



Anesthesiology Resident "Board Runner" Rotation

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Anesthesiology "Board Runner" Rotation

Learning Objectives:

1. Explain the rationale for an elective, senior-level anesthesia resident "board runner" rotation
2. Describe the activities of the anesthesia resident on the "board runner" rotation
3. List possible didactic topics to be explored during the resident "board runner" rotation
4. Link elements of this rotation to ACGME anesthesiology program requirements and milestones

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Anesthesiology "Board Runner" Rotation

This speaker has no relevant conflicts of interest to disclose, and there will be no off-label discussion of pharmaceuticals.

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Anesthesiology Resident "Board Runner" Rotation

- "Board Runner"
- "Anesthesiologist-in-Charge" (AIC)
- "Anesthesiologist-of-the-Day" (AOD)
- "Board Boss"
- "Clinical Director"
- "Anesthesiologist on Call"
- "Schedule Master"
- "Traffic Cop"



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Preamble to "Board Runner" Rotation

"To be leaders in the profession, practicing anesthesiologists must not only have the clinical proficiency and technical knowledge, but must also exhibit excellence in non-technical skills such as task management, teamwork, situational awareness, and decision-making. They must be able to simultaneously incorporate social, clinical, and textual information on their patients while organizing the operating room and facilitating the work of other members of the healthcare team toward the patient's wellbeing."

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Rotation Description

- Two-week CA-3 year elective w option of four weeks (space permitting)–but mandatory for newly selected chief residents (3) in spring of CA-2 year
- Assist weekly faculty “board runner” (AOD) in daily OR management
- Duty hours 06:30-17:00
- Share in Saturday resident call team pool (one Saturday/4-week block)
- Evaluated by group of 4-5 faculty AODs at conclusion of rotation

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About UF Health

- Level-1 Trauma designation
- 1,232 beds
- 7 hospitals and 4 HOPDs in Gainesville, FL
- Other Locations
 - Jacksonville, FL
- Regional Network
 - Leesburg, The Villages®, Daytona, Deltona, Pensacola, Orlando



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UF Health/Shands Bed Towers



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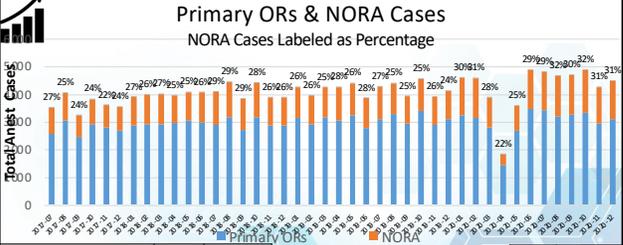
Our Clinical Coverage Obligations
A Trending View of Locations We Staff

Location Type	OR Coverage Location	Jul 17	Jul 18	Jul 19	Jul 20	Jul 21
Main ORs	North Tower	108	86	86	90	95
	NORNA Tower	0	65	65	70	70
	South Tower	65	65	75	75	75
	SPC/OC	14	15	15	15	15
	Other	0	0	0	0	0
Main OR Locations		187	127	131	130	135
NORA	NT Cath Lab	30	5	5	5	5
	ICU	0	0	0	0	0
	OR	15	15	15	20	20
	NT Interventional Radiology	0	2	5	5	5
	NT IR	4	4	4	4	4
	SI Interventional Radiology	0	0	0	0	0
	SI IR	0	0	0	0	0
	SI Interventional Radiology	0	0	0	0	0
	SI IR	0	0	0	0	0
	SI Interventional Radiology	0	0	0	0	0
SI IR	0	0	0	0	0	
Other Assignments	NT Endo Suite (Cath Lab Renote)	2	2	2	2	2
	NORA Locations	67	69	73	83	104
Total Block Coverage Per Week		250	201	204	213	239

Coverage Location	Jul 17	Jul 18	Jul 19	Jul 20	Jul 21
Main OR Locations	226	247	281	289	320
NORA Locations	67	69	73	83	104
Total Block Coverage Per Week	358	381	424	442	494
OR YoY Growth		9%	14%	3%	11%
NORA YoY Growth		3%	6%	14%	25%

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Primary ORs & NORA Cases
NORA Cases Labeled as Percentage



FY	Total Anesthesia Volume	Primary ORs	NORA
FY15	41,952	32,520	9,432
FY16	43,503	34,925	8,578
FY17	48,225	37,369	10,857
FY18	49,249	36,301	11,548
FY19	54,676	41,428	13,448
FY20	51,750	40,119	11,631
FY21 (Proj)	60,624	43,329	17,295
Growth (FY15 to FY21 Proj)		44%	81%

NORA growth has greatly outpaced OR growth

Fiscal Year	Avg % of NORA Case Volume
FY15	22%
FY16	20%
FY17	23%
FY18	23%
FY19	25%
FY20	27%
FY21 (Proj)	31%

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Daily Resident “Board Runner” Tasks

