**Continued Accreditation Application: Obstetric Anesthesiology (Anesthesiology)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty application is for programs applying for **Continued Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Obstetric Anesthesiology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click or tap here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What is the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in anesthesiology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. Does the Sponsoring Institution also sponsor an ACGME-I-accredited residency in obstetrics and gynecology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Is there interaction between the anesthesiology residency and the fellowship for coordination of educational, clinical, and investigative activities? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Program Personnel and Resources**

**Program Director**

1. Has the program director:
2. completed an obstetric anesthesiology fellowship or had at least three years participation in a clinical obstetric anesthesiology fellowship as a faculty member? [ ] YES [ ] NO
3. competed at least three years of post-residency experience in clinical obstetric anesthesiology?

 [ ] YES [ ] NO

1. been appointed as a member of the anesthesiology faculty? [ ] YES [ ] NO
2. demonstrated ongoing academic achievements appropriate to the subspecialty? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Does the program director:
2. have adequate protected time to conduct necessary administrative and educational activities?

 [ ] YES [ ] NO

1. devote at least 50 percent of their professional effort to the anesthetic care of pregnant women? [ ] YES [ ] NO
2. prepare and implement a supervision policy that specifies the lines of responsibility for the anesthesiology residents and fellows? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Is the program director based at the primary clinical site? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Faculty**

1. Do all physician faculty members have fellowship or post-residency experience in clinical obstetric anesthesiology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Complete the table below to indicate the faculty members with expertise in each area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member Name(s) |
| Maternal-fetal medicine |  |
|  |
|  |
|  |
|  |
|  |
| Neonatology |  |
|  |
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|  |
| Obstetrics and gynecology |  |
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List any faculty members and their practice area if not included in the table above.

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| Click here to enter text. |

1. Are faculty members with expertise in adult critical care available for consultation and collaborative management of peripartum women with critical care needs? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Other Program Personnel**

1. Are the services of the following health care professionals available?
2. Dietitian(s) [ ] YES [ ] NO
3. Language interpreter(s) [ ] YES [ ] NO
4. Nurse(s) [ ] YES [ ] NO
5. Nurse(s) skilled in the care of critically ill newborns [ ] YES [ ] NO
6. Nurse(s) or technician(s) skilled in respiratory function [ ] YES [ ] NO
7. Occupational therapist(s) [ ] YES [ ] NO
8. Physical therapist(s) [ ] YES [ ] NO
9. Social worker(s) [ ] YES [ ] NO

Explain any ‘NO’ responses or indicate other program personnel available to provide comprehensive care of women during pregnancy. (Limit 250 words)

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**Resources**

* + 1. Using the site number assigned to each participating site in ADS, check the appropriate box to indicate the resources provided at each participating site. *Note that Site #1 is the primary clinical site.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Participating Site Number in ADS | Labor Rooms | Cesarean/Operative DeliveryRooms | Post-Anesthesia Care Unit (PACU) | Labor/Delivery Post-Partum Room | Meeting Space  | Conference Space | Computer Access for Fellows |
|  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Site #1 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Site #2 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Site #3 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Site #4 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Site #5 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

If additional sites are used, describe the resources available at each. (Limit 250 words)

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| Click here to enter text. |

Explain any ‘NO’ responses (Limit 250 words).

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* + 1. Describe how the labor/delivery post-partum rooms at all participating sites are designed and equipped for the collaborative management of post-operative obstetric patients by anesthesiologists and obstetricians-gynecologists. (Limit 300 words)

|  |
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| Click here to enter text. |

* + 1. Describe how the program ensures an adequate number of high-risk obstetric patients are available for fellow education. (Limit 400 words)

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* + 1. Is a clinical laboratory service that provides prompt and readily available diagnostic and laboratory measurements pertinent to the care of obstetric patients available at all participating sites?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

* + 1. Does the program have access to an active:
1. maternal-fetal medicine service? [ ] YES [ ] NO
2. neonatology service? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

**Eligibility Criteria**

1. Describe how the program ensures all fellows have completed an ACGME-I-accredited anesthesiology residency or possess qualifications acceptable to the Sponsoring Institution’s Graduate Medical Education Committee. (Limit 300 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and demonstrate high standards of ethical behavior, including working in a multidisciplinary environment and the ability to have collegial and effective interactions with the perinatal team?

