



THE AMERICAN BOARD OF ANESTHESIOLOGY

Advancing the Highest Standards of the Practice of Anesthesiology

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ABA COMBINED RESIDENCY TRAINING PROGRAM APPLICATION ABA & AMERICAN BOARD OF PEDIATRICS (ABP)

INSTRUCTIONS

Complete the entire application, print two copies and submit one to each board:

American Board of Pediatrics (ABP)
Attention: Suzanne Woods, M.D.
111 Silver Cedar Court
Chapel Hill, NC 27514

The American Board of Anesthesiology
Attention: Secretary
4208 Six Forks Road, Suite 1500
Raleigh, NC 27609-5765

Submission of an application form will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. Both the pediatrics and anesthesiology programs must be ACGME-accredited. If either program loses accreditation, approval of the combined program will be withdrawn. If either program is on probation, the combined program may not accept additional trainees until this is corrected.

The administrative home for the combined program should be within the department and institution where the director of the combined program primarily functions. If the pediatric portion of the training occurs largely in an independent, free-standing, children's hospital, the program director of the combined program should be the program director of the pediatric program and the administrative home of the combined program should be the children's hospital.

All programs must receive prospective approval from both the ABP and the ABA before any trainees can be accepted into the combined program. Residents who do not complete the combined program in the required amount of time or wish to transfer to another accredited combined program must have the prospective approval of both Boards.

Indicate the annual number of trainees requested for the combined residency training program on the application form. These additional trainees should not compromise the training of residents in either residency programs. The number of positions permitted in these combined programs will be approved for each program by the ABP and ABA and their respective Residency Review Committee. These numbers will be in addition to the number of trainees in the independent pediatrics and anesthesiology programs.

ELIGIBILITY

Eligible residents must be graduates of U.S. or Canadian medical schools or be sponsored by the ECFMG for the duration of the combined training. Acceptance will be determined by the directors of both residency programs. Senior medical students or pediatric residents may apply. They may do so during the first year of pediatric residency training. Pediatric residents who wish to apply for this program should do so as soon as possible in their residency training and before the end of the PGY-1. The time anesthesiology training is to begin must be acceptable to the program directors of both the pediatric and anesthesiology programs.

ABA & ABP COMBINED RESIDENCY TRAINING PROGRAM APPLICATION

SPONSORING INSTITUTION: Indicate the sponsoring institution of the combined program. This should be the institution where the director of the combined program primarily functions. If the pediatric program is sponsored by an independent, free standing institution, the sponsoring institution will be the one responsible for oversight of the pediatric residency.

Institution	City	State

ACCREDITED RESIDENCY PROGRAMS: Indicate the name and the ACGME program number for the specialty programs offering the combined training.

Program	ACGME #	Primary Training Site
Pediatrics		
Anesthesiology		

ACCREDITED RESIDENCY PROGRAM INFORMATION: Indicate the accreditation status of each specialty program.

Program	Date of Last ACGME Accreditation	Date of Next ACGME Review	ACGME Approved Residents per Year
Pediatrics			
Anesthesiology			

Number of requested positions per year in the combined program:

PROGRAM DIRECTOR: Indicate the administrative structure for program directorship. The designated director may be the director of either residency program, and the other residency director must be the associate director. If there is a free-standing children’s hospital, the categorical pediatrics director must be the designated program director. A single director who is certified in both specialties and has an academic appointment in each department may be the combined director.

Program Director	Name	Board Certified Peds, Anes or Both	Pediatric Categorical Director	Anesthesiology Categorical Director
Designated Program Director				
Associate Program Director				
Combined Director <i>(If applicable)</i>				

GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are policies the program must develop, distribute to residents and faculty, and have on file for ABP and ABA review. Indicate (Y) if the requirement has been met in the program.		
	On file	The administrative home is within the department and institution where the director of combined program primarily functions.
	On file	The program is based on a written curriculum of planned educational experiences in both specialties and is not simply a listing of rotations between the two specialties.
	On file	The written curriculum is periodically reviewed by pediatrics and anesthesiology faculty and residents.
	On file	There is adequate, ongoing evaluation of the knowledge, skills and performance of residents as well as a method of documenting procedures and providing written evaluations following each rotation. A semi-annual formal written evaluation is conducted. Evaluations are permanently maintained by the institution.
	On file	There is a schedule of at least quarterly meetings between the designated director and associate director unless there is a single combined program director.
	On file	Salaries and benefits for trainees in the combined program are arranged in such a way as to minimize difficulties/disparities for residents, regardless of the rotations taken, to protect trainees from the vagaries of different institutional policies.
	On file	The vacation/leave policy is on file and time-off is equally distributed between pediatrics and anesthesiology.
	On file	The program informs residents leaving the program of the need to request Board approval to receive credit for previous experience.
	On file	The program will inform the ABP and ABA of residents leaving the program, transferring to another program, or entering from a categorical residency.
	On file	The ABP and ABA will be notified immediately if there is a change in either the designated program director, associate program director or combined director.
	On file	Written agreements exist between all institutions in which training will occur.
	On file	All experiences must conform to experiences accredited by the RRC, which include interactions with categorical residents.

