

**ACGME Program Requirements for Graduate Medical Education
in Pediatric Anesthesiology
Summary and Impact of Major Requirement Revisions**

Requirement #: **Int.B.**

Requirement Revision (significant change only):

Int.B. Definition of Subspecialty

Pediatric anesthesiology involves caring for pediatric patients in the operating rooms and other anesthetizing locations, the post-operative anesthesia care unit, and in intensive care units. ~~Clinical education experiences include providing anesthesia both for inpatient and outpatient surgical procedures, and for non-operative procedures outside the operating rooms, as well as pre-anesthesia preparation and post-anesthesia care, pain management, and advanced life support for neonates, infants, children, and adolescents.~~

1. Describe the Review Committee's rationale for this revision:
Clinical experiences are detailed in Section IV and are not used to define the specialty itself.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
n/a
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
n/a

Requirement #: **II.A.2.a)**

Requirement Revision (significant change only):

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE) for the Program Director</u>	<u>Minimum Additional Support Required (FTE) for Program Leadership in Aggregate</u>	<u>Total Minimum Program Leadership Support</u>
<u>1-3</u>	<u>0.1</u>	<u>0.025</u>	<u>0.125</u>
<u>4-6</u>	<u>0.15</u>	<u>0.05</u>	<u>0.2</u>
<u>7-9</u>	<u>0.2</u>	<u>0.1</u>	<u>0.3</u>
<u>10-14</u>	<u>0.2</u>	<u>0.15</u>	<u>0.35</u>
<u>15 and over</u>	<u>0.2</u>	<u>0.2</u>	<u>0.4</u>

<u>Number of Approved Fellow Positions</u>	<u>Minimum FTE</u>
<u>1-2</u>	<u>0.1</u>
<u>3</u>	<u>0.125</u>
<u>4</u>	<u>0.15</u>
<u>5</u>	<u>0.175</u>
<u>>5</u>	<u>0.2</u>

- Describe the Review Committee's rationale for this revision:
The Review Committee has received a number of concerns related to insufficient dedicated time for the program director and leadership team.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It will improve fellow education by providing more protected time for the program director and leadership team.
- How will the proposed requirement or revision impact continuity of patient care?
n/a
- Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Possibly, if the program does not currently provide sufficient protected non-clinical administrative time for the program director and/or leadership team.
- How will the proposed revision impact other accredited programs?
n/a

Requirement #: **IV.B.1.b).(2).(b)**

Requirement Revision (significant change only):

IV.B.1.b).(2).(b) Fellows must maintain certification ~~as providers of in pediatric~~ advanced life support skills in pediatrics (PALS). (Core)

- Describe the Review Committee's rationale for this revision:

The Review Committee acknowledges there may be other certification bodies for advanced life support skills in pediatrics so the expectation has been stated in general terms. This change is mirrored in the new ACGME Program Requirements for Graduate Medical Education in Pediatrics as well.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
n/a
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
n/a

Requirement #: **IV.C.3.- IV.C.8.**

Requirement Revision (significant change only):

IV.C.3. The curriculum must be structured to include:

IV.C.3.a) ~~a~~A minimum of nine months ~~should be~~ devoted to required clinical experiences; ~~and, The remaining time may be spent engaging in research or on elective rotations.~~ ^(Core)

IV.C.3.a).(1) The total time in rotations outside the primary clinical site should not exceed four months. ^(Detail)

IV.C.3.b) sufficient non-clinical time designated for research or other well-defined scholarly activity, leading to new knowledge related to pediatric anesthesiology. ^(Core)

IV.C.3.b).(1) The fellow must receive a minimum of 12 non-clinical days per year to facilitate fellow involvement in scholarly activities. ^(Core)

Subspecialty-Specific Background and Intent: The Review Committee recommends that the program consider additional non-clinical time, in accordance with programmatic and departmental expectations of scholarly activity.

