Combined Training in
Anesthesiology – Emergency Medicine

Application for New Program

Effective April 1, 2016

The American Board of Anesthesiology
Attn: Secretary
credentialing@theaba.org
4208 Six Forks Road, Suite 1500
Raleigh, NC 27609-5765
www.theaba.org

The American Board of Emergency Medicine
Attn: Director of Medical Affairs
mbarton@abem.org
3000 Coolidge Road
East Lansing, MI 48823
www.abem.org

INSTRUCTIONS:

The Combined Residency Training Program Application Form should be downloaded from either the American Board of Anesthesiology (ABA) or American Board of Emergency Medicine (ABEM) website. Please complete the entire fillable PDF application electronically, except for the fields requiring a signature. Electronic signatures will not be accepted, as we need to have original signatures provided. Once completed, scan and email a copy of the entire PDF to both Boards at the below email addresses.

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Submission of the ABA-ABEM Combined Residency Training Program Application Form will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. The application form must be signed by the designated Program Director, Associate Program Director, both of their respective Department Chairs, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. ABA and ABEM will send a confirmation acknowledging receipt of the application.

Both the categorical programs in Anesthesiology and Emergency Medicine must have Accreditation Council for Graduate Medical Education (ACGME) accreditation. If either the program in Anesthesiology or Emergency Medicine loses accreditation, approval of the combined program will be withdrawn. If either categorical program is on probation, the combined program may not accept additional trainees until this is corrected.

All programs must receive prospective approval from both ABA and ABEM before any trainees are 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.

Please indicated the annual number of trainees requested for the combined residency training program on the application form. There should be verification that these additional trainees will not compromise the training of residents in either of the categorical residency programs. The number of positions permitted in these combined programs will be approved for each program by ABA and ABEM in conjunction with their respective Residency Review Committees (RRCs) when applicable. These numbers will be in addition to the number of trainees in the independent categorical programs of Anesthesiology and Emergency Medicine.

AMERICAN BOARD OF ANESTHESIOLOGY (ABA) –
AMERICAN BOARD OF EMERGENCY MEDICINE (ABEM)
COMBINED RESIDENCY TRAINING PROGRAM
APPLICATION FORM

Program Name: _____

Date Completed: _____

SPONSORING INSTITUTION: Indicate the sponsoring institution of the combined program. This should be the institution where the Director of the combined program primarily functions.							
Institution					*City*		*State*
# of Categorical Residents	EM1 -	EM2 -	EM3 -	EM4 (if applicable)-	Anes1 -	Anes2 -	Anes3 -	Anes4 -
# of Requested Positions	AnesEM1 -	AnesEM2 -	AnesEM3 -	AnesEM4 -	AnesEM5 -	AnesEM6 (when EM is 1-4) -

ACCREDITED RESIDENCY PROGRAMS: Indicate the name and the ACGME program number for the programs offering the combined training.		
Program	*ACGME #*	*Primary Training Site*
Department of Anesthesiology		
Department of Emergency Medicine		

COMBINED TRAINING DIRECTOR(S) AND POSITIONS:					
Name	*Director*	*Co-Director Associate Director* *(Choose one)*		*Board Certification*	*Date Current Board Certification Expires*

Yes ✓	No ✓	***GENERAL PROGRAM POLICIES AND DOCUMENTS:*** The following are issues on which the program should develop policy statements that are distributed to residents and faculty, and are on file for RRC or Board review. Indicate (✓) if each issue has been addressed by the program. If you answer "no," please include an explanation on a separate sheet. **Also, any items marked with a (*), please enclose.**
		The Anesthesiology residency has full ACGME accreditation.
		The Emergency Medicine residency has full ACGME accreditation.
		The program informs Anesthesiology/Emergency Medicine residents leaving the program of the need to request Board approval to receive credit for training completed if transferring to another residency program.
		The program will inform ABA and ABEM of Anesthesiology/Emergency Medicine residents leaving the program, transferring to another combined program, or entering a categorical residency.
		The vacation/leave policy is on file and time off is equally distributed between Anesthesiology and Emergency Medicine.
		The program is based on a written curriculum of planned educational experiences in both specialties, and is not simply a listing of rotations between two specialties.
		The program must document a formal evaluation of the curriculum annually. This evaluation must include the respective categorical program directors, two additional faculty members, and one resident from each core program.
		The program director must appoint the Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the faculty from each core program. ***Enclose list of CCC members.** • Each CCC should review all resident evaluations semi-annually and advise the program director regarding resident progress, including promotion, remediation, and dismissal. This evaluation must be provided to each resident.

