



ANST 709B, Obstetric Anesthesia Rotation Information

Welcome to Anesthesiology!

Course Director

Dawn Dillman, MD

dillmand@ohsu.edu

x41320

Education Coordinator

Emi Garcia

garciaem@ohsu.edu

x48250

Course Educational Materials:

- [Understanding Anesthesia: A Learner's Guide](#) (free e-book)

Course Introduction:

This rotation is an opportunity for students to develop skills caring for women in the peripartum period. The student will display skills in patient evaluation, communication, and teamwork, and will participate in clinical decision-making.

Course Grading:

This course is graded on a 5-tiered grade system: A (Honors), B (Near Honors), C (Satisfactory), D (Marginal), F (Fail). The student's grade is based entirely on clinical performance evaluations. The student is responsible for sending an evaluation link to his/her staff and resident at the end of each day. If no evaluations are submitted, the student will receive an incomplete. If fewer than three evaluations are submitted, the highest grade possible will be Satisfactory.

Student Expectations:

Attendance:

1. Attend departmental Grand Rounds. Mondays 7:00-7:45am, UHS 8B60
2. Arrive daily on 12C by 6:30am.
3. Participate daily in activities as directed by the faculty and resident.
4. If planned absences during the rotation are necessary, email Dr. Dillman and Emi Garcia as soon as possible with your Request for Time Off From Clinical Experience form.

Professionalism:

1. Have pager on and functioning each day.
2. Read the appropriate chapters in your textbook.
3. Complete your MedHub "Student Identified Supervisor" prompt each week, in order to generate evaluations to the faculty members/residents with whom you work.
4. Evaluate patients for the next day's cases, and contact the assigned faculty/resident prior to leaving each day.

Mistreatment Reporting:

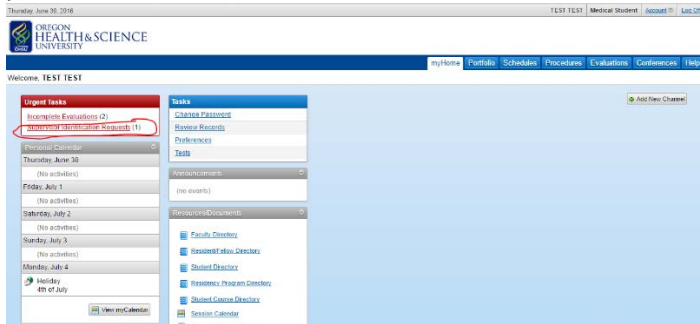
Students are encouraged to report incidences of mistreatment by Faculty, Residents, Interns, Fellows, Nurses, other healthcare and non-healthcare personnel, students, patients, or others. All reports will remain confidential and separate from your course evaluations. Link to form for mistreatment reporting: <http://bit.ly/Mistreatment>

To report a complaint of prohibited discrimination and/or harassment (age, disability, Family Medical Leave Act and/or Oregon family Leave Act, gender, marital status, military/reserve status, national origin, pregnancy, race/color, religion, retaliation, sexual harassment, sexual orientation, veteran's status, whistle blower, worker's compensation system, and other), please contact the AAEO (<http://www.ohsu.edu/xd/about/services/title-ix/index.cfm>). To file a report with AAEO, go to <http://www.ohsu.edu/xd/about/services/title-ix/reporting/submit-report.cfm>.

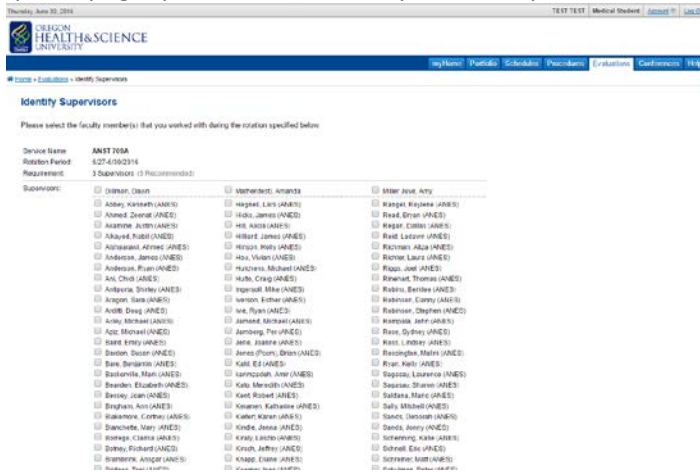
Evaluation Instructions:

