

and intensive care								
		Applicati	ion for Hosting E	ACTAIC Pediatric Cardiac	Anesthesia	a (PCA) Fellowship Program		
1. Fellowship Information				EACTAIC Pedi	iatric Car	diac Anesthesia (PCA) Fe	llowship Pro	gram
2. Institution Name	Institute of Anesthes	iology and Pain Th	nerapy, Heart and I	Diabetescenter Bad Oeynha	usen, NRW	, Ruhr-University Bochum, Ge	rmany	
Address	Georgstrasse 11							
Country	Germany		Rad Ocumbausan					
Will your center stand alone to host the Po	1	n	Bad Oeynhausen					
If, not please explain	CAT CHOWSHIP T TOGICA		Yes					
ii, not please explain								
3. Program Director(s)	First name	Andreas/Vera		Last name	Koster/vo	on Dossow		
	Affiliation		nivProf. Dr med.					
	Board Certification(s EACTAIC membership	,	Anestnesiology, C	If yes, membership's number			er)/102203 (vo	Inssaw)
	Email	akoster@hdz-n		ii yes, membership s number		495731971128	a,, 102203 (ve	10330 H)
		vvondossow@h			Phone			
	Mailing Address				Fax			
		Street	Georgstrasse 11					
		Country	Germany	Region				
			32545					
The program director and a minimum of two face	ulty members deci	are in writing 1	that they will d	edicate sufficient time	(i.e. mini	imum 10% of working tir	me) to attend	to his or her responsibilities.
A documentary evaluation process will be under	taken at least once	l e every 4 monti	hs.					
,	Yes]						
	d by the Departme	ent of Anesthes	ia and Intensiv	e Care at the host cent	re in junc	tion with European Asso	ciation of Ca	rdiothoracic Anaesthesiology and Intensive Care (EACTAIC)
Candidate's requirements								
	Yes	l						
4. Candidate's requirements								
The candidates must be board certified or board eligible a	ccording to European Yes	residency progran	n standards					
Language requirements	C1	Comments	German authoriti	es request a German langua	ige test			
Specific requirements towards the attending fellow			Candidates must	have finished German Boar	d Certificati	ion (Approbation) and must h	ave finshed the	ir residency. In addition one year adult cardiothoracic anesthesia and one
				sthesia is obligatory prior e				
5. General Program Information								
Aims, goals and objectives of the PCA Fellowship Program								
The aims, goals and objectives of the PCA fellowship progra	ım are following the re	cent published EA	CTA-curriculum of	f pediatric cardiac anesthesi	ia.			
The trainees will have the opportunity to learn pediatric cars	diac anesthesia in a su	rgical and interver	ntional setting und	der direct supervision of one	e of our ins	tructor. Our anesthesia instru	ctors have at lea	st 4-6 years experience in cardiac pediatric anesthesia. In addition, ultra-
fast track concepts are included with early extubation in the							ctors mave at ici	St 4 6 years experience in curatic pediatric arestricsia. In addition, ditta
In addition, a four week rotation to PICU is planned.								
Preferred Duration	* Of note, the training p	eriod should not be in	terrupted by frequent a	and/or prolonged periods of secon	ndment to other	er divisions / departments.		
Preferred Program Training	01/03/2022	February	1	End		February	28	
Number of Positions Per Year	2	Type of fellowsh	nip training available			Clinical / Clinical Research		
The fellow will have the opportunity to provide direct patier	nt care during his/her				ve of the ho	sting institute. "i.e. hands-on	practice".	
	Yes							
The mentor must provide the Fellow with one-on-one clinic		the first six-month	hs of the training a	and based on the condition	al independ	lence on a case-by-case assess	sment by the m	entor
	Yes	<u> </u>						
Fellows may manage simple cases with supervision from els	Yes Yes	i, but complex cas	es must nave dire	ct supervision.				
According to educational attainment, would the mentor's s		w become more i	indirect provided t	that the mentor should nev	ertheless be	physically present in the hos	pital and promp	otly available within a short duration
	Yes	1	·					
Will the PCA fellowship training be not interrupted by prolo		nce because of illn	ess or personal ci	rcumstances				
About form to be for a fair to	Yes	<u> </u>	-646-4					
Absence from training for sick leave or personal circumstan	ces requires a proport	nonate extension	or the training per	100.				
Program Director and Faculty Members Research Interest and/o		J						
* Please, list at least three names and include the list of publica		mbers with the app	lication form.					
Name	EACTAIC member	Certification in	Additional	Email address				Contact address
		Cardiothoracic and Vascular	Qualifications					
		Anesthesia						
Vera von Dossow	Yes	no		vvondossow@hdz-nrw.de	see above			
Andreas Koster	Yes	no		akoster@hdz-nrw.de ngeorge@hdz-nrw.de	see above			
Ninos George Zisis Galatoudis	Yes Yes	no no		zgalatoudis@hdz-nrw.de	see above			
6. Resources	Check if each of the fol		at the host centre.					
Resources				Yes / No		Days per week	Number	
Total pediatric ward beds for congenital heart disease (CHD) patie	ents			Yes		7	25	
Number of PICU beds dedicated to CHD patients				Yes		7	15	
Is there an emergency department in which CHD patients are man Are adult patients with CHD managed in the host center?	laged 24 hours a day?			Yes Yes		7	PICU > 200/year	
Total number of adult patients with CHD undergoing surgery				Yes		7	40	
Total number of adult patients with CHD undergoing interventional	cardiology			Yes		7	>50	
Is there monitoring and advanced life support equipment represent				Yes		7		
Outpatient Clinic for perioperative evaluation of patients undergoin				Yes		5		
24-hours acute pain service available for paediatric patients under Meeting Rooms	rgoing different procedure	98		No Vas		Days/week 7	no 10	
Meeting Rooms Classrooms with visual and other educational aids				Yes Yes		7	4	
Study areas for fellows				Yes		7	2	
								•

