**New Application: Obstetric Anesthesiology**

**Review Committee for Anesthesiology**

**ACGME**

**Oversight**

1. Does the sponsoring institution also sponsor ACGME-accredited residency programs in: [PR 1.2.a.]
2. Anesthesiology [ ]  YES [ ]  NO
3. Obstetrics and Gynecology [ ]  YES [ ]  NO
4. Describe the interaction expected between the anesthesiology residency and the fellowship, that results in coordination of educational, clinical, and investigative activities. [PR 1.2.b.](Limit response to 400 words)

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| Click or tap here to enter text. |

1. Is there an active maternal fetal medicine and neonatology service that is regularly involved in multidisciplinary care? [PR 1.2.c.] [ ]  YES [ ]  NO

**Resources**

1. Are the following clinical facilities available at each participating site? [PR 1.8.a.-1.8.c.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Labor rooms | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Cesarean/Operative rooms | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Maternal and fetal monitoring equipment | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Advanced life support equipment | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| A post-anesthesia care unit (PACU) or Labor-Delivery-Postpartum rooms  | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

1. Indicate the number of the following clinical facilities that are available at each participating site:
[PR 1.8.a.-1.8.c.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Labor rooms | # | # | # | # |
| Cesarean/Operative rooms | # | # | # | # |

1. Is there a clinical laboratory that provides prompt and readily available diagnostic and laboratory measurements pertinent to the care of obstetric patients? [PR 1.8.d.] [ ]  YES [ ]  NO
2. Patient Population

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| For the most recent one-year period, provide the number of high-risk obstetric patients at each site. [PR I.D.1.e)] | # | # | # | # |

1. Are the following available for the education of fellows at each participating site? [PR 1.8.f.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Access to computers | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   |
| Conference space | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   |
| Meeting space | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   |
| Space for academic activities | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   | [ ]  YES [ ]   |

**Personnel**

**Program Director**

1. What percentage of the program director’s clinical, educational, administrative, and academic time will be devoted to the anesthetic care of pregnant patients? [PR 2.4.e.] # %
2. What percentage of the program director’s educational and administrative (non-clinical) time will be devoted to the fellowship? [PR 2.3.a.] # %

**Faculty**

1. Indicate whether faculty member(s) in the specialties listed below will be available to the program and indicate the role that each type will play in the program. Check all that apply. [PR 2.7.f.-2.7.g.]

| **Type of faculty** | **Available to the fellowship program** | **Provide consultations** | **Participate in collaborative management of patients** | **Provide fellow instruction** | **Provide fellow supervision** |
| --- | --- | --- | --- | --- | --- |
| Obstetrics and Gynecology |[ ] [ ] [ ] [ ] [ ]
| Non-anesthesiology faculty with expertise in maternal and fetal medicine |[ ] [ ] [ ] [ ] [ ]
| Non-anesthesiology faculty with expertise in neonatology |[ ] [ ] [ ] [ ] [ ]

1. Will the faculty include members certified in critical care medicine who practices in an ICU that cares for obstetric patients? [PR 2.7.g.]
 [ ]  YES [ ]  NO

**Other Program Personnel**

1. Describe the specialty nursing staff that will be available for the care of the critically ill newborn.
[PR 2.12.a.] (Limit response to 400 words)

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1. Briefly describe the allied health staff and other support personnel that will be available to provide the comprehensive care necessary for patients during pregnancy. [PR 2.12.b.] (Limit response to 400 words)

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

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

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The comprehensive analgesic/anesthetic management of deliveries, including: |
| Planned vaginal deliveries with a high-risk maternal co-morbidity (at least 30 must be performed)[PR 4.4.a.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Obtaining the appropriate diagnostic testing and consultation and communication with the multi-disciplinary team[PR 4.4.a.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Planned vaginal deliveries with high-risk fetal conditions (at least 30 must be performed)[PR 4.4.a.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Appropriate interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing[PR 4.4.a.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cesarean deliveries with a high-risk maternal co-morbidity (at least 30 must be performed)[PR 4.4.a.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Application of broad anesthetic principles and techniques in creating a comprehensive anesthetic care plan[PR 4.4.a.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Collaborative management between anesthesiologists and obstetricians of women with abnormal placentation[PR 4.4.a.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cesarean deliveries with a high-risk fetal condition (at least 20 must be performed)[PR 4.4.a.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing[PR 4.4.a.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Managinganesthetics during the first, second, or third trimesters, other than for Cesarean delivery, including antepartum procedures involving prenatal diagnosis and fetal treatment, maternal cardioversion, or electroconvulsive therapy (at least 10 must be performed overall)[PR 4.4.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Managing general anesthetics for Cesarean or vaginal delivery[PR 4.4.c.] | Click or tap here to enter text. | Click or tap here to enter text. |