Describe how these skills are evaluated. (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how competence is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the comprehensive analgesic/anesthetic management of planned vaginal deliveries with high-risk maternal co-morbidity, including obtaining appropriate diagnostic testing and consulting, and communicating with the multidisciplinary team?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in the comprehensive analgesic/anesthetic management of planned vaginal deliveries with high-risk fetal conditions, including interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in the comprehensive analgesic/anesthetic management of Cesarean deliveries with high-risk maternal co-morbidity, including creating a comprehensive anesthetic care plan and ensuring collaborative management between anesthesiologists and obstetricians of women with abnormal placentation?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in the comprehensive analgesic/anesthetic management of Cesarean deliveries with high-risk fetal condition, including interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in the management of anesthesia during the first, second, or third trimester for vaginal deliveries, including antepartum procedures involving prenatal diagnosis and fetal treatment maternal cardioversion or electroconvulsive therapy. This must include assessment of fetal status and maternal co-morbidity, provision for peri-operative fetal monitoring, development of a plan for possible emergency Cesarean delivery, and prevention of a pre-term birth.

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in management of general anesthesia for Cesarean delivery, including recognizing indications for general anesthesia, allaying the anxiety of the mother, assessing the airway, and making the clinical judgement to initiate general anesthesia after considering the maternal and fetal risk.

Describe how competence is evaluated. (Limit 400 words)

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1. How are graduating fellows assessed in their ability to:
2. develop a care plan that acknowledges the patient’s birth plan goals?
3. provide anesthetic critical care of women during puerperium?
4. provide neonatal resuscitation?

Provide an example of how competence is assessed in each of the areas listed. (Limit 300 words)

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**Medical Knowledge**

1. How do graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the impact of interventions on the mother and fetus/neonate and the care of the high-risk patient with specific emphasis on the anesthetic implications of the altered maternal physiologic state in the following areas?
	1. Advanced paternal physiology; biochemistry, including nitric oxide prostaglandins, genetic predispositions; and polymorphisms
	2. Embryology and teratogenicity, including laboratory models and use of databases
	3. Fetal and placental physiology and pathophysiology, models of uteroplacental perfusion, and pharmacokinetics of placental transfer
	4. Medical disease and pregnancy
	5. Neonatal physiology and advanced neonatal resuscitation
	6. Obstetric management of abnormal labor, management of urgent and emergent delivery, and trial of labor
	7. Tocolytic therapy, the effects of genetics on pre-term labor and response to tocolytics, and methods of tocolysis

Provide an example of how knowledge is assessed in four of the seven areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the impact of interventions on the mother and fetus/neonate and the care of the high-risk patient with specific emphasis on the anesthetic implications of the altered maternal physiologic state in the following areas?
	1. Anesthetic and obstetric management of obstetric complications and emergencies, including invasive placenta, placenta abruption, placenta previa, vasa previa, uterine rupture, uterine atony, amniotic fluid embolism, and umbilical cord prolapse
	2. Anesthetic and obstetric management of preeclampsia, including laboratory models for study of preeclampsia, etiology and epidemiology, pathophysiology, biomolecular and genetic changes, and post-partum care
	3. General anesthesia use on obstetrics, including recognition and treatment of complications, alternatives for securing the airway in pregnant women, consequences on utero-placental perfusion, and opposing maternal-fetal considerations regarding the use of general anesthesia
	4. Labor pain, including pain pathways, experimental models for studying pain of labor, biochemical mechanisms of labor pain, and modalities for treating labor pain
	5. Local anesthetic use in obstetrics, including pregnancy-related effects of pharmacodynamics and pharmacokinetics, recognition and treatment of complications, lipid rescue of local anesthetic cardiotoxicity, and effects on the fetus in different settings
	6. Neuraxial opioid use in obstetrics, including prevention, recognition, and treatment of complications; effects on the fetus; and fetal/neonatal drug disposition
	7. Regional anesthetic techniques, including recognition and treatment of complications, effect of genetic variations, and polymorphisms