7. The skills and Responsibilities

Will your Program offer a 12 months fellowship education in fundamental clinical skills of medicine relevant to the practice of CHD?

Yes

If yes, for each rotation or experience below, specify the duration (in months, four weeks = one month) during the 12 months of education in fundamental clinical skills.

Caring for inpatients in	Number of performed produces/year			
	Center (1)	Center (2)		
Total number of paediatric patients (16 years or younger) with CHD undergoing surgery using CPB per year	Total: 302 (88 (5-16 years)	na		
Total number of paediatric patients (16 years or younger) with CHD undergoing surgery without using the CPB per year	4	na		
Total number of paediatric patients (4 years or younger) with CHD undergoing surgery using CPB per year	157 less than one year old and 57 from one year to four years old are in total 214 below four years	na		
Total number of paediatric patients (4 years or younger) with CHD undergoing surgery without using the CPB per year	7	na		
Total number of paediatric patients (one year or younger) with CHD undergoing surgery using CPB per year	157	na		
Total number of paediatric patients (one year or younger) with CHD undergoing surgery without using the CPB per year	23	na		
Total number of adult patients with CHD undergoing surgery using CPB per year	38	na		
Total number of adult patients with CHD undergoing surgery without using the CPB per year	2	na		
Total number of paediatric patients (16 years or younger) with CHD undergoing interventional cardiology per year	>20	na		
Total number of adult patients with CHD undergoing interventional cardiology per year	>20	na		

