

Frequently Asked Questions: Anesthesiology
Review Committee for Anesthesiology
ACGME

Question	Answer
Duration and Scope of Education	
<p>Can intensive care unit (ICU) rotations substitute for inpatient experience during the Clinical Base Year (CBY)?</p> <p><i>[Program Requirement: Int.C.2.a).(4)]</i></p>	<p>Yes, an ICU rotation can serve as inpatient experience in the CBY. However, if a program uses ICU experiences to fulfill CBY inpatient requirements, the program director must design a curriculum (goals and objectives, teaching methods, and outcome measurement tools) that demonstrates how the experience allows the residents to develop the fundamental clinical skill competencies as outlined in Program Requirement Int.C.2.a).(6). An ICU experience cannot be used to fulfill requirements for both inpatient care and critical care medicine.</p> <p><i>See additional FAQ below: "How do inpatient care and critical care educational requirements differ during the CBY?"</i></p>
<p>What type of experience must be counted towards the "up to one month" of anesthesiology that is allowed during the CBY?</p> <p><i>[Program Requirement: Int.C.2.a).(4)]</i></p>	<p>In this requirement, anesthesiology refers to intra-operative or procedural anesthesia rotations, and does not refer to <i>every</i> kind of rotation sponsored by an anesthesiology program or department. For example, a chronic pain rotation would not count as an anesthesia rotation, but an acute pain rotation would.</p>
<p>How should emergency medicine experiences be addressed for residents who transfer to a three-year program at the clinical anesthesia (CA)-1 level?</p> <p><i>[Program Requirement: Int.C.2.a).(4)]</i></p>	<p>As is stated in the program requirements, at least one month but no more than two months of rotations devoted to emergency medicine should be devoted to emergency medicine should be included as part of the integrated CBY. If a resident transfers into the program from another medical specialty, the anesthesiology core program director must document that the transfer resident met, or had an equivalent experience to meet, the emergency medicine requirement. If such experience was not provided in a previous program, the resident must complete this requirement before the start of the CA-3 year.</p>
<p>How do inpatient care and critical care educational requirements differ during the CBY?</p> <p><i>[Program Requirement: Int.C.2.a).(4)]</i></p>	<p>Inpatient care involves basic routine medical care of individuals with common health problems and chronic illness. It encompasses both initial evaluation of a patient and continuity of care during the course of therapy, including initial diagnosis and treatment, management of acute and chronic conditions, preventive health services, and appropriate referral for a higher level of care when required. Inpatient care rotations should be designed to allow residents to develop fundamental clinical skills, as outlined in Program Requirement Int.C.2.a).(6).</p>

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	<p>Critical care is the specialized care of patients who have life-threatening conditions. These conditions require comprehensive care and constant monitoring in an ICU or equivalent. If a rotation involves the care of patients requiring short-term overnight post-anesthesia units, intermediate/step-down or transitional care units, or emergency departments, and does not include ongoing clinical assessment and management of critical illness, then it does not fulfill the critical care requirement.</p>
<p>What preoperative clinic experience is acceptable to the Review Committee? <i>[Program Requirement: Int.C.2.b).(6)]</i></p>	<p>The program requirement for pre-operative evaluation is intended to ensure that all anesthesiology residents receive formal education in the evaluation of patients prior to surgery. Since most patients undergoing pre-operative evaluation are outpatients, this educational experience is generally provided within a pre-operative evaluation clinic setting. During the pre-operative clinic experience, residents must gain knowledge about appropriate pre-operative testing and evaluation that will be required to determine if a patient is ready for anesthesia and surgery, and how to optimize anesthetic care. The experience should provide residents with an understanding of the most effective systems for patient assessment, staffing of a pre-operative assessment program, and alternative methods for gathering and evaluating the pre-operative data. Residents should also learn how to analyze pre-operative data and make evidence-based decisions about anesthetic management. Rotations limited to the pre-operative evaluation of hospitalized patients will not adequately prepare residents for pre-operative evaluation in the outpatient setting, and will not be sufficient to meet this requirement. Rotations that combine evaluation of both hospitalized and ambulatory patients will be judged on a case-by-case basis. The exact structure of the pre-operative clinic will vary from institution to institution.</p>
<p>How should regional anesthesia and acute/post-operative pain service rotations be designed to be in compliance with the requirements for experience in peri-operative care? <i>[Program Requirement: Int.C.2.b).(6)]</i></p>	<p>The intent of this program requirement is to ensure that all residents have at least one month of exposure to a concentrated experience in providing regional anesthesia/analgesia, one month of concentrated experience in caring for patients with acute pain as part of a structured inpatient service, and one month of concentrated experience caring for patients with chronic pain in the inpatient and/or outpatient settings. While the exact format of these rotations will vary among institutions, the regional anesthesia experience may be carried out in the context of an operating room rotation where many (but not necessarily all) of the patients cared for by the resident will be receiving regional anesthetic techniques for post-operative pain management. In contrast, the acute post-operative and chronic pain rotations should be discrete experiences occurring outside of the operating room setting where the resident is an integral part of the organized team(s) providing these services.</p>
Participating Sites	
<p>How much time must a program director</p>	<p>There is no specific amount of time required for this activity, but the Review Committee does</p>

