

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

Requirement #: II.B.2.

Requirement Revision (significant change only):

**The physician faculty must have current certification in the specialty by the American Board of Anesthesiology (ABA), the American Osteopathic Board of Anesthesiology (AOBA), or possess qualifications judged acceptable to the Review Committee.** <sup>(Core)</sup>

1. Describe the Review Committee’s rationale for this revision: **Anesthesiology residencies formerly accredited by the American Osteopathic Association are becoming accredited by the ACGME and their faculty members may have AOBA, rather than ABA certification. It is the desire of the Review Committee that the osteopathic-trained and boarded physicians that have served as faculty members in these programs continue to fill that role and are encouraged to expand their educational leadership skills and responsibilities.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **It will permit osteopathic programs to continue to train residents under ACGME accreditation and improve resident/fellow education by allowing these physicians to serve as faculty members.**
3. How will the proposed requirement or revision impact continuity of patient care? **It will have no impact.**
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? **No.**
5. How will the proposed revision impact other accredited programs? **It will not impact other programs.**

Requirement #: IV.A.5.a).(2).(m).(i), IV.A.5.a).(2).(m).(vii)

Requirement Revision (significant change only):

This must include competency in:

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

using surface ultrasound and transesophageal and transthoracic echocardiography to guide the performance of invasive procedures and to evaluate organ function and pathology as related to anesthesia, critical care, and resuscitation; <sup>(Outcome)</sup>

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

understanding the principles of ultrasound, including the physics of ultrasound

	<p><u>transmission, ultrasound transducer construction, and transducer selection for specific applications, to include being able to obtain images with an understanding of limitations and artifacts;</u> (Outcome)</p> <p><u>obtaining standard views of the heart and inferior vena cava with transthoracic echocardiography allowing the evaluation of myocardial function, estimation of central venous pressure, and gross pericardial/cardiac pathology (e.g., large pericardial effusion);</u> (Outcome)</p> <p><u>obtaining standard views of the heart with transesophageal echocardiography allowing the evaluation of myocardial function and gross pericardial/cardiac pathology (e.g., large pericardial effusion);</u> (Outcome)</p> <p><u>using transthoracic ultrasound for the detection of pneumothorax and pleural effusion;</u> (Outcome)</p> <p><u>using surface ultrasound to guide vascular access (both central and peripheral) and to guide regional anesthesia procedures; and,</u> (Outcome)</p> <p><u>describing techniques, views, and findings in standard language.</u> (Outcome)</p>
IV.A.5.a).(2).(m).(iii)	
IV.A.5.a).(2).(m).(iv)	
IV.A.5.a).(2).(m).(v)	
IV.A.5.a).(2).(m).(vi)	
IV.A.5.a).(2).(m).(vii)	
<ol style="list-style-type: none"> <li>1. Describe the Review Committee’s rationale for this revision: <b>Training in the use of ultrasound has been common and best practice for several years now; the addition of this requirement, proposed by a subcommittee of the ABA and ASA, would simply ensure that all programs codify this essential skill in their program curriculum. Multiple specialties have incorporated the use of ultrasound into their Program Requirements. The use of ultrasound is already the standard of care for the performance of nerve blocks and for obtaining central venous access. The use of ultrasound for cardiac and thoracic monitoring will improve patient care by allowing the anesthesiologist the ability to evaluate cardiac and pulmonary function in real time.</b></li> <li>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? <b>It will ensure all residents have a standard minimum knowledge and level of competence in obtaining and interpreting ultrasound for their patients. It will also improve the residents’ knowledge and allow for real-time management of patients experiencing cardiac pathophysiology issues.</b></li> </ol>	

3. How will the proposed requirement or revision impact continuity of patient care? **It will have little impact.**
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 institutions that house current ACGME-accredited residency programs already have the technological resources needed to train residents in ultrasound use. Programs will be required to provide a structure to the already existing programs and ensure all residents receive the same experience.**
5. How will the proposed revision impact other accredited programs? **There will be no impact on other accredited programs.**

Requirement #: IV.A.5.b).(1).(a).(vi)

