

605C Anesthesiology Acute Pain Service

This rotation is not accepting international students.

Course Name Anesthesiology Acute Pain Service
Course Director Alexa Lean, MD

Elective at a Glance		
Available to: <input checked="" type="checkbox"/> UCI MS3 students <input checked="" type="checkbox"/> UCI MS4 students <input type="checkbox"/> Extramural Students		
Duration: 2 or 4 weeks	Number of Students: 1	Grading: H / P / F
Periods available: The time of the course must be pre-approved by the elective directors at least three months prior to the start of the course		

1. Course Director, Coordinator and General Administrative Information

FACULTY AND STAFF

Name	Office Location	Phone	Email
Director: Alexa Lean, MD	101 The City Dr. S., Bldg. 53, Orange, CA 92868	714-456-5518	leana@hs.uci.edu
Coordinator: Minnie Trinh	UC Irvine Health Building 53, Room 205	714-456-5518	minniet@hs.uci.edu

DESCRIPTION

Students will participate as an integral member of the Anesthesiology Acute Pain Service inpatient consulting team under the supervision of an attending. Other members of the team may include a fellow, resident, or nurse practitioner. Students will assume responsibility of assigned patients on the service and help manage pre- and postoperative patients with a wide variety of conditions including cardiovascular, hemodynamic, and endocrine abnormalities, etc. The management of acute and chronic pain in the perioperative setting, including regional and neuraxial block management, is a significant component of the experience. Students will perform consults on a variety of patients including patients in the intensive care units. Emphasis is on care of the patient and the student will become proficient in managing unique challenges in this subgroup.

PREREQUISITES

Successful completion of basic science courses (1st and 2nd year curriculum) and successful completion of **either of the following** clinical clerkships: general

surgery, **and/or** internal medicine. Extramural students must be in their final year of undergraduate medical education.

RESTRICTIONS

Enrollment priority will be given to UCI students. This rotation is not accepting international students. **This elective is open to 3rd and 4th year UCI medical students.**

COURSE DIRECTOR

Alexa Lean, MD

INFORMATION FOR THE FIRST DAY

Who/Location to Report to on the First Day: Minnie Trinh Medical Student Coordinator, UC Irvine Health Building 53, Room 205.

Time to Report on First Day: 0745 on the first day of the rotation.

The resident or fellow assigned to the service for that date will give you the necessary templates for the rotation and assign you patients from the census.

SITE: UCI Medical Center

DURATION: 2-week & 4-week rotations.

Scheduling Coordinator: UC Irvine students please email comsched@hs.uci.edu to make a scheduling appointment.

Extramural students enrolled at a U.S. LCME medical school must use VSAS to apply. To apply please refer to the [Visiting Student Learning Opportunities](#) website.

Periods Available: The time of the course must be pre-approved by the elective directors at least three months prior to the start of the course. No exceptions.

NUMBER OF STUDENTS ALLOWED: One student per time period (regardless of 2- or 4-week rotation).

WHAT STUDENTS SHOULD DO TO PREPARE FOR THE COURSE

Prior the start of the rotation the student should visit the [Department of Anesthesiology website](#). All orientation, contact and syllabus information can be found on this site, as well as emailed to the student approximately one week prior to the start of the rotation.

COMMUNICATION WITH FACULTY

Questions about logistics should be directed to the Course Coordinator, Minnie Trinh. Direct questions, comments, or concerns about the course can also be directed to the Co-Course Directors. Contact information and office location are at the beginning of this document.

The Co-Course Directors are also available to meet in person. Please email minniet@hs.uci.edu to arrange an appointment. To ensure that your email will not be lost in the large volume of email received, please use the following convention for the subject line:

SUBJECT: COURSE NAME, your last name, your issue (e.g. 605C, Smith, Request for appointment)

2. Course Objectives and Program Objective Mapping

The following are the learning objectives for the 605C – Anesthesiology & Acute Pain Service course. Students are expected to demonstrate proficiency in these areas in order to satisfactorily complete the course. In addition, the extent of a student's mastery of these objectives will help guide the course evaluation and grade.

