**New Application: Obstetric Anesthesiology**

**Review Committee for Anesthesiology**

**ACGME**

**Oversight**

1. Does the sponsoring institution also sponsor ACGME-accredited residency programs in: [PR I.B.1.a)]
2. Anesthesiology [ ]  YES [ ]  NO
3. Obstetrics and Gynecology [ ]  YES [ ]  NO
4. Describe the interaction expected between the anesthesiology core residency and the fellowship, including coordination of educational, clinical, and investigative activities. [PR I.B.1.b)] (Limit response to 400 words)

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| Click here to enter text. |

1. Is there an active maternal fetal medicine and neonatology service that is regularly involved in multidisciplinary care? [PR I.B.1.c)] [ ]  YES [ ]  NO

**Resources**

1. Are the following clinical facilities available at each participating site? [PR I.D.1.a).(1) - I.D.1.a).(3)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Labor rooms | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Cesarean/Operative rooms | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Maternal and fetal monitoring equipment | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Advanced life support equipment | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| A post-anesthesia care unit (PACU) or Labor-Delivery-Postpartum rooms  | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

1. Indicate the number of the following clinical facilities that are available at each participating site:
[PR I.D.1.a).(1) - I.D.1.a).(3)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Labor rooms | # | # | # | # |
| Cesarean/Operative rooms | # | # | # | # |

1. Is there a clinical laboratory that provides prompt and readily available diagnostic and laboratory measurements pertinent to the care of obstetric patients? [PR I.D.1.a).(4)] [ ]  YES [ ]  NO
2. Patient Population

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| For the most recent one-year period, provide the number of high-risk obstetric patients at each site. [PR I.D.4.a)] | # | # | # | # |

1. Are the following available for the education of fellows at each participating site? [PR I.D.1.b)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Access to computers | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Conference space | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Meeting space | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Space for academic activities | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

**Personnel**

**Program Director**

1. What percentage of the program director’s clinical, educational, administrative, and academic time will be devoted to the anesthetic care of obstetric women? [PR II.A.3.g)] # %
2. What percentage of the program director’s educational and administrative (non-clinical) time will be devoted to the fellowship? [PR II.A.3.g)] # %
3. Describe how the program director, together with the core residency program director, will prepare and implement a supervision policy that specifies the lines of responsibility for the core residents and the fellows. [PR II.A.3.f)] (Limit response to 400 words)

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| Click here to enter text. |

**Faculty**

1. Indicate whether faculty member(s) in the specialties listed below will be available to the program and indicate the role that each type will play in the program. Check all that apply. [PR II.B.2.i)]

| **Type of faculty** | **Available to the fellowship program** | **Provide consultations** | **Participate in collaborative management of patients** | **Provide fellow instruction** | **Provide fellow supervision** |
| --- | --- | --- | --- | --- | --- |
| Obstetrics and Gynecology |[ ] [ ] [ ] [ ] [ ]
| Pediatrics |[ ] [ ] [ ] [ ] [ ]
| Non-anesthesiology faculty with expertise in maternal and fetal medicine |[ ] [ ] [ ] [ ] [ ]
| Non-anesthesiology faculty with expertise in neonatology |[ ] [ ] [ ] [ ] [ ]

1. Will the faculty include members certified in adult critical care who provide consultation and collaborative management of peripartum women with critical care needs? [PR II.B.2.j)]
 [ ]  YES [ ]  NO

**Other Program Personnel**

1. Describe the specialty nursing staff that will be available for the care of the critically-ill newborn.
[PR II.D.1.] (Limit response to 400 words)

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| Click here to enter text. |

1. Briefly describe the allied health staff and other support personnel that will be available to provide the comprehensive care necessary for women during pregnancy. [PR II.D.2.] (Limit response to 400 words)