Student must identify faculty & residents with whom they work during the rotation

Each week during the rotation, you will receive a prompt in MedHub to identify which faculty and residents you have worked with. It is crucial that you complete these “SIS” requests in a timely fashion, in order to generate your clinical performance evaluations to the correct individuals. This will show up on your MedHub home page “Urgent Tasks”:



Follow the circled link to Supervisor Identification Requests (also known as Student-Identified Supervisors or SIS). This will bring up your queue, showing any completed or outstanding SIS requests. Once a SIS request is opened from the queue page, you will see a list of possible supervisors to select:



Click the checkboxes next to the names of those you have worked with, or scroll to the bottom of the supervisor list to get to the search box. When you are finished, click “Submit” and you will be returned to your Evaluations queue.



If you have any questions or cannot find the name of someone you have worked with/would like to generate an evaluation to, please contact Emi Garcia (garciaem@ohsu.edu).

Please note that the evaluation process for visiting students is handled differently. Visiting students will be sent supplementary instructions at the start of the rotation.

Anesthesia Medical Student Goals & Objectives

1. Know the floor- OR 1 (SOR15), OR 2, OR 3, 12 C, PACU. PREOP AREAS (Where forms are), Patient Information board, OB Anesthesiology office= home base, Diff. AW cart, code cart, Epidural cart
2. OR set up: Know how to have rooms properly set for respective cases. OR 2 (C-Sec); AW supplies, IV drugs, ready syringes, machine (Fetvent etc.)
3. Medical Knowledge:
 - a. Identify physical changes of pregnancy and the implication for anesthetic delivery.
 - b. Understand Fetal Circulation, placental gas exchange, affect anesthesia. choices, affect of drugs (IV, etc) on M/F
 - c. Describe the stages of labor (including duration of stages and nerve roots involved.)
 - d. Describe the potential effects of anesthesia on progress of labor.
 - e. Define etiology, presentation and treatment of Post-Dural Puncture Head-Ache.
 - f. Recognize conditions that constitute "high risk" pregnancies, (i.e. PET, multiples, post-partum hemorrhage, morbid obesity, heart disease)
 - g. Identify the key delivery and anesthetic implications with each of the following conditions that constitute OB emergencies:
 - i. prolapsed cord
 - ii. shoulder dystocia
 - iii. maternal C/R arrest
 - iv. uterine rupture
 - v. placenta abruption
 - vi. severe fetal bradycardia.
4. Patient Care:
 - a. Perform appropriate preoperative evaluations on patients in an efficient manner. Know pts. on board, preop pts. for labor epidurals, assisted vaginal delivery, cesarean section, cerclage placement, BPBTC or PUBS
 - b. Design a safe anesthesia plan for:
 - i. Labor in a healthy pt.
 - ii. Assisted Vaginal Delivery in a healthy pt
 - iii. Cesarean Section in a healthy pt
 - c. Design/create Anesthesia plan for high-risk patients. (multiple gestation, PET, mobile DM, placenta ABN, heart/pulmonary disease, other severe diagnosis states.)
5. Technical Skills:
 - a. PE-ID's/ understands AW evaluation and predicting potential AW problems
 - b. PE- Lumbar spine features and pt positioning for predicting possible RA problems
 - c. IV starts- do them when ever you can
 - d. RA- Place spinal for BTC, C/S, Cerdage
 - e. Learn to set up spinal kit independently by the end of rotation
 - f. Place epidural w. assist for laborer
 - g. C/S by the end of rotation
6. Patient Skills/Team Skills:
 - a. Explain/discuss anesthesia options with patient in a complete, reassuring manner.
 - b. Use interpreter services; sensitive to differences in patients (cultural, social, etc.)
 - c. Enhance communication skills between OB Anesthesiology staff +/- Resident ↔ RNs ↔ OB Doctors.
 - d. Help out with post-op evaluations and charting in LCR.