Course Objective	Mapped UCI School of Medicine Program Objective	Sub Competency	Core Competency
Provide compassionate, appropriate and effective patient care. Use appropriate empathy in patient care while screening for abuse and diversion related issues.	B-5. The ability to practice effective preventive medicine by identifying, addressing and advocating for strategies to maintain health and well-being, to identify and treat disease early where appropriate and to advise on lifestyle practices	Patient Management	Skillful
Take a thorough pain history, including pain location, radiation, intensity, quality, onset, duration, and exacerbating and alleviating factors.	B-1. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment	Medical Interview	Skillful
Perform a musculoskeletal and neurologic physical examination.	B-2. The ability to competently perform a complete and organ-system-specific examination including a mental health status	Physical Exam	Skillful

	examination		
Interact effectively with patients and their families.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
Demonstrate respect and care for individuals, recognizing the role of psychosocial factors in chronic pain.	C-2. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care	Compassion	Altruistic
Identify patients that may require urgent or emergent intervention.	B-5. The ability to practice effective preventive medicine by identifying, addressing and advocating for strategies to maintain health and well-being, to identify and treat disease early where appropriate and to advise on lifestyle practices	Patient Management	Skillful
Formulate a differential diagnosis.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes	Basic Clinical Skills	Knowledgeable

Formulate a multimodal treatment plan based on the individual patient's history, expectations and expected course of his/her condition. In many cases, patient education on realistic pain goals will be necessary.	B-1. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment	Medical Interview	Skillful
Work together with other members of our interdisciplinary healthcare team to optimize patient care and enhance quality of life.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to patient care.	A-4. Knowledge of population health, epidemiology principles and the scientific basis of research methods relevant to healthcare	Population Health and Epidemiology	Knowledgeable
Demonstrate basic knowledge of the anatomy, physiology and pharmacology of pain medicine.	A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease	Disease Pathogenesis and Treatment	Knowledgeable
Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic

professional associates.			
Create and sustain a therapeutic and ethically sound relationship with patients.	C-2. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care	Compassion	Altruistic
Use effective listening skills to elicit appropriate clinical information.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
Work effectively with others in an interdisciplinary health care team.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
Demonstrate respect, compassion and integrity.	C-2. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care	Compassion	Altruistic
Respond to the needs of patients and those of society; understand that those	C-3. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health	Cultural and Social Awareness	Altruistic

supersede self interest.	and illness		
Demonstrate accountability to patients, society, colleagues, UCI, and our profession.	D-3. A commitment to serve our community	Community	Dutiful
Demonstrate a commitment to excellence and on-going professional development.	D-1. A commitment to lifelong learning and independently seeking new knowledge and skills in their own recognized areas of learning deficit	Lifelong Learning	Dutiful
Demonstrate a commitment to ethical principles pertaining to the provision or withholding of care, the confidentiality of patient information, informed consent and business practices.	C-2. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care	Compassion	Altruistic
Demonstrate responsiveness to patient's culture, age, gender and disabilities.	D-2. A commitment to patient care and to the well-being of patients and colleagues	Patient Care	Dutiful
Investigate and evaluate one's own patient care practices, appraise and assimilate scientific evidence and improve patient care practices.	B-4. The ability to search the medical literature, including electronic databases, and to locate and interpret up-to-date evidence to optimize patient care	Evidence-Based Medicine	Skillful
Locate, appraise and assimilate information and evidence from scientific studies related to patient's health care problem(s), pain condition or	B-4. The ability to search the medical literature, including electronic databases, and to locate and interpret up-to-date evidence to optimize	Evidence-Based Medicine	Skillful

interventional procedure.	patient care		
Apply the knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.	A-5. Knowledge of medical practice, including healthcare economics and health systems impacting delivery and quality of patient care	Medical Practice	Knowledgeable
Use information technology to manage information, access online medical information and support one's own education.	B-4. The ability to search the medical literature, including electronic databases, and to locate and interpret up-to-date evidence to optimize patient care	Evidence-Based Medicine	Skillful
Demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.	D-2. A commitment to patient care and to the well-being of patients and colleagues	Patient Care	Dutiful
Understand how one's own patient care and other professional practices affect other healthcare professionals, the healthcare organization, and our larger society.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic

Understand which activities affect system performance.	A-5. Knowledge of medical practice, including healthcare economics and health systems impacting delivery and quality of patient care	Medical Practice	Knowledgeable
Practice pain medicine within the context of this healthcare institution and in cooperation with other healthcare professionals.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
Practice cost effect healthcare; prescribe medications that will be covered by insurance providers and avoid over-utilizing resources.	C-3. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health and illness	Cultural and Social Awareness	Altruistic
Advocate for quality patient care; assist patients in dealing with system complexities.	D-2. A commitment to patient care and to the well-being of patients and colleagues	Patient Care	Dutiful
Know how to partner with healthcare managers and providers to assess, coordinate, and improve healthcare. Assume responsibility for interacting with healthcare services (social and home care services, physical therapy) and other providers (psychiatry, neurology, surgery...) for coordinating	B-6. The ability to function effectively within the context of complexity and uncertainty in medical care.	Patient Management	Skillful

