Within these walls lies the *unparalleled* opportunity to *experience* every aspect of CURRENT American medicine and anesthetic practice.
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FROM THE CHAIRMAN

The Department of Anesthesiology at New York University has a long and distinguished history in the development of academic anesthesia in the 20th century. Now, in the 21st century, we are continuing our tradition of outstanding clinical care, a commitment to resident education and concern for the patients for whom we care. Clinical teaching has always been emphasized in our program, and has resulted in outstanding performance of our residents on the in-training examination and in ultimate board certification. Along with the rise in stature of the NYU School of Medicine, we are building on the existing strengths of the department, as well as placing emphasis on basic and clinical research in the areas of patient outcomes, anesthetic mechanisms, cardiac muscle pathophysiology, local anesthetic action, regional anesthesia, cognitive impairment, critical care, and pain management. Faculty have been recruited in these areas and the medical school has provided new laboratory space for the Department of Anesthesiology.

The primary concern of a candidate in choosing a residency program is the clinical training he or she will obtain and the opportunities that are opened to them. The majority of programs offer excellent clinical training; however, it is important to consider the environment in which you will spend your next several years. At NYU you will find a department committed to resident education, one concerned with the professional and personal growth of our residents, and one in which resident autonomy is encouraged in a supportive environment. Our graduates have moved on to faculty positions at prestigious institutions and are sought after at the best private practices in the country. We invite you to visit our department, see our facilities, talk with our residents and faculty, and allow us to participate in your education.

Andrew D. Rosenberg, M.D.
Dorothy Reaves Spatz, M.D. Professor and Chairman Department of Anesthesiology
NYU Langone Medical Center
ABOUT THE NYU LANGONE MEDICAL CENTER AND AFFILIATED HOSPITALS

The NYU Langone Medical Center is one of the nation’s premier centers of excellence in health care, biomedical research, and medical education. For over 167 years, NYU physicians and researchers have made countless contributions to the practice and science of health care. The Medical Center consists of the NYU School of Medicine, including the Smilow Research Center and the Skirball Institute for Biomolecular Medicine; and the two hospitals of the NYU Langone Medical Center: Tisch Hospital, a major tertiary care center; and NYU Hospital for Joint Diseases, a leader in musculoskeletal care. Surrounded by the east side residential neighborhoods of high-rises and townhouses, the NYU complex of health care, research and medical education has been an integral part of the community. Its location is convenient to New York City’s unparalleled cultural, civic, and recreational attractions.

NEW YORK UNIVERSITY AND THE SCHOOL OF MEDICINE

New York University, the largest private university in the United States, has an outstanding public service history in health, education, and the arts. NYU consists of fourteen schools and colleges at six locations in Manhattan. NYU enrolls more than 40,000 students from over 110 countries around the world. The School of Medicine, founded in 1841, enrolls about 150 students each year. The faculty of 2,700 participate in teaching, patient care, and research.

With over 50 centers, 30 academic departments, and 376,000 square feet of research laboratories, NYU School of Medicine continues to produce groundbreaking discoveries, some of which have led to Nobel prizes. The School’s basic and clinical scientists conduct dynamic interdisciplinary research to address the entire range of 21st-century biomedical science. It is one of the world’s leading medical research centers, with emphasis on exploring the biomolecular roots of disease. With the Skirball Institute, the anesthesiology housestaff have an additional venue for collaborative research with world-renowned basic science faculty.

TISCH HOSPITAL

The 726-bed Tisch Hospital, the University Hospital of NYU, provides treatment for a wide variety of clinical problems in virtually every surgical specialty. Because of its unique position as a referral center and the nature of the patient population, the large number of operative procedures performed puts special intellectual demands on the clinician. This, of course, creates an outstanding environment for in-depth learning and experience.

A large proportion of patients require intensive anesthetic care and monitoring, necessitating close interaction with specialists in other disciplines. Among the 60,000 procedures performed annually are 1,400 open-heart and 1,400 neurosurgical operations, 1,200 major vascular procedures, and many types of adult and pediatric reconstructive surgery as well as organ transplantation.

