
- (3) NG suction
- (4) Fever

b) Discussing intraoperative considerations which alter maintenance fluid and electrolyte therapy including:

- (1) Blood loss
- (2) Third spacing
- (3) Effects of anesthetic breathing circuits
- (4) Temperature

c) Correctly interpreting from the following monitors of volume status:

- (1) Examination of the patient
- (2) Pulse and blood pressure
- (3) Urine output
- (4) CVP
- (5) PCWP

d) Discussing indications, risks and benefits of crystalloid, colloid, blood product replacement therapies, and hemodilution techniques.

- (1) Regarding the functions of blood
 - Volume
 - Oxygen carrying capacity
 - Immunity

- (2) Regarding complications of each type of therapy.

e) Listing clinical situations characterized by, recognition and therapy of the following:

- (1) Hyperkalemia
- (2) Hypokalemia
- (3) Hyponatremia
- (4) Hypocalcemia

B. In order to demonstrate understanding of the principles and practice of routine intraoperative monitoring, the resident will:

1. Explain and demonstrate ECG lead placement, including V5 lead placement, and lead selection in optimizing detection of dysrhythmias and ischemia.
2. Compare and contrast the interpretation of data obtained by various noninvasive and invasive methods for monitoring blood pressure.
3. Demonstrate vigilant monitoring of patients under anesthesia, and record and interpret the data obtained.

4. Demonstrate knowledge of the monitoring techniques employed to assure patient safety, including:

- a) Oxygen saturation monitoring
- b) Mass spectography
- c) Capnography
- d) Swan-Ganz catheter use and oxymetric S-G catheter
- e) Arterial blood gas analysis

C. The resident shall correctly position and pad the patient in order to protect him from injury while he is unconscious and demonstrate understanding potential injuries to anesthetized patients.

D. If the resident is expected to use the anesthesia machine, he should demonstrate familiarity with its function by:

1. Tracing the flow of oxygen and nitrous oxide from the wall outlet or cylinder to the patient.
2. Setting flow meters to deliver several different prescribed oxygen concentrations.
3. Explaining the effect of the pressure relief valve on airway pressure and delivered volume during spontaneous and controlled ventilation.
4. Checking the breathing circuit for leaks, find and correcting them.
5. Explaining the relation between content volume and pressure gauge in an oxygen tank.

E. The resident will demonstrate proper airway and ventilatory management by:

1. Describing the indications, risks and benefits of airway management by mask, intubation and laryngeal mask airway.
2. Identifying and stating the indications for use of:
 - a) Curved and straight blade laryngoscopes
 - b) Various kinds of masks
 - c) Breathing circuits
 - d) Oral and nasal airways
3. Describing and identifying basic oropharyngeal and laryngotracheal anatomy.
4. Identifying and overcoming upper airway obstruction with mask ventilation, using:
 - a) Various masks
 - b) Jaw thrusts
 - c) Nasopharyngeal airway
 - d) Oropharyngeal airway
5. Recognizing various forms of glottic obstruction and discussing the treatments including:
 - a) Laryngospasm
 - b) Acute epiglottitis
 - c) Subglottic edema/stenosis
 - d) Presence of foreign bodies (eg poorly chewed food, teeth, dentures, blood, mucous, vomitus).

6. Successfully intubating several patients, and correctly identifying within 10 seconds those situations where intubation was not successful.
7. Recognizing and discussing the need for controlled or mechanical ventilation, using:
 - a) Physical signs
 - b) Cardiovascular symptoms
 - c) Respiratory measurements
 - d) Arterial blood gasses
8. Comparing and contrasting the various methods of monitoring for adequacy of ventilation.
9. Predicting probable need for ventilatory support, using:
 - a) Blood gas analysis
 - b) Respiratory rate and tidal volume
 - c) Inspiratory pressure
 - d) Compliance
 - e) Vital capacity
 - f) Shunt fraction
10. Prescribing appropriate parameters for mechanical ventilation.
11. Describing and correctly identifying indications for extubation.

F. The resident will demonstrate knowledge of procedures and practice induction of anesthesia.

1. Discussing the indications, contraindications, risks and benefits of the following induction agents:
 - a) Barbiturates, propofol
 - b) Etomidate, ketamine, benzodiazepines
 - c) Inhalation anesthetics
 - d) Depolarizing and non-depolarizing neuromuscular blocking agents
2. Describing and identifying indications for rapid sequence induction.
3. Conducting several uncomplicated intravenous inductions.

