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## Stanford Milestones for Head and Neck Anesthesia & Advanced Airway Management



Presented by **Vladimir Nekhendzy, M.D.**, Director, Stanford Head and Neck Anesthesia and Advanced Airway Management Program, Chair, SHANA Education Board

Dear SHANA members:

This month we are rolling out the Stanford Anesthesiology milestones put forth by the **Accreditation Council for Graduate Medical Education** (ACGME). The purpose of this communication is to share with you the ACGME milestones that the Stanford Head and Neck Anesthesia/Advanced Airway Management Program has developed for a dedicated Head and Neck (H&N) anesthesia subspecialty residency rotation.

Let me briefly elaborate on the joint ACGME/**The American Board of Anesthesiology** (ABA) **The Anesthesiology Milestone Project**, which is in compliance with the new, ACGME Next Accreditation System (NAS).<sup>1</sup> The key element of the NAS is the measurement and reporting of the educational outcomes through the educational milestones (25 total) incorporated into the following 6 core clinical competencies (the number of milestones for each competency is listed in parenthesis):

1. Medical knowledge (1)
2. Patient care and technical skills (10)
3. Interpersonal communication (3)
4. Systems-based practice (2)
5. Professionalism (5)
6. Practice-based learning and improvement (4)

The nature of the NAS dictates that the educational outcomes shall be standardized for each specialty, and therefore we have diligently reviewed and updated our H&N anesthesia rotation curriculum to produce the milestone-specific evaluation. In addition, each rotation milestone will be assessed according to the performance level achieved, as defined by ACGME/ABA:

**Level 1:** The resident demonstrates milestones expected of a resident who has completed one post-graduate

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year of education in either an integrated anesthesiology program or another preliminary education year prior to entering the CA1 year in anesthesiology.

**Level 2:** The resident demonstrates milestones expected of a resident in anesthesiology residency prior to significant experience in the subspecialties of anesthesiology.

**Level 3:** The resident demonstrates milestones expected of a resident after having experience in the subspecialties of anesthesiology.

**Level 4:** The resident substantially fulfills the milestones expected of an anesthesiology residency, and is ready to transition to independent practice. This level is designed as the graduation target.

**Level 5:** The resident has advanced beyond performance targets defined for residency, and is demonstrating “aspirational” goals, which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level for selected milestones.

At Stanford, a one-month long H&N Anesthesia/Advanced Airway rotation is reserved for the 2<sup>nd</sup> (CA-2) and 3<sup>rd</sup> year (CA-3) residents, and we accommodate 2 residents a month. We expect that our CA-2s will typically demonstrate Level 3 milestones, while the CA-3s should be able to perform at Level 4, especially later during the year, indicating the readiness for independent practice.

I hope that you will find our rotation milestones comprehensive, and useful for your academic practice. Please feel free to use the attached document for developing your own milestones, with the special reference to Stanford H&N Anesthesia and Advanced Airway Management Program.

We are also looking forward to your comments, to further incorporate all the useful suggestions into our curriculum.

**[Download Stanford Milestones](#)**

As always, it is a work in progress!



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#### References.

1. Nasca TJ, Philibert I, Brigham T, Div M, Flynn TC. The Next GME Accreditation System - Rationale and Benefits. N Engl J Med 2012;366:1051-6.

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## Stanford Anesthesia Milestones for Head and Neck Anesthesia and Advanced Airway Management

MEDICAL KNOWLEDGE, AND ITS APPLICATION TO PATIENT CARE			
OBJECTIVES	INSTRUCTIONAL STRATEGIES	ASSESSMENT OF COMPETENCE	MILESTONES
1. List and describe 5 major objectives and principles of anesthesia for head and neck surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
2. Draw and interpret 4 figures that illustrate pharmacokinetic principles of different opioid infusions	Syllabus study Didactic teaching in/outside OR	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
3. Draw the ASA Difficult Airway Algorithm	Syllabus study Didactic teaching in/outside OR	Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
4. Develop a systematic and safe approach to anticipated and unanticipated difficult airway, based on the ASA Difficult Airway Algorithm	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
5. Recall and appraise the predictors of difficult and impossible mask ventilation, and their association with difficult direct laryngoscopy (DL)/tracheal intubation	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
6. Describe and assess a rational approach to patients with partially obstructed airway	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
7. Articulate to attending 5 major differences between steering and channeled techniques of video laryngoscopy	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
8. List and explain indications and contraindications to a flexible fiberoptic intubation	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1