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| Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will develop competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The comprehensive analgesic/anesthetic management of deliveries, including: |
| Planned vaginal deliveries with a high-risk maternal co-morbidity (at least 30 must be performed)[PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Obtaining the appropriate diagnostic testing and consultation and communication with the multi-disciplinary team[PR IV.B.1.b).(1).(a).(i).(a)] | Click here to enter text. | Click here to enter text. |
| Planned vaginal deliveries with high-risk fetal conditions (at least 30 must be performed)[PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Appropriate interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing[PR IV.B.1.b).(1).(a).(ii).(a)] | Click here to enter text. | Click here to enter text. |
| Cesarean deliveries with a high-risk maternal co-morbidity (at least 30 must be performed)[PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Application of broad anesthetic principles and techniques in creating a comprehensive anesthetic care plan[PR IV.B.1.b).(1).(a).(iii).(a)] | Click here to enter text. | Click here to enter text. |
| Collaborative management between anesthesiologists and obstetricians of women with abnormal placentation[PR IV.B.1.b).(1).(a).(iii).(b)] | Click here to enter text. | Click here to enter text. |
| Cesarean deliveries with a high-risk fetal condition (at least 20 must be performed)[PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing[PR IV.B.1.b).(1).(a).(iv).(a)] | Click here to enter text. | Click here to enter text. |
| Managinganesthetics during the first, second, or third trimesters, other than for Cesarean delivery, including antepartum procedures involving prenatal diagnosis and fetal treatment, maternal cardioversion, or electroconvulsive therapy (at least 10 must be performed overall)[PR IV.B.1.b).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Assessment of fetal status and possible maternal co-morbidity; development of an anesthetic care plan that is integrated with the surgical and obstetric care plan and that includes provision for peri-operative fetal monitoring; development of a plan for possible emergency Cesarean delivery if appropriate; provision for post-operative analgesia; and collaboration between anesthesiologists and obstetricians in the development of a plan to prevent preterm birth[PR IV.B.1.b).(1).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Managing general anesthetics for Cesarean or vaginal delivery[PR IV.B.1.b).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Recognizing indications for general anesthesia; efficiently and quickly allaying the anxiety of the mother and communicating the anesthetic care plan; appropriately assessing the airway; and rapidly assessing the clinical scenario and its urgency in concert with the obstetric specialist and making the clinical judgment to initiate general anesthesia after considering the maternal and fetal risks[PR IV.B.1.b).(1).(c).(i)] | Click here to enter text. | Click here to enter text. |

1. For the most recent one-year period, provide the data requested below for each participating site listed in ADS:

| **Number of:** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Planned vaginal deliveries with a high-risk maternal co-morbidity [PR IV.B.1.b).(1).(a).(i)] | # | # | # | # |
| Planned vaginal deliveries with high-risk fetal conditions [PR IV.B.1.b).(1).(a).(ii)] | # | # | # | # |
| Cesarean deliveries with a high-risk maternal co-morbidity[PR IV.B.1.b).(1).(a).(iii)] | # | # | # | # |
| Cesarean deliveries with a high-risk fetal condition [PR IV.B.1.b).(1).(a).(iv)] | # | # | # | # |
| Antepartum procedures involving: [PR IV.B.1.b).(1).(b).(i)] |
| Diagnosis and fetal treatment | # | # | # | # |
| Maternal cardioversion | # | # | # | # |
| Electroconvulsive therapy | # | # | # | # |

1. Indicate the settings and activities in which fellows will develop competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Fellows must demonstrate proficiency and skill preparing for and providing care, including developing a care plan, which acknowledges the patient’s birth plan goals.[PR IV.B.1.b).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Fellows must demonstrate proficiency in the anesthesia critical care of women during the puerperium.[PR IV.B.1.b).(1).(e)] | Click here to enter text. | Click here to enter text. |

1. Will all fellows complete a course in neonatal resuscitation through the American Academy of Pediatrics/American Heart Association (AAP/AHA) Neonatal Resuscitation Program prior to completion of the fellowship? [PR IV.B.1.b).(1).(f)] [ ]  YES [ ]  NO

