

## CHLA PEDIATRIC ANESTHESIOLOGY GOALS AND OBJECTIVES BY ROTATION

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p><b>Patient Care:</b> To provide the resident with clinical experience in a variety of pediatric cases, and in particular, the more challenging cases, that is compassionate, appropriate, and effective.</p>	<ol style="list-style-type: none"> <li>1. Pediatric equipment</li> <li>2. Appropriate NPO orders for all ages and situations</li> <li>3. Pediatric history and physical examination</li> <li>4. Premedication regimens</li> <li>5. Mask induction techniques</li> <li>6. Peri-operative concerns and anesthetic management of common pediatric cases: T&amp;A, Myringotomy and tube placement, Strabismus repair, Scoliosis correction, Pyloric Stenosis, VP shunts, and Hernia repair</li> <li>7. Special problems in pediatric anesthesia, Congenital heart disease, the former premature infant, the child with an upper respiratory infection, Malignant hyperthermia, Trisomy 21, Syndromes associated with difficult airways and management options, the bleeding tonsil, Stridor/laryngospasm, Asthma and acute bronchospasm, Esophagus and tracheal foreign bodies, and Anterior mediastinal masses.</li> <li>8. Neonatal anesthesia/emergencies, Congenital Diaphragmatic Hernias, Tracheo-esophageal Fistula, Omphalocele and gastroschisis, Necrotizing enterocolitis, and Myelomeningocele</li> <li>9. Technical skill will be gained in the following areas:               <ol style="list-style-type: none"> <li>a) Pediatric Airway Management, routine and difficult</li> <li>b) LMA insertion: uses, indications and contraindications</li> <li>c) Advanced intravenous, intra-arterial and central venous cannulation</li> <li>d) Regional anesthesia: caudal and epidural catheters, spinal anesthesia, penile and hernia blocks.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. The resident's individual needs and desires will dictate case assignments with emphasis on a balanced case load for the rotation.</li> <li>2. The pediatric case load is derived from general surgery, urology, orthopedics, plastic surgery, ENT, ophthalmology, neurosurgery and other specialty services (Hem/Onc, GI, Rad/Onc).</li> <li>3. The clinical coordinator cases. Emphasis is placed on giving the resident a board exposure to simple and more complex pediatric surgical problems.</li> <li>4. Residents will be assigned to the O.R. each day during the normal workweek with the exception of the resident following over-night 1<sup>st</sup> call.</li> <li>5. Residents are responsible for pre-operative assessment of their "in-house" patients for the following day and must discuss their cases with the appropriate attending the day before <u>without exception</u> unless directed otherwise. As this is the subspecialty rotation it is expected that the resident finish his/her assigned cases for the day except in unusual circumstances.</li> <li>6. Vacations or meetings are not allowed during this rotation unless specifically pre-arranged at the resident's parent institution in conjunction with CHLA Department of Anesthesiology.</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly on-line faculty evaluations.</li> <li>2. Quarterly meeting with program director.</li> </ol>
<p><b>Medical Knowledge:</b> To acquire the clinical and applied science knowledge pertinent to the management of pediatric surgical patients.</p>	<ol style="list-style-type: none"> <li>1. Comparative anatomy and physiology, airway anatomy, respiratory and cardiac physiology, and renal physiology'</li> <li>2. Developmental pharmacology, inhalation anesthetics, opioids and benzodiazepines, local anesthetics, and resuscitation drugs</li> <li>3. Fluids, electrolytes, body composition, glucose metabolism</li> <li>4. Thermoregulation</li> <li>5. Physiology of the neonatal transitional circulation.</li> </ol>	<ol style="list-style-type: none"> <li>1. The preoperative discussion as well as the intra-operative management will provide the bulk of the clinical education and form the basis for further teaching and exchange of ideas.</li> <li>2. Individual supervision and instruction by the faculty.</li> <li>3. Directed independent study.</li> <li>4. Daily core pediatric lecture series, anesthesia grand rounds, morbidity/mortality conference and informal discussions during preoperative evaluation or in the operating</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly on-line faculty evaluations.</li> <li>2. Quarterly meeting with program director.</li> </ol>