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9. Review and evaluate the techniques of topical and regional anesthesia of the airway for awake intubation	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
10. Explain and summarize clinical pathophysiology of obstructive sleep apnea (OSA) and its implications for anesthetic management	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
11. Formulate anesthetic management plan for elective maxillofacial and orthognatic surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
12. Review and summarize principles of anesthetic management for otological and neurotological surgery, and skull base surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
13. Appraise and compare techniques of anesthetic management for head and neck cancer surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
14. Define and justify anesthetic techniques for functional endoscopic surgery, nasal surgery, and facial cosmetic surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
15. Identify and outline essential anesthetic requirements for thyroid surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1

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16. Discuss and assess different ventilating strategies for laryngologic surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
17. Identify and explain safety principles of jet ventilation	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
18. Summarize principles of anesthetic management for the laryngologic and laser airway surgery	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1
19. Appraise and describe a technique of staged extubation using the Cook airway exchange catheter	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	MK 1

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PATIENT CARE AND TECHNICAL SKILLS			
OBJECTIVES	INSTRUCTIONAL STRATEGIES	ASSESSMENT OF COMPETENCE	MILESTONES
1. Define and perform the technique of moderate controlled hypotension	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Rating/Evaluation by attending Self-assessment and reflection	PC 2,9
2. Illustrate in practice basic pharmacokinetic principles of opioid infusions and total intravenous anesthesia	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Rating/Evaluation by attending Self-assessment and reflection	PC 2,3
3. Formulate management plan of the laser-induced airway fire	Syllabus study Didactic teaching in the OR	Pretest/Posttest Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 2,5,8
4. Demonstrate anesthetic management for free flap reconstruction and transoral robotic surgery (TORS)	Syllabus study Didactic teaching in the OR Direct patient care experience Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
5. Employ safe anesthetic techniques for patients with OSA	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
6. Discuss and choose smooth extubation techniques after head and neck surgery	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8
7. Prepare and operate Monsoon high frequency jet ventilator with the LaserJet catheter	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 2,8,9

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8. Prepare and properly position NIM EMG endotracheal tube for thyroid surgery	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 2,8,9
9. Formulate airway strategies based on the predictors of difficult and impossible mask ventilation, and their association with difficult DL/tracheal intubation	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8
10. Select and fully prepare the equipment for a flexible fiberoptic intubation on the main OR and ASC teaching carts. Same for the video tower fiberoptic set up in ASC.	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 2,8,9
11. Describe and display the airway exchange techniques, including the use of the Aintree catheter in at least 5 patients	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
12. Justify and perform the superior laryngeal and transtracheal nerve blocks during awake intubation	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9,10
13. Demonstrative safe and effective use of the steering and channeled techniques of video laryngoscopy in at least 5 patients	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
14. Articulate to the attending, and perform the standard laryngeal mask airway (LMA) and flexible LMA (FLMA) insertion techniques in at least 5 patients	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9

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15. Recall, break down, and illustrate the intubating LMA (LMA Fastrach) insertion technique, and the up-down, Chandy 1 and Chandy 2 maneuvers in at least 5 patients	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
16. List and illustrate the principles of safe use of the supraglottic airways (SGAs), such as FLMA, LMA Proseal, LMA Supreme with positive pressure ventilation for elective head and neck surgery in at least 5 patients	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
17. Appraise and place iGel, AirQ and LT (laryngeal tube) SGAs in at least 1 patient each	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
18. Demonstrate the techniques of placement of rigid fiberoptic stylets, such as Bonfils and Levitan in 1 patient each	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
19. Communicate to the attending the risks and benefits of 5 different airway management devices and techniques	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
20. Articulate to the attending the signs of tracheal placement of the gum elastic bougie, and place it electively to intubate the patients' trachea in at least 2 patients in under 2 min each	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9

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21. In an uncomplicated patient, successfully place the LMA Fastrach for a blind intubation in 5 patients in under 5 min each	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
22. In an uncomplicated patient, perform asleep flexible fiberoptic intubation in 5 patients in under 5 min each	Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
23. Formulate and safely perform a technique of nasal intubation	Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 1,2,8,9
24. Demonstrate on a mannequin the selected alternative airway management techniques at the end of the rotation	Syllabus study Direct patient care experience Didactic teaching in the OR Role modeling by the attending	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PC 5,8,9