G. The resident will demonstrate knowledge of those aspects of the pharmacology of anesthetic agents which are relevant to the practice of primary care medicine, including:

1. Narcotics
 - a) Effect on central nervous system: analgesia, somnolence, questionable reduction of anxiety, nausea and vomiting, addictive potential.
 - b) Effect on respiratory system: depression of respiratory rate and alveolar ventilation, antitussive effect.
 - c) Effect on cardiovascular system: vasodilation, relative lack of myocardial depression.
 - d) Effect on gastro-intestinal system: spasm of sphincter of Oddi, decreased gastric emptying time, constipation.
2. Neuromuscular blocking agents:
 - a) Effects of depolarizing and nondepolarizing agents on the neuromuscular junction.

iv. Regional Anesthesia

A. The resident will demonstrate knowledge of local anesthetic pharmacology appropriate to the practice of general medicine by:

1. Classifying commonly used agents according to amide or ester linkage
2. Comparing and contrasting the metabolism and elimination of ester and amide linked agents.
3. Listing commonly used local anesthetics for:
 - a) Topical use
 - b) Local infiltration
 - c) Peripheral nerve blocks
 - d) Plexus anesthesia
 - e) Intravenous regional anesthesia
 - f) Spinal anesthesia
 - g. Epidural anesthesia
4. Listing acceptable doses of at least two agents used for topical and local infiltration anesthesia.
5. Listing at least two effects of the addition of a vasoconstrictor to the local anesthetic.
6. Describing and identifying signs of impending local anesthetic toxicity.
7. Describing therapeutic steps necessary to prevent or treat local anesthetic toxicity in the event of an accidental intravascular injection.

B. The resident will acquire an appreciation for the conduction of regional anesthesia by for surgical anesthesia by:

1. listing several indications for spinal or epidural anesthesia
2. Listing several relative and absolute contraindications for regional anesthesia
3. Describing the effects of regional anesthesia on:
 - a) Cardiovascular stability
 - b) Respiratory function
 - c) Recovery from anesthesia and surgery.
4. Demonstrating measures taken in the operating room to enhance patient comfort and safety during surgery under local or regional anesthesia:
 - a) Positioning
 - b) Operating room etiquette and demeanor of personnel
 - c) Monitoring
 - d) Sedation
 - 4) Supplemental oxygen

v. Perioperative Management of Diseases

A. The resident will discuss the risks of anesthesia in patients with cardiovascular disease and the methods of minimizing them, including:

1. Risk factors for perioperative morbidity in patients with previous myocardial infarctions or coronary artery disease:
 - a) Length of time since MI
 - b) Exercise tolerance
 - c) Dysrhythmias
 - d) Ventricular dysfunction

2. Pre-operative evaluation
 - a) ECG
 - b) Stress test
 - c) Echocardiography
 - d) Angiography
3. Intraoperative control:
 - a) Monitoring for myocardial ischemia
 - b) Indications for pulmonary artery catheter
 - c) Medication schedule
 - d) Influence of anesthetic agents on myocardial oxygen balance
 - e) Use of intravenous medications to minimize ischemia:
 - (1) Nitroglycerine and Nitroprusside
 - (2) Calcium channel blockers
 - Nifedipine
 - Diltiazem
 - New Agents
 - (3) Negative Inotropic Agents
 - Propranalol
 - Labetalol
 - Esmolol

B. The resident will become aware of the risks of anesthesia in the hypertensive patient and means of intraoperative control by:

1. Recognition of patients whose hypertension is not under control preoperatively.
 - a) Methods of control
 - b) Risks of uncontrolled hypertension
2. Discussing medication schedules in the perioperative period.
 - a) Drug interactions with anesthetic agents
 - b) Preventions of rebound phenomena
3. Understanding and participating in intraoperative blood pressure control
 - a) Using inhalational anesthetics
 - b) Using intravenous hypotensive agents
 - (1) Labetalol
 - (2) Esmolol
 - (3) Nitroglycerine
 - (4) Nitroprusside

C. The resident will participate in the recognition and management of intraoperative hypotension; including:

1. Discussing various etiologies of hypotension
 - a) Decreased intravascular volume due to:
 - (1) Hypovolemia due to acute hemorrhage
 - (2) Volume loss from vomiting, diarrhea, enteric drains or fistulas, or cathartic bowel preparations