BELLEVUE HOSPITAL CENTER

Adjacent to the NYU Langone Medical Center lies Bellevue Hospital, America’s oldest public hospital (1736) with 1,232 beds. It is the flagship institution of the largest municipal hospital system in North America, with an average of 500,000 outpatient clinic visits, 120,000 emergency patients, and 26,000 in-patients each year. Bellevue is New York City’s largest Level I trauma center and evaluates 1,000 patients per year with a 4:1 blunt-to-penetrating trauma case mix. The clinical experience at Bellevue includes a broad spectrum of anesthesia care for patients with a wide variety of complex multisystem problems. Here you become adept at handling complex aspects of perioperative management, including the use of sophisticated monitoring and diagnostic techniques, ultrasound-guided regional anesthesia and vascular access, and airway management devices and techniques.

While Bellevue has a worldwide reputation for trauma care, it is much more. The hospital is a full-service acute care institution that provides extensive experience in every anesthesia subspecialty including pain management and critical care medicine. The institution provides an unparalleled opportunity to develop skills in regional anesthesia, flexible and rigid fiberoptic airway management, ultrasound and echocardiography techniques, and organizational management. The “Bellevue experience” is a fundamental and fascinating aspect of the training of every NYU anesthesia resident.

NYU HOSPITAL FOR JOINT DISEASES

The Hospital for Joint Diseases has a distinguished tradition of medical innovation offering comprehensive treatment of musculoskeletal and neurological disorders. Since 1905, HJD physicians have pioneered treatments to improve quality of life. The anesthesia department provides extensive opportunity in the use of ultrasound and other techniques for regional anesthesia. Additionally, there is an emphasis on care for patients undergoing complex spine procedures.

VETERANS AFFAIRS MEDICAL CENTER

One of the country’s largest VA hospitals and a major teaching institution, this 201-bed facility is fully affiliated with the NYU School of Medicine. It serves 30,000 patients annually and is a referral center in several specialized areas, including cardiac surgery.
**LIBRARIES**

The NYU Frederick L. Ehrman Medical Library offers on-line access to over 3,600 journals, almost 900 textbooks which include many anesthesia-related textbooks, and interlibrary loan.

The Bellevue library has more than 10,500 books and 275 periodicals, and the VA library has 3,200 books and 410 periodicals. In addition, the Department of Anesthesiology maintains 24 hour on-line computer access and dedicated libraries of texts, journals, audiovisual and electronic teaching tools in all hospitals.

NYU consists of

*fourteen schools and colleges*

at SIX LOCATIONS

in Manhattan
Residents are prepared for a lifetime of continued professional development and the capability to assume leadership roles in anesthesiology.
Approximately 76 housestaff members and over 125 attendings work together in a friendly atmosphere of teaching, supervision and close interaction. The NYU School of Medicine Residency Training Program in Anesthesiology accepts 18-22 residents each year.

**Educational Objectives and Organization**

The goal of the Residency Program is to provide the highest quality of training and patient care in a collegial atmosphere that stimulates and nurtures professional and personal development. Throughout the program, we place strong emphasis on ensuring that residents attain a high level of scholarship and develop independent thought coupled with clinical competence. Residents are prepared for a lifetime of continued professional development and enabled to assume leadership roles in anesthesiology. Significant opportunities for clinical or laboratory research exist for those with special interests.

Each resident begins training under the supervision of a single attending. This provides continuity and minimizes the confusion that might accompany initial exposure to too great a variety of anesthetic methods. During the first year (CA1), residents rotate through Tisch and Bellevue Hospitals to gain the widest possible experience in patient care and management, utilizing a variety of anesthetic techniques.

In the second year (CA2), residents rotate through the major anesthesia subspecialties: cardiothoracic, neurosurgery, pediatric, obstetric, preoperative medicine, recovery room, as well as critical care medicine and pain management. At this time, housestaff who have not already done so are encouraged to develop a clearer picture of their career plans, so that they can choose an area of subspecialization in the third year of training.