Cardiac surgery without CPB Interventional Cardiac Catheterization PICU Electrophysiology Lab (e.g. mapping, ablation, pacemakers, ICI						na				
PICU				300		na				
Electrophysiology Lab (e.g. mapping, ablation, pacemakers, ICE				One month rotation na						
ctrophysiology Lab (e.g. mapping, ablation, pacemakers, ICDs)				34		na				
ut, Lung, and Heart/Lung Transplants						na				
ECLS, VAD Procedures				9		na				
Echocardiography Lab						na				
Tracheo-Bronchial Surgery				no		na				
Basic or Advanced Research					na					
Rotaions in				Nu	imber of cases					
Pediatric cardiac anesthesia										
Surgical cases with CPB					0					
VSD or ASD					57					
Atrioventricular spetal defect					26					
Tetralogy of Fallot				24						
Left-sided valve lesion				33						
Bidrectional Glenn				26						
Fontam procedure				22						
Rastelli and Damus-Kaye-Stansel procedures, intracardiac tumor				34						
Other Surgical cases without CPB				80 34						
Modified Blalock-Taussig shunts	2									
Coarctation repair					6 2					
Pulmonary artery banding					9					
PDA closure Trestment of vascular rings					3					
					12					
Other Paediatric interventional cardiac catheterization					300					
					490					
Diagnostic	ton stones's areas				60					
Neonatal aortic or pulmonary vessel or valve treatem (e.g. Pulmonary at	usy stenosis, coarctation)				108					
ASD, VSD, or PDA device closure Other therapeutic					132					
Other therapeutic Care of adult patients with CHD					80					
Care of adult patients with CHD Trans-esophageal and trans-thoracic echocardiography					>200					
					yes					
Medical or surgical Critical Care Rotation Paediatric EPS					yes >20					
Extracorporeal perfusion or ECLS technology (CPB, ECMO)					344					
Pediatric thoracic anesthesia					0					
Basic Research					no					
Clinical Research					yes					
All fellows entering the PCA Program will complete each	h of the fundamental i	medical knowle	dge of requirement	ts included in the EACTAIC PCA Curri	culum		Yes			
All fellows entering the PCA Program will complete ear	h of the fundamental	clinical / technic	cal skills of requirer	ments included in the EACTAIC PCA C	Curriculum		Yes			
Clinical Responsibility	Preparative evaluati	ion premedication	on visit risk stratific	cation, acitive participation in interdis	cinlinary conferer	ce prior cardiac interve	ntions and cardiar	surgery anesthesi	ia managmenet	ultar-sound guided line
Clinical Responsibility				nd early extubation in the OR.	respiniary connecter	ree prior caralae interve	itions and cardio	Jungery, unescries	ia managmenet,	artar Journa Baraca IIIIc
	In addition the fellow	w will be involved	d in clinical duties of	f adult cardiac an esthesia as well as p	ediatric cardiac ar	netshesia.				
	In addition, the fellow	w is activaly invo	vulad in NM&M Con	ferences, case presentations and lect	tures In addition 7	TEE Lactures under suns	ndeion			
	in addition, the relio	w is actively lilvo	ovied iii ivividivi coii	referices, case presentations and lect	ures. III addition	ice cectures under supe	VISIOII			
			kille of requirement	ts included in thr EACTAIC PCA Curric	culum		Yes			
All fellows entering the PCA Program will complete eac	All fellows entering the PCA Program will complete each of the fundamental non- technical skills of requirement									
				1 .1 1111 (00.00						
All fellows entering the PCA Program will complete each Non-technical skills				emmunication skills (SBAR concept, p	atient-doctor con	nmunication) and simul	ation of crisis res	ource managing (CRM) in the OR.	
				nmunication skills (SBAR concept, p	atient-doctor con	nmunication) and simul	ation of crisis res	source managing (0	CRM) in the OR.	
Non-technical skills	Improvement of non	n-technical skills	will be trained by co			nmunication) and simul	ation of crisis res	source managing (CRM) in the OR.	
Non-technical skills List any other rotations (along with their duration, in mc	Improvement of non	n-technical skills	will be trained by co	(e.g. General adult cardiac anesthesia		nmunication) and simul	ation of crisis res	source managing (CRM) in the OR.	
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he institute of anesthesiology has two TEE simulators to improve practice-learning. In addition, collaboration with University Bonn PCA fellowship programm would be a helpful option for simulation training and skills lab. This is also important for exchange of the fellows

2. Briefly describe one planned quality improvement activity or project that will allow the fellows to demonstrate an ability to analyse, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will guide this process.

i.e. 3- month observational study to document standrad operating procedure of the ultra-fast-track concept with extubation in the OR, including postanesthesia visit summarize and analyse this concept to present it in a clinical conference

3. Briefly describe how fellows will participate in the education of patients, families, students, fellows, and other health professionals.

ospitation for one week with the social workers of the HDZ and with the (pediatric contact nurse) to understand education of patients, social, ethnic and religios backgrounds. The contact nurse is a patient and familiy empowerment program of the HDZ

12. Interpersonal and Communication Skills

elly describe one learning activity in which fellows demonstrate competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related

Anesthesia assessment ambulance: During the preanesthetic visit the fellow learns to communicate effectively with patients and families.