IV.C.4. ~~The program must have a specialty-specific written policy regarding substance use disorders.~~ ^(Core)

IV.C.5. ~~The program must prepare, review periodically, and, if necessary, revise a written outline of the educational goals of the program with respect to~~

	the knowledge, skills, and other attributes of fellows at each level of education, and for each major rotation or other program assignment; (Detail)
IV.C.6.	The curriculum must include a didactic program based upon the core knowledge content in the subspecialty area. (Core)
IV.C.6.a)	Conferences may include peer review case conferences and/or morbidity and mortality conferences, multidisciplinary conferences, and departmental grand rounds. (Detail)
IV.C.6.b)	Multidisciplinary conferences and case presentations should involve faculty members from other specialties. (Detail)
IV.C.6.c)	Faculty members and fellows should be actively involved in planning and conducting conferences. (Detail)
IV.C.7.	The curriculum must be designed in order for fellows to demonstrate:
IV.C.7.a)	development of self-assessment and reflection skills and habits; (Core)
IV.C.7.b)	effective communication skills in acquisition of informed consent, description, and management of the patient care plan, and disclosure and management of complications/errors; (Core)
IV.C.7.c)	the ability to effectively teach other resident physicians, medical students, and other health care professionals the principles of pediatric anesthesiology, including management of patients requiring sedation outside the operating rooms, pain management, and life support; (Core)
IV.C.7.d)	competence in providing psychological support to patients and their families; and, (Core)
IV.C.7.e)	a commitment to carrying out professional responsibilities and an adherence to ethical principles. (Core)
	This must include:
IV.C.7.e).(1)	compassion, integrity, and respect for others; (Core)
IV.C.7.e).(2)	responsiveness to patient needs; (Core)
IV.C.7.e).(3)	respect for patient privacy and autonomy; (Core)
IV.C.7.e).(4)	accountability to patients, society, and the profession; (Core)
IV.C.7.e).(5)	sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture,

	race, religion, disabilities, and sexual orientation; and, (Core)
IV.C.7.e).(6)	compliance with institutional, departmental, and program policies. (Core)
IV.C.8.	The curriculum must be designed in order for fellows to:
IV.C.8.a)	work in interprofessional teams to enhance patient safety and improve patient care quality; (Core)
IV.C.8.b)	identify system errors and assist in the implementation of potential system solutions; and, (Core)
IV.C.8.c)	be involved in continuous quality improvement, utilization review, and risk management. (Core)

- Describe the Review Committee’s rationale for this revision:
The SPA Task Force was charged with development of recommendations to prepare pediatric anesthesiology fellows to “provide high quality perioperative care to children in all settings, lead healthcare into the future, and generate new knowledge to the benefit of children, families, and the specialty.” The SPA Task Force determined that fellows need additional resources to facilitate scholarly productivity and propose additional non-clinical time for fellows to produce scholarship.

IV.C.4.-8. were deleted from the July 1, 2023 Common Program Requirements (Fellowship version) as subcompetencies for Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Systems-based Practice. These subcompetencies were deleted because they should be acquired during residency and demonstrated throughout independent practice. Excluding them here aligns with that revision and will allow programs to focus instead on developing subspecialty-specific subcompetencies.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
n/a
- How will the proposed requirement or revision impact continuity of patient care?
n/a
- Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
- How will the proposed revision impact other accredited programs?
n/a

Requirement #: **IV.D.3.b)**

Requirement Revision (significant change only):

IV.D.3.b) The program must provide a Scholarship Oversight Committee consisting of at least three faculty members to oversee and evaluate each fellow's progress related to the scholarly project. ^(Core)

Subspecialty-Specific Background and Intent: The process of establishing the Scholarship Oversight Committee should be a collaborative effort to ensure that fellow scholarly activity meets expectations related to the department's and institution's missions. As such, the Scholarship Oversight Committee should include an expert from another anesthesiology subspecialty or another pediatric subspecialty fellowship program outside of pediatric anesthesiology.

1. Describe the Review Committee's rationale for this revision:
SPA Task Force was charged with development of recommendations to prepare pediatric anesthesiology fellows to "provide high quality perioperative care to children in all settings, lead healthcare into the future, and generate new knowledge to the benefit of children, families, and the specialty." The SPA Task Force determined that fellows need additional resources to facilitate scholarly productivity and proposed this scholarship oversight committee.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement provides a focus on research and scholarly activity to provide additional resources for fellows to grow and develop within a vibrant environment of inquiry.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The potential exists for additional time and faculty dedicated to conduct research.
5. How will the proposed revision impact other accredited programs?
n/a