**Medical Knowledge**

Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will develop competence in their knowledge of each of the following areas, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high risk pregnant patient. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Advanced maternal physiology, biochemistry (nitric oxide, prostaglandins), genetic predispositions, and polymorphisms[PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Embryology and teratogenicity, including laboratory models and use of databases[PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Fetal and placental physiology and pathophysiology, models of uteroplacental perfusion, and pharmacokinetics of placental transfer[PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Neonatal physiology and advanced neonatal resuscitation[PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Medical disease and pregnancy, including hypertensive disorders, morbid obesity, respiratory disorders, cardiac disorders, gastrointestinal diseases, endocrine disorders, autoimmune disorders, hematologic and coagulation disorders, neurologic disorders, substance abuse, HIV infection, AIDS, and psychiatric diseases[PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Obstetric management of abnormal labor, management of urgent and emergent delivery, and trial of labor[PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Tocolytic therapy, the effects of genetics on preterm labor and response to tocolytics, and methods of tocolysis[PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Labor pain, including pain pathways, experimental models for studying pain of labor, biochemical mechanisms of labor pain, and modalities for treating labor pain[PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Local anesthetic use in obstetrics, including pregnancy-related effects on pharmacodynamics and pharmacokinetics; recognition and treatment of complications; lipid rescue of local anesthetic cardiotoxicity; effects on the fetus in different settings, including prematurity, asphyxia, fetal cardiovascular and neurological effects; and fetal drug disposition[PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |
| Neuraxial opioid use in obstetrics, including prevention, recognition, and treatment of complications; effects on the fetus; and fetal/neonatal drug disposition[PR IV.B.1.c).(1).(j)] | Click here to enter text. | Click here to enter text. |
| Regional anesthetic techniques, including recognition and treatment of complications, effect of genetic variations, and polymorphisms[PR IV.B.1.c).(1).(k)] | Click here to enter text. | Click here to enter text. |
| General anesthesia use in obstetrics, including recognition and treatment of complications, alternatives for securing the airway in pregnant women (anticipated/unanticipated difficult airway), consequences on utero-placental perfusion, and opposing maternal-fetal considerations regarding the use of general anesthesia[PR IV.B.1.c).(1).(l)] | Click here to enter text. | Click here to enter text. |
| Anesthetic and obstetric management of obstetric complications and emergencies, including placental abruption, placenta previa, placenta accrete, vasa previa, uterine rupture, uterine atony, amniotic fluid embolism, and umbilical cord prolapse[PR IV.B.1.c).(1).(m)] | Click here to enter text. | Click here to enter text. |
| Anesthetic and obstetric management of preeclampsia, including laboratory models for study of preeclampsia; etiology and epidemiology; pathophysiology; biomolecular and genetic changes; and postpartum care[PR IV.B.1.c).(1).(n)] | Click here to enter text. | Click here to enter text. |
| Cardiopulmonary resuscitation (CPR) and advanced cardiac life support of the pregnant woman[PR IV.B.1.c).(1).(o)] | Click here to enter text. | Click here to enter text. |
| Postpartum tubal ligation and timing, including global policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, and alternatives[PR IV.B.1.c).(1).(p)] | Click here to enter text. | Click here to enter text. |
| Postpartum pain management in the parturient, including consequences of post-Cesarean delivery painPR IV.B.1.c).(1).(q)] | Click here to enter text. | Click here to enter text. |
| Non-obstetric surgery during pregnancy, including laparoscopy and cardiorespiratory effects on the mother and fetus[PR IV.B.1.c).(1).(r)] | Click here to enter text. | Click here to enter text. |
| Effects of maternal medications on breastfeeding, particularly effects of labor analgesia and postpartum analgesia[PR IV.B.1.c).(1).(s)] | Click here to enter text. | Click here to enter text. |
| Antepartum and intrapartum 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[PR IV.B.1.c).(1).(t)] | Click here to enter text. | Click here to enter text. |
| Effects of general anesthesia on the mother and fetus, and the effects of fetal circulation and placental transfer on newborn adaptation[PR IV.B.1.c).(1).(u)] | Click here to enter text. | Click here to enter text. |
| Related disciplines, particularly involving obstetrics, maternal and fetal medicine, and neonatology[PR IV.B.1.c).(1).(v)] | Click here to enter text. | Click here to enter text. |
| Anesthetic management of ex-utero intrapartum treatment (EXIT) procedures with and without neonatal transfer to extracorporeal membrane oxygenation (ECMO) and anesthesia for fetal surgery[PR IV.B.1.c).(1).(w)] | Click here to enter text. | Click here to enter text. |
| Transport and monitoring of critically-ill parturients and neonates within one hospital and between hospitals[PR IV.B.1.c).(1).(x)] | Click here to enter text. | Click here to enter text. |
| Organization and management of an obstetric anesthesia service, including health care delivery models, reimbursement, building a service, and regulatory agencies with jurisdiction[PR IV.B.1.c).(1).(y)] | Click here to enter text. | Click here to enter text. |
| Legal and ethical issues during pregnancy[PR IV.B.1.c).(1).(z)] | Click here to enter text. | Click here to enter text. |
| Social issues, including domestic violence; discrimination; substance abuse; homelessness; and cultural, ethnic and economic barriers to safe anesthesia care, including strategies to mobilize system resources for disadvantaged women in those situations[PR IV.B.1.c).(1).(aa)] | Click here to enter text. | Click here to enter text. |
| Medical economics and public health issues of women during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, and Cesarean delivery rates[PR IV.B.1.c).(1).(bb)] | Click here to enter text. | Click here to enter text. |
| Maternal morbidity and mortality[PR IV.B.1.c).(1).(cc)] | Click here to enter text. | Click here to enter text. |
| 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[PR IV.B.1.c).(1).(dd)] | Click here to enter text. | Click here to enter text. |
| Principles and ethics of research in pregnant women, their fetuses, and neonates[PR IV.B.1.c).(1).(ee)] | Click here to enter text. | Click here to enter text. |
| Processes involved in designing and implementing clinical trials[PR IV.B.1.c).(1).(ff)] | Click here to enter text. | Click here to enter text. |
| Research funding, including: [PR IV.A.2.b).(1).(gg)] |
| Applicable funding agencies[PR IV.B.1.c).(1).(gg).(i)] | Click here to enter text. | Click here to enter text. |
| Components of a research budget, including direct and indirect costs.[PR IV.B.1.c).(1).(gg).(ii)] | Click here to enter text. | Click here to enter text. |
| Funding procurement mechanisms.[PR IV.B.1.c).(1).(gg).(iii)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to develop skills and habits to systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.C.5.a)] (Limit response to 400 words)