2. Briefly describe one learning activity in which fellows demonstrate their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the and how team members communicate to accomplish responsibilities

The heart and diabetescenter bad Oeynhausen works with PDMS system. Therefore, all relevant clinical data about the patient as well as important standard operating procedures and literature are available to use e-learning

3. Briefly describe how fellows will be provided with opportunities to act in a consultative role to other physicians and health professionals related to clinical information systems

The fellow is a full integrated member of a multidisciplinary team. The fellow participate in daily clinical conferences, discussing preanesthesia visit information and strategy planning. 4. Briefly describe how fellows will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable

he fellow has full access to all meidcal records. Therefore, he will improve his theoretical-learning

5. Briefly describe how fellows will maintain a comprehensive anesthesia record for each patient, including evidence of pre- and post-operative anesthesia assessment, an ongoing reflection of the drugs administered, the monitoring employed, the techniques used, the physiologic variations observed, the therapy provided as required, and the fluids administered.

purpassing transfer of the property provided as a polyment (COPRA) with all informations, in defaultion, the fellow makes a electronical logbook for all cases with necessary data (anesthesia techniques, reflection of drugs administered, monitoring etc.).

relationship with patients, engage in active listening, provide information using appropriate language, ask clear questions, provide an opportunity for comments and questions, and demonstrate sensitivities. and responsiveness to cultural differences, including awareness of their own and their patients' cultural perspectives

The fellow is totally intergrated in the multidisciplinary team. The fellow is supervised by an experienced instructor every day of our institute of anesthesiology.

13. Professionalism

riefly describe the learning activity(jes), other than lecture, by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient exects that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sensitivity and responsiveness to a diverse patient population, including to diversity and responsiveness to a diverse patient population.

Prior entering the program the fellow has to proceed an interview with the instructors of the PCA program. It is important to notice, that self-motivation, team spirit, integrity and passion for anesthesia in high risk patinets together with high motivation for self-study of the theoretical part of this program is mandatory for entrance in the program.

Describe the learning activity(ies) through which fellows achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in inter-professional teams to enhance patient safety and care quality

Fellow has to prepare a journal club on different aspects of patient safety and critical incidence reporting (CIRS) in pediatric anesthesia (Quality management)

2. Describe an activity that fulfils the requirement for experiential learning in identifying system errors and implementing potential systems solutions.

15. EACTAIC Site Visit (for 1-day)

00/00/2022 or 00/00/2022 15/03/2022 or Dates proposed for the visit (at least 3) I hereby accept the regulations of the Ho , Hospital Visiting especially to take in (

To be completed by the Head of department or the author Please fill in all required fields and send to eactaic@aimgroup.eu





Herz- und Diabeteszentrum NRW - Georgstr. 11 - 32545 Bad Oeynhausen www.hdz-nrw.de

Mohamed R. El Tahan, MD
Professor of Cardiothoracic Anaesthesia
& Surgical Intensive Care
Mansoura University, Mansoura, Egypt
European Association of Cardio-Thoracic Anaesthesiology
(EACTA) Education Chair

Institut für Anästhesiologie

Direktorin:

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32545 Bad Oeynhausen

Telefon: +49(0)5731 / 97-1128 Telefax: +49(0)5731 / 97-2196 E-Mail: anaesthesiologie@hdz-nrw.de

Internet: www.hdz-nrw.de

Datum:

07.02.2022

Sekretariat: Durchwahl: Telefax: apoewe 97-1128 97-2196

Application for accreditation EACTAIC Pediatric Cardiac Anesthesia Fellowship Program

Dear Prof. El Tahan,

we hereby kindly apply for hosting EACTAIC Pediatric Cardiac Anesthesia Fellowship Program at our Institute of Anesthesiology and Pain Therapy at Heart and Diabetescenter Bad Oeynhausen NRW, Ruhr University Bochum.