Near the beginning of the CA3 year, some residents are appointed team captain at Bellevue. In this capacity, they have leadership responsibility for the team of residents on call. Team captains make important decisions about patient care and management, as well as administrative decisions in Recovery and Delivery rooms. They also make anesthetic-related care decisions in the emergency room and other parts of the hospital. Most residents consider being a Bellevue Team Captain an extraordinary experience in preparing them for the practice of clinical anesthesiology.

A rotation on the critical care medicine and trauma service at Bellevue Hospital is an integral and valuable part of the training.

In the CA3 year, residents may choose from subspecialty rotations or spend the entire year in the advanced clinical rotation (where the resident is involved in the most challenging cases at each hospital). Another option is a maximum six month rotation in clinical or laboratory research in such areas as vascular, obstetric, or cardiac anesthesia; pain medicine; or critical care medicine, with opportunities for publication and presentations at local, regional, or national conferences.

A developing national trend in anesthesiology is for residents to spend a fellowship year concentrating in one area of specialization. A training year can be spent in critical care medicine, cardiac anesthesia, trauma, obstetrics, ambulatory surgery, or pain management, as well as in clinical or laboratory research. This training may lead to the certificate of special competence in pain medicine or cardiac anesthesia under the auspices of the American Board of Anesthesiology and the ACGME.

Throughout the training period, strong emphasis is placed on developing leadership qualities and perpetuating clinical and research interests. The relationship between research and clinical practice management is stressed throughout the program. This environment has produced several department chairs and many clinical directors, specialty directors and academicians, as well as strong and confident clinicians. Graduates of the program have gained positions in some of the most prestigious medical institutions throughout the country. Physicians who complete the NYU Residency Training Program in Anesthesiology find doors open to them whether they desire an academic, clinical, or research career, or go into private practice.
**DIDACTIC PROGRAM**

Nearly 500 hours of conferences, seminars, case reviews, and lectures are scheduled and conducted each year. These extensive didactic offerings are essential components of house staff education.

New residents begin the program with a series of introductory lectures during July and August. The regular teaching program includes:

1) Weekly Practice Based Learning and Improvement anesthesia case presentations and focused discussion. This conference includes a review of anesthesia morbidity and mortality.

2) Seminars stressing the application of basic and clinical science to the practice of anesthesia and critical care medicine, based on recommended readings and moderated by faculty or residents.

3) Daily early-morning clinical case conferences to discuss preoperative preparation and anesthetic management of selected patients.

4) An active visiting professor program with weekly lectures by visitors from other institutions and specialists on the NYU Faculty. Less formal teaching sessions follow the lecture presentation.

5) Specialty conferences for residents while on rotation through each subspecialty.

6) An active medical student elective program provides residents an opportunity to lecture, lead discussions, and teach on a one-to-one basis in the operating room.

7) Rovenstine Scholar. There are opportunities to participate in ongoing research for up to six months in the CA3 year and during the entire fourth year. Research opportunities are also available earlier for those with special competence. Residents work with dedicated faculty who are involved in clinical and basic research in anesthesiology.

**THE SUBSPECIALTIES**

Residents are introduced to and gain increasing responsibility in the major anesthetic subspecialties: cardiac, obstetric, neurosurgery, pediatric, ambulatory, pain management, and critical care medicine.

**Cardiac Anesthesia**

NYU Langone Medical Center is a major cardiac referral center, with 4-5 cardiac operating rooms daily. The spectrum of cases include coronary artery bypass, valve repair and replacement, minimally invasive cardiac surgery, robotic cardiac surgery, ventricular assist device placement, and aortic surgery. We also do a wide variety of thoracic surgery and pediatric cardiac surgery. We provide anesthesia not only for surgical procedures, but also pediatric electrophysiology and pediatric cardiac catheterization procedures. The formal teaching program includes reading and topical reviews, formal case discussions, staff meetings, case presentation conferences, extensive experience with echocardiography, and lectures by visiting professors. Residents are encouraged to participate in the cardiac anesthesia division’s active research program. Clinical teaching in the program emphasizes:

1) Preoperative patient assessment including evaluation of myocardial functional status, interpretation of cardiac catheterization, echocardiographic and angiographic data, and reading and evaluating other diagnostic information. Strong emphasis is placed on complete preoperative evaluation and the preparation and development of sophisticated anesthetic plans to deal with intraoperative or postoperative problems. There is close collaboration with echocardiographers and electrophysiologists.