		There must be a method to document procedures that are performed by residents. Each resident must maintain in an accurate and timely manner, a written record of all major resuscitations and procedures performed throughout the entire education program.
		The specialty-specific ACGME milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon program completion.
		Prior to completion of combined training, each resident must demonstrate acceptable scholarly activity.
		All Anesthesiology/Emergency Medicine residents participate in ABA's In-training Examination.
		All Anesthesiology/Emergency Medicine residents participate in ABEM's In-training Examination.
		The resident must take the BASIC Examination during the second year of training. Failure of this examination requires the resident to retake the examination at the next opportunity. • If the examination is failed a second time, then the resident will receive an unsatisfactory evaluation by the CCC. • After a third failed attempt on the BASIC Examination, the resident will be required to complete an additional six months of training in Anesthesiology. • After a fourth failed attempt on the BASIC Examination, the resident will be required to complete an additional 12 months of training in Anesthesiology. Continuation of the combined training would be at the discretion of each individual training program.
		Letters of support signed by the department chairs of Anesthesiology and Emergency Medicine are on file. ***Enclose**
		A letter of support signed by the Designated Institutional Official is on file. ***Enclose**
		Any significant change in institutional support or rotation location requires notification to both Boards.
		During the final three years, each resident will have 18 months of training in each specialty.
		Joint educational conferences involving residents from Anesthesiology and Emergency Medicine are desirable, and should include participation of all residents in the combined residency whenever possible. A brief curriculum summary of such educational activities should be available for review.

Yes ✓	No ✓	**CORE CURRICULAR REQUIREMENTS:** Indicate (✓) if the program includes each of the following core curricular requirements.
		A clearly described, written curriculum available for residents, faculty, and both Residency Review Committees
		Thirty months of training under the direct supervision of Anesthesiology
		Thirty months of training under the direct supervision of Emergency Medicine
		Six months of training in the first year under the direction of Anesthesiology
		Six months of training in the first year under the direction of Emergency Medicine
		If the program is an EM 1-4 program, an additional year of training is required. This additional year must adhere to the Anesthesiology/Emergency Medicine combined training program guidelines.

Yes ✓	No ✓	**ANESTHESIOLOGY GUIDELINES**: Indicate (✓) if the program includes each of the following requirements for approved training in Anesthesiology.
		Two identifiable one-month rotations in Obstetric Anesthesia, Pediatric Anesthesia, Neuroanesthesia, and Cardiothoracic Anesthesia
		At least four months of Critical Care Medicine experience during the 60 months of combined training
		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.
		One-half month in a preoperative evaluation clinic
		One-half month in a post-anesthesia care unit
		Advanced experiences can be in additional focused Anesthesiology subspecialties, related areas, or research.
		Rotations in a single Anesthesiology subspecialty must not exceed six months total.
		Minimum clinical experiences as defined by the program requirements for Anesthesiology must be met.

Yes ✓	No ✓	***EMERGENCY MEDICINE GUIDELINES***: Indicate (✓) if the program includes each of the following requirements for approved training in Emergency Medicine.
		At least three percent of the patient population must present with critical illness or injury. The curriculum must include four months of dedicated critical care experiences, including critical care of infants and children. At least two months of these experiences must be at the PGY-2 level or above.
		A Pediatric experience, defined as care of patients less than 18 years of age, should be provided consisting of five full-time equivalent months, or 20 percent of all emergency department encounters. At least 50 percent of the five months should be in an emergency setting. This experience should include the critical care of infants and children.
		Experience in performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types in all age groups must be provided.
		Residents must have experience in Emergency Medical Services (EMS), emergency preparedness, and disaster management. EMS experiences must include ground unit runs and should include direct medical command. This should include participation in multi-casualty incident drills. Residents should have experience teaching out-of-hospital emergency personnel.
		Should the core Emergency Medicine training be in a PGY1-4 program, then the resident must complete a minimum of seven months of Emergency Medicine in the additional sixth Emergency Medicine year. The other five months may be Emergency Medicine rotations or electives, including possible Anesthesiology rotations, as determined by the combined program. Alternatively, Anesthesiology rotations may be distributed between the PGY 3-6 year of training to allow exposure to both specialties during this final, additional year provided that the seven months of added Emergency Medicine have likewise been incorporated into the entire curriculum.

SIGNATURES: Indicate by signing below that the information contained in this application is correct and that the hospital and faculty of each department are committed to supporting the combined program. **Electronic signatures will not be accepted. Original signatures are required.**

	Print Name	*Signature*	*Date*
Anesthesiology/Emergency Medicine Director or Co-Director			
Anesthesiology/Emergency Medicine Co-Director			
Anesthesiology Program Director			
Emergency Medicine Program Director			

Directions for completing the attached Rotation Outline:

Column 1: Represents a month or 4-week block for a particular year

Column 2: Insert name of rotation, as well as hospital/location of rotation.

Column 3: Indicate (✓) if rotation counts as Anesthesiology.

Column 4: Indicate (✓) if rotation counts as Emergency Medicine.

Column 5: Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine (combined rotation).

Column 6: Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.

	PGY-1 Rotation Outline				
		Indicate (✓) if rotation counts as Anesthesiology.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.
	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
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	PGY-2 Rotation Outline				
		Indicate (✓) if rotation counts as Anesthesiology.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.
	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
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	PGY-3 Rotation Outline				
		Indicate (✓) if rotation counts as Anesthesiology.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.
	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
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	PGY-4 Rotation Outline				
		Indicate (✓) if rotation counts as Anesthesiology.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.
	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
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	PGY-5 Rotation Outline				
		Indicate (✓) if rotation counts as Anesthesiology.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.
	2	**3**	**4**	**5**	**6**
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
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	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION	Indicate (✓) if rotation counts as Anesthesiology.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for **both** Anesthesiology and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Anesthesiology or Emergency Medicine residents during this rotation.
	2	3	4	5	6
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PGY-6 Rotation Outline (when applicable)