



INSPECTION WORKBOOK
FOR
RESIDENCY TRAINING PROGRAMS
IN
ANESTHESIOLOGY

American Osteopathic Association
and the
American Osteopathic College of Anesthesiologists

COPT, Revised, 1990

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IDENTIFICATION DATA (please type)

Name of Institution

City and State

Name of Program Director

Year Certified by the American Osteopathic Association

Name of Sponsoring Institution (if applicable)

NAME OF AFFILIATED COLLEGE OF OSTEOPATHIC MEDICINE

1. Number of members in the department or service _____
2. Number of certified Anesthesiologists in the department _____
3. Number of residents in training:
 - a. First year _____
 - b. Second year _____
 - c. Third year _____

Administrator Signature

Date

Inspector Signature

Date

18. Is the educational program periodically evaluated?

Yes

No

By what method? _____

19. State the strengths and/or weaknesses disclosed by the resident's log and summary for the past year:

20. State the resident's opinion of his training program. (*Progressive, graded, comprehensive, adequate, deficiencies, etc. Describe fully*).

21. Is the evidence of progressive and increasing supervised responsibility by the resident as his training progresses?

Yes

No

22. Is the resident(s) thoroughly knowledgeable about the Code of Ethics of the AOA?

Yes

No

23. Is there evidence of cooperative assistance in the training of the resident by other departments?

Yes

No

If yes, how is this cooperation evidenced?

24. How are the basic sciences taught and correlated with clinical anesthesia?

25. Has the resident prepared an annual scientific paper as required?

Yes No

26. Does the resident participate in the training of interns and/or in undergraduate programs?

Yes No

How does this evidence itself?

27. Do hospital staff, anesthesia department personnel, and other assign lecture and teaching duties to the residents?

Yes No

Comment: _____

28. Is the resident encouraged to participate in research projects?

Yes No

Name projects completed and/or in progress:

29. Is there evidence of utilization of osteopathic concepts and philosophy in this residency training program?

Yes

No

Comment: _____

30. How much time was spent by the resident outside of the parent institution to gain instruction and experience in the areas not being provided for by the department?

31. Is there an adequate formal reading program for the resident?

Yes

No

Comment: _____

32. What postgraduate course(s) in Anesthesiology had the resident attended?

33. What postgraduate course(s) has the resident participated in?

34. Does the resident spend a minimum of two (2) weeks' rotation in the Department of Radiology?

Yes

No

35. Does the resident attend postmortem examinations?

Yes

No

36. Does the resident attend the monthly department meetings?

Yes

No

37. Does the resident keep a log with a copy submitted to the program director on a weekly or monthly basis?

Yes

No

38. Does the resident participate in meetings of the medical audit and mortality review committees of the staff?

Yes

No

FOR THE THIRD YEAR

1. Has the resident successfully completed a two (2) year approved osteopathic residency program in Anesthesiology?

Yes

No

2. What subspecialty area has been selected for the third year?

3. Is there an adequate volume and variety of cases in the subspecialty area for which there has been program approval?

Yes

No

4. Is the program director experienced and trained in the subspecialty area?

Yes

No

5. Has the resident spent time in outside rotations?

Yes

No

If so, where? _____

In what areas? _____

For how many weeks or months? _____

(No more than three (3) months outside the parent institution is permitted.)

6. Other pertinent comments:

QUALITY ASSURANCE

1. Does the department have a quality assurance program? (*Attach form to the inspection report*)

Comment: _____

2. How does the department collect data to monitor quality issues? How is this data used to correct quality issues?

Comment: _____

3. Do residents participate in the quality assurance process?

Comment: _____

4. Does the department have an infection control program?

Comment: _____

5. Do the department and quality assurance committee of the hospital have a mechanism to respond to the allegations of the local peer review organization?

Comment: _____

6. Is the resident given instruction in the quality assurance program?

Comment: _____

CHART REVIEW

All of the following questions should be answered for each of the fifteen (15) charts selected for review.

Case Number _____

1. Does the patient's hospital record show that an Anesthesiologist interviewed and examined the patient, reviewed the medical record, dated and timed the recorded findings before administering anesthesia?