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| Click here to enter text. |

1. Briefly describe one example of a learning activity in which fellows engage to develop the skills needed to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.C.5.b)-IV.C.5.b).(1)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies; including literature from perinatal medicine and pediatrics in addition to anesthesiology)
* Applying information to patient care

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1. Briefly describe one example of a learning activity in which fellows will demonstrate the ability to be an educator in obstetric anesthesiology. [PR IV.C.5.c)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which fellows will demonstrate competence in practice-based improvement by completing a project with at least one of the following goals: enhancing the fellow’s engagement in multidisciplinary care of obstetric patients; and/or improving patient safety as it applies to the fellow’s practice of obstetric anesthesiology. [PR IV.C.5.d)-IV.C.5.d).(2)] (Limit response to 400 words)

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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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| Click here to enter text. |

1. Briefly describe the learning activity(ies) in which fellows will demonstrate the following communication skills in a multidisciplinary setting: effectively communicating with the perinatal health care team; effectively collaborating with all health care providers in all settings relevant to the comprehensive care of the pregnant woman, including the outpatient clinic, antepartum consultation, labor and delivery, operating rooms, the PACU, intensive care units*,* and the emergency department; effectively leading the anesthesia care team; and effectively supervising clinical trainees, including medical students and residents, and providing constructive feedback. [PR IV.C.6.a)-d)] (Limit response to 400 words)

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**Professionalism**

1. Briefly describe one learning activity by which fellows will demonstrate the ability to work in a multidisciplinary environment, particularly the ability to have collegial and effective interactions with other members of the perinatal care team. [PR IV.C.7.a)] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows develop 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. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which fellows will demonstrate competence in recognizing barriers and limitations in access to care for some patient populations, including Medicaid reimbursement for postpartum sterilization, and developing strategies to meet patient needs. [PR IV.C.7.b)] (Limit response to 400 words)

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| Click here to enter text. |

1. Briefly describe one learning activity in which fellows will demonstrate the ability to provide cost-effective care that incorporates best practices. [PR IV.C.7.c)] (Limit response to 400 words)

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| Click here to enter text. |

1. Briefly describe one learning activity in which fellows will demonstrate competence in developing policies, guidelines, standards, practice parameters*,* and quality management tools to ensure the public health of pregnant women. [PR IV.C.7.d)] (Limit response to 400 words)

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| Click here to enter text. |

1. Briefly describe one learning activity in which fellows will participate in a system improvement based on the literature, quality improvement data, and patient and family satisfaction data. [PR IV.C.7.e)] (Limit response to 400 words)

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| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Indicate the frequency of each of the following didactic activities anticipated for the fellowship program: [PR IV.C.4.]

|  |  |
| --- | --- |
| **Activity** | **Frequency** |
| Lectures | Click here to enter text. |
| Conferences | Click here to enter text. |
| Facilitated self-learning | Click here to enter text. |
| Workshops | Click here to enter text. |
| Simulation | Click here to enter text. |

1. What is the percentage of sessions in which faculty members will serve as conference leaders?
[PR IV.C.4.a)] # %
2. Is each didactic topic included as a medical knowledge outcome in the program’s curriculum?
[PR IV.C.4.b)] [ ]  YES [ ]  NO
3. Briefly describe how the program will provide fellows with instruction in:
4. The impact of different anesthetic and analgesic techniques on health care resources, including room allocation; staffing; and patient throughput. [PR IV.C.4.c).(1)] (Limit response to 400 words)

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| Click here to enter text. |

1. Sound business practices and the direct and indirect costs of different obstetric analgesic and anesthetic techniques. [PR IV.C.4.c).(2)] (Limit response to 400 words)

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| Click here to enter text. |

**Scholarship**

Will each fellow be assigned a faculty mentor to oversee the fellow’s scholarly project? [PR IV.D.2.a).(1)]
 [ ]  YES [ ]  NO

**Evaluation**

Will faculty members provide evaluations of each fellow’s progress and competence to the program director: [PR V.A.1.a).(1)]

1. at the end of three months of education? [ ]  YES [ ]  NO
2. at the end of six months of education? [ ]  YES [ ]  NO
3. at the end of nine months of education? [ ]  YES [ ]  NO

**The Learning and Working Environment**

Will exceptions to the eight-hours off between scheduled clinical work and education periods be determined in consultation with the supervising faculty member? [CPR VI.F.2.b) and VI.F.2.b).(1)]
 [ ]  YES [ ]  NO