

**Frequently Asked Questions: Obstetric Anesthesiology  
Review Committee for Anesthesiology  
ACGME**

Question	Answer
<b>Program Personnel and Resources</b>	
<p>How much time must the program director devote to the educational aspects of the program, and how much to the clinical care of his or her patients?</p> <p><i>[Program Requirements: II.A.2.a) and II.A.3.g)]</i></p>	<p>Assuming a five-day work week on an annual aggregate, the program director's time must be allocated as follows:</p> <ul style="list-style-type: none"> <li>a) For at least two-and-a-half days the program director must be involved in the anesthetic care of pregnant women, including both clinical care and educational activities. For at least one of these two-and-a-half days, the program director must be engaged in educational activities such as administering the fellowship program, teaching fellows in non-clinical settings and conducting research.</li> <li>b) The remaining time (at least two-and-a-half days) can be allocated according to the needs of the department.</li> </ul>
<p>Must the faculty include certified anesthesiologist-intensivists?</p> <p><i>[Program Requirement: II.B.2.j)]</i></p>	<p>No. There must be faculty members certified in critical care medicine (CCM) for the joint and collaborative management of critically ill women during the puerperium. It is preferable, but not required, that the faculty include anesthesiologist-intensivists. However, also acceptable are other similarly qualified CCM faculty members who are not anesthesiologists. The adequacy of the educational experience for the fellows will be determined through emphasis on the joint and collaborative care of critically ill obstetric patients by intensivists.</p>
<p>Who are the necessary allied health staff members and other support personnel?</p> <p><i>[Program Requirement: II.D.2.]</i></p>	<p>The Review Committee recognizes that titles will vary by region or institution, that roles may overlap or be shared by multiple staff members, and that not all of the following need be present. The support personnel that would typically be associated with an obstetric anesthesiology fellowship are nurses (specialized critical care nurses, labor and delivery room nurses, pre-operative and Post-Anesthesia Care Unit (PACU) nurses, and licensed practical nurses), respiratory therapists or respiratory technicians, life support and airway technicians, blood gas technicians, diagnostic sonographers or ultrasound technicians, laboratory technicians, surgical technicians, phlebotomists, and medical assistants.</p>

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<p>Must fellows' critical care experience take place in an intensive care unit (ICU)?</p> <p><i>[Program Requirement: I.D.1.a)]</i></p>	<p>No. Care may be rendered in a critical care unit or in a similar high acuity unit in the labor and delivery area itself.</p>
<b>Fellow Appointments</b>	
<p>Why must a fellow have successfully completed an ACGME-accredited program in anesthesiology prior to enrollment in the program?</p> <p><i>[Program Requirement: III.A.1.]</i></p>	<p>While the obstetric anesthesiology competencies are distinct from those of the core residency program, the fellowship Program Requirements assume competencies already acquired during the core residency. Programs may accept candidates who have not completed an ACGME-accredited core residency into non-accredited fellowship positions, but these candidates may not detract from the educational experience of fellows in the accredited program. A certificate issued to fellows upon completion of a non-accredited program cannot state that the program was ACGME-accredited.</p>
<b>Educational Program</b>	
<p>Is the program responsible for fellows' maintenance of current certification in advanced cardiac life support (ACLS)?</p> <p><i>[Program Requirement: IV.B.1.b)]</i></p>	<p>The Program Requirements do not specifically dictate that fellows maintain current certification in ACLS. However, the Review Committee strongly encourages programs to work with their fellows to maintain the ACLS certification they achieved during their anesthesiology residency programs.</p>
<p>What is a high-risk maternal and high-risk fetal condition?</p> <p><i>[Program Requirements: IV.B.1.b).(2).(a)-(d)]</i></p>	<p>High risk for the mother for either vaginal or Cesarean delivery involves a parturient with co-existing disease(s) requiring medical therapy or obstetric conditions that complicate the pregnancy.</p> <p>A high-risk fetal condition is an antenatal diagnosis of a co-existing disease that requires antenatal or postnatal treatment.</p>
<p>What type of experience should residents have to meet the requirement for achieving competence in managing general anesthetics for vaginal or Cesarean delivery?</p> <p><i>[Program Requirement: IV.B.1.b).(1).(c)]</i></p>	<p>It is desirable that fellows gain experience in general anesthesia for delivery by assisting and supervising residents under the direction of an obstetric anesthesiologist rather than personally performing the anesthetic.</p>

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<p>Must the required three months or more of research/scholarly activity be scheduled as a block?</p> <p><i>[Program Requirement: IV.C.3.e]</i></p>	<p>No. This experience does not need to be three contiguous months, but should be an equivalent amount of time, and may be offered as a longitudinal experience. Increments should not be less than one day. (20 days is equivalent to one month.)</p>
<p>Must the presentation or publication of fellows' scholarly activity occur before completion of the fellowship?</p> <p><i>[Program Requirement: IV.D.3.a]</i></p>	<p>No. The fellow's involvement in the project must begin or continue during the fellowship, but the presentation or publication can occur after the fellowship has been completed.</p>
<b>Other</b>	
<p>What does the Review Committee require of a fellow taking approved medical, parental, or caregiver leave(s) of absence?</p> <p><i>[Institutional Requirement: IV.H.]</i></p>	<p>The Review Committee allows for flexibility in approved leaves of absence at the program level, provided that all clinical experience and procedural requirements are met, and that the Clinical Competency Committee considers the affected fellow fully prepared for autonomous practice.</p>