Objectives for the Subspecialty Rotation in Neuroanesthesia:

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Tool</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| 1. of anatomy and physiology of the brain and cerebral circulation. | a. Verbal evaluation by supervisor.  
  b. Exam. | a. To the satisfaction of the supervisor.  
  b. Score of >70% |
| 2. of pathology and pathophysiology of brain and spinal cord, including space occupying lesions (SOL). Neurologic evaluation including Glasgow coma scale | a. Verbal evaluation by supervisor.  
  b. Exam. | a. To the satisfaction of the supervising attending.  
  b. Score of >70% |
| 3. of positioning for neurosurgery, positioning trauma, and anesthetic concerns. | a. Verbal evaluation by supervisor.  
  b. Checklist evaluation | a. To the satisfaction of the supervising attending.  
  b. Score of >90% |
| 4. of physiology cerebral blood flow, CMRO2, pharmacokinetics and pharmacodynamics of anesthetic agents. | a. Verbal evaluation by supervisor.  
  b. Exam. | a. Mandatory attendance at rotation lectures  
  b. Score >70% |
| 5. of neurological monitoring and anesthetic concerns. | a. Verbal evaluation by supervisor.  
  b. Exam | a. To the satisfaction of the supervising attending.  
  b. Score >70% |
| 6. of acute spinal cord injuries | a. Verbal evaluation by supervisor in PBLD format.  
  b. Exam | a. To the satisfaction of the supervising attending.  
  b. Score >70% |
| 7. of TIVA and drugs used in deliberate hypotension. | a. Verbal evaluation by supervisor.  
  b. Exam | a. To the satisfaction of the supervising attending.  
  b. Score >70% |
| 8. Neuroradiologic interevention | Chart stimulated recall oral exam | Satisfactory rating or greater |
| 9. of cerebrovascular disease (cerebral aneurysm and AVM) and Hunt’s classification | a. Verbal evaluation by supervisor.  
  b. Exam. | a. To the satisfaction of the supervising attending.  
  b. Score of >70% |

Patient Care

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Tool</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| 1-performs pre-anesthesia / analgesia evaluation at least 30 min prior to arrival of patient to the OR and has knowledge of patient’s position. | a. Chart stimulated recall  
  b. Evaluation of live performance | a. To the satisfaction of supervising attending  
  b. Achieves target time >90% of cases |
<table>
<thead>
<tr>
<th>2</th>
<th>formulates an analgesic / anesthetic plan for both non-emergent and emergent care, which can be updated as the patient condition changes periodically</th>
<th>Presentation to supervising attending</th>
<th>Ten cases to the satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>performs minimum of ten anesthetics for elective and emergent craniotomies; two in neuroradiology suite; five spinal surgery cases; and five patients in prone position.</td>
<td>Recorded in resident’s electronic log.</td>
<td>Achievement of targeted case requirements</td>
</tr>
</tbody>
</table>
| 4 | performs a minimum of five timely and effective arterial catheterizations; five cases for TIVA. | a. Global evaluation of live performance  
b. Recorded in resident’s electronic log | a. Achievement of 15 minutes in 78% of case by last week of rotation |
| 5 | performs all post operative evaluations unless on the weekend wherein responsibly hands out the postop cards to the on call team. | a. Recorded in resident’s electronic log.  
b. Chart review | Collection of the postop cards by the supervisor with >90 % performance |
| 6 | anticipates the postoperative analgesic needs of the neurosurgical patient with timely awakening of comfortable patient with appropriate immediate postoperative management | a. Random daily chart reviews by the supervising attending  
b. Evaluation of live performance | a. Eight charts with >90% accuracy charting orders and follow-up |

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Tool</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the special needs and concerns of patients in the setting of a major trauma center which may include lack of available preop history; drug addicted and/or alcoholic; and/or a comatose patient.</td>
<td>Evaluation of live performance by supervising attending</td>
<td>To satisfaction of supervising attending, utilizing criteria set forth in the Handbook for Neuroanesthesia Rotation</td>
</tr>
</tbody>
</table>