Interpersonal and Communication Skills Goals  
Pediatric Anesthesiology

1. Demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their patient’s families, and health professionals

2. Maintain comprehensive, timely, and clear medical documentation

3. Manage communication with patients and families of different socioeconomic and cultural background

4. Identify and manage pediatric patient and family conflicts and seek assistance when appropriate

5. Communicate effectively in crises and contentious situations within the peri-operative team to ensure safe care

6. Work effectively with other members of the health care team as a consultant in the care of the pediatric medical and/or surgical patient

7. Facilitate team-based conferences or meetings related to pediatric patient care and pediatric anesthesiology education (grand rounds, journal clubs)

8. Advocate for and utilize hand-off tools when available

*Created by the Pediatric Anesthesiology Program Director’s Association (PAPDA), Approved November 7th, 2014*
Medical Knowledge Goals
Pediatric Anesthesiology

1. Synthesize current knowledge of cardiovascular, respiratory, renal, hepatic, and central nervous system physiology, pathophysiology, and therapy; metabolic and endocrine effects of surgery and critical illness; infectious disease pathophysiology and therapy; coagulation abnormalities and therapy; normal and abnormal physical and psychological development; congenital anomalies and developmental delay

2. Synthesize current knowledge of medical and surgical problems common in children; use and toxicity of local and general anesthetic agents; airway problems common in children; pain management in pediatric patients of all ages; ethical and legal aspects of care; transport of critically-ill patients; trauma, including burn management; organ transplantation in children; and post-anesthetic care and critical care management

3. Compare and contrast differences in anatomy, physiology, and pharmacology of the fetus, premature neonate, full term neonate, and infant.

4. Discuss the concerns and issues related to anesthetic agents and the developing brain

5. Describe pertinent differences in the pharmacology of commonly utilized anesthetic agents and medications as they relate to pediatric patients.

6. Describe Pediatric Advanced Life Support concepts and algorithms

7. Define the monitoring principles and modalities commonly used in both simple and complex pediatric patients undergoing anesthesia and/or sedation.

*Created by the Pediatric Anesthesiology Program Director’s Association (PAPDA), Approved November 7th 2014
Practice Based Learning and Improvement Goals
Pediatric Anesthesiology

1. Compare personal performance and patient outcomes to accepted standards and comparative data, and use data to improve practice

2. Incorporate evidence-based practices into management of pediatric patients

3. Identify strengths, deficiencies, and limits in one’s knowledge and expertise; then make and fulfill a plan to meet any gap

4. Incorporate evaluative feedback from multiple sources into daily practice and lifelong learning

5. Teach pediatric anesthesia concepts to students, other trainees, other health professionals, patients and families.

6. Participate in pediatric anesthesiology scholarly activity including research projects and disseminate educational research through presentations or publications

*Created by the Pediatric Anesthesiology Program Director’s Association (PAPDA), Approved November 7th 2014*
1. Act responsibly and ethically in interactions with patients, families, and society.

2. Be truthful in all forms of communication

3. Respect a patient’s right to confidentiality, privacy, and autonomy, and treat patients and their families with compassion and respect regardless of gender, race, religion, sexual orientation or variations in levels of access to health care

4. Take responsibility for the care they provide and seek help appropriately taking into consideration one's own experience and knowledge

5. Seek, accept and provide constructive feedback

6. Comply with requirements to assist with preservation of own health, mitigation of fatigue or prevention of physician impairment (e.g., work hours rules, occupational health policies, controlled substance policies)

7. Complete all required administrative and documentation tasks in a timely manner

8. Demonstrate the ability to balance personal, institutional, and societal goals with professional responsibilities and models this behavior for one’s colleagues

*Created by the Pediatric Anesthesiology Program Director’s Association (PAPDA), Approved November 7th 2014
1. Identify pediatric disease processes and medical or surgical issues relevant to pediatric anesthetic care

2. Optimize preparation of patients with complex pediatric problems including obtaining relevant history, physical examination of the patient, reviewing and interpreting laboratory and radiographic data, discussing care with surgical and medical consulting physicians, and establishing ASA Physical Status score

3. Obtain informed consent from caregivers and appropriately aged adolescents

4. Formulate anesthetic plans for pediatric patients undergoing common pediatric diagnostic and/or therapeutic procedures, including use of premedication, rational and safe intraoperative management, and handoff of care to the postoperative care team.

5. Conduct common pediatric anesthetics independently, and more complex procedures and patients with conditional independence

6. Manage complex peri-procedural pain for all pediatric patients independently including neuraxial blocks and catheters (spinal, caudal and epidural), and peripheral nerve blocks (with ultrasound guidance)

7. Diagnose and manage complications associated with pediatric general and regional anesthesia

8. Identify and manage pediatric clinical crises independently; demonstrate responsibility for leadership of pediatric crisis response team

9. Supervise other members of the pediatric health care team

10. Diagnose and treat complications associated with pediatric airway management (e.g., unanticipated difficult airway, hypoxemia during one-lung ventilation, airway hemorrhage)

11. Obtain vascular (arterial and venous) access with and without
ultrasound in basic and complex pediatric situations

*Created by the Pediatric Anesthesiology Program Director’s Association (PAPDA), Approved November 7th 2014*
1. Describe the roles of all members of the perioperative teams in which they work.

2. Discuss the activities for the anesthesiologist in the pediatric perioperative home.

3. Transition care to others within the interdisciplinary team

4. Identify the advocacy roles for pediatric anesthesiologists.

5. Provide cost-effective and safe care in interdisciplinary teams

6. Consider costs of medications, devices, and procedures when making clinical decisions to optimize cost-effective pediatric perioperative care

7. Conduct a formal analysis of a medical error or a sentinel event (e.g., root cause analysis, failure mode effects analysis).

8. Work in interprofessional teams to promote and enhance patient safety.

*Created by the Pediatric Anesthesiology Program Director’s Association (PAPDA), Approved November 7th 2014*