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

<table>
<thead>
<tr>
<th>Requirement #: II.A.2.a)-b)</th>
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<tbody>
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<td>Requirement Revision (significant change only):</td>
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II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

II.A.2.a) For programs with up to five fellows, the program director must be provided with salary support required to devote 10 percent FTE (at least four hours per week) of non-clinical time to the administration of the program. (Core)

II.A.2.b) For programs with five or more fellows, the program director must be provided with salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (Core)

II.A.2.a) This support must be at least 20 percent FTE for the administrative (non-clinical) aspects of the fellowship program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee attempted to make a realistic determination of the time needed by program directors for administration of the program, balanced by the goal of not creating a burden that would adversely affect clinical teaching time. The proposed requirements are consistent with other proposed anesthesiology subspecialty requirement revisions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will help to ensure timely completion of the administrative needs of the program.

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?
   For programs that currently provide no protected time, this may create the need for additional funding support. The Committee reviewed the approved complement for the currently-accredited programs and noted that none of the 38 programs are at or above five fellows. Therefore, currently, all program directors will require support for 10 percent FTE of non-clinical time for administration of the program.

5. How will the proposed revision impact other accredited programs?
   n/a
### Requirement #: II.B.2.i)

**Requirement Revision (significant change only):**

II.B.2.i) include at least one individual who is certified in critical care medicine by a member board of the ABMS or AOA and who practices in an ICU that cares for obstetric patients. Faculty members certified in adult critical care must be available for consultation and collaborative management of peripartum women with critical care needs. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   These requirements do not specifically constitute a change from prior requirements, but only require the program to identify faculty members in critical care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Review Committee is proposing that the program identify a faculty member practicing in an intensive care unit who regularly interacts with and have responsibility for teaching and supervising fellows.

3. How will the proposed requirement or revision impact continuity of patient care?
   This requirement could potentially impact continuity of care, as fellows may spend more time with these subspecialists in all phases of 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?
   Based on the current requirements, the faculty member certified in critical care medicine should have already been identified; if not, the program may need to add such a specialist to the Faculty Roster.

5. How will the proposed revision impact other accredited programs?
   n/a

### Requirement #: II.B.4.c) and II.B.4.c).(1)

**Requirement Revision (significant change only):**

II.B.4.c) There must be at least three core program faculty members, including the program director. *(Core)*

II.B.4.c).(1) For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   These requirements have been proposed to be consistent with other proposed anesthesiology subspecialty Program Requirements. The Review Committee is supplementing the “Core Faculty” section of the Common Program Requirements with its previous requirement that there be a minimum number of core faculty members.
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

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Requirement #: II.C.2.a)-b)

Requirement Revision (significant change only):

II.C.2. The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

II.C.2.a) At a minimum, the program coordinator must be supported at 20 percent FTE (at least eight hours per week) for administrative time for programs with one fellow. (Core)

II.C.2.b) For each additional fellow, the program coordinator must be supported at two additional percent (0.8 hours) for administrative time. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee identified the minimum administrative/coordinator support in accordance with the revised Common Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will reduce the administrative burden on the program director.

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?
   This could potentially necessitate additional resources, depending on the organizational structure and resources available to the program.

5. How will the proposed revision impact other accredited programs?
   This could potentially impact other accredited programs if the organization has a shared coordinator resource.

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Requirement #: IV.C.1.a)-b)
Requirement Revision (significant change only):

**IV.C.1.** The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity.  
(Core)

**IV.C.1.a)** Assignment of rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback, or as otherwise specified in the specialty-specific Program Requirements.  
(Core)

**IV.C.1.b)** Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement.  
(Core)

1. Describe the Review Committee’s rationale for this revision:  
The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the negative impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
The intent is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care when creating resident and faculty member schedules. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?  
The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity, quality, and safety of 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?  
n/a

5. How will the proposed revision impact other accredited programs?  
n/a

Requirement #: **IV.D.1.b).(1). and IV.D.1.b).(2).**

Requirement Revision (significant change only):

**IV.D.1.b).(1)** The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data.  
(Core)
### IV.D.1.b).(2) The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. *(Core)*

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| 1. | Describe the Review Committee’s rationale for this revision:  
**These new requirements have been proposed for consistency with other proposed anesthesiology subspecialty Program Requirements.**  
  
2. | How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed requirement will improve fellow education through the cultivation of a robust scholarly environment.**  
  
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.D.3.a) – IV.C.3.a).(1)

**Requirement Revision (significant change only):**

| IV.D.3.a) | Each fellow must should conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication, which leads to both presentation at a national meeting and publication. *(Core)* *(Outcome)*  
|---|---|
| IV.D.3.a).(1) | The results of such projects must be disseminated through a variety of means, including publication or presentation at national or international meetings. *(Core)*

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**These requirements (edited and new) are proposed for consistency with other proposed anesthesiology subspecialty Program Requirements and provide clarity on the Review Committee’s expectations for scholarly projects.**  
  
2. | How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed requirements will improve fellow education through the cultivation of a robust scholarly environment.**  
  
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?
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5. How will the proposed revision impact other accredited programs?
   n/a