1. For the most recent one-year period, provide the data requested below for each participating site listed in ADS:

| **Number of:** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Planned vaginal deliveries with a high-risk maternal co-morbidity [PR 4.4.a.1.] | # | # | # | # |
| Planned vaginal deliveries with high-risk fetal conditions [PR 4.4.a.2.] | # | # | # | # |
| Cesarean deliveries with a high-risk maternal co-morbidity[PR 4.4.a.3.] | # | # | # | # |
| Cesarean deliveries with a high-risk fetal condition [PR 4.4.a.4.] | # | # | # | # |
| Antepartum procedures involving: [PR 4.4.b.] |
| Diagnosis and fetal treatment | # | # | # | # |
| Maternal cardioversion | # | # | # | # |
| Electroconvulsive therapy | # | # | # | # |

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

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Fellows must demonstrate proficiency and skill preparing for and providing care, including developing a care plan, which acknowledges the patient’s birth plan goals.[PR 4.4.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fellows must demonstrate competence in the anesthesia critical care of patients during the puerperium.[PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate knowledge of the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high risk pregnant patient. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Physiologic changes associated with pregnancy[PR 4.6.a.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Normal and abnormal fetal development and the potential teratogenicity of exposures (e.g., medications, radiation) during pregnancy[PR 4.6.a.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fetal and placental physiology and pathophysiology, models of uteroplacental perfusion, and pharmacokinetics of placental transfer[PR 4.6.a.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neonatal physiology and advanced neonatal resuscitation[PR 4.6.a.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Medical disease and pregnancy, including hypertensive disorders, obesity, respiratory disorders, cardiac disorders (congenital and acquired), dysrhythmias, gastrointestinal diseases, endocrine disorders, autoimmune disorders, hematologic and coagulation disorders, oncologic disorders, musculoskeletal and connective tissue disorders (congenital and acquired), substance use disorders (SUDs), opioid dependence, infectious diseases (e.g., HIV/AIDS, influenza, Zika, COVID-19), and psychiatric diseases[PR 4.6.a.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Obstetric management of normal and abnormal labor, induction of labor, trial of labor after Cesarean delivery, management of routine, urgent, and emergent delivery, and management of instrumented vaginal delivery[PR 4.6.a.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Medications affecting the uterus, tocolytic therapy, methods of tocolysis, uterotonic medications, and effects on anesthetic management[PR 4.6.a.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Labor pain, including pain pathways, experimental models for studying pain of labor, biochemical mechanisms of labor pain, and modalities for treating labor pain[PR 4.6.a.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Local anesthetic use in obstetrics, including pregnancy-related effects on pharmacodynamics and pharmacokinetics; recognition and treatment of complications; lipid rescue of local anesthetic cardiotoxicity; effects on the fetus in different settings, including prematurity, asphyxia, fetal cardiovascular and neurological effects; and fetal drug disposition[PR 4.6.a.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neuraxial opioid use in obstetrics, including prevention, recognition, and treatment of complications and post-operative monitoring; effects on the fetus; and fetal/neonatal drug disposition[PR 4.6.a.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Regional anesthetic techniques[PR 4.6.a.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Vasoactive medication[PR 4.6.a.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use of circulatory support devices, such as extracorporeal membrane oxygenation (ECMO) for complex parturient management [PR 4.6.a.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| General anesthesia use in obstetrics, including recognition and treatment of complications, alternatives for securing the airway in pregnant patients (anticipated/unanticipated difficult airway), consequences on utero-placental perfusion, and opposing maternal-fetal considerations regarding the use of general anesthesia[PR 4.6.a.14.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Anesthetic and obstetric management of obstetric complications and emergencies, including intrauterine fetal demise, placental abruption, placenta previa, morbidly adherent placenta, vasa previa, umbilical cord prolapse, uterine rupture, uterine atony, uterine inversion, amniotic fluid embolism, and postpartum hemorrhage [PR 4.6.a.15.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Anesthetic and obstetric management of hypertensive disorders of pregnancy including study of preeclampsia; etiology and epidemiology; pathophysiology; biomolecular and genetic changes; peripartum care; and maternal morbidity and mortality from hypertensive disorders of pregnancy [PR 4.6.a.16.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognition and prevention of impending maternal morbidity or mortality, including critical events and recognition of clinical warning signs (e.g., maternal early warning systems)[PR 4.6.a.17.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations[PR 4.6.a.18.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cardiac arrest in pregnancy; cardiopulmonary resuscitation (CPR), peri-mortem Cesarean delivery, and advanced cardiac life support in pregnancy; ECMO in pregnancy; and implementation of cognitive aids and/or checklists and unit preparation for maternal cardiac arrest, including team training, crisis communication, and simulation; [PR 4.6.a.19.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Postpartum tubal ligation and timing, including policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, the epidemiologic effects of delaying requested postpartum ligation procedures, and reliable contraceptive alternatives[PR 4.6.a.20.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Optimizing post-Cesarean recovery[PR 4.6.a.21.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Anesthetic management of non-delivery obstetricprocedures (e.g., dilation and curettage, dilationand evacuation, cerclage placement, and externalcephalic version)[PR 4.6.a.22.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Non-obstetric surgery during pregnancy, including timing, laparoscopy and cardiorespiratory effects on the mother and fetus, fetal monitoring considerations, post-operative analgesia, and, in the postpartum patient, breastfeeding after surgery[PR 4.6.a.23.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Effects of maternal medications and anesthetic technique on breastfeeding, including effects of surgical anesthesia, labor analgesia and postpartum analgesia[PR 4.6.a.24.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Antepartum and intrapartum fetal monitoring, including the application of ultrasonography, biophysical profile, electronic fetal heart monitoring, assessment of uterine contraction pattern and labor, and acid-base status of the fetus[PR 4.6.a.25.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Effects of general anesthesia on the mother and fetus, and the effects of fetal circulation and placental transfer on newborn adaptation[PR 4.6.a.26.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Multidisciplinary care involving obstetrics, maternal-fetal medicine, cardiology, transfusion medicine, critical care, and neonatology[PR 4.6.a.27.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fundamentals of point-of-care ultrasound, image acquisition, and interpretation, including lung, gastric, cardiac, vascular, and neuraxial[PR 4.6.a.28.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fetal treatment procedures, including indications, peri-operative considerations, and anesthetic management of mother and fetus for open, minimally invasive, and ex-utero intrapartum treatment (EXIT) procedures [PR 4.6.a.29.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognition of critically ill pregnant patients; escalation of care, including regionalization of maternal care and Maternal Levels of Care; and transport and monitoring of critically ill pregnant patients within one hospital and between hospitals[PR 4.6.a.30.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Organization and management of an obstetric anesthesia service, health care delivery models, reimbursement, building a service, and regulatory agencies with jurisdiction, contract negotiation, economics, billing, government regulations, financial and budgeting considerations, and medical liability specific to labor and delivery[PR 4.6.a.31.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Legal and ethical issues during pregnancy, including consent issues related to blood refusal, pregnant minors, competency, and maternal autonomy[PR 4.6.a.32.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Psychosocial and social issues[PR 4.6.a.33. | Click or tap here to enter text. | Click or tap here to enter text. |
| Medical economics and public health issues of patients during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, trial of labor after Cesarean (TOLAC), postpartum tubal ligation, and Cesarean delivery rates[PR 4.6.a.34.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Maternal morbidity and mortality, including international, national, state, and local racial and economic determinants; and knowledge of maternal morbidity and mortality review boards[PR 4.6.a.35.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Regulatory policies and procedures governing the labor and delivery unit, obstetric operating rooms, and the obstetric PACU, and the potential effects of societal, institutional, and governmental factors[PR 4.6.a.36.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles and ethics of research in pregnant patients, their fetuses, and neonates[PR 4.6.a.37.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Processes involved in design, approval, and and implementation of research and clinical trials[PR 4.6.a.38.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Research funding, including: [PR 4.6.a.39.] |
| Components of a research budget, to include direct and indirect costs.[PR 4.6.a.39.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Funding procurement mechanisms[PR 4.6.a.39.b.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to develop skills and habits to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 400 words)

