

Supplemental Guide: Obstetric Anesthesiology



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Milestones Supplemental Guide

This document provides additional guidance and examples for the Obstetric Anesthesiology Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.

Patient Care 1: Technical Skills in Obstetric Anesthesiology Overall Intent: To demonstrate critical thinking and judgment in the design and application of anesthetic care for obstetric patients	
Milestones	Examples
Level 1 Consistently, safely, and efficiently performs neuraxial anesthesia with minimal complications in low-risk patients	Independently initiates neuraxial analgesia in a healthy laboring pregnant patient
Consistently, safely, and efficiently performs general anesthesia with minimal complications in low-risk patients and identifies patients who need modification of plan for general anesthesia	Designs a safe anesthetic plan for a low-risk parturient scheduled for repeat Cesarean delivery under general anesthesia for whom neuraxial anesthesia is contraindicated
Level 2 Troubleshoots and manages problems or complications associated with neuraxial anesthesia, with assistance (e.g., provides effective analgesia and anesthesia)	 Assesses and manages a poorly functioning epidural catheter to provide effective analgesia Identifies an epidural catheter that needs to be replaced
Safely provides general anesthesia in emergent clinical situations	Acts as the team leader for an emergent Cesarean delivery for umbilical cord prolapse in a healthy parturient
Level 3 Consistently, safely, and efficiently performs neuraxial anesthesia, including use of neuraxial ultrasound, in high-risk or complex patients and/or emergent situations	Effectively uses neuraxial ultrasound to initiate neuraxial analgesia in a patient with scoliosis and morbid obesity
Demonstrates advanced airway skills, including the management of a difficult airway	 Intubates a pregnant patient for an emergent Cesarean delivery after a failed first attempt to obtain an airway Demonstrates successful placement of an emergent front-of-neck airway in a simulation
Level 4 Independently troubleshoots and manages problems or complications associated with neuraxial anesthesia	Provides rescue anesthesia for a failed extension of epidural analgesia to Cesarean anesthesia
Consistently, safely, and efficiently performs general anesthesia with minimal complications in high-risk or complex patients, including airway management	Effectively provides general anesthesia for patient whose pregnancy is complicated by hemolysis, elevated liver enzymes, low platelet count (HELLP) syndrome and morbid obesity

Level 5 Serves as a consultant for initiation, management, and troubleshooting of technically challenging neuraxial anesthesia	Supervises a learner initiating neuraxial analgesia in a patient with scoliosis and morbid obesity
Serves as a consultant for management of complex general anesthetics of a pregnant patient	Leads team in developing and carrying out an anesthetic plan for a parturient with a brain tumor who presents in labor for repeat Cesarean delivery
Assessment Models or Tools	 Case-based discussion Direct observation Objective structured clinical examination (OSCE) Simulation
Curriculum Mapping	•
Notes or Resources	 Apfelbaum JL, et al. 2022 American Society of Anesthesiologists practice guidelines for management of the difficult airway. <i>Anesthesiology</i> 2022; 136:31-81. Delgado C, Ring L, Mushambi MC. General anaesthesia in obstetrics. <i>BJA Educ</i>. 2020 Jun;20(6):201-207. Sadeghi A, Patel R, Carvalho JCA. Ultrasound-facilitated neuraxial anaesthesia in obstetrics. BJA Educ. 2021 Oct;21(10):369-375.

