An Operating Room Management Rotation for Resident Education in Systems-Based Practice
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Introduction
The ACGME Outcome Project mandates that residents develop competency in the area of “systems-based practice”, demonstrating “an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value”1. Toward this end, the resident must understand how their practice affects other health care professionals, practice resource allocation that does not compromise the quality of care, and partner with health care managers and providers to assess, coordinate, and improve system performance. We have met these goals through the creation of a rotation in Operating Room Management.

Methods
All CA3 residents are assigned to the two-week rotation during the final six months of their residency. The resident works closely with a faculty member to assume primary responsibility for all aspects of the daily scheduling and management of the inpatient operating room including assignment of personnel, triage of “add-on” and emergency cases, coordination with nursing staff, and interaction with surgeons and consultants. Residents simultaneously receive experience with the “care team” approach to anesthesia, working with anesthetists as the supervising physician (with a faculty physician fulfilling the requirements of the true “medical direction” role). Readings focus on utilization, estimation and impact of surgical time, economics from both an anesthesiology group and hospital perspective, and patient access to surgical and intensive care services. Residents are evaluated by the faculty based on their growth in knowledge, interpersonal skills, medical decision-making, and leadership skills.

Discussion
Competency in systems-based practice, like many of the Core Competencies, is at first an elusive concept. Close consideration, however, has led us to a resident experience that covers the spectrum of systems-based practice in anesthesiology while incorporating elements of interpersonal skills, professionalism, and the application of medical knowledge. In addition, the experience and readings of the rotation combine with a didactic series to form the basis for a curriculum in Practice Management. Resident feedback has been extremely positive, with the rotation giving senior residents insight into a system within which they have lived, but never quite understood, for nearly three years.

References
1. www.acgme.org