

ACGME Educational Requirements for Anesthesiologists - 2015

III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion. ^(Detail)

III.D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. ^(Core)

III.D.1. The program director must report the presence of other learners to the DIO and GMCC in accordance with sponsoring institution guidelines. ^(Detail)

III.D.2. The integration of nonphysician personnel into a department with an accredited program in anesthesiology will not influence the accreditation of such a program unless it becomes evident that such personnel interfere with resident education. Interference may result from dilution of faculty member effort, dilution of the available teaching experience, or downgrading of didactic material. Clinical instruction of residents by nonphysician personnel is inappropriate, as is excessive supervision of such personnel by resident staff. Additional necessary professional, technical, and clerical personnel must be provided to support the program. ^(Detail)

IV. Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Overall educational goals for the program, which the program must make available to residents and faculty; ^(Core)

IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form; ^(Core)

IV.A.3. Regularly scheduled didactic sessions; ^(Core)

IV.A.4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and, ^(Core)

IV.A.5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum: ^(Core)

IV.A.5.a) Patient Care and Procedural Skills

IV.A.5.a).(1)

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents: ^(Outcome)

must demonstrate competence in anesthetic management, including care for:

IV.A.5.a).(1).(a)

patients younger than 12 years of age undergoing surgery or other procedures requiring anesthetics; ^(Outcome)

IV.A.5.a).(1).(a).(i)

This experience must involve care for 100 patients younger than 12 years of age. ^(Core)

IV.A.5.a).(1).(a).(ii)

Within this patient group, 20 children must be younger than three years of age, including five younger than three months of age. ^(Core)

IV.A.5.a).(1).(b)

patients who are evaluated for management of acute, chronic, or cancer-related pain disorders; ^(Outcome)

IV.A.5.a).(1).(b).(i)

This experience must involve care for 20 new patients. ^(Core)

IV.A.5.a).(1).(b).(ii)

Residents must be familiar with the breadth of pain management, including clinical experience with interventional pain procedures. ^(Outcome)

IV.A.5.a).(1).(c)

patients scheduled for evaluation prior to elective surgical procedures; ^(Outcome)

IV.A.5.a).(1).(d)

patients immediately after anesthesia, including direct care of patients in the post-anesthesia-care unit, and responsibilities for management of pain, hemodynamic changes, and emergencies related to the post-anesthesia-care unit; and, ^(Outcome)

IV.A.5.a).(1).(e)

critically-ill patients. ^(Outcome)

IV.A.5.a).(2)

Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Residents: ^(Outcome)

must achieve competence in the delivery of anesthetic care to:

- IV.A.5.a).(2).(a) patients undergoing vaginal delivery; ^(Outcome)
- IV.A.5.a).(2).(a).(i) This experience must involve care for 40 patients. ^(Core)
- IV.A.5.a).(2).(b) patients undergoing cesarean sections; ^(Outcome)
- IV.A.5.a).(2).(b).(i) This experience must involve care for 20 patients. ^(Core)
- IV.A.5.a).(2).(c) patients undergoing cardiac surgery; ^(Outcome)
- IV.A.5.a).(2).(c).(i) This experience must involve care for 20 patients. ^(Core)
- IV.A.5.a).(2).(c).(ii) The majority of cardiac procedures involving the use of cardiopulmonary bypass. ^(Core)
- IV.A.5.a).(2).(d) patients undergoing open or endovascular procedures on major vessels, including carotid surgery, intrathoracic vascular surgery, intra-abdominal vascular surgery, or peripheral vascular surgery; ^(Outcome)
- IV.A.5.a).(2).(d).(i) This experience must involve care for 20 patients. ^(Core)
- IV.A.5.a).(2).(d).(ii) Excluded from this category is surgery for vascular access or repair of vascular access. ^(Core)
- IV.A.5.a).(2).(e) patients undergoing non-cardiac intrathoracic surgery, including pulmonary surgery and surgery of the great vessels, esophagus, and the mediastinum and its structures; ^(Outcome)
- IV.A.5.a).(2).(e).(i) This experience must involve care for 20 patients. ^(Core)
- IV.A.5.a).(2).(f) patients undergoing intracerebral procedures, including those undergoing intracerebral endovascular procedures; ^(Outcome)
- IV.A.5.a).(2).(f).(i) This experience must involve care for 20 patients. ^(Core)
- IV.A.5.a).(2).(f).(ii) The majority of these must involve an open cranium. ^(Core)
- IV.A.5.a).(2).(g) patients for whom epidural anesthetics are used as

