

IAPA PEDIATRIC ANESTHESIOLOGY FELLOWSHIP

INSTITUTION ELIGIBILITY CRITERIA

The Institution should have the following facilities for maximum 2 fellowship candidates:

1. Emergency services and emergency anesthesia cases
2. There should be a paediatrician and anesthesiologist available 24 hours
3. The hospital should have paediatric and neonatology departments with adequately equipped and functioning PICU and NICU
4. There should be at least two operation theatres.
5. **Anesthesiology faculty:**
 - a. at least one senior consultant with minimum of Post MD/DNB 8 years' experience in managing complex paediatric cases, preferably with a subspecialty certification in paediatric anaesthesiology.
 - b. Additional mid-level faculty with a minimum of Post MD/DNB 5 years' experience in managing complex paediatric cases.
 - c. A minimum of 3 faculty should be involved in the fellowship programme. One faculty being designated as Course Co-ordinator.
 - d. One candidate per year is permitted for one Senior consultant. A maximum of 2 candidates can be admitted if the department has more than one senior consultant specialised in the field.
6. **The case load:** The number of paediatric surgical procedures should be a minimum of 75 surgeries per month.
7. **Surgical cases** should include general paediatric surgical procedures on neonates, infants and older children and in addition sub-specialties like ENT, Dental, Orthopaedics, Urology, Plastic surgery with preferable exposure to paediatric Neuro and Cardiac surgery.
8. **Equipment:** There should be essential equipment and monitoring facilities available for providing the process of safe anesthesia.
 - a. **Essential equipment**
 - i. Individual patient monitoring of NIBP, ECG, SpO₂, EtCO₂, Temperature, availability of invasive monitoring

- ii. Appropriate sizes of paediatric anesthesia equipment and machines with ventilators which can supply low tidal volumes and pressures
- iii. Transport monitors and incubator
- iv. Defibrillator (one for the Operating Room Complex)
- v. Warming devices: thermostatically controlled patient warming devices, Operating room temperature adjustment, radiant warmers, fluid warmers
- vi. Difficult airway equipment: LMA, other supraglottic airway devices, nasopharyngeal and oral airways, Paediatric tube exchanger or bougie, at least two types of paediatric laryngoscope blades *e.g.*, McIntosh and Miller

b. Desirable equipment

- i. Portable ultrasound
- ii. Nerve stimulators: Stimuplex (for nerve blocks), PNS (for twitch and TOF monitoring of reversal of muscle relaxant)
- iii. Video assisted laryngoscope and paediatric fiberoptic bronchoscope (2.7 or 2.8 mm)

9. If the institute has other paediatric anaesthesia fellowship programmes (FNB/State fellowship programmes, IAPA fellowship is exclusive to the total case load and staff structure. i.e. case load and staff should be proportionally high.

10. **Library Facilities: ***

- a. Pediatric Anesthesia Textbooks – latest editions, *e.g.*,
 - i. Gregory’s Pediatric Anesthesia. Editors by George. E Gregory, Dean. B Andropoulos. 6th Ed 2020, Blackwell Publishing Ltd.
 - ii. Smith’s Anesthesia for Infants and Children. Editors by Peter J Davis, Franklyn P Cladis, 10th Edition, 2021, Elsevier Mosby
 - iii. A Practice of Anesthesia for infants and Children. Editors Charles J Cote, Jerrold Lerman, I David Todres. 6th Ed 2018
 - iv. Pediatric Cardiac Anesthesia editor Carol Lake
 - v. Anesthesia for Genetic, Metabolic and Dysmorphic Syndromes of Childhood. Editors Victor C Baum, Jennifer E O’Flaherty
 - vi. Pediatric Anaesthesia: Problems in Anesthesia. Editors Peter A Stoddart, Gillian R Lauder