2) Intraoperative care, including transesophageal echocardiography and all major types of vascular monitoring.

3) Perioperative management, including vasoactive infusions, pacemakers and intra-aortic balloon pumps, as well as other interventions needed to maintain optimal hemodynamic status before, during, and after bypass.

**Fellowship Opportunities in Cardiac Anesthesia**

An ACGME cardiothoracic anesthesia fellowship with 3 positions is available. Fellows assume a more responsible role in evaluation and care of patients, concentrate on relevant issues in greater depth, and are encouraged to participate in ongoing clinical research, including clinical research in echocardiography and bench research on pathophysiology of cardiomyopathy. The program includes extensive training in the use of echocardiography which can lead to certification in perioperative transesophageal echocardiography.
There are many reasons why I chose NYU as my top choice for Residency. With a diverse patient population, I have been exposed to many clinically challenging patients in an academically stimulating environment. As a CA1, I was given a great deal of autonomy in managing my patients and the opportunity to cultivate my clinical skills alongside excellent role-models. What stands out the most about NYU is the camaraderie amongst the residents and between the residents and attendings. No matter what my future holds, I am confident that my training at NYU will have prepared me for even the most challenging clinical settings.

...the highest quality training and patient care in an atmosphere that STIMULATES AND NURTURES professional and personal development.
Significant opportunities for clinical and laboratory RESEARCH exist for those with special interests.

LIOR LEVY, M.D.
I applied to NYU looking forward to joining a program that offers an outstanding academic and clinical experience. NYU has far exceeded these expectations with daily didactics by amazing attendings, generous of their time and genuinely involved in our education. Little did I know that I would also inherit a new family. The collegiality between the residents is beyond what I have seen in any hospital. This very friendly environment extends to the attendings and to our administration. Yet, beyond the fun and the welcoming atmosphere I have been most impressed with the support and encouragement that our faculty provide for all of us. It makes this program very special.
**Obstetric Anesthesia**
Residents receive extensive training in obstetric anesthesia at Tisch and Bellevue Hospitals. Between the two hospitals, there are more than 6,000 deliveries per year, affording residents excellent opportunities to be exposed to all facets of obstetric anesthesia practice. Residents will be trained in cutting-edge techniques for labor analgesia and cesarean birth. Because the rate of regional analgesia in labor is high, there are ample opportunities for residents to gain experience with epidurals, spinals and combined spinal-epidural techniques.

Bellevue Hospital, a major facility for the care of the high risk parturient, provides outstanding opportunities to participate in the management of adolescent mothers and parturients with a myriad of diseases including preeclampsia, asthma, cardiac disease, and sickle cell disease. In addition, there is an active high-risk obstetric service at Tisch hospital, and these patients provide many obstetric anesthesia challenges.

For interested residents, there are research opportunities available in obstetric anesthesia at the CA3 and CA4 levels.

**Neurosurgical Anesthesia**
The neuroanesthesia division is active at both Tisch and Bellevue Hospitals, providing a wealth of experience in neurosurgical anesthesia. Approximately 3,000 procedures are performed annually at the combined institutions. The resident has the opportunity to evaluate and manage adult and pediatric patients with brain and spinal cord lesions and intracerebral vascular anomalies. Five to six operating rooms dedicated to neurosurgery operate five days per week. Extensive exposure is provided to all modalities of neurophysiologic monitoring. Residents are encouraged to participate in the ongoing research projects conducted by the members of the Neuroanesthesia division. Research activities in neuroanesthesia continue to expand, particularly in the area of clinical pharmacology, perioperative pain control and neurophysiology.

