# Frequently Asked Questions: Anesthesiology
## Review Committee for Anesthesiology
## ACGME

| Question | Answer |
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| **Oversight** | |
| How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?<br><br>*[Program Requirement I.B.1.a)]* | If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties. |
| Why should residents not be required to rotate among multiple participating sites?<br><br>*[Program Requirement: I.B.5.a).(1)]* | The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations. |
| Is a program permitted to have non-ACGME-approved fellowship positions, and if so, would they be treated differently as far as compensation, benefits, etc.?<br><br>*[Program Requirement: I.E.]* | Programs *may* have fellows in positions not currently approved by the Review Committee, such as in neuroanesthesiology. Compensation for these fellows is a matter between the program and its Sponsoring Institution. The Review Committee stipulates that the presence of such fellows must not negatively impact the appointed residents' education. |
| **Personnel** | |

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| What specialty qualifications for faculty members are acceptable to the Review Committee?<br><br>*[Program Requirement: II.A.3.b)]* | For physician faculty members who are not certified in anesthesiology by the American Board of Anesthesiology (ABA) or the American Osteopathic Board of Anesthesiology (AOBA), the following alternate qualifications are acceptable to the Review Committee:<br>• current candidacy in the ABA or AOBA examination system;<br>• current enrollment in the ABA's Alternate Entry Path; or,<br>• board certification from a certifying body in one of the following countries: Australia; New Zealand; Canada; Ireland; Singapore; South Africa; and the United Kingdom.<br>  ○ If not certified in one of these countries, the Review Committee would generally find it acceptable if the faculty member is certified in a country in which the duration of postgraduate education/training is four years or more (three+ years of anesthesiology-specific education and training). This education/training and certification must be documented, i.e., there must be written verification of the physician's anesthesiology certification from the certifying body.<br><br>For physician faculty members who do not meet one of the qualifications noted above, the determination of whether qualifications are acceptable is a case-by-case judgment call on the part of the Review Committee. The Review Committee will consider the following criteria when making its decision:<br>• leadership in the field of anesthesiology;<br>• a significant record of publication in peer-reviewed journals; and,<br>• meaningful involvement in anesthesiology organizations, such as committee work or organizational leadership.<br><br>It is the responsibility of the program director to document the alternate qualifications of physician faculty members in the "Specialty Certification" section of the Faculty Roster in ADS by selecting either "Other Certifying Body" or "Not Certified" under "Certification Type" and clearly describing the qualifications in the box labeled "Explain Equivalent Qualifications for RC Consideration."<br><br>It is understood that all physician faculty members will demonstrate ongoing learning activities equivalent to the ABA or AOBA Maintenance of Certification process, including demonstration of professionalism, cognitive expertise, self-assessment and lifelong learning, and assessment of performance in practice.<br><br>In general, the Review Committee expects that the percentage of core physician faculty members who have current certification from the ABA or the AOBA to be least 85, and that the remaining physician faculty members have acceptable qualifications, as defined above. |

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| Who can participate as a critical care medicine (CCM) faculty member for the program?<br><br>*[Program Requirement: II.B.1.a)]* | 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 residents' intensive care unit (ICU) rotations. |
| What are the qualifications for the cardiothoracic anesthesiology faculty member(s)?<br><br>*[Program Requirement: II.B.1.a)]* | Cardiothoracic anesthesiology faculty members must hold advanced peri-operative transesophageal echocardiography (TEE) certification through the National Board of Echocardiography as demonstration of their expertise in cardiothoracic anesthesiology. |
| **Resident Appointments** | |
| What criteria are used to determine the number of residents a program is permitted?<br><br>*[Program Requirements: III.B.]* | The Review Committee determines a program's resident complement based on several factors, including case volume, adequate number of faculty members committed to resident education, and faculty members' scholarly activity. |
| Can a program accept more residents than approved by the Review Committee?<br><br>*[Program Requirements: III.B.]* | No. Prospective approval by the Review Committee is required for any change to a program's resident complement. Both temporary and permanent requests for complement increases must be submitted to the Review Committee through ADS.<br><br>See "Requests for Changes in Resident Complement" on the Documents and Resources page of the Anesthesiology section of the ACGME website. |
| What procedures should a program follow in accepting a transfer resident?<br><br>*[Program Requirement: III.C.]* | 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 the transfer.<br><br>Note: Because the ABA maintains information about all residents who may pursue certification, programs should notify the ABA of the status of transfer residents. |
| How should a transferring resident's anesthesia experience obtained prior to transferring into the program be reported?<br><br>*[Program Requirement: III.C.]* | Any experience gained by a resident in one ACGME-accredited anesthesiology program before transferring to another ACGME- accredited program should be included in that resident's Case Logs. For instance, if a resident was accepted in the Clinical Anesthesia (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 in the Case Log System in ADS.<br><br>Note: This does not apply to residents who transfer into anesthesiology from other specialties. If a resident does a PGY-1 in a different specialty and then transfers into anesthesiology as a CA- |