- (3) Polyuria due to diabetes mellitus, diabetes insipidus or high output acute tubular necrosis or diuresis from diuretic drugs
 - (4) Adrenal insufficiency
 - b) Decreased venous return due to:
 - (1) Surgical compression of inferior or superior vena cava
 - (2) Pneumothorax
 - (3) Increased airway pressure with mechanical ventilation or PEEP
 - (4) Increased venous capacitance as caused by nitroprusside, nitroglycerine or sympathetic block
 - c) Lowered arteriolar resistance due to:
 - (1) Sympathetic block
 - (2) Drugs, including vasodilators, alpha adrenergic blockers, histamine releasers, and ganglionic blockers
 - (3) Inhalation anesthetics
 - (4) Septic shock
 - d) Myocardial dysfunction
- 2. Discussing treatment objectives
 - a) Myocardial perfusion
 - b) Cerebral perfusion
 - c) Renal perfusion
- 3. Treatment of intraoperative hypotension
 - a) Trendelenberg position
 - b) Volume expansion
 - c) Intravenous medications
 - (1) Sympathomimetics
 - (2) Vasoconstrictors
 - (3) Dopamine, Dobutamine
 - d) Lessening or discontinuing the anesthetic
 - e) Correction of possible mechanical causes
 - (1) Chest tube placement for pneumothorax
 - (2) Changing from mechanical ventilation to hand ventilation
 - (3) Reducing or eliminating PEEP
 - f) Improving cardiac output by decreasing myocardial oxygen consumption in the ischemic heart
- D. The resident will demonstrate appreciation of how coagulation disorders can be treated in the perioperative period in order to minimize risk, by:
 - 1. Describing the coagulation pathway and how laboratory tests diagnose the various causes of coagulopathies:
 - a) PT
 - b) PTT
 - c) ACT
 - d) Platelet count
 - e) Bleeding time
 - f) Clotting time
 - g) INR

2. Treatment of coagulation diagnosis based on the above laboratory tests.
3. Outlining major points in the preoperative evaluation and preparation of a:
 - a) Patient with a history of easy bleeding or bruising
 - b) Patient with known coagulation disorder
 - c) Patient on anticoagulant therapy
 - d) Patient on aspirin therapy

E. The resident will identify patients at risk for aspiration pneumonitis and discuss treatments to reduce that risk, including:

1. Effects of the following on gastric emptying time:
 - a) Age
 - b) Type of food
 - c) Emotional stress
 - d) Pregnancy
 - e) Obesity
 - f) Intestinal obstruction
 - g) Drugs
 - h) Primary disease processes
2. Effects of the following on lower esophageal sphincter tone:
 - a) Drugs
 - b) Hiatus hernia
 - c) Pregnancy
 - d) Induction of anesthesia
3. Prophylaxis:
 - a) pH manipulation
 - (1) H₂ blocking agents
 - (2) Antacids
 - b) Volume reduction
 - (1) Metaclopramide
 - (2) NG suction
 - c) Induction techniques
 - (1) Awake intubation
 - Blind nasotracheal
 - Oral with direct vision
 - Fiberoptic laryngoscopy
 - (2) Rapid sequence induction and intubation
 - (3) Criteria for extubation
 - (4) Diagnosis and treatment of aspiration

vi. Emergencies Complicating Anesthesia

A. The resident should demonstrate knowledge of the following emergencies, including detection of and management pf:

1. Laryngospasm
2. Bronchospasm
3. Aspiration
4. Pneumothorax and pleural effusion

5. Cardiac tamponade
6. Air embolism
7. Malignant hyperthermia
8. Transfusion reactions
9. High spiral anesthesia

vii. Recovery Room

A. The resident should provide continuing care of the patient into the recovery room, including:

1. Giving a pertinent patient history and intraoperative summary to the recovery room nurse
2. Discussing possible post op problems and their treatments such as:
 - a) Pain
 - b) Nausea/Vomiting
 - c) Delayed emergence
 - d) Hypertension
 - e) Hypotension
 - f) Airway Management
 - g) Hypothermia
 - h) Recovery from regional anesthesia

viii. Postoperative Visits

A. The resident should achieve an understanding of potential post-operative problems related to the anesthetic and inquire about the following in the postoperative visit:

1. All patients
 - a) Chest, gum, jaw pain
 - b) SOB, increased cough, increased sputum production
 - c) Numb/painful back, legs, arms, neck, jaw (looking for incorrect positioning)
2. Patients who have undergone general anesthesia
 - a) Sore throat
 - b) Intraoperative recall
 - c) Nausea or vomiting
3. Patients who have undergone regional anesthesia (spinal or epidural)
 - a) Headache
 - b) Eye or neck pain
 - c) Back pain
 - d) Change in motor function or sensation of legs
 - e) Bladder/bowel function

ix. Pain Management

A. The resident should achieve an understanding of post-operative pain management and potential complications including knowledge of:

1. IV narcotics/PCA pumps
2. Epidural/intrathecal narcotics
3. Local anesthetics

x. Consultant Anesthesia Services

A. The resident will demonstrate familiarity with the contributions of anesthesiologists in adult and pediatric critical care and trauma resuscitation and evaluation.