- Arrive 06:30 and ascertain OR/NORA operational status of three bed towers
- Assess status of preoperative holding, PACUs, OR's
- Manage Anesthesia Periop Personnel and Assignment Changes
 - Sick Call-outs
 - Opened ORs for urgent/emergency add-ons
 - Case cancellations
 - Attending Anesthesiologists
 - Anesthesiology Residents
 - Anesthetist Staff (CRNAs and CAAs)
- Collaborate with
 - OR Charge Nurses
 - Circulating Nurses
 - Anesthesia Technicians
 - Surgeons



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Daily Resident “Board Runner” Tasks

- Respond to “Green Button” alerts (anesthesia emergencies)
- Assist Anesthesiology Attendings with multiple OR starts/finishes
- Delegate or respond to external difficult airway/intubation assist requests
 - ED
 - Critical care units
- Work with scheduling office staff to complete next day clinical assignments (EPIC OpTime)
- Coordinate anesthesia resident and anesthetist breaks/lunches
- Coordinate afternoon relief for shift personnel and post-late stay residents
- Provide hand-off report for oncoming evening late stay, night float (“mole team”) residents, and in-house anesthesiology attending staff

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“Board Runner” Rotation Didactic /Reading Topics

1. OR Scheduling Strategy Schema (block, open, “flex” or “swing”)
2. Metrics of OR/NORA utilization and associated definitions
3. Staffing and billing compliance regulations and guidelines
 1. Concurrency ratios
 2. Subspecialty skill sets
 3. Resident experience levels
4. Allocation of resources
5. Conflict resolution
6. Negotiation

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ACGME Common and Anesthesiology Program Requirements

- Medical Knowledge
 - IV.B.1.c).(1) Residents must demonstrate appropriate medical knowledge in the topics related to the anesthetic care of patients, including
 - Practice management to address issues such as operating room management
 - IV.B.1.c).(1).(b)
 - Management skills, to include basic knowledge of organizational culture, decision making, change management, conflict resolution, and negotiation and advocacy

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ACGME Common and Anesthesiology Program Requirements

- Interpersonal Skills
 - IV.B.1.e).(1) Residents must demonstrate competence in:
 - Communicating effectively with physicians, other health professionals, and health-related agencies
 - Working effectively as a member or leader of a health care team or other professional group
 - Acting in a consultative role to other physicians and health professionals
- Systems-Based Practice
 - IV.B.1.f).(1) Residents must demonstrate competence in:
 - Working effectively in various health care delivery settings and systems relevant to their clinical specialty
 - Coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty

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ACGME Anesthesiology Milestones

- PC 7—Situational awareness and crisis management
- SBP 2—System Navigation for Patient-Centered Care
- SBP 3—Physician Role in Health Care Systems
- Prof 1—Professional Behavior and Ethical Principles
- Prof 2—Accountability/Conscientiousness
- ICS 2—Interprofessional and Team Communication
- ICS 3—Communication within Health Care Systems

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Resident Rotation Evaluation Comments

- “Fantastic rotation. I learned so much about scheduling, resource management, and ways to monitor and improve efficiency of the operating flow.”
- “Great rotation. Gave me perspective on how stressful the “board runner (AOD) job is. I am now happy to do any assignment given to me without complaints. Being in a room is easier than running the board.”
- “Great rotation! I was especially lucky to work with several attendings and observe their different strategies for organizing such a vast department.”

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Resident Evaluation Utility for Future

This Rotation was useful in training me for the things that I will need to know and do following my fellowship/presidency.
Strongly disagree - Strongly agree

Average	Overall Average	Minimum	Maximum	Standard Deviation
2.83	2.79	2.5	3	0.24

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Resident Evaluation of Collaboration

Overall I found the collaboration with nurses, surgeons, technicians and other members of the health care team went smoothly. If not, please be specific and give examples.
Strongly disagree - Strongly agree

Average	Overall Average	Minimum	Maximum	Standard Deviation
2.88	2.73	2.5	3	0.22

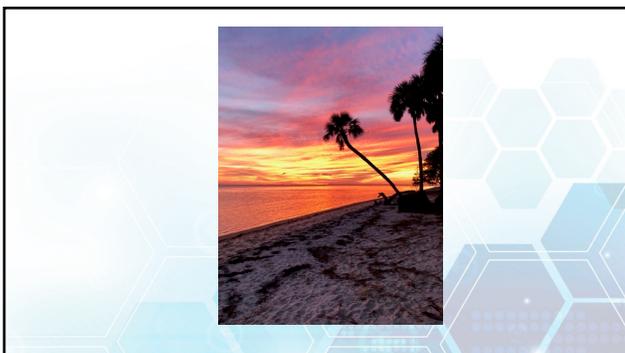
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Resident Evaluation Overall Value of Rotation

Overall Value of this rotation, and comments. What works well, what should be changed...
Below Expectations - Exceeds Expectations

Average	Overall Average	Minimum	Maximum	Standard Deviation
2.58	2.51	2	3	0.50

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