Welcome to the Ambulatory Anesthesia rotation! We hope this elective rotation will provide you with valuable experience and education to further advance your training in anesthesiology.

This syllabus is meant to provide you with basic review articles and original articles from peer-reviewed literature that are intended to help you develop an evidence-based anesthesia practice. We encourage you to add to your syllabus during your residency or practice as the body of knowledge in this specialty continues to grow.

The practice of anesthesia for outpatient surgery offers many different challenges compared to other anesthesia subspecialties. You will be expected to manage patient expectations and maximize patient satisfaction in addition to providing a safe, yet efficient, anesthetic. You will learn about the anesthesiologist’s role in the overall perioperative system and gain exposure to operating room management. By the end of the rotation, you should have sufficient knowledge and confidence to provide appropriate perioperative care for surgical outpatients.

I. PATIENT CARE

Residents on the Ambulatory Anesthesia rotation will develop their skills in the following areas of clinical care:

1. Patient preparation including detailed discussions of the risks and benefits of various anesthetic techniques
2. Appropriate monitoring, sedation, and anesthetic maintenance intraoperatively
3. Airway management techniques
4. Anticipating postoperative patient needs and providing comprehensive reports to the nurses in the postanesthesia care unit (PACU)
5. Treatment of adverse outcomes following anesthesia in the PACU

II. MEDICAL KNOWLEDGE

Utilizing this syllabus and textbooks of anesthesia, residents on the Ambulatory Anesthesia rotation will expand and apply their knowledge in the following areas:

1. Pharmacology of sedatives
2. Multimodal postoperative pain management
3. Prophylaxis against postoperative nausea and vomiting
4. Titration of general anesthetic agents to promote rapid emergence and recovery
5. Technology in awareness monitoring and the influence on the titration of anesthetic agents

III. PRACTICE-BASED LEARNING AND IMPROVEMENT

Throughout the rotation, resident performance will be constantly evaluated and improved. Development of a safe practice of anesthesia for outpatients is an ongoing process that incorporates many factors including:

1. Daily feedback from faculty regarding technical skills and patient preparation
2. Feedback from patients regarding their overall satisfaction with the anesthetic technique
3. Up-to-date medical literature on new techniques and technological advances
4. Outcomes studies of various anesthetic techniques for outpatient surgery

IV. INTERPERSONAL AND COMMUNICATION SKILLS

Residents will develop their communication skills on a daily basis in the following areas:

1. Patient preparation: Residents will learn how to efficiently take a medical history, discuss pertinent anesthetic risks, and answer individual patient questions
2. Communication with surgeons regarding the site of surgery, patient positioning, and anticipated postoperative pain since these directly impact the choice of anesthetic technique
3. Patient follow-up: Each resident is required to call patients the next day to assess the amount of postoperative pain, incidence of side effects, and overall satisfaction with the anesthetic technique

V. PROFESSIONALISM

1. Demonstrate professional behavior through their interactions with patients, surgeons, and nurses.
2. Demonstrate appropriate patient preparation including alleviation of anxiety.
3. Be able to discuss the importance of teamwork among the entire perioperative staff from preoperative admission to the nurses in the postanesthesia care unit (PACU).

VI. SYSTEMS-BASED PRACTICE
Residents on the rotation will have an introduction to the impact of anesthetic technique on the overall perioperative experience, and will be able to discuss:

1. Outcomes data regarding patient satisfaction with pain control, decreased incidence of side effects such as nausea and vomiting, and faster recovery

2. Early discharge for patients who do not require intensive postoperative nursing care (fast-tracking), thereby decreasing the length of PACU stays

3. Economic considerations by decreasing PACU costs and avoiding unplanned hospital admissions

4. The anesthesiologist’s role as perioperative physician: performing preoperative procedures, providing intraoperative anesthesia, and managing postoperative pain

5. Improving turnover time between cases to avoid unnecessary delays in the operating room schedule