Patient Care 2: Triage and Coordination of Obstetric Anesthesia Care Overall Intent: To demonstrate clinical reasoning skills needed to triage and coordinate obstetric anesthesia care	
Milestones	Examples
Level 1 Identifies risk factors that may predispose patients to common medical or obstetric complications and develops a comprehensive anesthetic plan for patients requiring routine care	Recognizes insulin-dependent diabetes as a risk factor for fetal macrosomia and incorporates labor epidural analgesia into the anesthetic delivery plan
Defines clinically appropriate priorities when caring for multiple obstetric patients and identifies limited resources	Prioritizes a parturient in advanced labor when caring for multiple patients requesting labor epidural analgesia
Level 2 Identifies risk factors that may predispose patients to complex or uncommon medical or obstetric complications and identifies the need for additional evaluation	Recognizes cardiomyopathy of pregnancy as a potential risk factor for maternal hemodynamic decompensation and coordinates cardiology consultation
Coordinates and works cooperatively with other members of the obstetric anesthesia care team	Coordinates tasks with other members of the obstetric anesthesia team in the management of a parturient requiring emergency induction of general anesthesia
Level 3 Formulates and tailors anesthetic plans that include consideration of medical, obstetric, and anesthetic risk factors, as well as patient preference and available resources, for patients requiring complex care	Formulates, tailors, and coordinates the care of a patient with morbid obesity, opioid use disorder, and new onset preeclampsia with severe features
Directs resources to optimize care for multiple patients simultaneously	Delegates the simultaneous care of patients requiring epidural labor analgesia and an urgent cesarean delivery
Level 4 Adapts the anesthetic plan to balance the ethical and other well-being considerations for the infant and the mother in complex clinical situations	Accommodates a second support person in the operating room for a patient with an expected fetal demise
Proactively advocates for and directs resources to optimize care for multiple patients with complex needs simultaneously	Proactively coordinates and directs anesthesia coverage for the care of multiple patients requiring simultaneous cesarean deliveries

Level 5 Designs and implements multidisciplinary institutional protocols for efficient diagnosis and coordination of care for pregnant patients with specific high-risk conditions	Designs, implements, and coordinates an institutional protocol for post-partum hemorrhage
Develops policies and procedures with the interprofessional team to address high patient workload and other institutional barriers to care	Actively participates on an interprofessional team to develop a policy on patient transfer in the setting of high patient census and acuity
Assessment Models or Tools	 Case-based discussion Direct observation Simulation Protocol development
Curriculum Mapping	•
Notes or Resources	 California Maternal Quality Care Collaborative. https://www.cmqcc.org/. Accessed 2022. Centers for Medicare and Medicaid Services. Certification and compliance for the Emergency Medical Treatment and Labor Act (EMTALA). https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/emtala.pdf. Accessed 2022. No author. Levels of maternal care: obstetric care consensus no, 9. Obstet Gynecol. 2019 Aug;134(2):e41-e55. doi: 10.1097/AOG.0000000000003383. PMID: 31348224

Patient Care 3: Crisis Management for the Obstetric Patient	
Overall Intent: To demonstrate anticipation, mitigation, and performance of care for critical clinical events in obstetric patients, including leadership and coordination of the team	
Milestones	Examples
Level 1 Participates as a member of the crisis response team; constructs appropriately prioritized differential diagnoses that include the most likely etiologies for common, acute clinical deterioration; and initiates appropriate therapy	Responds immediately to evaluate hypotension in a post-partum patient when called by the nurse; assesses for evidence of post-partum hemorrhage and initiates appropriate treatment
Recognizes and initiates treatment of common anesthetic complications and adverse events	Responds immediately to evaluate hypotension in a laboring patient when called by the nurse; examines the patient to rule out intrathecal catheter and treats with left uterine displacement, intravenous (IV) fluids, and vasopressors as needed
Level 2 Participates as a member of the crisis response team; constructs appropriately prioritized differential diagnoses that include the most likely etiologies for uncommon, acute clinical deterioration; and initiates appropriate therapy	Responds to a seizure in the laboring patient and immediately calls for help while providing appropriate care
Recognizes major anesthetic complications, and participates in the multi-disciplinary management team	Recognizes high neuraxial block and immediately treats hypotension with fluids and vasopressors and evaluates respiratory depression; educates the nurses and obstetricians regarding implications of a high neuraxial block
Level 3 Develops and executes a plan to manage uncommon clinical crises in a patient with complex comorbidities	Develops and executes a plan to manage respiratory compromise in a patient with myasthenia gravis
Directs the management of major anesthetic complications	Directs the successful management of failed tracheal intubation in a pregnant patient by using the difficult airway algorithm
Level 4 Assumes leadership of a crisis response team	Assumes leadership role in the management of massive hemorrhage of patient with placenta accreta spectrum disorder (PAS)
Organizes resources for interdisciplinary and interprofessional management of patient complications	Organizes an interdisciplinary conference to coordinate the care of a patient with malignant hyperthermia and a contraindication to neuraxial anesthesia