Requirement Revision (significant change only):

healthcare finance, legislative, and regulatory issues; and, <sup>(Outcome)</sup>

1. Describe the Review Committee's rationale for this revision: **It is essential for anesthesiologists to understand the components of health care finance systems so they can effectively work with patients and as part of a health care delivery team to optimize patients' access to care and care outcomes. The changing environment of health care requires anesthesiologists have the tools to advocate effectively on behalf of their patients.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **It will improve the education of the residents and allow them to advocate effectively on behalf of quality care for each patient.**
3. How will the proposed requirement or revision impact continuity of patient care? **It will positively impact patient care by ensuring anesthesiologists understand the scope of resources available in practice and the impact of how they (and the entire care team) use(s) them.**
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? **It will have a minimal impact; the topic will need to be incorporated into the curriculum in didactic and/practice form.**
5. How will the proposed revision impact other accredited programs? **It will not impact other programs.**

Requirement #: IV.A.5.b).(1).(b), IV.A.5.b).(1).(c) - IV.A.5.b).(1).(c).(iii)

Requirement Revision (significant change only):

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

management skills, to include basic knowledge of organizational culture, decision making, change management, conflict resolution, and negotiation and advocacy; <sup>(Outcome)</sup>

IV.A.5.b).(1).(c)	<u>care of the patient in the continuum of the peri-operative period, to include collaboration with medical and surgical colleagues to:</u> (Outcome)
IV.A.5.b).(1).(c).(i)	<u>optimize preoperative patient condition;</u> (Outcome)
IV.A.5.b).(1).(c).(ii)	<u>optimize recovery; and,</u> (Outcome)
IV.A.5.b).(1).(c).(iii)	<u>engage in discharge planning.</u> (Outcome)

1. Describe the Review Committee’s rationale for this revision: **Anesthesiologists are an essential part of providing continuity of care to patients in the multiple contexts of the pre-operative period/clinic, operating room, and post-operative period/clinic. Standardizing the need for formalized training ensures that residents leave the program prepared to work with multiple specialties and health care professionals to ensure patients have effective and quality care to attain optimal outcomes. This includes the development of skills in conflict resolution and advocacy to be used in multiple contexts along the continuum of patient care to ensure that program graduates can significantly contribute to positive patient outcomes. It will ultimately improve residents’ ability to work in interdisciplinary teams.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **It will improve resident education and patient care by ensuring that knowledge and management skills are applied in all patient care settings.**
3. How will the proposed requirement or revision impact continuity of patient care? **It has the potential to enhance communication between specialties and positively impact patient care.**
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? **These management topics will need to be incorporated into programs’ curriculum through didactics and hands-on experience.**
5. How will the proposed revision impact other accredited programs? **Requiring residents to receive training in these skills will increase collaboration with other accredited programs.**

Requirement #: V.C.2.c).(1) – V.C.2.c).(2)

Requirement Revision (significant change only):  
V.C.2.c).(1)                      Upon completion of the program, all residents will-should enter the process of certification and take the required examinations at the earliest possible date. At least 70 percent of a program’s graduates who are eligible for ABA board certification, averaged over five years, should pass on the first attempt. (Outcome)

V.C.2.c).(2)

At least 70 percent of a program's graduates who take the AOBA certification exam, averaged over five years, should pass on the first attempt. <sup>(Outcome)</sup>

1. Describe the Review Committee's rationale for this revision: **Osteopathic-trained anesthesiologists will be eligible to sit for the AOBA certification exam, and the Review Committee believes it is important to maintain the pathway to osteopathic certification in the specialty. The Review Committee would like to ensure there is a standard with regard to graduate performance on the exam comparable to that expected of program graduates taking the ABA certifying exam.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **It will preserve residents' ability to become board certified, but will not otherwise impact patient safety and care quality.**
3. How will the proposed requirement or revision impact continuity of patient care? **It will not impact continuity of care.**
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? **It will not impact the resources institutions need to support programs.**
5. How will the proposed revision impact other accredited programs? **The revision may have an influence on residents' decision to take one certifying exam or another, but there is no clear evidence this will increase the number of graduate physicians taking one exam over the other.**