**Stereotactic Surgery**
NYU’s Department of Neurosurgery is in the forefront of stereotactic and minimally invasive neurosurgery. Procedures performed include deep brain stimulation functional neurosurgeries, biopsies, and tumor resection utilizing a computer-guided navigational system.

The neuroanesthesia team is closely involved in the management of these procedures. A variety of special airway management techniques is used for patients in headframes. A dedicated epilepsy and movement disorder surgical service further expands the experiential base. Since a large number of these patients are operated on while essentially awake, there are additional opportunities to use fiberoptic intubation, laryngeal mask airway, and other special techniques.

**Cerebrovascular Surgery**
NYU treats approximately 100 patients per year with cerebral aneurysms and an equal number of arteriovenous malformations (AVM). Many undergo operative procedures while a large number are treated using interventional neuroradiology. Procedures performed in the radiology suite include embolization of AVMs, placement of ‘coils’ within aneurysms, and angiographic procedures for pediatric patients.

**Spine Surgery**
Spine and cranial base surgery is a very active area of care at Tisch and Bellevue Hospitals. These procedures range from simple lumbar disectomies to surgery of the thoracic spine and skull base requiring double lumen intubation and invasive monitoring, as well as evoked potential monitoring.

**Epilepsy Surgery**
Operative treatment of epilepsy is regularly performed at Tisch Hospital. These procedures often involve pediatric and young adult patients who undergo multiple procedures during their stay for seizure monitoring and for resection of epileptic foci.

**Head Trauma**
Bellevue Hospital, with its well-known trauma service, treats many head-injured patients, and is a regional center for spinal cord injuries. Bellevue Hospital offers additional experience in physiologic and cerebrovascular monitoring. The opportunity to work with specialists from neuroradiology, neurophysiology, and neurology exists in all these areas. Weekly anesthesia conferences are held and attendance at the neurosurgical conference is encouraged. Most importantly, the resident is exposed to the most modern technology for neurosurgical practice, with hands-on opportunities to provide care.
**Pediatric Anesthesia**

The pediatric division of the Department of Anesthesiology uses Tisch, Bellevue, and HJD Hospitals to provide an outstanding background in pediatric anesthesia.

All pediatric surgical subspecialties are strongly represented including pediatric open heart surgery. At NYU and affiliate hospitals, each year we provide anesthesia for almost 8,000 children under 12 years of age.

Strong teaching of the fundamentals during the eight-week CA2 pediatric rotation at Tisch and Bellevue is supplemented by pediatric anesthesia in the ambulatory care suite. Emphasis is placed on total perioperative care.

During CA3, residents are assigned more challenging pediatric cases including neurosurgical, plastic and cardiac procedures. Tisch Hospital is one of the largest centers for pediatric craniofacial surgery in North America.

Weekly pediatric conferences and board review seminars focusing on pediatrics are conducted throughout the year. As a result of the case diversity and strong pediatric educational focus, NYU residents are extremely confident in their ability to manage any pediatric procedure.

**Pain Medicine**

The Center for Study & Treatment of Pain received the 2007 American Pain Society’s Clinical Centers of Excellence in Pain Management Award. The Center provides comprehensive training in the diagnosis and treatment of patients with acute, chronic and cancer pain. Training is patient-centered, evidence-based, and multidisciplinary to optimize patient physical and psychosocial function by coordinating pharmacological, physical, nursing, psychological, interventional, and alternative care modalities. When necessary, inpatient care is provided.

Supervised residents perform interventional procedures, and many employ image guidance. While on rotation, residents gain experience in a wide range of diagnostic and therapeutic modalities for treatment of acute, chronic and cancer pain, including spinal cord stimulators, radiofrequency ablation, and intrathecal drug delivery systems.