Level 5 Serves as a consultant in critical situations, and is a resource to others in the care team	Serves as a consultant in a multidisciplinary approach to managing a Jehovah's Witness patient with severe postpartum hemorrhage
Designs and implements institutional policies and protocols for the management of anesthetic complications and crises	Designs and implements a multidisciplinary institutional protocol for the management of failed intubation in obstetric patients during general anesthesia for cesarean section
Assessment Models or Tools	Case-based discussion
	Direct observation
	Simulation
Curriculum Mapping	
Notes or Resources	Mushambi MC, et al. Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics. Anaesthesia. 2015 Nov;70(11):1286-306. doi: 10.1111/anae.13260. PMID: 26449292

Patient Care 4: Antepartum Consultation, Assessment, and Peri-Anesthetic Care Planning	
Overall Intent: To demonstrate clinical assessment skills, clinical decision-making skills, and collaborative coordination of care for the	
obstetric patient Milestones	Examples
Level 1 Performs an assessment and	Evaluates a parturient with morbid obesity; formulates a plan of care for labor and
formulates a plan for pregnant patients,	delivery
including common issues that impact obstetric anesthesia care	
Describes the use of a consultation and lists useful resources	Describes comorbidities that warrant an antepartum obstetric anesthesiology consultation
Level 2 Performs an assessment and formulates an anesthetic plan for complex pregnant patients	Evaluates a parturient with morbid obesity with cardiomyopathy; formulates a plan of care for labor and delivery
For simple consultations, delineates the clinical question, obtains additional clinical information, can access available resources, recommends next steps, and completes documentation, with assistance	Performs an antepartum consultation in a patient with mitral stenosis; obtains relevant imaging and laboratory evaluation; formulates a plan for antepartum optimization and peripartum anesthetic care
Level 3 Performs an assessment and formulates an anesthetic plan for critically ill pregnant patients	Evaluates a parturient with mitral stenosis with decompensated heart failure and formulates an anesthetic care plan for delivery
For complex consultations, delineates the clinical question, obtains additional clinical information, applies relevant resources, and recommends next steps with assistance; manages simple consultations independently	Performs an antepartum consultation in a patient who uses IV drugs and has a vegetative valvular lesion and severe mitral regurgitation; obtains relevant imaging and laboratory evaluation; formulates a plan for antepartum optimization and peripartum anesthetic care
Level 4 Advises the multidisciplinary team and integrates the anesthetic plans into the care of medically complex and critically ill obstetric patients	Discusses the anesthetic considerations for a parturient on venovenous extracorporeal membrane oxygenation (VV ECMO) with consultants and formulates anesthetic plan with consideration for competing priorities of care
Manages complex consultations independently, including addressing conflicting management goals with	Documents discussion of various considerations and evidence for recommendations, including contingency plans for evolving changes in maternal clinical status

comprehensive, timely documentation of findings and recommendations	
Level 5 Coordinates the multidisciplinary team involved in the care of medically complex and critically ill obstetric patients	Coordinates with the multidisciplinary consultants to ensure integration of the anesthetic plan with the obstetric and medical care plans for a parturient with cystic fibrosis complicated by worsening pulmonary status
Is recognized as an expert in providing comprehensive consultations	Is recognized by multidisciplinary team members as an expert consultant in obstetric anesthesiology
Assessment Models or Tools	 Case-based discussions Direct observation Medical record (chart) review
Curriculum Mapping	
Notes or Resources	 American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin No. 209: Obstetric analgesia and anesthesia. Obstetrics & Gynecology March 2019, 133(3):e208-e225. American Society of Anesthesiologists (ASA). Practice guidelines for obstetric anesthesia: an updated report by the American Society of Anesthesiologists Task Force on Obstetric Anesthesia and the Society for Obstetric Anesthesia and Perinatology Anesthesiology. Anesthesiology 2016 February 124: 270-300.