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<b>INTERPERSONAL AND COMMUNICATION SKILLS (PATIENTS, THEIR FAMILIES, HEALTH CARE PROFESSIONALS)</b>			
<b>OBJECTIVES</b>	<b>INSTRUCTIONAL STRATEGIES</b>	<b>ASSESSMENT OF COMPETENCE</b>	<b>MILESTONES</b>
1. Identify major preoperative concerns in head and neck anesthesia patients during a preoperative visit, and record in EPIC note	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Self-assessment and reflection	ICS 1,2
2. Work effectively with the surgical team to identify patient's medical and surgical factors that may affect anesthetic plan and management	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	ICS 2,3
3. Discuss airway management plan and strategies with the surgical team	Syllabus study Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	ICS 2,3
4. Assure proper and safe patient positioning with the rest of the OR team prior to incision	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Self-assessment and reflection	ICS 2,3
5. Complete a time out with the OR team	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	ICS 2,3
6. Communicate major intraoperative and postoperative concerns to the PACU nurse during the handoff	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	ICS 2,3
7. Communicate to the patient's family members a safe conclusion of anesthetic, whenever feasible	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	ICS 1,3

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SYSTEM-BASED PRACTICE (EFFECTIVE USE OF RESOURCES FOR OPTIMAL CARE)			
OBJECTIVES	INSTRUCTIONAL STRATEGIES	ASSESSMENT OF COMPETENCE	MILESTONES
1. Confirm full preoperative assessment note in EPIC for every patient	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 2
2. Practice cost-conscious patient care by choosing the rationale anesthetic plan, appropriate anesthesia and airway management equipment and techniques, and anesthetic drugs	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 1,2
3. Identify at least one system problem that caused or may have caused adverse patient outcome, or negatively affected anesthetic management	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 2
4. For above, identify at least 2 strategies for intervention and the ways for their implementation	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 2
5. For each strategy, describe how the proposed intervention would have positively affected the patient outcome, or anesthetic management	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 2
6. Promote patient safety by adhering to the suggested safe anesthetic protocols	Syllabus study Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 2
7. Accept professional input from the health care team	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	SBP 1,2

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PROFESSIONALISM (RESPONSIBILITIES AND WORK ETHICS)			
OBJECTIVES	INSTRUCTIONAL STRATEGIES	ASSESSMENT OF COMPETENCE	MILESTONES
1. Properly introduce yourself to the patient, review risks and benefits of anesthesia, and obtain the informed consent	Direct patient care experience Role modeling by the attending Patient/family conferences	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	P 1
2. Facilitate the first scheduled surgical procedure through timely arrival and preparation	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	P 1,2,3
3. Facilitate OR turnover times (a goal is under 30 min) through full and thorough set up during the preceding case	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	P 1,2,3
4. Maintain the professional tone and communications at all times	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	P 2,3,4,5

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## Stanford Anesthesia Milestones for Head and Neck Anesthesia and Advanced Airway Management

### PRACTICE-BASED LEARNING (EVALUATE CARE OF OWN PATIENTS, SELF-EVALUATION AND IMPROVEMENT)

OBJECTIVES	INSTRUCTIONAL STRATEGIES	ASSESSMENT OF COMPETENCE	MILESTONES
1. Identify at least 3 aspects of anesthesia care that can be improved upon by the resident after the rotation	Direct patient care experience Role modeling by the attending	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PLI 1,2,3
2. Do the postoperative visit with the EPIC note on more than 80% of inpatients the resident anesthetizes	Direct patient care experience Role modeling by the attending	Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PLI 1,2,3,4
2. Read and critically assess the rotation syllabus	Syllabus study Didactic teaching in/outside OR Direct patient care experience	Pretest/Posttest Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PLI 2,3
3. Take proactive role in learning new anesthetic and airway management techniques	Didactic teaching in/outside OR Direct patient care experience	Direct observation Individual interviews Rating/Evaluation by attending Self-assessment and reflection	PLI 1,2,3
4. Keep track of the learning portfolio	Direct patient care experience	Log and performance audit Self-assessment and reflection	PLI 1,2,3

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