**New Application: Anesthesiology**

**Review Committee for Anesthesiology**

**ACGME**

# Oversight

**Participating Sites**

1. What ACGME-accredited residencies in general surgery and internal medicine are sponsored by or affiliated with the Sponsoring Institution? [PR I.B.1.a)]

| **Specialty** | **Program Name, Program Director Name, Site** |
| --- | --- |
| General Surgery | Click or tap here to enter text. |
| Internal Medicine | Click or tap here to enter text. |

**Resources**

1. Check which of the following is available at each participating site: [PR I.D.1.a)]

| **Resource** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Meeting rooms |[ ] [ ] [ ] [ ]
| Classrooms with visual and other educational aids |[ ] [ ] [ ] [ ]
| Study areas for residents |[ ] [ ] [ ] [ ]
| Office space for faculty members and residents |[ ] [ ] [ ] [ ]
| Diagnostic facilities  |[ ] [ ] [ ] [ ]
| Therapeutic facilities |[ ] [ ] [ ] [ ]
| Laboratory facilities |[ ] [ ] [ ] [ ]
| Computer support |[ ] [ ] [ ] [ ]
| Appropriate on-call facilities for men and women |[ ] [ ] [ ] [ ]

# Personnel

**Faculty**

1. Will faculty members devote sufficient time to the educational program and regularly participate in didactic sessions? [PR II.B.2.c)] [ ] YES [ ]  NO
2. What will be the frequency of the following conference topics in the program's schedule? [PR II.B.2.e)]

|  | **Weekly** | **Bi-weekly** | **Monthly** | **Quarterly** | **Semi-annually** | **Annually** |
| --- | --- | --- | --- | --- | --- | --- |
| Critical care appraisal of the literature (i.e., journal club) |[ ] [ ] [ ] [ ] [ ] [ ]
| Quality improvement (M&M, QA) |[ ] [ ] [ ] [ ] [ ] [ ]
| Board review (e.g., oral exams, keywords)  |[ ] [ ] [ ] [ ] [ ] [ ]
| Grand rounds |[ ] [ ] [ ] [ ] [ ] [ ]
| Other (specify) Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ] [ ]
| Other (specify) Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ] [ ]

1. Are there any non-American Board of Anesthesiology (ABA)- or non-American Osteopathic Board of Anesthesiology (AOBA)-certified physician faculty members in the program? [PR II.B.3.b).(1)]
 [ ] YES [ ]  NO
2. If YES, individually list each faculty member; describe his/her credentials in the specialty and, if appropriate, subspecialty; and list his/her experience in teaching, as well as any other information relevant to the faculty role in the program, such as Tee certification or obstetric anesthesiology and neuroanesthesiology experience. Insert rows as needed.

|  |  |  |
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| **Name** | **Certification (ABMS/Other)**  | **Additional Qualifications**  |
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# Educational Program

## ACGME Competencies

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; cultural humility; 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 sexual orientation. [PR IV.B.1.a).(1).(a)-(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents 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; and advocating for quality patient care and optimal patient care systems.. [PR IV.B.1.f).(1).(a)-(e)] (Limit response to 400 words)

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| Click or tap here to enter text. |

2. Describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(d)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to evaluate competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Anesthetic management[PR IV.B.1.b).(1).(b)] |  |  |
| Patients younger than 12 years of age undergoing surgery or other procedures requiring anesthetics[PR IV.B.1.b).(1).(b).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients who are evaluated for management of acute, chronic, or cancer-related pain disorders[PR IV.B.1.b).(1).(b).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients scheduled for evaluation prior to elective surgical procedures[PR IV.B.1.b).(1).(b).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients immediately after anesthesia, including direct care of patients in the post-anesthesia-care unit, and responsibilities for management of pain, hemodynamic changes, and emergencies related to the post-anesthesia-care unit[PR IV.B.1.b).(1).(b).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Critically-ill patients[PR IV.B.1.b).(1).(b).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Delivery of anesthetic care[PR IV.B.1.b).(1).(c)] |  |  |
| Patients undergoing vaginal delivery[PR IV.B.1.b).(1).(c).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing cesarean sections[PR IV.B.1.b).(1).(c).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing cardiac surgery[PR IV.B.1.b).(1).(c).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing open or endovascular procedures on major vessels, including carotid surgery, intrathoracic vascular surgery, intra-abdominal vascular surgery, or peripheral vascular surgery[PR IV.B.1.b).(1).(c).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing non-cardiac intrathoracic surgery, including pulmonary surgery and surgery of the great vessels, esophagus, and the mediastinum and its structures[PR IV.B.1.b).(1).(c).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing intracerebral procedures, including those undergoing intracerebral endovascular procedures[PR IV.B.1.b).(1).(c).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients for whom epidural anesthetics are used as part of the anesthetic technique or epidural catheters are placed for peri-operative analgesia[PR IV.B.1.b).(1).(c).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing procedures for complex, immediate life-threatening pathology[PR IV.B.1.b).(1).(c).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing surgical procedures, including cesarean sections, with spinal anesthetics[PR IV.B.1.b).(1).(c).(ix)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing surgical procedures in whom peripheral nerve blocks are used as part of the anesthetic technique or peri-operative analgesic management[PR IV.B.1.b).(1).(c).(x)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients with acute post-operative pain, including those with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities[PR IV.B.1.b).(1).(c).(xi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients whose peri-operative care requires specialized techniques[PR IV.B.1.b).(1).(c).(xii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| A broad spectrum of airway management techniques (e.g., performance of fiberoptic intubation, and lung isolation techniques, such as double lumen endotracheal tube placement and endobronchial blockers)[PR IV.B.1.b).(1).(c).(xii).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Central vein and pulmonary artery catheter placement, and the use of transesophageal echocardiography and evoked potentials[PR IV.B.1.b).(1).(c).(xii).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| EEG or processed EEG monitoring as part of the procedure, or adequate didactic instruction to ensure familiarity with EEG use and interpretation.[PR IV.B.1.b).(1).(c).(xii.(c))] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients undergoing diagnostic or therapeutic procedures outside of the surgical suites[PR IV.B.1.b).(1).(c).(xiii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Surface ultrasound and transesophageal and transthoracic echocardiography to guide the performance of invasive procedures and to evaluate organ function and pathology as related to anesthesia, critical care, and resuscitation[PR IV.B.1.b).(1).(c).(xiii).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of ultrasound, including the physics of ultrasound transmission, ultrasound transducer construction, and transducer selection for specific applications, to include being able to obtain images with an understanding of limitations and artifacts[PR IV.B.1.b).(1).(c).(xiii).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Obtaining standard views of the heart and inferior vena cava with transthoracic echocardiography allowing the evaluation of myocardial function, estimation of central venous pressure, and gross pericardial/cardiac pathology (e.g., large pericardial effusion)[PR IV.B.1.b).(1).(c).(xiii).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Obtaining standard views of the heart with transesophageal echocardiography allowing the evaluation of mycardial function and gross pericardial/cardiac pathology (e.g., large pericardial effusion)[PR IV.B.1.b).(1).(c).(xiii).(d)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Using transthoracic ultrasound for the detection of pneumothorax and pleural effusion[PR IV.B.1.b).(1).(c).(xii).(e)] | Click or tap here to enter text. | Click or tap here to enter text. |
| using surface ultrasound to guide vascular access (both central and peripheral) and to guide regional anesthesia procedures; and[PR IV.B.1.b).(1).(c).(xiii).(f)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Describing techniques, views, and findings in standard language.[PR IV.B.1.b).(1).(c).(xiii).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

1. Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess resident knowledge.

| **Knowledge Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Practice management to address issues such as: [PR IV.B.1.c).(1).(a)] |
| Operating room management[PR IV.B.1.c).(1).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Evaluation of types of practice[PR IV.B.1.c).(1).(a).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Contract negotiations[PR IV.B.1.c).(1).(a).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Billing arrangements[PR IV.B.1.c).(1).(a).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Professional liability[PR IV.B.1.c).(1).(a).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Health care finance, legislative, and regulatory issues[PR IV.B.1.c).(1).(a).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fiscal stewardship of health services delivery[PR IV.B.1.c).(1).(a).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management skills, to include basic knowledge of organizational culture, decision making, change management, conflict resolution, and negotiation and advocacy [PR IV.B.1.c).(1).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Care of the patient in the continuum of the peri-operative period, to include collaboration with medical and surgical colleagues to optimize preoperative patient condition and recovery [PR IV.B.1.c).(1).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of the specific needs of patients undergoing diagnostic or therapeutic procedures outside of the surgical suite[PR IV.B.1.c).(1).(d)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned learning activity in which residents engage to: identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Briefly describe one planned quality improvement activity or project that will allow the resident to demonstrate an ability to analyze, improve and change practice or patient care using quality improvement methods, including activities aimed at reducing healthcare disparities. Describe planning, implementation, evaluation and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.) [PR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care
* Conducting a comprehensive literature search

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents demonstrate competence in communicating effectively with patients, and patients’ families, across a broad range of socioeconomic circumstances and cultural backgrounds, and language capabilities, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e.(1).(a)-(b)] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Briefly describe one learning activity in which residents 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 team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e.(1).(b)-(c)] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR IV.B.1.e.(1).(d)] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals related to clinical information systems. [PR IV.B.1.e).(1).(e)-(f)] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible health care records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Briefly describe how residents will maintain a comprehensive anesthesia record for each patient, including evidence of pre- and post-operative anesthesia assessment, ongoing reflection of the drugs administered, monitoring employed, techniques used, physiologic variations observed, therapy provided as required, and fluids administered. [PR IV.B.1.e).(1).(g)] (Limit response to 400 words)

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1. Briefly describe how residents will create and sustain a therapeutic relationship with patients, engage in active listening, provide information using appropriate language, ask clear questions, provide an opportunity for comments and questions. [PR IV.B.1.e).(1).(h)] (Limit response to 400 words)

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## Curriculum Organization and Resident Experiences

1. Will there be a written policy regarding substance use disorders as related to physician well-being, specific to anesthesiologists, in place within the department? [PR IV.C.2.a)] [ ] YES [ ]  NO

Explain if NO.

