

**ANESTHESIOLOGY POLICY RESEARCH ROTATION IN  
POLITICAL AFFAIRS  
ASA Advocacy Division  
Washington, DC**

**Goals and Objectives:**

The ASA Policy Research Rotation in Political Affairs in Washington, DC, is designed to allow the resident physician to experience the political factors outside of the clinical setting that affect the delivery of care within the operating room and other clinical settings.

The American Board of Anesthesiology (ABA) places importance on learning several of these factors. Specific factors emphasized in the ABA Content Outline include:

1. Professionalism and credentialing, licensure
2. Ethics, Advanced Directives/ Do Not Resuscitate (DNR) Orders; Patient Privacy issues (e.g., Health Insurance Portability and Accountability Act)
3. Malpractice: Definition, Legal Actions and Consequences, National Practitioner Database, Closed Claims Findings, Anesthetic Accidents, Professional Liability Insurance
4. Practice Management; Medicare/Medicaid Requirements
5. Primary Certification, Recertification, Maintenance of Certification and Related Issues (Professional Standing, Lifelong Learning, Cognitive Knowledge, Clinical Practice Assessment, Systems-Based Practice)
6. Costs of Medical/Anesthetic Care, Operating Room Management

The ASA Policy Research Rotation in Political Affairs will allow the resident to learn about these practice issues from a different vantage. After completion of the rotation, the resident will better appreciate the enormous impact that policymaking and politics have in all facets of medicine, with a particular emphasis on how it affects the practice of anesthesiology.

**Basic Resident Duties:**

1. Formulate specific research project with assistance of Advocacy Division.
2. Obtain a more comprehensive understanding of health care policy.
3. Obtain real-world experience within the political environment.
4. Participate in day-to-day activities of the Advocacy Division.
5. Research and report on new law and policy changes affecting the profession of anesthesiology.
6. Attend all lobby events sponsored by ASA during rotation.
7. Present final project to your program's Scholarship Oversight Committee.
8. Present experience at Grand Rounds.

**Educational Strategy:**

The ASA Policy Research Rotation in Political Affairs is a four-week rotation. During the rotation, your Scholarship Oversight Committee consisting of three faculty members at the resident's educational institution will supervise the resident. The resident will also have direct supervision from Mr. Manuel Bonilla, Chief Advocacy Officer, within the ASA Advocacy Division in Washington, DC.

### **Core Competencies:**

The six core competencies are used as a template to evaluate residents during all rotations. The terms used to define these competencies are similar to those used for other rotations. The following Goals and Objectives have been specifically modified for the given rotation.

#### **Patient Care and Medical Knowledge:**

After completing the rotation, the resident will gain further appreciation for the enormous impact that policymaking and politics have on the delivery of patient care. As the cost of healthcare continues to escalate, educating physicians about healthcare laws and regulations assumes even greater importance. Specifically, anesthesiologists must take an interest in healthcare policy just as they do the actual practice of anesthesiology. Additional knowledge in this area and the assumption of leadership roles in governmental health policy making will certainly benefit the specialty of anesthesiology. More important, understanding health care politics and policy issues will directly affect and improve how patients are cared for each day in hospitals and other clinical settings.

#### **Interpersonal and Communication Skills:**

After completing the rotation, the resident will have gained experience and competence in:

1. Communicating skillfully via written and oral presentations.
2. Communicating information about anesthetic procedures with a nonscience audience.
3. Researching and report on new law or policy changes affecting the profession.
4. Answering questions from Congress, other politicians or their staff, and policymakers regarding important aspects of the profession.

#### **Professionalism:**

After completing the rotation, the resident will have gained experience and competence in:

1. Acting in a professional manner while outside of the clinical setting.
2. Demonstrating reliability and dependability.
3. Exemplifying patient care as our primary responsibility.
4. Showing respect for others.

#### **Systems-Based Practice:**

After completing the rotation, the resident will have gained experience and competence in:

1. Understanding the role of being a patient care advocate.
2. Becoming familiar with the costs associated with the delivery of anesthesia care.
3. Incorporating the concepts of cost-benefit analysis with the delivery of considering therapeutic options.
4. Interpreting the constraints associated with management of the operating room and be able to integrate this understanding into best patient care practices.
5. Working towards developing team-building skills.