Patient Care 5: Point-of-Care Ultrasound for Obstetric Patients Overall Intent: To demonstrate application of point-of-care ultrasound to enhance assessment and care of the obstetric patient	
Milestones	Examples
Level 1 Independently selects proper ultrasound equipment and settings for indicated scenarios and conducts and interprets point-of-care ultrasound	Independently selects proper ultrasound equipment (e.g., ultrasound probe) and settings (e.g., depth, gain, contrast) for ultrasound guided truncal and neuraxial blocks
Identifies neuraxial anatomy on ultrasound	Identifies sonoanatomy for ultrasound guided truncal and neuraxial blocks
Level 2 Uses point-of-care ultrasound to identify common problems	Uses point of care ultrasound to diagnose pulmonary edema in a patient with preeclampsia
Uses ultrasound to identify interspinous spaces and the midline in patients with uncomplicated neuraxial anatomy	Uses ultrasound to identify the interspinous spaces in both the horizontal and sagittal plane and identifies midline in a patient with uncomplicated neuraxial anatomy
Uses ultrasound for performance of truncal blocks in patients with uncomplicated anatomy	Successfully performs ultrasound guided transversus abdominus plane (TAP) block in a patient with uncomplicated anatomy
Level 3 Uses point-of-care ultrasound to assess clinically complex situations	Uses point-of-care ultrasound to assess the etiology of hypotension in a postpartum patient with preeclampsia
Uses ultrasound to identify interspinous spaces and the midline in patients with complex neuraxial anatomy	Uses ultrasound to identify the interspinous spaces in both the horizontal and sagittal plane and identifies midline in a patient with scoliosis
Uses ultrasound for performance of truncal blocks in patients with complex anatomy	Uses ultrasound for performance of a bilateral TAP block in a patient with morbid obesity
Level 4 Expertly uses point-of-care ultrasound to diagnose and develop a management plan	Expertly uses point-of-care ultrasound to evaluate a patient with known cardiomyopathy to guide fluid management and manage changes in cardiac function throughout their labor course

Expertly uses ultrasound to identify interspinous spaces and the midline in patients with complex neuraxial anatomy	Expertly uses ultrasound to identify interspinous spaces and midline and places a functioning labor epidural catheter in a patient with Harrington rods
Expertly uses ultrasound for performance of truncal blocks in patients with complex anatomy	Expertly uses ultrasound for performance of bilateral TAP blocks in a patient with achondroplasia
Level 5 Participates in the development of institutional protocols for point-of-care ultrasound	Participates in the development of institutional protocols for point-of-care ultrasound in obstetric anesthesia
Promotes the use of neuraxial ultrasound for new and emerging indications	Teaches colleagues to use of neuraxial ultrasound
Assessment Models or Tools	 Direct observation Image portfolio Simulation
Curriculum Mapping	•
Notes or Resources	 King CH, Palmer LJ. Point-of-care ultrasound for obstetric anesthesia. <i>Int Anesthesiol Clin</i>. 2021 Jul 1;59(3):60-77. doi: 10.1097/AIA.000000000000330. PMID: 34054061. Zieleskiewicz L, Bouvet L, Einav S, Duclos G, Leone M. Diagnostic point-of-care ultrasound: applications in obstetric anaesthetic management. <i>Anaesthesia</i>. 2018 Oct;73(10):1265-1279. doi: 10.1111/anae.14354. Epub 2018 Jul 26. PMID: 30047997.