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| Click or tap here to enter text. |

1. Is there a substance use disorder education program that addresses issues specific to anesthesiologists in training? [PR IV.C.2.a)] [ ]  YES [ ]  NO

Explain if NO.

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| Click or tap here to enter text. |

3. Will the program offer 12 months of broad education in fundamental clinical skills of medicine relevant to the practice of anesthesiology? [PR IV.C.3.a)] [ ]  YES [ ]  NO

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. [PR IV.C.3.a)-b); IV.C.4]

|  |  |
| --- | --- |
| 1. Caring for inpatients in:
 |  |
| Family medicine | Duration |
| Internal medicine | Duration |
| Neurology | Duration |
| Obstetrics and gynecology | Duration |
| Pediatrics | Duration |
| Surgery or other surgical specialties | Duration |
| 1. Rotations in:
 |  |
| Critical care | Duration |
| Emergency medicine | Duration |
| Anesthesiology | Duration |

4. Will all residents entering the CA-1 year complete each of the fundamental clinical skills of medicine requirements? [PR IV.C.3]. [ ]  YES [ ]  NO

Explain if NO.

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| Click or tap here to enter text. |

5. During the CA-1 through CA-3 years, what will be the duration for each of these required subspecialty rotations? [PR IV.C.5.a)]

| **Rotation** | **Duration, in months or weeks (four weeks = one month)** |
| --- | --- |
| **CA-1** | **CA-2** | **CA–3** |
| Critical care medicine [PR IV.C.8] | Duration | Duration | Duration |
| Pre-operative clinic [PR IV.C.6] | Duration | Duration | Duration |
| PACU [PR IV.C.7] | Duration | Duration | Duration |
| Postoperative care [PR IV.C.7.a)]] | Duration | Duration | Duration |
| Obstetric anesthesia [PR IV.C.9.] | Duration | Duration | Duration |
| Pediatric anesthesia [PR IV.C.9.] | Duration | Duration | Duration |
| Neuroanesthesia [PR IV.C.9.] | Duration | Duration | Duration |
| Cardiothoracic anesthesia [PR IV.C.9.] | Duration | Duration | Duration |
| Acute peri-operative pain management [PR IV.C.10.a)] | Duration | Duration | Duration |
| Chronic pain [PR IV.C.10.b)] | Duration | Duration | Duration |
| Regional anesthesia [PR IV.C.10.c)] | Duration | Duration | Duration |

6. List any other rotations (along with their duration, in months) offered in the program to augment residents’ learning. [PR IV.C.9.a)]

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7. Will advanced subspecialty rotations be offered?
[PR IV.C.9.b)] [ ]  YES [ ]  NO

8. PACU Experience

1. Will PACU residents be directly supervised by a physician faculty member? [IV.A.7]
 [ ]  YES [ ]  NO

Explain if NO.

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| Click or tap here to enter text. |

9. Briefly describe how the program director will ensure that anesthesia residents working in non-anesthesiology rotations (e.g., critical care, internal medicine, surgery) actively participate in all patient care activities as fully integrated members of the critical care team. (Limit response to 400 words) [PR IV.C.8.d)]

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1. In the clinical anesthesia setting, including nights and weekends, will faculty members direct anesthesia care, involving residents, for more than two anesthetizing locations simultaneously? [PR IV.C.12.] [ ]  YES [ ]  NO

Explain if YES.

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| Click or tap here to enter text. |

1. Will the program director regularly review the residents’ clinical experience logs and verify completeness and accuracy? [PR IV.C.15.] [ ]  YES [ ]  NO
2. Will residents be taught by faculty members with documented expertise in the subspecialties to ensure they are exposed to all subjects at regularly-held learning exercises?
[PR IV.C.20.a)] [ ]  YES [ ]  NO
3. Who will provide content at conferences? Check all that apply. [PR IV.C.20.a).(2)]

|  |
| --- |
| Anesthesiology faculty members from this department |[ ]
| Anesthesiology faculty members from other sites |[ ]
| Non-anesthesiologists from the primary clinical site |[ ]
| Non-anesthesiologists from the participating sites |[ ]
| Visiting faculty members |[ ]
| Drug/industry representatives |[ ]
| Fellows |[ ]
| Others (specify): Click or tap here to enter text. |[ ]
| Others (specify): Click or tap here to enter text. |[ ]

1. Will evaluations of the residents’ performance during the CBY be reviewed by the program director on a quarterly basis? [PR IV.C.22.] [ ]  YES [ ]  NO