### **Practice Based Learning and Improvement:**

After completing the rotation, the resident will have gained experience and competence in:

1. Self-directed learning.
2. Becoming more efficient at locating political information and how it affects the clinical delivery of anesthetic care.
3. Transferring knowledge about the importance of health care policy to other members of the Department of Anesthesiology.

### **Trainee Evaluations:**

The Clinical Competency Committee (CCC) meets every other month to evaluate the progress of the trainees. Specifically addressed are the six basic competencies and the anesthesia specific competencies outlined above. The instruments used to assess their progress include an evaluation form that utilizes a scaled five-point Likert scoring system, which assesses each of the six competencies. In-house testing is also performed twice yearly to ensure that the trainees are acquiring the knowledge associated with the provision of a safe anesthetic. Residents are expected to take the in-training examination administered by the American Society of Anesthesiologists/American Board of Anesthesiology (ASA/ABA).

On a more informal (and potentially more important) level, members of the teaching faculty evaluate our trainees daily and provide them real-time feedback concerning their performance in the delivery of anesthesia services. Informal discussions with the anesthesia residents address any deficiencies in patient care or knowledge base. Additionally, we try to know our trainees personally to better understand and/or address underlying stressors or personal issues that may interfere with learning and performance.

Every six months, the American Board of Anesthesiology requires that the Clinical Competency Committee submit a Resident Training and Evaluation Report. In addition to the basic competencies, we submit our evaluation of a trainee's progress in the following areas:

1. Demonstrates ethical/moral behavior
2. Is reliable, conscientious, responsible and honest
3. Learns from experience; knows limits
4. Reacts to stressful situations appropriately
5. Has no documented abuse of alcohol or illegal use of drugs during this report period
6. Has no cognitive, physical, sensory or motor impairment that precludes individual responsibility for any aspect of anesthetic management
7. Demonstrates respect for the dignity of patients and colleagues
8. Has no restriction, condition, limitation or revocation of license to practice medicine
9. Understands anatomical, physiological, and pathophysiological concepts of organ disease that culminates in the need for solid organ transplant
10. Collects and uses clinical data
11. Recognizes the psychological factors modifying pain experience
12. Communicates/works effectively with patients/colleagues
13. Demonstrates appropriate concern for patients
14. Demonstrates commitment to life long learning
15. Adapts and is flexible
16. Is careful and thorough

17. Generates complete, legible, and accurate medical record
18. Possesses business skills for effective practice management
19. Uses information technology to optimize patient care
20. Is an advocate for quality care
21. Recognizes gaps in knowledge and expertise
22. Demonstrates continuous practice improvement
23. Uses appropriate technical skills in diagnostic and therapeutic procedures
24. Completes study of management of acute pain, cancer pain, and chronic pain

### **Suggested Readings:**

Suggested reading assignments were chosen to provide an up-to-date knowledge on the political factors affecting the medical profession, specifically anesthesiology. These include, but are not limited to:

1. The following journals:
  - a. Anesthesiology
  - b. The Monitor
  - c. Anesthesiology News
2. Updates by relevant political action committees, specifically:
  - a. American Society of Anesthesiologists Political Action Committee
  - b. American Medical Association Political Action Committee
3. Frequent updates posted by the ASA Advocacy Division:
  - a. On the ASA website homepage ([www.asahq.org](http://www.asahq.org)).
  - b. ASAPAC Vital Signs e-newsletter
  - c. ASAP e-newsletter

### **Applying:**

Interested applicants may apply via [email](#) or in writing to:

Max Steininger  
Grassroots Program Administrator  
American Society of Anesthesiologists  
1501 M Street NW, Suite 300  
Washington, DC 20005

Please include cover letter, completed Applicant Cover Sheet, and CV with written approval from department head for completion of the ASA Policy Research Rotation in Political Affairs program.

We look forward to receiving applicant submissions.

If you would like more information on the program, please contact Max Steininger, Grassroots Program Administrator at [m.steininger@asahq.org](mailto:m.steininger@asahq.org) or (202) 289-2222.