Residents spend 8 weeks on the Pain Medicine service during CA1/2 years and can elect a CA3 rotation. Rotations encompass clinical experience at The Center for Study & Treatment of Pain consisting of pain medicine at NYU Langone Medical Center, NYU Hospital for Joint Diseases, the brand new state of the art Center for Pain Management, Bellevue Hospital Center and VA Hospital Center. Many research projects are available for resident participation and afford ample publication opportunities.

**Outpatient Pain Medicine**

Patients referred to the outpatient pain program present with a wide array of complex and refractory pain problems. Thorough medical and psychosocial analysis helps to optimize the assessment and management during each stage of the injury-pain-suffering cycle.

Residents attend and present at pain medicine morning lectures, quality assurance and morbidity/mortality meetings, as well as case conferences and journal clubs. Bi-weekly pain medicine grand rounds is provided to enhance the educational experience for the housestaff.

**Inpatient Pain Medicine**

At all affiliated hospitals, there is a comprehensive inpatient pain service. The inpatient pain service works with the primary service, as well as neurologists, physiatrists, psychiatrists, and other specialists to optimize treatment for each patient. A postoperative epidural analgesia service enhances patient satisfaction and recovery, facilitates early rehabilitation, and helps to reduce the time spent in the hospital.

**Pain Fellowship**

The Pain Medicine Fellowship Program is a fully ACGME accredited program offering a one-year Fellowship leading to certification in Pain Medicine to graduates of Anesthesiology, Neurology, Physical Medicine and Rehabilitation, and Psychiatry residency who are board-eligible or certified. Training is conducted in a multidisciplinary setting, providing all elements needed for certification and for practice. Ample opportunity is available to acquire skills in clinical evaluation, diagnosis, treatment, teaching, research, and administration. Exposure to a wide variety of clinical problems and treatments is enhanced with rotations at NYU Langone Medical Center, NYU Hospital for Joint Diseases, the Pain Center, Bellevue Hospital Center and VA.

**Ambulatory Anesthesia**

The ambulatory surgical center at Tisch Hospital is a free-standing outpatient unit with four operating rooms and its own recovery room. Approximately 10,000 ambulatory procedures are done each year. The environment allows the entire staff to concentrate on ambulatory patient needs with access to the full services of the Hospitals Center. Since an ever-increasing proportion of surgery is being done on an ambulatory basis, the training in this unit is extremely relevant. Residents can elect to rotate in the ambulatory service to gain experience in the anesthetic management of both pediatric and adult patients under the supervision of faculty with special expertise in ambulatory anesthesia. The resident will learn a multitude of sedation techniques and the laryngeal mask airway. In addition, residents have the opportunity to elect an ambulatory regional rotation at the offsite ambulatory orthopedic center. On this ambulatory elective, residents become proficient in ultrasound guided blocks of both the upper and lower extremities.
Daniel Betterly, M.D.

As an NYU resident, I experienced outstanding didactic and clinical training. The residents and attendings have a strong sense of camaraderie and are happy people. I have done multiple regional, cardiac, thoracic, pediatric, OB, neuro and transplant anesthesia cases, which shows that the experience gained at NYU is unparalleled. Exposure to the diverse patient populations at Tisch, Bellevue, VA, and HJD hospitals helps to prepare you for practice in any setting. Following my NYU residency, I am confident that I am well-prepared for my cardiac fellowship.
Critical Care Medicine
The domain of the anesthesiologist extends beyond the operating room to include the practice of critical care medicine. Perhaps nowhere in the hospital is the application of basic science principles to clinical therapy so important as in the intensive care unit. Residents encounter a varied mix of medical, surgical, cardiovascular surgical, and neurosurgical patients. The care of these patients requires fast-paced teamwork among anesthesiologists, surgeons, and many other specialists.

Trauma Anesthesia and Critical Care (TRACC)
Every resident spends eight weeks in critical care medicine as a member of the Bellevue Trauma Anesthesia and Critical Care (TRACC) team. The TRACC program at Bellevue Hospital was organized by the Department of Anesthesiology to integrate the care of injured or critically ill patients outside the operating room and to expand the training experience for house staff and fellows.