		<p>room. Subjects include topics listed under Educational Objectives.</p> <p>5. The core pediatric lecture series is held Monday through Friday 6:30 –7:00 a.m. in the Anesthesia Library. Each resident’s O.R. should be entirely set up prior to lecture and following the lecture, the first A.M. patient must be seen by the resident prior to the 7:30 a.m. O.R. start time. The exception is Thursdays where either Anesthesia grand rounds or morbidity/mortality conference will be held immediately after the 6:30 a.m. lecture (7:00 – 8:00 a.m.). O.R. cases do not begin until 8:30 a.m. on Thursdays.</p> <p>6. Attendance is mandatory for all lectures and conferences.</p>	
<p><b>Practice Based Learning:</b> To be able to investigate and evaluate their own patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.</p>	<ol style="list-style-type: none"> <li>Learn to critically evaluate the pediatric anesthesiology literature and apply scientific evidence to decision making.</li> <li>Demonstrate the ability to utilize information technology, and primary texts to expand their knowledge base.</li> <li>Understand how to assess the impact of one's actions on outcomes.</li> <li>Seek and respond to constructive criticism to improve performance in the six core competencies</li> </ol>	<ol style="list-style-type: none"> <li>Obtain feedback from the faculty.</li> <li>Review and discuss pediatric anesthesiology guidelines and supporting literature with the faculty.</li> <li>Faculty lectures on statistics and critical literature evaluation.</li> </ol>	<ol style="list-style-type: none"> <li>Daily faculty-resident interaction.</li> <li>Self evaluations.</li> <li>Monthly on-line faculty evaluations.</li> </ol>
<p><b>Interpersonal and Communication Skills:</b> To be able to demonstrate communication skills that result in effective information exchange and appropriate interaction with colleagues, surgeons, patients, and ancillary personnel.</p>	<ol style="list-style-type: none"> <li>Understand the importance of effective communication between the pediatric anesthesiologist and the pediatric surgeon, OR nurses, and ICU nurses.</li> <li>Learn techniques to decrease patient and patient family anxiety.</li> <li>Learn effective communication techniques during period of severe stress, anxiety and complex patient care.</li> </ol>	<ol style="list-style-type: none"> <li>Modeling by supervising faculty.</li> <li>Interact with patients and their families.</li> <li>Discuss assessments, plans and recommendations with various members of the health care team.</li> </ol>	<ol style="list-style-type: none"> <li>Daily faculty-resident interaction.</li> <li>Monthly on-line faculty evaluations.</li> <li>Feedback from nurses and physicians on other services.</li> </ol>
<p><b>Professionalism:</b> Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p>	<ol style="list-style-type: none"> <li>To understand the legal and ethical issues involved in obtain consents for pediatric patients.</li> <li>Demonstrate caring and respectful behaviors when interacting with patients and their families.</li> <li>Maintain sensitivity towards and learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.</li> <li>Learn how to create and maintain an atmosphere of collegiality and mutual respect with all providers involved in the care of patients.</li> <li>Learn how to discuss and record cases with complications and/or poor outcomes.</li> <li>Adhere to institutional and departmental standards and policies.</li> <li>Demonstrate respect, compassion, integrity and ethical behavior.</li> <li>Demonstrate ability to appropriately take on, share and delegate patient care responsibilities.</li> <li>Deomonstrate the ability to effectively balance one’s own personal affairs with clinical and educational duties as outlined in this document.</li> <li>Demonstrate a commitment to ongoing professional development.</li> </ol>	<ol style="list-style-type: none"> <li>Modeling by supervising faculty.</li> <li>Attend conferences where many of these issues are discussed.</li> </ol>	<ol style="list-style-type: none"> <li>Daily faculty-resident interaction.</li> <li>Monthly on-line faculty evaluations.</li> </ol>

<p><b>Systems Based Medicine:</b> To be familiar with 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.</p>	<ol style="list-style-type: none"> <li>1. Learn the cost of the drugs, monitoring equipment and overall procedures involved in pediatric surgery.</li> <li>2. Practice cost-effective health care without compromising quality of care.</li> <li>3. Understand the complex systems that form the foundation for pediatric surgical patients.</li> <li>4. Learn how to effect improved operating room efficiency safely.</li> <li>5. Appreciate the complex interactions that go on between pediatricians, pediatric surgeons and anesthesiologist in the overall hospital management of these complex patients.</li> <li>6. Be able to assist patient's families in dealing with system complexities.</li> <li>7. Learn how to consult or work as a team member with health care managers or providers to assess, coordinate, and improve health care.</li> <li>8. Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.</li> <li>9. Understand how choices in patient care and other professional practices affect other healthcare professionals, the healthcare organization and the larger society and how these elements of the system affect the practice of pediatric anesthesia.</li> </ol>	<ol style="list-style-type: none"> <li>1. During their experiences in the, the pediatric wards and surgical ICUs, the trainees will interact with the pediatric, intensive care, surgical and nursing services in a unique environment distinct from their usual operating room practice which will require sensitivity to structured and multidisciplinary, simultaneous patient care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Daily faculty-resident interaction.</li> <li>2. Monthly on-line faculty evaluations.</li> </ol>
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