- vii. Anesthetic Management of Difficult and Routine Pediatric Patients.
Fredric A Berry
- viii. Manual of Pediatric Anesthesia: with an index of Pediatric syndromes.
Editors David J Steward, Charles J Cote, Jerrold Lerman
- ix. Regional Anaesthesia in Infants, Children and adolescents. Bernard
Dalens
- x. Science and Practice of Pediatric Critical Care Medicine. Editors by
Derek S Wheeler, Hector R Wong, Thomas P Shanley. 2nd Edition,
2009, Springer and Verlag London Ltd
- xi. Pediatric Critical Care. Editors by Bradley P Fuhrman, Jerry J
Zimmerman. 6th edition, 2022 by Elsevier Saunders
- xii. Essentials of Regional Anaesthesia. Editors Alan David Kaye, Richard
D Urman, Nalini Vadivelu, 2012, Springer

b. Journal

- i. Indian Journal of Anesthesia
- ii. British Journal of Anaesthesia
- iii. Pediatric Anesthesia
- iv. Anesthesia Analgesia
- v. Anesthesiology
- vi. Acta Anaesthesiologica Scandinavia

11. **Stipend:** The institution should pay a stipend on par with the minimum stipend paid to a DNB candidate in that city for the fellowship candidate. Individual hospitals can have the discretion to pay above this minimum stipend.

12. **Evaluation and Qualifying Examination** The institution should conduct an internal examination at 6 months which should consist of theory (5 questions in 90 minutes). The exam should be conducted in the month of May/June and November/December respectively. The results should be uploaded along with the corrected answer sheets on the institutional login on IAPA website or sent to IAPA official mail. 15% (Fifteen percent) marks are allotted for this exam in the final theory exam of the IAPA fellowship. At the end of the period of one year the certifying exam will be conducted by the IAPA

on the day prior to the annual/midterm IAPA meeting. The examination will consist of MCQs, OSCE and viva. The details of this will be notified in due course of time.

13. Accreditation fees for each institute is Rs 50000 (Fifty Thousand)
14. Reaccreditation of the institutes will be done once in 3 years after inspection and institute will pay a fee of 30000(Thirty Thousand) for the same.
15. The institution has to submit the details of the candidate selected for the fellowship in the prescribed form (Fellowship entry Form) given on the website along with the candidate fee by 31st January for the February admission and 30th June for the July admission. If not, he will lose the fellowship candidate for that session and will not be accepted.
16. Exam fees to be paid by the candidate – Rs 10000 (Ten thousand). This should be done by 30th June and 31st December for the examination in July/August and February respectively. A late fee of 3000 is charged for next 15 days. After that time, the candidate is not allowed to appear for the examination for that session.
17. Also, he has to submit his details as per the form given in the website for the fellowship examination.
18. All institutes having candidates who take the exam should communicate to the IAPA with list of candidates taking the exam and time when they will take the exam
19. Last date for admission of fellows will be 1st of February and 1st of August every year

20. For IAPA fellowship Candidates

1. Fellows can appear for the exam if they complete at least 11 months by 31st January for February exam and 31st July for August exam. The remaining one month may be completed after the exam and the institution should communicate the completion of one year by the candidate to IAPA. After this communication, the results are declared for that candidate.
2. Log book should be uploaded every 3 months on to the institutional login or sent to the IAPA mail only in Excel form.
3. Before the final exam, Log book and prescribed case template should be submitted along with the fellowship exit exam form and exam fee receipt by Dec 31st for February exam and June 30th for August exam.
4. A minimum of 240 cases (other than NORA) should be done without which the candidate will not be allowed for the exam. It should also include at least 15 major neonatal cases and 12 cases in the detailed case template.
5. The fellow should have a rotation in NORA areas, PICU and NICU.

6. The fellow should participate in seminars, case reports and journal club and maintain a log of his/her presentations.
7. PALS certification is desirable.
8. Participation in the national academics (online teaching program conducted twice in a month by IAPA National) is mandatory and 80% attendance should be present. 5% marks allotted in theory for this
9. Candidates should attend at least 2 IAPA programmes (IAPA conference/Midterm CME/workshops and CMEs conducted under IAPA banner by states.
10. Paper presentation is allotted marks in Final practical exam
11. Thesis/Audit/Survey should be done by the candidate in the one year of their fellowship tenure. Marks are allotted for the same in Final practical exam
12. A maximum of 15 days may be allowed for the candidate to go to a higher centre for training/as an observer in one year of their tenure.
13. The fellows should not do any other fellowship/diploma simultaneously while enrolled in IAPA fellowship.
14. The fellows should work exclusively in pediatric anaesthesia and not do adult cases during the period of IAPA fellowship.