optimal patient care and authorization for coverage of appropriate pharmacologic and interventional therapeutics.			
Conduct an evaluation and summarize the Chief Complaint and HPI (pain history), including the pain location, radiation, duration, frequency, onset, quality and pain onset. Also include alleviating and exacerbating symptoms and associated symptoms.	B-1. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment	Medical Interview	Skillful
Conduct a full medical, surgical history, social, psychological and pain treatment history. Incorporate an appropriate review of the systems (ROS) into the full historical examination.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning and processes.	Basic Clinical Skills	Knowledgeable
Conduct an appropriate musculoskeletal and neurological physical examination, including, when appropriate, a cranial nerve examination, extremity manual motor testing, sensory testing and reflex examination and appropriate provocative and nerve tension testing. Use manual motor testing	B-2. The ability to competently perform a complete and organ-system-specific examination including a mental health status examination.	Physical Exam	Skillful

grades and reflex scores appropriately.			
Report on the type of pain: visceral, somatic, nociceptive, neuropathic, acute, chronic or mixed.	B-5. The ability to practice effective preventive medicine by identifying, addressing and advocating for strategies to maintain health and well-being, to identify and treat disease early where appropriate and to advise on lifestyle practices.	Patient Management	Skillful

3. Course Resources

TEXTS AND READINGS:

- Essentials of Pain Medicine and Regional Anesthesia, 2nd edition Authors: Benzon, Raja, Molloy, Liu, Fishman
- Miller, R. D. (2010). Miller's anesthesia (7th ed.). Philadelphia, PA: Churchill Livingstone/Elsevier.

ADDITIONAL RESOURCES

- UCI Department of Anesthesiology & Perioperative Care – Medical Education Website: http://anesthesiology.uci.edu/education_med.shtml

4. Major Exams, Assignments and Grading

MAJOR ASSIGNMENTS AND EXAMS

The rotation will cover **Mondays through Fridays for the first week, and M/Th/Fr/Sa/Su for the remainder of the elective (both 2- and 4-week electives).**

Students will pre-round on their assigned patients, then present an interval update to the team during table rounds and formulate a tentative plan with the anesthesiology attending and other members of the team (fellow, resident and nurse practitioner). The team will then round on patients for teaching rounds.

Students will write notes for the patients seen and over the course of the day may interview new patients and observe procedures. Students will also attend department grand rounds on Thursday mornings T 6:30 AM. Students are expected to demonstrate cooperation and teamwork while part of the anesthesia care team.

THE GRADING SCALE

Students will receive a final grade of Honors, Pass or Fail for this course. The standard UC Irvine elective evaluation form will be used to determine the student's final grade. Given the clinical burden and our heavy emphasis on contributions to the team and clinical aptitude and effort, 85% of the student grade is based upon evaluations of the students' performance in the key entrustable professional activities. Faculty will be primarily responsible for evaluating students but evaluations from fellows and resident trainees will also be considered in the spirit of non-hierarchical 360 evaluation of the student performance. Only students that receive a designation of "consistent high-level performance" or "excellence in performance" of the core competencies in >50% of received evaluations will be eligible for honors. The remaining 15 percent of the grade will be a professionalism score based on the co-course directors' assessment of the student's effort, communication skills and overall contributions to the team environment. Lastly, 100% attendance is required to pass the course, missed days will result in an incomplete until the student makes up the time in the number of hours commensurate with those that were missed.

You have 30 days from the date of the grade to appeal any aspect of this grade. Please contact your Clerkship/Course Director should you have any questions.

All attending physicians on APS working with the medical student will evaluate the student on a predetermined set of competencies, where they will assign grades. To pass the rotation, students must on average, meet expectations in every competency. To earn an "Honors" rating on this rotation, the student must on average, exceed expectations in 3 or more competencies.

Requirements for "Pass":

To receive a grade of Pass, students must demonstrate successful performance in all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Requirements for "Honors":

To receive a grade of Honors, students must demonstrate at least 50% of evaluations that denote "exceeds expectations" or "outstanding" performance in the

final overall evaluation and “agree” or “strongly agree” in >70% of the following core competencies:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Grounds for “Incomplete”: *You will not be issued a grade until all elements of the course have been completed.*

REMEDIATION

Remediation, if needed, will be designed by the Course Director to suit the issue at hand.

Grounds for “Fail”: You will receive a grade of "Fail" if the requirements for passing the course have not been met. Please refer to the [Grading Policy](#) for the impact of the "Fail" grade to the transcript.