PEDIATRIC REQUIREMENTS: Indicate (Y) that the program includes each of the following requirements for approved training in pediatrics. Resident rotations and evaluations must be reported to both the ABP and ABA according to current policies of the respective Boards. Educational Unit (EU) = 4 weeks or 1 month block OR outpatient longitudinal experience of 32 half-day sessions OR inpatient longitudinal experience of 200 hours.	
	The pediatrics residency has full ACGME accreditation
	A letter signed by the pediatrics department chair documents institutional and faculty commitment to combined training

	3 EU's of Emergency Medicine and acute care illness (2 months ED minimum)
	1 EU of behavioral/developmental pediatrics
	1 EU of adolescent medicine
	1 EU of term newborn
	5 EU's of inpatient rotations as per RC requirements
	2 EU's of ambulatory experiences (to include community pediatrics and child advocacy)
	2 EU's of NICU
	2 EU's of PICU
	7 EU's of RC required subspecialty rotations with a mix of inpatient and outpatient experience. (See the guidelines for the lists of subspecialties to be selected). Note that anesthesiology does not fulfill this experience.
	5 EU's of supervisory experience
	Weekly pediatric continuity clinic during pediatric rotations and once per month during anesthesiology rotations.

ANESTHESIOLOGY REQUIREMENTS: Indicate (Y) that the program includes each of the following requirements for approved training in anesthesiology: Resident rotations and evaluations must be reported to both the ABP and ABA according to current policies of the respective Boards.

	The anesthesiology residency has full ACGME accreditation.
	A letter signed by the anesthesiology department chair documents institutional and faculty commitment to combined training.
	Two identifiable one-month rotations in obstetric anesthesiology, pediatric anesthesiology, neuro anesthesiology, and cardiothoracic anesthesiology.
	A minimum of two months' experience in an adult intensive care unit in addition to the requirements for training in neonatal and pediatric critical care medicine.
	Three months of pain medicine; this may include one month in an acute perioperative pain management rotation, one month in the assessment and treatment of inpatients and outpatients with chronic pain problems, and one month of regional analgesia experience.
	Two weeks in a preoperative evaluation clinic.
	Two weeks of providing anesthesia for diagnostic or therapeutic procedures outside the surgical suites.
	Advanced experiences can be in additional focused anesthesia subspecialties, related areas, or research.
	No single subspecialty, excluding critical care medicine, exceeds six months total.
	Minimum clinical experiences as defined by the program requirements for anesthesiology are met.

	Rotations are not "counted" twice. Thus, rotations (such as pediatric critical care medicine, etc.) are not considered by the program to meet the requirements for training in pediatrics or anesthesiology simultaneously.
	Anesthesiology experiences continue at least once a month during pediatric training.

ROTATION OUTLINE: Indicate (Y) that the program meets each of the following requirements for the combined curriculum.	
	Year one consists of 12 months of pediatrics with at most one month of anesthesiology. Year two consists of 12 months of anesthesiology. In years three through five, 6 months is devoted to each specialty and rotations in each specialty are no less than 3 months nor more than 6 months in length, with a total of 18 months completed in each specialty.
	Care has been exercised to avoid unnecessary duplication of educational experiences to provide as many clinical/educational opportunities as possible.

SIGNATURES: Indicate by signing below that the information contained herein is correct and that the hospital and faculty of each department are committed to supporting the combined program.

	Print Name	Signature	Date	Email Address
Designated Program Director				
Associate Program Director				
A single director who is certified in both specialties and has an academic appointment in each department may be the Combined Director (if applicable) .				
Chair of the Anesthesiology department where core anesthesiology training occurs				
Chair of the Pediatrics department where core pediatrics training occurs				
*Primary Designated Institutional Official				
Other Designated Institutional Official (when applicable) (If there are two separate free standing institutions, both DIO's should sign)				

* The Primary DIO is the DIO of the institution where the designated program director primarily functions. If the pediatric program is sponsored by an independent, free-standing, children's hospital, the DIO of the institution that sponsors the pediatric residency program will be the primary DIO with responsibility for institutional oversight of the combined program.

Describe the plan for meeting the requirement for pediatric continuity clinic. Provide assurance that continuity clinic will continue at least once per month during anesthesiology training.

Describe the plan for continuing anesthesiology experiences, including attendance at anesthesiology conferences, at least once per month during pediatric training.