**The following schedule is a general overview of Week One - Anesthesiology. Please refer to your *daily* emails from Dr. Shilling for specific assignments and any schedule changes.**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| **Orientation**<br>Diana Edwards<br>7:30-7:50 AM<br>Anesthesia Conference Room 2974 | **Simulation Session: Team Training and Shock AND lunch**<br><br>8:00-1:00 PM<br>Simulation Center | **Grand Rounds**<br><br>7:00-9:00 AM<br>Jordan Hall Conference Room | ***Simulation and Problem-based learning session**<br><br>***Central line workshop<br><br>**ECT Scenarios AND lunch**<br><br>8:30-1:00 PM<br>Simulation Center | **Session 6 AND lunch**<br><br>7:00 AM-12:00 PM |
| **Pre-Clerkship Assessment** (Clinical Skills Center, Medical Education Bldg basement) **AND Session 1 AND Lunch**<br><br>8:00 AM- 2:00 PM | | **Session 3 AND lunch**<br><br>9:00 AM-2:00 PM | | |
| | **Session 2**<br><br>12:00-4:00 PM | | | **Session 7**<br><br>12:00-4:00 PM |
| **Independent viewing of Airway Video**<br><br>3:00- 4:00 PM | **Resident Conference**<br><br>4:00-5:00 PM<br>OR Classroom | **Session 4**<br><br>2:00-5:00 PM | **Session 5**<br><br>1:00-5:00 PM | |
| **Airway Workshop**<br><br>4:00- 5:00 PM<br>Simulation Center | | | | |

**Week One – Anesthesiology:** Dr. Shilling will email you every evening to tell you where, and to whom, you will report during the Independent Clinical Session (1-7) times.

Student managed a patient effectively within the context of the patient's cultural beliefs, practices and needs.

**Faculty Signature*/Date/Comments**

_____/_____/_____

I, _____, state that the passport items indicated have been completed with honesty and integrity.

# *Perioperative and Acute Care Medicine Clerkship—Anesthesiology Week*

UNIVERSITY of VIRGINIA HEALTH SYSTEM

Student Name: _____

E-mail Address: _____

Pager #: _____

Clerkship Dates (start/stop): _____

The Clinical Passport identifies specific clinical skills that must be learned and demonstrated by each student and observed and documented by a faculty member or upper-level resident. It is the responsibility of each student to ensure that the skills are demonstrated and observed, and that the passport is completed before the end of the clerkship. The goal of the passport is to help guide your clerkship experience and define the skills we feel are important to experience and master. Using the passport, we hope to encourage and improve clinical skills, foster teaching and feedback, and enhance the contact between students, residents, and faculty.

**Procedural Skills:** signature date

*Performed in Simulation:*

Intubation on Simulator _____/_____
Laryngeal mask airway _____/_____
US-guided central line placement _____/_____
Fiberoptic bronchoscope _____/_____

*Performed on Patients:*

Mask ventilation _____/_____
Intubation _____/_____
Laryngeal mask airway _____/_____
Intravenous access _____/_____
Airway examination _____/_____
Pre-op evaluation _____/_____

Any Two of the following—circle all that apply (Observation)

Epidural placement _____/_____
Subarachnoid Block _____/_____
US-guided peripheral nerve block _____/_____
Trans-esophageal Echocardiography _____/_____
Central line placement _____/_____
Arterial line placement _____/_____

**Required Patient Encounters:** signature

Patient for Intra-abdominal or General Surgery_____
Patient for Orthopedic Surgery_____
Cardiac / Thoracic / Pediatric Surgery (circle)_____
Patient for Electroconvulsive Shock Therapy_____
Evaluating Patient for Urgent or Emergent Surgery_____

**Conceptual—competence must be demonstrated to anesthesiology resident or faculty:** signature

Describes airway examination_____
Performs focused pre-operative examination_____
Evaluates patient and formulates anesthetic plan_____
Performs post-operative evaluation of patient _____
Describes pharmacology of neuromuscular blockade_____
Describes pharmacology of inhalational anesthetics_____
Discusses multi-modal pain management of surgical patient_____

* Signature denotes direct observation and assessment of student who meets competency expectations

**Lectures / Workshop (attended)**

Airway workshop _____/_____
Central Line workshop _____/_____
Resident Conference (Tuesday) _____/_____
Pain Management _____/_____
Anesthesiology Preoperative Evaluation _____/_____
Anesthesiology Grand Rounds_____/_____

For questions, please contact:

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