Yes

No

Comment: _____

2. Was the patient assigned a physical status according to the A.S.A. 1 through 5?

Yes

No

Comment: _____

3. Does the Department of Anesthesiology participate in:

a. Pre-anesthetic evaluation?

Yes No

b. Pre-operative consultation and management?

Yes No

c. Post-operative consultation and management?

Yes No

Comment: _____

4. Was the order for pre-medication dated and timed?

Yes

No

Comment: _____

5. Are all medications administered during anesthesia clearly indicated as to:

a. Time of administration (including onset and termination of continuously administered drugs?)

Yes

No

Comment: _____

b. Dosage?

Yes

No

Comment: _____

c. Route of administration?

Yes

No

Comment: _____

6. Were physiological parameters monitored and recorded during anesthesia?

Yes

No

7a. Were the following parameters monitored and recorded at no longer than five (5) minutes intervals?

1. Blood pressure
2. Pulse
3. Respiratory rate

7b. Were the following parameters recorded at fifteen (15) minute intervals?

1. Ecg
2. Fio₂
3. Sao₂
4. Etco₂
5. Temperature
6. Train of four
7. Urine output
8. Ebl

8. Taking into consideration the patient's condition, surgery performed and anesthesia utilized was the patient adequately monitored?

Yes No

Comment: _____

9. Were times of events recorded?

Yes No

10. Was there a post-anesthetic evaluation in three (3) to twenty-four (24) hours of administration of an anesthetic by the Anesthesiologist or Anesthesiology resident?

Yes No

Comment: _____

11. In the pre-anesthetic evaluation of the patient, is there an indication of the anesthetic agents, methods and procedures that are to be utilized?

Yes No

12. Do department members request consultation in high-risk patients?

Yes No

13. Does the anesthetic record include the following?

	<u>Yes</u>	<u>No</u>
a. Delineation of anesthetics being administered with notation of dosages and flow rates?	<input type="checkbox"/>	<input type="checkbox"/>
b. Notation of monitoring equipment being used and the information obtained from such equipment?	<input type="checkbox"/>	<input type="checkbox"/>
c. Notation of the patient's position and positional changes?	<input type="checkbox"/>	<input type="checkbox"/>
d. Indication of time of intubation and extubation:		
Size of tube	<input type="checkbox"/>	<input type="checkbox"/>
Use of cuffed or uncuffed tube	<input type="checkbox"/>	<input type="checkbox"/>
Amount of air used for cuff inflation	<input type="checkbox"/>	<input type="checkbox"/>

		<u>Yes</u>	<u>No</u>
e.	Oral or nasopharyngeal airway inserted, time and size	<input type="checkbox"/>	<input type="checkbox"/>
f.	The recorded volume and rate of ventilation	<input type="checkbox"/>	<input type="checkbox"/>
g.	The type and amount of fluids given: if blood, identification of type	<input type="checkbox"/>	<input type="checkbox"/>
h.	The site of intravenous insertion and gauge of catheter	<input type="checkbox"/>	<input type="checkbox"/>
i.	A listing of the surgical procedure, name of surgeon and assistants	<input type="checkbox"/>	<input type="checkbox"/>
j.	Indication of where the patient was taken, i.e., recovery Intensive Care Unit, or other area	<input type="checkbox"/>	<input type="checkbox"/>

STATISTICS FOR THE PREVIOUS YEAR FOR ANESTHETICS ADMINISTERED

A. Obstetrics – Total Number _____

<u>Methods</u>	<u>Number</u>	<u>Agents</u>	<u>Number</u>
Spinal	_____	Xylocaine	_____
Epidural	_____	Marcaine	_____
Caudal	_____	Pontocaine	_____
Other _____		Other _____	
 <u>General</u>		 <u>Nitrous Oxide</u>	
Inhalation	_____	Ethrane	_____
Intravenous	_____	Pentothal	_____
Endotracheal	_____	Curare	_____
Other _____		Succinylcholine	_____
		Narcotics	_____
		Other _____	