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| Click or tap here to enter text. |

**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows develop an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Indicate the frequency of each of the following didactic activities anticipated for the fellowship program: [PR 4.11.f.]

|  |  |
| --- | --- |
| **Activity** | **Frequency** |
| Lectures | Click or tap here to enter text. |
| Conferences | Click or tap here to enter text. |
| Facilitated self-learning | Click or tap here to enter text. |
| Workshops | Click or tap here to enter text. |
| Simulation | Click or tap here to enter text. |

1. What is the percentage of sessions in which faculty members will serve as conference leaders?
[PR 4.11.f.1.] # %
2. Is each didactic topic included as a medical knowledge outcome in the program’s curriculum?
[PR 4.6.;4.11.f.2.] [ ]  YES [ ]  NO
3. Briefly describe how the program will provide fellows with instruction in:
4. The impact of different anesthetic and analgesic techniques on health care resources, including room allocation; staffing; and patient throughput. [PR 4.11.f.3.](Limit response to 400 words)

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1. Sound business practices and the direct and indirect costs of different obstetric analgesic and anesthetic techniques. [PR 4.11.f.4.] (Limit response to 400 words)

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**Scholarship**

Will each fellow be assigned a faculty mentor to oversee the fellow’s scholarly project? [PR 4.15.b.] [ ]  YES [ ]  NO

**Evaluation**

Will faculty members provide evaluations of each fellow’s progress and competence to the program director: [PR 5.1.h.]

1. at the end of three months of education? [ ]  YES [ ]  NO
2. at the end of six months of education? [ ]  YES [ ]  NO
3. at the end of nine months of education? [ ]  YES [ ]  NO

**Supervision and Accountability**

1. Describe how the fellowship program director, together with the anesthesiology residency program director, will prepare and implement a supervision policy that specifies the lines of responsibility for the anesthesiology residents and the fellows. [PR 6.6.a.] (Limit response to 400 words)

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| Click or tap here to enter text. |

**Clinical Experience and Education**

1. Will exceptions to the eight-hours off between scheduled clinical work and education periods be determined in consultation with the supervising faculty member? [CPR 6.21.-6.21.a.]
 [ ]  YES [ ]  NO