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| | 1, the resident may not log any procedures performed during the PGY-1. |
| **Educational Program** | |
| Can ICU rotations substitute for inpatient experience during the fundamental clinical skills portion of the educational program?<br><br>*[Program Requirement: IV.C.3.b)]* | Yes, an ICU rotation can serve as inpatient experience as part of the residents' fundamental clinical skills education. However, if a program uses ICU experiences to fulfill fundamental clinical skills 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 IV.B.1.b).(1).(a). An ICU experience cannot be used to fulfill requirements for both inpatient care and critical care medicine. |
| How do inpatient care and critical care educational requirements differ during the fundamental clinical skills education?<br><br>*[Program Requirement: IV.C.3.b)]* | 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 IV.B.1.b).(1).(a).<br><br>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. |
| How should emergency medicine experiences be addressed for residents who transfer to a three-year program at the CA-1 level?<br><br>*[Program Requirement: IV.C.4.]* | As stated in the Program Requirements, there must be at least one month but not more than two months of emergency medicine included in the integrated 12-month fundamental clinical skills education. If a resident transfers into the program from another medical specialty, the anesthesiology 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. |

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| 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?<br><br>*[Program Requirement: IV.C.5.]* | The intent of this requirement is to ensure that all residents have at least one month of exposure to 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. |
| What pre-operative experience is acceptable to the Review Committee?<br><br>*[Program Requirement: IV.C.6.]* | The requirement for pre-operative evaluation is intended to ensure that all anesthesiology residents receive formal education in the evaluation of patients prior to surgery. During the pre-operative 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. The exact structure of the pre-operative experience will vary from institution to institution and faculty members should evaluate the experience based on the program's educational outcome data, including the Milestones. |
| How can programs ensure residents receive adequate experience in simulation?<br><br>*[Program Requirement: IV.C.14.]* | The Committee expects that residents will participate in at least one yearly simulated intra-operative clinical experience that serves to improve and assess medical knowledge, interpersonal and 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, but 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. |