Provide an example of how knowledge is assessed in four of the seven areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the impact of interventions on the mother and fetus/neonate and the care of the high-risk patient with specific emphasis on the anesthetic implications of the altered maternal physiologic state in the following areas?
	1. Ante- and intra-partum 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
	2. Cardiopulmonary resuscitation (CPR) and advanced cardiac life support of the pregnant woman
	3. Effects of general anesthesia on the mother and fetus, and the effects of fetal circulation and placental transfer on newborn adaptation
	4. Effects of maternal medications on breastfeeding, particularly effects of labor analgesia and post-partum analgesia
	5. Non-obstetric surgery during pregnancy, including laparoscopy and cardiorespiratory effects on the mother and fetus
	6. Post-partum pain management in the parturient, including consequences of post-Cesarean delivery pain
	7. Post-partum tubal ligation and timing, including global policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, and alternatives

Provide an example of how knowledge is assessed in four of the seven areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the impact of interventions on the mother and fetus/neonate and the care of the high-risk patient with specific emphasis on the anesthetic implications of the altered maternal physiologic state in the following areas?
2. Anesthetic management of ex-utero intra-partum treatment (EXIT) procedures with and without neonatal transfer to extracorporeal membrane oxygenation (ECMO) and anesthesia for fetal surgery
3. Legal and ethical issues during pregnancy
4. Maternal morbidity and mortality
5. Medical economics and public health issues of women during reproductive years as applies to obstetric anesthesiology, including availability of obstetric analgesia and Cesarean delivery rates
6. Organization and management of an obstetric anesthesia service, including health care delivery models, reimbursement, building a service, and regulatory agencies with jurisdiction
7. Policies and procedures governing the labor and delivery unit, obstetric operating rooms, and the obstetric PACU, including the potential effects of societal, institutional, and governmental factors, as applicable
8. Related disciplines, particularly involving obstetrics, maternal and fetal medicine, and neonatology
9. Social issues, including domestic violence; discrimination; substance abuse; homelessness; and cultural, ethnic, and economic barriers to safe anesthesia care, to include strategies to mobilize system resources for disadvantaged women in those situations
10. Transport and monitoring of critically ill pregnant women within one hospital and between hospitals

Provide an example of how knowledge is assessed in five of the nine areas listed. (Limit 500 words)

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1. How do graduating fellows demonstrate knowledge of the principles and ethics of research on pregnant women, their fetuses, and neonates, including the following?
	1. Designing and implementing clinical trials
	2. Research funding, including applicable agencies or sources, components of a research budget, and funding procurement mechanisms

Provide an example of how knowledge is assessed in each of the areas listed. (Limit 250 words)

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**Practice-based Learning and Improvement**

* + - 1. How do graduating fellows demonstrate their 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 lifelong learning?

Describe how these skills are evaluated. (Limit 300 words)

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How do graduating fellows demonstrate their ability to use literature from perinatal medicine and pediatrics in addition to anesthesiology?

Describe how these skills are evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in practice-based improvement, including enhancing the multidisciplinary care of obstetric patients or improving patient safety?

Describe how these skills are evaluated. (Limit 300 words)

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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills are evaluated. (Limit 300 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate the following communications skills in a multidisciplinary setting?
2. Communication with the perinatal health care team
3. Collaboration with all health care providers in all settings relevant to the comprehensive care of the pregnant woman
4. Leadership of the anesthesia care team
5. Teaching and supervising clinical trainees, including providing constructive feedback

Describe how these skills are evaluated. (Limit 400 words)

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**Systems-based Practice**

1. How do graduating fellows 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?

Describe how these skills are evaluated. (Limit 300 words)

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1. How are graduating fellows evaluated on their ability to:
2. recognize barriers and limitations in access to care for some patient populations;
3. provide cost-effective care;
4. develop policies, guidelines, standards, practice parameters, and quality management tools to ensure public health of pregnant women; and,
5. participate in system improvement based on literature, quality improvement data, and family satisfaction data.