1. Correctly assessing patients for consciousness and adequacy of vital functions without the use of specialized equipment
2. Correctly positioning the unconscious patient's head and neck for maintenance of the airway during spontaneous ventilation and assisted ventilation by mask
3. Accurately stating the normal and limits of acceptable heart and respiratory rate in adults, infants, and children of various ages
4. Describing the signs, symptoms and management of acute upper airway obstruction, distinguishing that due to foreign bodies from that due to laryngospasm
5. Listing the clinical signs of adequate cardiopulmonary resuscitation
6. Correctly identifying ECG signs of supraventricular and ventricular tachycardia and of fibrillation, and prescribing appropriate treatments
7. Listing and correctly identifying indications for and methods of delivering supplemental oxygen
8. Listing and correctly identifying indications for endotracheal intubation and extubation
9. Induction methods and general anesthesia for critically ill and/or trauma patients

III. PRACTICE-BASED LEARNING AND IMPROVEMENT

A. Demonstrate ability to analyze performance of the day's anesthetic and suggest areas for improvement.

IV. INTERPERSONAL SKILLS AND COMMUNICATION

- A. Communicate an organized, accurate, and detailed evaluation to the faculty anesthesiologist and the recovery room nurse.
- B. Demonstrate effective communication skills with patients and families.

V. PROFESSIONALISM

A. Treat all patients and families with respect and compassion, and interact appropriately with all staff.

VI. SYSTEMS-BASED PRACTICE

- a. Contribute to smooth functioning of the operating room and recovery room.

Teaching Methods:

- I. Preoperative evaluation of patients to undergo surgery and deliverance of anesthetics under direct supervision of faculty anesthesiologists.
- II. Reading of basic anesthesiology assigned text and recommended reference material as needed.

Attitude:

The resident is expected to learn to appreciate and deal with the apprehension experienced by patients undergoing anesthesia and surgery. The resident must be able to work with the various members of the anesthesia department and learn by observation as well as by performance of the various techniques and skills.

Evaluation:

The resident will be evaluated by the Anesthesia Department Educational Coordinator and various staff anesthesiologists at the end of the rotation. The evaluation will be done at an exit conference and will be based on the demonstration of knowledge, skills and attitude listed above. The responsible Anesthesia Educational Coordinator will submit a written evaluation of the resident to the Program Director who will place this in the resident's record.

The resident will evaluate the rotation by completing the rotation evaluation form or during the exit conference. This evaluation will include the resident's suggestions for improving the rotation.

Reading List for Anesthesia Rotation

Text available in Emanuel Library, Anesthesia offices at Emanuel and Good Samaritan or at the University.

Required Reading:

1. Stoelting, R. Basics of Anesthesia

Available General and Subspecialty Anesthesia texts for consultation:

- a. Dripps, R. Introduction to Anesthesia.
- b. Lebowitz, P. Clinical Anesthesia Procedures of the Massachusetts General Hospital.
Good clinical manual for day to day use.
- c. Miller, R. Anesthesia
- d. Smith, R. Anesthesia for Infants and Children
- e. Stoelting, R. Anesthesia and Co-Existing Disease.

LPH Department of Anesthesiology
OHSU Resident Evaluation Form

Name _____ Dates of Rotation _____

	N/A	Unsatisfactory	Satisfactory	Exemplary
KNOWLEDGE & JUDGMENT:				
a) General fund of medical knowledge, including diagnoses & management with application to anesthesiology.				
b) Recognizes the adequacy of preoperative preparation of the patient for anesthesia & surgery.				
c) Appropriate choice of anesthetic & drugs.				
d) Recognizes & responds appropriately to significant changes in the intraoperative course (problem solving).				
CLINICAL SKILLS:				
a) General Preparation: includes checkout & proper use of monitoring equipment & the anesthesia machine, safe operating room procedures & proper patient positioning.				
b) General Anesthesia:				
1. Airway management, including mask ventilation, intubation & extubation, maintenance of spontaneous & controlled ventilation.				
2. Appropriate fluid management.				
3. Drugs - including intravenous & inhalational agents.				
c) Regional Anesthesia - including various techniques & agents used.				
PROFESSIONAL DEMEANOR & ATTITUDE:				
a) Initiative & enthusiasm				
b) Interaction with patients, OR staff & colleagues				
c) Reliability (including promptness)				
COMMENTS:				

Date: _____ Signature of Evaluator: _____