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<p>devote to administrative oversight of the program?</p> <p><i>[Program Requirement: I.A]</i></p>	<p>require that the sponsoring institution and the program ensure that the program director has sufficient protected time and financial support for educational and administrative responsibilities to the program. To fulfill these responsibilities, in general, programs directors of smaller core residency programs (3-4 residents per level) or one-year fellowships should have at least one non-clinical day/week to devote to the educational and administrative aspects of the program; program directors of larger core programs generally require at least two non-clinical days/week to adequately fulfill these responsibilities. Program directors should consider appointing an associate program director to assist in the management of the program and ensure continuity in program leadership, particularly for the larger programs. When an assistant program director is appointed, the administrative responsibilities may be distributed between the program director and an assistant program director to fulfill the general non-clinical time requirements. Administrative staff members should also be available to assist the program director, faculty members, and residents/fellows.</p>
<p>Can a resident participate in a rotation at a facility abroad in order to obtain experience in providing anesthesia in austere conditions or other environments?</p> <p><i>[Program Requirement: I.B.3).(b)]</i></p>	<p>Yes, a resident can participate in a rotation abroad under two conditions. First, the rotation must clearly fulfill educational purposes and not service needs. Second, in order for the resident to obtain credit for the experience, the rotation must have received prospective approval from the Review Committee. If an international rotation is not part of the department's approved rotations within the accredited program, program directors must obtain prospective approval from the American Board of Anesthesiology (ABA)'s Credentials Committee so that all individual residents or fellows can participate and receive credit.</p>
Program Personnel and Resources	
<p>When and how should program changes be communicated to the Review Committee?</p> <p><i>[Program Requirement: II.A.4).(n)]</i></p>	<p>The type of change will determine when and how it should be communicated to the Review Committee. All requests for increases in resident complement, additions of integrated institutions/facilities, and changes in major participating non-integrated sites must be made prior to any change. Significant loss of faculty, educational opportunities (including elimination of an essential service or primary teaching site) and changes in sponsorship, program director, or department chair should be communicated to the Review Committee as soon as possible in relationship to the event. Program directors should consult the Executive Director of the Review Committee with any questions. All requests for increases in resident complement and for additions of integrated sites/facilities must be made through the Accreditation Data System (ADS). These requests must be approved by the sponsoring institution's designated institutional official (DIO) prior to submission.</p>
<p>Who is required to maintain case logs?</p> <p><i>[Program Requirement: II.A.4).(s)]</i></p>	<p>Each resident in a core anesthesiology program and each fellow in a pediatric anesthesiology program must maintain a case log of procedural experience.</p>