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<tr><th>Question</th><th>Answer</th></tr>
<tr><td>If residents had some anesthesia experience during their fundamental clinical skills education, should this be logged in the Case Log System?<br><br>[Program Requirement: IV.C.15.]</td><td>Yes, fundamental clinical skills procedures can and should be logged. For Case Log System reporting purposes, fundamental clinical skills experience should be entered as “Year in Program: 1,” as illustrated below:<br><br>
<table>
<tr><th>Case Log System<br>“Resident Year”</th><th>Three-Year<br>Program</th><th>Four-Year<br>Program</th></tr>
<tr><td>1</td><td>CA1</td><td>FCSE</td></tr>
<tr><td>2</td><td>CA2</td><td>CA1</td></tr>
<tr><td>3</td><td>CA3</td><td>CA2</td></tr>
<tr><td>4</td><td>N/A</td><td>CA3</td></tr>
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<tr><td>Can some procedures be counted more than once?<br><br>[Program Requirement: IV.C.15.]</td><td>When two major anesthetic techniques are used 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 can be “counted” as a general anesthesia case and as an epidural insertion. If the epidural is used during surgery, it should be considered an epidural anesthetic; if it is inserted only for post-operative pain control, it should be considered an epidural for pain management. Regional anesthetics, when accompanied by sedation and monitored anesthesia care (MAC), can be counted as regional anesthetics and MAC cases.</td></tr>
<tr><td>Can two residents/fellows individually count the same case if they both participate in the patient’s care?<br><br>[Program Requirement: IV.C.15.]</td><td>If two individuals were involved in the majority of a major case (such as a liver transplant), including the most significant portions, both 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 the procedure should record credit for the case.</td></tr>
<tr><td>What specific topics should be covered during didactic sessions so that residents can meet the required knowledge outcomes?<br><br>[Program Requirement: IV.C.20.]</td><td>Although not required, the ABA Content Outline is a good resource for determining specific content for didactic sessions in clinical anesthesiology topics and related areas of the basic sciences. Topics from other specialties relevant to the practice of anesthesiology should be covered as well. These include the pre-operative preparation of the patient (internal medicine), the nature of the surgical procedure affecting anesthetic care (surgery), and the impacts of anesthetic management on the patient (obstetrics).</td></tr>
<tr><td>What documents does the Review Committee need to review to approve international rotations?<br><br>[Program Requirement: IV.C.25.a)]</td><td>One-time elective international rotations do not need to be reviewed or approved by the Review Committee. Any education or training away from an ACGME-accredited program (permanent or one-time) requires approval by the American Board of Anesthesiology's Credentials Committee.<br><br>Programs that wish to include a permanent international rotation must request approval from the Review Committee prior to initiating such a rotation. The process includes submission of a completed form, which can be found on the Documents and Resources page of the Anesthesiology section of the ACGME website.</td></tr>
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| Should a resident in a research track be subtracted from the resident complement for the period of the research assignment?<br><br>*[Program Requirement: IV.D.3.b)]* | 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.<br><br>Note: The research track experience differs from an innovative program, requests for which are addressed separately by the Review Committee. |
| How much time should be available for research within anesthesiology residencies?<br><br>*[Program Requirement: IV.D.3.b)]* | There is no minimum time requirement that must be available for research. However, every resident must complete an academic assignment during the program. |
| Can participation in lectures, journal clubs, or anesthesia committees meet the requirements for scholarly activity?<br><br>*[Program Requirement: IV.D.3.b)]* | 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. |
| **Evaluation** | |
| Can the Anesthesiology Milestones be used as rotational evaluations?<br><br>*[Program Requirement: V.A.1.b)]* | No. Milestones can be used to inform rotational evaluations, but should not be used verbatim and not in their entirety, as they are not applicable to all rotations. |
| Can the program director serve as chair of the Clinical Competency Committee (CCC)?<br><br>*[Program Requirement: V.A.3]* | No. While the program director may serve on the CCC, the American Board of Anesthesiology (ABA) disallows the program director from chairing the CCC. See the ABA Policy Book for more information, as this may adversely impact a graduating resident's ability to be certified through the ABA in the future.. |
| **The Learning and Working Environment** | |
| Does the Review Committee limit the maximum number of consecutive weeks of night float?<br><br>*[Program Requirement: VI.F.6.]* | 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 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. |
| **Other** | |

| Question | Answer |
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| What does the Review Committee require of a resident taking approved medical, parental, or caregiver leave(s) of absence?<br><br>*[Institutional Requirement: IV.H.]* | The Review Committee allows for flexibility in approved leaves of absence at the program level, provided that all clinical experience requirements are met, including case and procedure logs, and that the Clinical Competency Committee considers the affected resident fully prepared for autonomous practice. The program director is encouraged to seek guidance from the ABA's Absence from Training policy or with the AOBA, to ensure there will be no adverse effects on the resident's board eligibility and ultimate board certification. |
| If ADS states an incorrect number of residents or fellows in a particular program, what is the process to correct the error? | If ADS reflects any 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 Program Requirements, FAQs, and Applications page of the Anesthesiology section of the ACGME website. This information is also announced via the ACGME's weekly *e-Communication* when the approved requirements are posted. |
| When are programs notified about Review Committee decisions? | Review Committee decisions are communicated to programs via email 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. Letters of Notification will be sent within 30 days to programs with adverse accreditation decisions (i.e., Probationary Accreditation, Accreditation Withheld, Accreditation Withdrawn, or permanent complement decreases). |
| 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 the Review Committee requires. |