Describe how these skills are evaluated. (Limit 400 words)

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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Does the didactic curriculum include the following?
3. Lectures [ ] YES [ ] NO
4. Conferences [ ] YES [ ] NO
5. Facilitated self-learning [ ] YES [ ] NO
6. Workshops [ ] YES [ ] NO
7. Simulation [ ] YES [ ] NO
8. Faculty leaders for the majority of the sessions [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Do didactic topics include the following?
2. The impact of different anesthetic and analgesic techniques on health care resources, including room allocation, staffing and patient throughput …………………………. [ ] YES [ ] NO
3. Sound business practices [ ] YES [ ] NO
4. Direct and indirect costs of different obstetric analgesic and anesthetic techniques [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

**Clinical Experiences**

1. Describe how the program ensures each fellow has education in fetal heart rate monitoring and demonstrates competence in interpreting fetal heart rate within the first three months of the program.
(Limit 300 words)

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| Click here to enter text. |

If the program is 12 months in length, answer Question 2 below; if the program is 24 months in length, answer Question 3 below.

1. For a 12-month program:
2. are there at least seven months devoted to clinical activity in the operating room and labor and delivery? [ ] YES [ ] NO
3. is there at least one contiguous two-week rotation devoted to maternal-fetal medicine, including clinical experience in blood banking, ante-partum fetal testing, and high-risk ante-partum care?

 [ ] YES [ ] NO

1. is there at least one contiguous two-week rotation in neonatology during which fellows provide routine neonatal evaluation and care? [ ] YES [ ] NO
2. are there at least three months designated for research or other well-defined scholarly activity?

 [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. For a 24-month program:
	* + - 1. are there at least 14 months devoted to clinical activity in the operating room and labor and delivery?

 [ ] YES [ ] NO

* + - * 1. is there at least one contiguous two-week rotation during the first year and one contiguous two-week rotation during the second year devoted to maternal-fetal medicine, including clinical experience in blood banking, ante-partum fetal testing, and high-risk ante-partum care? [ ] YES [ ] NO
				2. is there at least a one-month rotation in neonatology during which fellows provide routine neonatal evaluation and care? [ ] YES [ ] NO
				3. are at least six months designated for research or other well-defined scholarly activity? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Describe how the program structures the curriculum so all fellows have education in the medical, diagnostic, and surgical procedures essential to the care of patients with high-risk maternal co-morbidity vaginal deliveries. (Limit 300 words)

|  |
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1. Describe how the program structures the curriculum so all fellows have education in the medical, diagnostic, and surgical procedures essential to the care of patients with high-risk fetal vaginal deliveries. (Limit 300 words)

|  |
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1. Describe how the program structures the curriculum so all fellows have education in the medical, diagnostic, and surgical procedures essential to the care of patients with high-risk maternal co-morbidity Cesarean deliveries. (Limit 300 words)

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1. Describe how the program structures the curriculum so all fellows have education in the medical, diagnostic, and surgical procedures essential to the care of patients with high-risk fetal condition Cesarean deliveries. (Limit 300 words)

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1. Describe how the program structures the curriculum so all fellows have education in the medical, diagnostic, and surgical procedures essential to the care of patients undergoing ante-natal procedures. (Limit 300 words)

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**Fellows’ Scholarly Activities**

1. Describe how the program ensures each fellow is involved in a scholarly project related to the subspecialty that leads to both presentation at a national meeting and publication. (Limit 300 words)

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| Click here to enter text. |

2 Is there a faculty member assigned to oversee each fellow’s scholarly project? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Faculty Scholarly Activities**

1. How does the program ensure physician faculty members demonstrate ongoing academic achievements appropriate to the subspecialty through publications, development of educational programs, or conduct of research? (Limit 300 words)

|  |
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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number:                Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Obstetric Anesthesiologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of obstetric anesthesiology, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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