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<p>Do program directors need to submit hard copies of logs for all other residents, in addition to those completing their residencies at the end of the current academic year?</p> <p><i>[Program Requirement: II.A.4).(s)]</i></p>	<p>The Review Committee does not require that hard-copy signed reports be mailed in for final summary report submission. Completing the electronic “Year End Archive” for a program’s graduates fulfills the data submission requirement. Detailed instructions and a link to a video tutorial is located on the ACGME’s Case Log Information page: http://www.acgme.org/residentdatacollection/documentation/information.asp.</p>												
<p>If a resident had some anesthesia experience during the CBY, should this be included in the case log report?</p> <p><i>[Program Requirement: II.A.4).(s)]</i></p>	<p>Yes, CBY procedures can and should be logged. For Case Log System reporting purposes, CBY experience should be entered as “Year in Program: 1,” as illustrated below.</p> <table border="0" data-bbox="667 552 1428 682"> <thead> <tr> <th><u>Resident Level</u></th> <th>→</th> <th><u>Case Log System “Year in Program”</u></th> </tr> </thead> <tbody> <tr> <td>CBY/CA-1</td> <td></td> <td>1</td> </tr> <tr> <td>CA-2</td> <td></td> <td>2</td> </tr> <tr> <td>CA-3</td> <td></td> <td>3</td> </tr> </tbody> </table>	<u>Resident Level</u>	→	<u>Case Log System “Year in Program”</u>	CBY/CA-1		1	CA-2		2	CA-3		3
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<p>How should a transferring resident’s anesthesia experience obtained prior to transferring into the new program be reported?</p> <p><i>[Program Requirement: II.A.4).(s)]</i></p>	<p>Any experience gained by a resident in one accredited anesthesiology program before transferring to another accredited program should be included in that resident’s case log report. For instance, if a resident was accepted in the CA-2 year, the data submitted must include the CA-1 year of experience gained elsewhere. To transfer the data, the program director or coordinator must use the “Resident Transfer Request” link (under the “Resident” heading) on the “Program Setup” tab while logged into the Case Log System.</p> <p>Note: This does not apply to residents who transfer into anesthesiology from other specialties. If a resident does a PGY-1 year in a different specialty then transfers into anesthesiology as a CA-1, the resident may not log any procedures performed during the PGY-1.</p>												
<p>Can some procedures be counted more than once?</p> <p><i>[Program Requirement: II.A.4).(s)]</i></p>	<p>When two major anesthetic techniques are utilized during one procedure, both may be counted in the Case Log System. For example, if an epidural is inserted and the patient also receives a general anesthetic, the case may “count” as a general anesthesia case and as an epidural insertion. If the epidural is utilized during surgery, it should be considered an epidural anesthetic; if it is inserted only for postoperative pain control, it should be considered an epidural for pain management. Regional anesthetics, when accompanied by sedation and monitored anesthesia care, can be counted as regional anesthetics and MAC cases.</p>												
<p>Can two residents/fellows individually count the same case if they both participate in the patient’s care?</p>	<p>If two individuals were involved in the majority of a major case (such as a liver transplant), including the most significant portions, each resident, or a resident and a fellow, can receive credit for the case by entering it into the Case Log System. When one resident or fellow completes a case for another, only the individual involved in the most significant aspects of the case, or the majority of</p>												

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[Program Requirement: II.A.4).(s)]	the procedure, should record credit for the case.
Who can participate as a Critical Care Medicine (CCM) faculty member for the purposes of the anesthesiology program? [Program Requirement: II.B.6]	Only faculty members experienced in the practice and teaching of critical care can be considered CCM faculty members for the program. Although the Review Committee recognizes that CCM is a multidisciplinary specialty, it requires that at least one member of the CCM faculty be an anesthesiologist who should function in a meaningful way in the ICU rotation.
Resident Appointments	
What criteria are used to determine the number of residents/fellows a program is permitted? [Program Requirement: III.B.1]	The Review Committee determines a program's resident complement based on several factors, including case volume, adequate number of faculty members who are committed to resident/fellow education, and faculty members' scholarly activity.
Can a program accept more residents than are approved by the Review Committee? [Program Requirement: III.B.2]	No. Prospective approval of the Review Committee is required for any change to a program's complement. Both temporary and permanent requests for complement increases must be submitted through ADS.
What procedures should a program follow in accepting a transfer resident? [Program Requirement: III.C.1]	Prior to accepting a transfer resident, the program director must receive written or electronic verification of the resident's previous educational experiences, case logs, and a statement regarding the resident's performance evaluation. If a program has an open position for a transfer resident, the Review Committee does not require notification of the acceptance of a transfer resident. Note: Because the ABA maintains information about all residents who may pursue certification, programs should notify the ABA of the status of transfer residents.
Is a program permitted to have non-ACGME-approved fellowship positions? If so, can they be treated differently (compensation, benefits, etc.)? [Program Requirement: III.D]	Programs <i>may</i> have fellows in positions not currently approved by the Review Committee, such as for neuroanesthesiology, regional anesthesiology, etc. Compensation for these fellows is a matter between the program and its sponsoring institution. The only stipulation of the Review Committee regarding such fellows is that their presence in the program may not interfere with the opportunities available to residents/fellows in ACGME-approved positions.
Educational Program	
How will the Review Committee determine adequate experience in	The Committee expects that residents will participate in at least one yearly simulated intraoperative clinical experience that serves to improve and assess medical knowledge, interpersonal and

