****

**Request to Add a Fundamental Clinical Skills in Medical Education (Formerly Clinical Base) Year**

|  |  |
| --- | --- |
| **Program Number** |  |
| **Program Name** |  |
| **Program Director** |  |

**Review Committee for Anesthesiology**

Section I: Curriculum and Clinical Experience

|  |
| --- |
| **1. Six Months of Inpatient Care**  *IV.C.3.b) At least six months of fundamental clinical skills of medicine education must include experience in caring for inpatients in family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery or any of the surgical specialties, or any combination of these. (Core)*  *FAQ:* Inpatient care involves basic medical care of individuals with common health problems and chronic illness. It encompasses both initial evaluation of a patient and continuity of care during the course of therapy, including initial diagnosis and treatment, management of acute and chronic conditions, preventive health services, and appropriate referral for a higher level of care when required. Inpatient care rotations should be designed to allow residents to develop fundamental clinical skills, as outlined in Program Requirement IV.B.1.b).(1).(a). |

|  |  |
| --- | --- |
| 1. List the (at least six months of) inpatient care rotations in which residents will develop the following fundamental clinical skills:    1. how to obtain a comprehensive medical history    2. how to perform a comprehensive physical examination    3. how to assess a patient’s medical conditions    4. how to make appropriate use of diagnostic studies and tests    5. how to integrate information to develop a differential diagnosis    6. how to implement a treatment plan |  |
| 1. Explain how these rotations develop residents’ fundamental clinical skills. |  |

|  |  |
| --- | --- |
| **2. One to Two Months of Critical Care Medicine**  *IV.C.4 During the first 12 months of the program, there must be at least one month, but not more than two month(s) each of critical care and emergency medicine. (Core)*  *FAQ:* Critical care is the specialized care of patients who have life threatening conditions. These conditions require comprehensive intensive care and constant monitoring in an ICU or equivalent. If a rotation involves the care of patients requiring short-term overnight care in post-anesthesia units, intermediate/step-down or transitional care units, or emergency departments, and does not include ongoing clinical assessment and management of critical illness, then it does not fulfill the critical care requirement.  An ICU rotation can serve as inpatient experience in the fundamental clinical skills education. However, if a program uses ICU experiences to fulfill fundamental clinical skills inpatient requirements, the program director must design a curriculum (goals and objectives, teaching methods, and outcome measurement tools) that demonstrates how the experience allows the residents to develop the fundamental clinical skill competencies as outlined in Program Requirement IV.B.1.b).(1).(a). An ICU experience cannot be used to fulfill requirements for both inpatient care and critical care medicine. | |
| 1. How many months of critical care rotations will the fundamental clinical skills of medical education year include? |  |
| 1. How many additional months of critical care rotations will be offered as electives to residents? Provide a rationale for any additional months. |  |
| **3. One to Two Months of Emergency Medicine**  *IV.C.4 In addition, there should be rotations in critical care and emergency medicine, with at least one month, but no more than two months, devoted to each in the first 12 months of the program. (Core)*  *FAQ:* As stated in the Program Requirements, there must be at least one month but not more than two months of emergency medicine included in the integrated 12-month fundamental clinical skills education. If a resident transfers into the program from another medical specialty, the anesthesiology core program director must document that the transfer resident met, or had an equivalent experience to meet, the emergency medicine requirement. If such experience was not provided in a previous program, the resident must complete this requirement before the start of the CA-3 year. | |
| 1. How many months of emergency medicine rotations will the fundamental clinical skills of medical education year include? |  |

Section II: Supervision and Evaluation

|  |  |
| --- | --- |
| **5. Oversight by the Anesthesiology Program Director**  *IV.C.3.c) When 12 months of education in fundamental clinical skills of medicine is approved as part of the accredited program, the program director must maintain oversight for all rotations and must approve the rotations for individual residents.(Core)* | |
| 1. How does the program director maintain oversight for all rotations on the services that are used for the fundamental clinical skills in medical education year and approve the rotations for individual residents? |  |
| **6. Continuity of Teaching and Clinical Experience**  *IV.C.20.a) The material covered in the didactic program must demonstrate appropriate continuity and sequencing to ensure that residents are ultimately exposed to all subjects at regularly held learning exercises. (Core).* | |
| 1. How does the program’s fundamental clinical skills in medical education curriculum prepare the resident for the advanced program and ensure continuity in the resident’s didactic learning and clinical experience? |  |
| **7. Program Director Responsibility for Oversight of Resident Evaluation**  *IV.C.21 The program director must review written resident performance evaluations from each clinical service on which each resident rotates on a quarterly basis. (Core)*  *III.A.2.a).(1).(b) When a resident completes education in fundamental clinical skills of medicine in another accredited program, the anesthesiology program director must ensure that he/she receives the residents’ written performance evaluations. (Core)* | |
| 1. Describe the process and/or mechanisms the program director will use to review residents’ written evaluations. |  |

Attachments Checklist

|  |  |
| --- | --- |
|  | Include as **Attachment A** the rotation schedule (block diagram) |
|  | Include as **Attachment B** the goals and objectives for each rotation |
|  | Include as **Attachment C** the CBY resident supervision policies for each rotation |
|  | Include as **Attachment D** a list/schedule of the didactic experiences that will be provided (lectures, conferences, grand rounds, and journal clubs) |
|  | Include as **Attachment E** the evaluation forms that will be used for each rotation (of the faculty by the residents, of the program by the residents, and of the residents by the faculty) |
|  | Include as **Attachment F** a one-page CV for each of the supervising faculty members for each rotation |
|  | Include as **Attachment G** a record of the GMEC’s review and approval |