We therefore kindly apply for one *available position for the Pediatric Cardiac anesthesia per year*. As program directors we hereby state, that our faculty has enough capacity to cover the teaching and educational instructor skills for the applied fellowship position.

As authorized person of the host center I hereby confirm that we have at least 10 % of our worktime (in my case > 80 hours/week, Andreas 50 hours /week) time for the fellow as requested. In addition, the fellows are supervised 1:1 not only in the OR, but in preoperative evaluation discussion /conferences etc., mostly by Andreas Koster. This means that the fellow is more than 10 % of the required weekly work-shift trained by the program directors.

We are very grateful for your support and we look forward to hearing from you. If you have further questions, please do not hesitate to contact us.

Yours sincerely

Univ.-Prof. Dr. med. Vera von Dossow Director of the Institute of Anesthesiology Prof. Dr. med. Andreas Koster Senior consultant/Leader pediatric cardiac anesthesia



European Association of Cardiothoracic Anaesthesiology and Intensive Care

Che	cklist fo	or Hos	ting EACT	AIC Paediatric Cardiothoraci	c Anaesthe	sia Fellow	ship Pr	rogramme	
Institution	Name		tute of Ane	sthesiology and Pain Therapy, F hum	Ieart and Dia	abetescenter	Bad O	eynhausen,	Ruhr-
Address	Georg	strasse	11, 32545	Bad Oeynhausen, Germany					
Preferred I	Duratio	n	⊠ 12 m	onths					
Гуре of fell	owship	train	ing avail	able:					
	Clinical	only							
	Clinical	/ Basic	Research						
\boxtimes	Clinical	/ Clini	cal Researc	·h					
	Basic Re	esearch	only						
	Clinical	Resear	ch only						
Financial S	tateme	nt							
** The fi	nancial s	source	es policy sh	ould be declared by the host of	centre.				
	should l			sus between the host centre ar	nd the traine	ee about th	e financ	cial statem	ent befo
An er	nployme	ent cor	ntract will	be signed with the candidate		⊠ Yes	□N	Го	
Accor	nmodat	ion op	tions are p	provided		☐ Yes	⊠ N	lo	
Trans	portation	/travel	options are	provided	1	□ Yes	⊠N	То	
Month	nly Salary	7 :	Amount	Approx 5200	Currency	Euro			
				The centre does not fund this	opportunity		□ Y€	es 🛭 N	0
Source	ce of fina	ancial	support fo	r the candidate:					
	⊠ Host	centre	e (monthly	salary)					
	□ Cano	didate	's centre						
	□ Scho	olarshij	p						
	□ Educ	cationa	ıl grant						
	☐ Awa								
			s expenses						
Dlag	☐ Oth			alary depends on C1 Language l		as German	Work P	ermission a	nd
FIE	ase, desc	1106	Approbati	on, otherwise only observership	1s possible				
Programm	e Train	ing aı	nd faciliti	es of the host centre					
				rovide direct patient care during th and faculty's members, "i.e. hands-o	- 1	ogramme ur	der the	⊠ Yes	□ No
2. Declarati	on of fina	ncial re	courses and	signed agreement between the host of	entre and train	nee.		⊠ Yes	□ No
3. Uninterru	ipted train	ning for	12months.					⊠ Yes	□ No
4. The head	of the dep	partmer	nt or other ad	visory authority should approve the	programme.			⊠ Yes	□ No
5. The prog	ramme di	rector sl	hould attain	sufficient time to do his responsibilit	ies.			⊠ Yes	□ No