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simulation to demonstrate compliance? <i>[Program Requirement: IV.A.6]</i>	communication skills, professionalism, systems-based practice, or practice-based learning and improvement. The Committee does not require that any program use a simulator or have a simulation center. However, programs are encouraged to incorporate surgeons and nurses into the simulation experience. The Committee believes that a formal debriefing mechanism is an important component of each simulation session in order to ensure that the participants receive meaningful competency-based outcomes assessment.
Should a resident in a research track be subtracted from the resident complement for the period of the research assignment? <i>[Program Requirement: IV.B.4]</i>	No. A program does not have an "empty" slot if a resident spends up to six months in a research track. All residents, regardless of whether they are in research tracks or clinical rotations, should be counted in the program's total resident complement. Note: The research track experience differs from an innovative program, requests for which are addressed separately by the Review Committee. (See the FAQ on innovative programs below.)
How much time should be available for research within anesthesiology residencies and fellowships? <i>[Program Requirement: IV.B.4]</i>	There is no minimum time requirement that must be available for research. However, every resident and fellow must complete an academic assignment during the program.
Can participation in lectures, journal clubs, or anesthesia committees meet the requirements for scholarly activity? <i>[Program Requirement: IV.B.4]</i>	No. Although these activities are important, and are considered an essential part of a program's academic endeavors, they cannot substitute for publication in scholarly journals and other academic pursuits, which are essential for the specialty to advance and for residents and fellows to gain exposure to how research is conducted.
Duty Hours	
Can the Review Committee clarify the transition from intermediate resident to resident in final years of education? <i>[Program Requirement: VI.G.5.c)]</i>	Yes. The program requirements specify several core experiences that must be completed by all residents (e.g., at least four months of critical care medicine), as well as several minimum numbers of cases that must be performed by each resident (e.g., care provided for at least 20 patients undergoing cardiac surgery). The resident remains an intermediate resident until all core experiences and the minimum number of cases required for the core rotations are completed. Thereafter, the Review Committee will consider the resident to be in the final year of education and preparing for the transition to the unsupervised practice of medicine. This transition can happen as early as the CA-2 year or as late as the end of the CA-3 year, and is dependent on several factors that include the scheduled order of rotations, leaves of absence, and competency assessment.
Does the Review Committee limit the maximum number of consecutive weeks of night float?	No. However, during an accreditation review, the Committee will determine whether residents on night float are able to take advantage of educational sessions and other opportunities offered during regular daytime hours. If the Committee determines that residents derive little benefit from

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[Program Requirement: VI.G.6]	night float or are unable to participate in other educational sessions as a result of night call responsibilities, the program may be cited for inadequate educational experience on the respective rotation.
Innovative Projects	
How are innovative project proposals approved? [Program Requirement: VII]	The Review Committee welcomes proposals for projects designed to enhance resident and fellow education. The ACGME has developed a process for proposal approval and the Review Committee includes a pre-review process to provide initial feedback to interested programs. The Executive Director of the Review Committee can assist program directors who are developing proposals.
Other	
What do I do if ADS states that my program has an incorrect number of residents or fellows?	If ADS reflects incorrect information regarding a program, the program director should contact the Executive Director of the Review Committee who can assist in clarifying or resolving any issues.
Where are the effective dates for new program requirements noted?	All new program requirements are noted with their effective dates on the ACGME website at: http://www.acgme.org/acWebsite/RRC_040/040_prIndex.asp . This information is also announced via the ACGME's weekly <i>e-Communication</i> when the approved requirements are posted.
When are programs notified about Review Committee decisions?	Review Committee decisions are communicated to programs via e-mail within five business days following the conclusion of a Review Committee meeting. Letters of Notification that outline program-specific information are sent to the program director within 60 days following the meeting.
Are programs obligated to notify the Review Committee about a pending merger?	Yes. The Review Committee must be notified because institutional mergers or mergers with another program constitute a major programmatic change. The Executive Director of the Review Committee can assist program directors in developing and submitting the informational materials that the Review Committee requires.

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