The TRACC Service provides immediate and continuous patient care in the Emergency Ward (EW), Trauma Treatment Area, Postanesthesia Care Unit, and Intensive Care Units (ICU). Residents encounter a diverse population of surgical, neurological, and trauma patients whose care requires fast-paced, coordinated teamwork among anesthesiologists and other specialists.

The TRACC resident is part of a multidisciplinary trauma and critical care team directed by anesthesia critical care attendings. The TRACC program at Bellevue Hospital was organized by the Department of Anesthesiology to integrate the care of injured or critically ill patients outside the operating room and to expand the training experience for house staff and fellows.

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The TRACC team is directly and primarily involved in administering bedside care to all critically ill patients in the Surgical ICU and the recovery room and is available at all times for patient consultation in the Neurosurgical, Pediatric and Medical ICUs, and the Adult and Pediatric EW. The TRACC resident actively participates in all aspects of ICU patient care and management (e.g., ventilation, circulation, electrolytes, fluid balance, nutrition, and infectious problems) and is responsible for writing orders and progress notes. In addition to primary patient responsibility, the TRACC team offers the following services:

1) Emergency airway management such as fiberoptic intubation and difficult tracheal intubation.
2) Ventilator management, especially for patients with special needs, e.g., double lumen endobronchial tube, ARDS, asthma, or bronchopleural fistula.
3) Pain management in the ICU, including insertion of epidural and brachial plexus catheters.
4) Diagnostic and therapeutic fiberoptic bronchoscopy.
5) Insertion of arterial, central venous, and other vascular access lines.
6) Use of ultrasonography for diagnosis, vascular access, and cardiovascular assessment.
7) Daily lectures for house staff.
8) Nutritional support.

Advanced Clinical Training in Critical Care Medicine
During the CA3 year, residents may elect to spend one to six months at Tisch University Hospital on the ICU consultation service. Full-time critical care anesthesiologists provide medical direction of the cardiovascular surgery, general surgery and neurosurgical intensive care units. The CA3 resident will assist with the management of a large number of critically ill patients with a wide variety of medical and surgical problems including septic shock and acute respiratory distress syndrome. All critically ill post cardiac surgery patients are cared for by the service. Residents are also involved in the care of patients in the coronary care unit and the medical intensive care unit where they are supervised by members of our department who are certified in internal medicine as well as critical care medicine. A multidisciplinary approach to critical care medicine is stressed with several interdepartmental teaching conferences a month.

Regional Anesthesia
During the CA2 year, residents spend eight weeks in regional anesthesia at NYU Hospital for Joint Disease and Bellevue Hospital. Residents perform a wide variety of regional techniques to block nerves of the upper and lower extremities, trunk, as well as lumbar and thoracic areas. Techniques incorporate nerve localization by landmarks, nerve stimulation, and ultrasound. Emphasis is placed on understanding relevant anatomy, use of ultrasound, local anesthetic mechanisms and toxicity, and management of postoperative analgesia.

Research Opportunities
Interested residents are encouraged to participate in ongoing research, or to pursue independent study during the Clinical Scientist Track. Well-equipped anesthesia departmental laboratories are available and there is a large supporting research staff that includes three full-time Ph.D.s. Areas of current research interest include the preparation and study of liposomes, pharmacokinetic modeling, calcium homeostasis in anesthetic action on the central nervous system, efficacy of volatile anesthetics as neuroprotectants, and the biochemical basis of Barth’s syndrome.

Clinical research projects are ongoing in the departments of neuroanesthesia, pain management and cardiac and obstetric anesthesia. At present the departmental bibliography includes over 500 refereed papers and eight textbooks.
For a more detailed description of the program, applicants are encouraged to click onto our departmental web site at http://anes.med.nyu.edu. The roster of visiting professors and departmental lectures is updated monthly and the departmental bibliography can also be accessed. Interested applicants are of course encouraged to come and pay us a personal visit.