European Association of Cardiothoracic Anaesthesiology and Intensive Care

	If yes	, please def	ine				
		1	hou	rs per day			
		1	days	s per week			
		4	days	s per month			
6.	At least	two facult	y members shou	•		⊠ Yes	□ No
7.	Evaluat	ion should	be done every f	our months.		⊠ Yes	□ No
8.	A portfe	olio/logboo	k will be perfor	med monthly and signed by the programme director		⊠ Yes	□ No
9.	The hos	sting centre	s should have:			⊠ Yes	□ No
	9. 1	Available	pediatric ward	peds for congenital heart disease (CHD) patients.		⊠ Yes	□ No
	9. 2	Available	PICU beds ded	cated to CHD patients		⊠ Yes	□ No
	9.3	Is there as	n emergency dep	partment in which CHD patients are managed 24 hours a day?		☐ Yes	⊠ No
	9.4	Are adult	patients with CI	HD managed in the host centre?		⊠ Yes	□ No
	9.5	Is there technolog	_	advanced life support equipment representative of current le	evels of	⊠ Yes	□ No
	9.6		-	linic for perioperative evaluation of patients undergoing cardiothor	racic and	⊠ Yes	⊠ No
	0.7		procedures	1111			
	9.7		•	ee available for paediatric patients undergoing different procedures	\$	☐ Yes	⊠ No
	9.8		Meeting Rooms	s n visual and other educational aids		⊠ Yes	□ No
	9.9		⊠ Yes	□ No			
	9. 10	Available		⊠ Yes	□ No		
	9. 11		ne of cases. *	00 1' (' 1' (616	1		
		9. 5. 1	(the majority v	00 paediatric cardiac surgery (age of 16 years or younger) per calen with using the CPB)		⊠ Yes	□ No
		9. 5. 2	Minimum of 5 per calendar ye	0 pediatric cardiac interventional procedures (age of 16 years or year.	younger)	⊠ Yes	□ No
		9. 5. 3	50% of cases s	hould be performed in children aged younger than four years.		⊠ Yes	□ No
		9. 5. 4	20% should be	performed in children aged younger than one month.		⊠ Yes	□ No
		9. 5. 5	Available simu	ultaneous management of adults with congenital heart disease (AC	HD).	⊠ Yes	□ No
		9. 5. 6	Accessibility f	or training in the electrophysiology procedures on paediatric patier	nts.	⊠ Yes	□ No
		9. 5. 7	Accessibility f	or training in the dedicated paediatric intensive care unit for one m	nonth.	⊠ Yes	□ No
		9. 5. 8	Accessibility 1 ECMO)	for training on the Extracorporeal perfusion or ECLS technolog	у (СРВ,	⊠ Yes	□ No
		9. 5. 9	Accessibility f	or training on the paediatric thoracic anaesthesia		☐ Yes	⊠ No
		9. 5. 10	Accessibility f	or training on the basic and/or clinical research		⊠ Yes	□ No
Con	ision dition es, plea		Approve Yes Click here	☐ Reject ☐ No to enter text.			

Please fill in all required fields and send them to eactaic@mci-group.com

Pediatric Cardiac Anesthesia Fellowship Program, Institute of Anesthesia and Pain Therapy, Heart and Diabetescenter Bad Oeynhausen, Ruhr-University Bochum, Germany

Operatio	Monday	Tuesday	Wednesday	Thursday	Friday
n Area					
OR1 (7-	Ped Card	Ped card Surg	Ped Card Surg	Ped Card Surg	Ped Card Surg
20:00)	Surg				
Cath Lab	Diagnostic		Diagnostic/Intervention		Diagnostic/Interv
	/Interventi				ention
	on				
MRI				Diagnostic	

This is our weekly schedule program at Heart and Diabetescenter Bad Oeynhausen for pediatric cardiac anesthesia

Each day our institute provides anesthesia for one cardiac surgery operating room from 7:00 am until 8:00 pm; Three days /week our institute provides anesthesia for cardiac diagnostic and interventional procedures. One day per week MRI diagnostic.

We have the agreement with Prof Schubert, director of the pediatric cardiology department for a one-month PICU rotation. Furthermore, our fellows learn the concept of our ultra-fast track concepts with early extubation in the OR.