- part of the anesthetic technique or epidural catheters are placed for peri-operative analgesia;
(Outcome)
- IV.A.5.a).(2).(g).(i) This experience must involve care for 40 patients. (Core)
- IV.A.5.a).(2).(g).(ii) Use of a combined spinal/epidural technique may be counted as both a spinal and an epidural procedure. (Detail)
- IV.A.5.a).(2).(h) patients undergoing procedures for complex, immediate life-threatening pathology; (Outcome)
- IV.A.5.a).(2).(h).(i) This experience must involve care for 20 patients. (Core)
- IV.A.5.a).(2).(h).(ii) Examples of these injuries include trauma associated with car crashes, falls from high places, penetrating wounds, industrial and farm accidents, assaults, and burns covering more than 20 percent of body surface area. (Detail)
- IV.A.5.a).(2).(i) patients undergoing surgical procedures, including cesarean sections, with spinal anesthetics; (Outcome)
- IV.A.5.a).(2).(i).(i) This experience must involve care for 40 patients. (Core)
- IV.A.5.a).(2).(i).(ii) Use of a combined spinal/epidural technique may be counted as both a spinal and an epidural procedure. (Detail)
- IV.A.5.a).(2).(j) patients undergoing surgical procedures in whom peripheral nerve blocks are used as part of the anesthetic technique or peri-operative analgesic management; (Outcome)
- IV.A.5.a).(2).(j).(i) This experience must involve care for 40 patients. (Core)
- IV.A.5.a).(2).(k) patients with acute post-operative pain, including those with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities; (Outcome)
- IV.A.5.a).(2).(l) patients whose peri-operative care requires specialized techniques, including; (Outcome)
- IV.A.5.a).(2).(l).(i) a broad spectrum of airway management

- techniques (e.g., performance of fiberoptic intubation, and lung isolation techniques, such as double lumen endotracheal tube placement and endobronchial blockers);
(Outcome)
- IV.A.5.a).(2).(l).(ii) central vein and pulmonary artery catheter placement, and the use of transesophageal echocardiography and evoked potentials; and,
(Outcome)
- IV.A.5.a).(2).(l).(iii) EEG or processed EEG monitoring as part of the procedure, or adequate didactic instruction to ensure familiarity with EEG use and interpretation. Bispectral index use and other similar interpolated modalities are not sufficient to satisfy this requirement.
(Outcome)
- IV.A.5.a).(2).(m) patients undergoing diagnostic or therapeutic procedures outside of the surgical suites.
(Outcome)

IV.A.5.b)

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents:
(Outcome)

- IV.A.5.b).(1) must demonstrate appropriate medical knowledge in the topics anesthetic care of patients, including:
- IV.A.5.b).(1).(a) practice management to address issues such as:
(Outcome)
- IV.A.5.b).(1).(a).(i) operating room management,
(Outcome)
- IV.A.5.b).(1).(a).(ii) evaluation of types of practice;
(Outcome)
- IV.A.5.b).(1).(a).(iii) financial planning;
(Outcome)
- IV.A.5.b).(1).(a).(iv) contract negotiations;
(Outcome)
- IV.A.5.b).(1).(a).(v) billing arrangements;
(Outcome)
- IV.A.5.b).(1).(a).(vi) professional liability;
(Outcome)
- IV.A.5.b).(1).(a).(vii) legislative and regulatory issues; and,
(Outcome)
- IV.A.5.b).(1).(a).(viii) fiscal stewardship of health services

delivery. ^(Outcome)

IV.A.5.b).(1).(b)

management of problems of the geriatric population; ^(Outcome)

IV.A.5.b).(1).(c)

management of the specific needs of the ambulatory surgical patient; and, ^(Outcome)