Medical Knowledge 1: Obstetric Anesthesiology Overall Intent: To apply knowledge of obstetric anesthesiology to the preparation and care of obstetric patients	
Milestones	Examples
Level 1 Demonstrates knowledge of the implications of altered maternal anatomy and physiology for the anesthetic care of healthy patients	 Appropriately titrates minute ventilate during general anesthesia so that the end-tidal CO₂ concentration is 30-35 mmHg Maintains systolic blood pressure greater than 90 percent of baseline in women undergoing Cesarean delivery
Demonstrates knowledge of obstetric management, including indications for delivery and expected complications, in healthy, low-risk patients	 Explains the labor curve and its relationship to labor pain Explains the major surgical components of cesarean delivery and their relationship to intra-operative anesthesia management
Level 2 Demonstrates knowledge of the anesthetic implications of altered maternal anatomy and physiology for the care of patients with coexisting medical conditions (e.g., human immunodeficiency virus (HIV), cardiac disease, pulmonary hypertension)	 Develops a peripartum management plan for a patient with preeclampsia with severe features Explains drug contraindications in parturients with HIV managed with reverse transcriptase inhibitors
Demonstrates knowledge of obstetric management, including indications for delivery and expected complications, in patients with complex comorbidities	 Explains the indications for delivery in women with preeclampsia Explains the indications for prophylactic anticoagulation in patients at risk for thromboembolism in pregnancy
Level 3 Demonstrates knowledge of the evidence base that underpins anesthetic management of common and complex conditions	 Recites the literature regarding the anesthetic management of pregnant women undergoing external cephalic version Recites the literature exploring modes of maintaining epidural labor analgesia (continuous infusion, patient-controlled epidural analgesia, programmed intermittent epidural bolus)
Demonstrates knowledge of the evidence base that underpins obstetric management of common and complex conditions	 Explains the obstetric literature supporting the practice of trial of labor after cesarean delivery Explains the obstetric literature supporting the practice of administering prophylactic antibiotics

Level 4 Integrates knowledge of maternal anatomy, physiology, and the obstetric management plan to develop an anesthetic management plan for a patient with coexisting disease and obstetric comorbidities	 Develops a peripartum anesthetic management plan for a patient with Eisenmenger's syndrome Develop an anesthetic management plan for a patient in the mid-trimester who requires a craniotomy for an enlarging intracranial mass
Level 5 Integrates knowledge of maternal anatomy, physiology, and the obstetric management plan to serve as a consultant in obstetric anesthesiology	Discusses the anesthesia concerns with the maternal-fetal medicine and critical care medicine teams regarding the care of a patient in the early third trimester with severe COVID-19 pneumonia
Assessment Models or Tools	 Case-based discussion Direct observation Journal club Teaching presentation evaluation
Curriculum Mapping	•
Notes or Resources	Chestnut DH, Wong CA, Tsen LC, Ngan Kee WD, Beilin Y, Mhyre JM, Bateman BT, eds., Chestnut's Obstetric Anesthesia Principles and Practice. 6th ed. Philadelphia: Elsevier; 2020.

Medical Knowledge 2: Obstetrics and Neonatology Knowledge Applied to Obstetric Anesthesiology Overall Intent: To apply knowledge of obstetrics and neonatology to the practice of obstetric anesthesiology **Examples Milestones** Level 1 Demonstrates basic knowledge of Performs normal newborn assessment, including determination of Appar scores normal newborn physiology • Communicates with pediatricians when maternal intravenous agents are administered Demonstrates knowledge of the impact of anesthesia on the mother and fetus prior to delivery of the infant • Distinguishes between the National Institute of Child Health and Human Development Demonstrates knowledge of basic fetal heart rate patterns (NICHD) category 1, 2, and 3 fetal heart rate tracings Level 2 Demonstrates basic knowledge of • Achieves certification in the American Academy of Pediatrics and American Heart abnormal newborn physiology Association Neonatal Resuscitation Program (NRP) Demonstrates knowledge of the medically • Describes maternal hemodynamic goals for the mother whose fetus is found to have complex neonate and how it impacts the intrauterine growth restriction and absent end diastolic flow anesthetic plan • Summarizes indications for non-stress testing, biophysical profile assessment, and Demonstrates knowledge of measures of fetal well-being (e.g., biophysical profile) umbilical arterial velocimetry **Level 3** Demonstrates comprehensive • Teaches residents and medical students about normal perinatal physiology knowledge of normal and abnormal newborn physiology • Develops a tailored anesthetic plan for Cesarean anesthesia for the mother whose fetus Integrates knowledge of the medically complex neonate into the development of the anesthetic was found to have intrauterine growth restriction and absent end-diastolic flow plan Demonstrates knowledge of how fetal well-being • Expedites Cesarean birth for the fetus with NICHD category 3 fetal heart rate tracing data impacts delivery planning Level 4 Demonstrates knowledge of how • Describes normal fetal lung development and the evidence-based strategies to optimize newborn physiology impacts delivery planning neonatal outcomes

