Frequently Asked Questions: Anesthesiology
Review Committee for Anesthesiology
ACGME

Question	Answer
Institutions	
What does the Review Committee mean that residents not should be required to rotate among multiple participating sites? *[Program Requirement: I.B.3.a).(2)]*	The intent of this requirement is to ensure the resident is not required to travel unnecessarily to hospitals or other clinical sites to receive training that could reasonably be expected to 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 rotate across three to four sites to achieve their 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.
What documents does the Review Committee need to review to approve international rotations? *[Program Requirement: I.B.3.a).(4).(a)]*	Those programs that wish to include an international rotation must request approval from the Review Committee prior to the rotation. This request must outline the clinical experience and the number of residents who will rotate, as well as goals and objectives for the rotation and evaluation. The request should also address physical environment issues such as housing, transportation, communication, terms of malpractice/liability, and safety. An addendum to the request should attach the supervision and oversight policy which specifies the participating faculty members, the relationship of these faculty members to the program, and qualifications of each individual participating faculty member.
Program Personnel and Resources	
When and how should program changes be communicated to the Review Committee? *[Program Requirement: II.A.4).(n)]*	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 approved by the Committee prior to any change. Significant loss of faculty, educational opportunities (including elimination of an essential service or primary teaching site), and changes in sponsorship or program director 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

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	designated institutional official (DIO) prior to submission.
Who is required to maintain Case Logs? *[Program Requirement: II.A.4).(r)]*	Each resident in a core anesthesiology program must maintain a Case Log of procedural experience.
If a resident had some anesthesia experience during his or her fundamental clinical skills education, should this be logged in the Case Log System? *[Program Requirement: II.A.4).(r)]*	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. | Case Log System "Resident Year"	3-year program	4-year program
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1	CA1	FCSE
2	CA2	CA1
3	CA3	CA2
4	N/A	CA3	
Can some procedures be counted more than once? *[Program Requirement: II.A.4).(r)]*	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 can be "counted" 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 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.
Can two residents/fellows individually count the same case if they both participate in the patient's care? *[Program Requirement: II.A.4).(r)]*	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 the procedure, should record credit for the case.
Who can participate as a critical care medicine (CCM) faculty member for the 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 residents' intensive care unit (ICU) rotations.

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Resident Appointments	
Are individuals who completed a broad-based clinical year in an AOA-approved program eligible to apply to ACGME-accredited anesthesiology programs? *[Program Requirement: III.A.1.]*	The Review Committee understands that during period of transition to a single GME accreditation system, core programs requiring a pre-requisite year may wish to consider applicants from AOA-approved programs that are not yet pre-accredited or accredited by the ACGME. Core programs will not jeopardize their accreditation status if they accept these individuals. Programs should check with the American Board of Anesthesiology (ABA) and/or the American Osteopathic Board of Anesthesiology (AOBA) regarding certification eligibility.
What criteria are used to determine the number of residents a program is permitted? *[Program Requirements: III.B.1.-2.]*	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 are approved by the Review Committee? *[Program Requirements: III.B.2.-3.]*	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.]*	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. 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? *[Program Requirement: III.C.]*	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 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. Note: This does not apply to residents who transfer into anesthesiology from other

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	specialties. If a resident does a PGY-1 year in a different specialty and then transfers into anesthesiology as a CA-1, he or she may not log any procedures performed during the PGY-1.
Is a program permitted to have non-ACGME-approved fellowship positions and would they be treated differently as far as compensation, benefits, etc.? *[Program Requirement: III.D.]*	Programs *may* 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 and education of residents in ACGME-approved positions.
Educational Program	
What specific topics should be covered during didactic sessions so that residents can meet the required knowledge outcomes? *[Program Requirement: IV.A.3.b)]*	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).
Can ICU rotations substitute for inpatient experience during the fundamental clinical skills? *[Program Requirement: IV.A.6.a).(2)]*	Yes, an ICU rotation can serve as inpatient experience in the 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.A.5.a).(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? *[Program Requirement: IV.A.6.a).(2)]*	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.A.5.a).(1).(a). Critical care is the specialized care of patients who have life threatening conditions.

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	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? *[Program Requirement: IV.A.6.b)]*	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 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.
What pre-operative experience is acceptable to the Review Committee? *[Program Requirement: IV.A.6.d)]*	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 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? *[Program Requirement: IV.A.6.c)]*	The intent of this 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

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	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.
How will the Review Committee determine if there is adequate experience in simulation? *[Program Requirement: IV.A.6.l)]*	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. 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? *[Program Requirement: IV.B.4.]*	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.
How much time should be available for research within anesthesiology residencies? *[Program Requirement: IV.B.4.]*	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? *[Program Requirement: IV.B.4.]*	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.

Question	Answer
The Learning and Working Environment	
Does the Review Committee limit the maximum number of consecutive weeks of night float? *[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	
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 Anesthesiology page on 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 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.