IV.A.5.b).(1).(d)

management of the specific needs of patients undergoing diagnostic or therapeutic procedures outside of the surgical suite. ^(Outcome)

IV.A.5.c)

Practice-based Learning and Improvement

Residents must demonstrate the ability 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 life-long learning.
^(Outcome)

Residents are expected to develop skills and habits to be able to meet the following goals:

IV.A.5.c).(1)

identify strengths, deficiencies, and limits in one's knowledge and expertise; ^(Outcome)

IV.A.5.c).(2)

set learning and improvement goals; ^(Outcome)

IV.A.5.c).(3)

identify and perform appropriate learning activities;
^(Outcome)

IV.A.5.c).(4)

systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; ^(Outcome)

IV.A.5.c).(5)

incorporate formative evaluation feedback into daily practice; ^(Outcome)

IV.A.5.c).(6)

locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; ^(Outcome)

IV.A.5.c).(7)

use information technology to optimize learning; and,
^(Outcome)

IV.A.5.c).(8)

participate in the education of patients, families, students, residents and other health professionals.
^(Outcome)

IV.A.5.d)

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. ^(Outcome)

Residents are expected to:

- IV.A.5.d).(1) **communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;** ^(Outcome)
- IV.A.5.d).(2) **communicate effectively with physicians, other health professionals, and health related agencies;** ^(Outcome)
- IV.A.5.d).(3) **work effectively as a member or leader of a health care team or other professional group;** ^(Outcome)
- IV.A.5.d).(4) **act in a consultative role to other physicians and health professionals;** ^(Outcome)
- IV.A.5.d).(5) **maintain comprehensive, timely, and legible medical records, if applicable;** ^(Outcome)
- IV.A.5.d).(6) **maintain a comprehensive anesthesia record for each patient, including evidence of pre- and post-operative anesthesia assessment, an ongoing reflection of the drugs administered, the monitoring employed, the techniques used, the physiologic variations observed, the therapy provided as required, and the fluids administered; and,** ^(Outcome)
- IV.A.5.d).(7) **create and sustain a therapeutic relationship with patients, engage in active listening, provide information using appropriate language, ask clear questions, provide an opportunity for comments and questions, and demonstrate sensitivity and responsiveness to cultural differences, including awareness of their own and their patients' cultural perspectives.** ^(Outcome)

IV.A.5.e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. ^(Outcome)

Residents are expected to demonstrate:

- IV.A.5.e).(1) **compassion, integrity, and respect for others;** ^(Outcome)
- IV.A.5.e).(2) **responsiveness to patient needs that supersedes self-interest;** ^(Outcome)

- IV.A.5.e).(3) **respect for patient privacy and autonomy;** ^(Outcome)
- IV.A.5.e).(4) **accountability to patients, society and the profession; and,** ^(Outcome)
- IV.A.5.e).(5) **sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.** ^(Outcome)
- IV.A.5.f) **Systems-based Practice**
- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.** ^(Outcome)
- Residents are expected to:**
- IV.A.5.f).(1) **work effectively in various health care delivery settings and systems relevant to their clinical specialty;** ^(Outcome)
- IV.A.5.f).(2) **coordinate patient care within the health care system relevant to their clinical specialty;** ^(Outcome)
- IV.A.5.f).(3) **incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;** ^(Outcome)
- IV.A.5.f).(4) **advocate for quality patient care and optimal patient care systems;** ^(Outcome)
- IV.A.5.f).(5) **work in interprofessional teams to enhance patient safety and improve patient care quality; and,** ^(Outcome)
- IV.A.5.f).(6) **participate in identifying system errors and implementing potential systems solutions.** ^(Outcome)
- IV.A.6. **Curriculum Organization and Resident Experiences**
- IV.A.6.a) **There must be a wide spectrum of disease processes and surgical procedures available within the program to provide each resident with a broad exposure to different types of anesthetic management within the anesthesiology residency program.** ^(Core)
- IV.A.6.b) **Residents must have documented involvement, for at least four weeks, in pre-operative medicine.** ^(Core)
- IV.A.6.c) **There must be a post-anesthesia care experience of one-half**