Works collaboratively with the multidisciplinary team to prioritize anesthetic, obstetric, and neonatal considerations of the medically complex mother-fetal dyad	Participates with the multidisciplinary team to coordinate delivery for a patient with placenta accreta syndrome and vaginal bleeding at 28 weeks' gestational age
Incorporates data about fetal well-being in the	Develops and implements an appropriate anesthetic plan for maternal cholecystectomy at
development of an anesthetic plan	22 weeks' gestational age
Level 5 Exhibits detailed and up-to-date	Presents a comprehensive evidence-based argument to unit leadership to raise the
knowledge of current research in obstetrics and neonatology	operating room temperature in obstetric operating rooms
Serves as a consultant for fetal surgery	Serves as a consultant for transversus abdominus plane (EXIT) procedures
Serves as a consultant in the development of an	
anesthetic plan for fetal well-being	
Assessment Models or Tools	Case discussions
	Direct observation
	Medical record review
	Multisource feedback
	NRP certification
Curriculum Mapping	•
Notes or Resources	Macones GA, Hankins GD, Spong CY, Hauth J, Moore. The 2008 National Institute of
	Child Health and Human Development workshop report on electronic fetal monitoring:
	update on definitions, interpretation, and research guidelines. Obstet Gynecol. 2008
	Sep;112(3):661-6. doi: 10.1097/AOG.0b013e3181841395.PMID: 18757666

Systems-Based Practice 1: Patient Safety and Quality Improvement (QI) in Obstetric Anesthesiology Overall Intent: To engage in the analysis and management of patient safety events, including relevant communication with patients,	
families, and health care professionals; to condi	Examples
Level 1 Demonstrates knowledge of common events that impact patient safety	Lists patient misidentification or medication errors as common patient safety events
Demonstrates knowledge of how to report patient safety events	Explains how to report errors in own health system
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes fishbone tool
Level 2 Identifies system factors that lead to patient safety events	Identifies a recent change to the transfusion requisition form that did not include space for two-person verification to avoid an error
	Identifies that a regional anesthesia consent form does not include laterality
Reports patient safety events through institutional reporting systems (simulated or actual)	Reports lack of compliance with antibiotic administration through departmental or institutional reporting systems
Describes departmental quality improvement initiatives	Summarizes protocols to decrease surgical site infections
Level 3 Participates in analysis of patient safety events (simulated or actual)	Assimilates patient data, evaluates the root cause, and presents the findings of a patient safety event
Participates in disclosure of patient safety events to patients and patients' families (simulated or actual)	Through simulation, communicates with patients/families about a medication administration error
Participates in department quality improvement initiatives	Participates in a root cause analysis of duplicate acetaminophen administration in post- anesthesia care unit (PACU)
Level 4 Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Collaborates with a team to conduct the analysis of intra-operative antibiotic administration errors and presents suggested policy and electronic health record (EHR) design changes at a department meeting

Discusses with patient (family) an inadvertent double-dose of acetaminophen administration given to them due to hand-off error
Initiates and develops a fellow quality improvement project to reduce rates of general anesthesia, including tracking base line rates and change over time, and presents findings to the department
Assumes a leadership role at the departmental or institutional level for patient safety
Leads a simulation session to train others on how to disclose patient safety events
Initiates and completes a QI project to improve disclosure of serious adverse events to patients and families and shares results with stakeholders
Direct observation
E-module multiple choice tests
Multisource feedback
Portfolio
• OSCE
Reflection
Simulation
Anesthesia Patient Safety Foundation. Patient Safety Initiatives.
https://www.apsf.org/patient-safety-initiatives/. Accessed 2020.
• Institute of Healthcare Improvement. http://www.ihi.org/Pages/default.aspx . Accessed 2020.

Systems-Based Practice 2: System Navigation for Patient-Centered Care in Obstetric Anesthesiology Overall Intent: To effectively navigate the health care system, including the interdisciplinary team and other care providers; to adapt care to a specific patient population to ensure high-quality patient outcomes	
Milestones	Examples
Level 1 Demonstrates knowledge of care coordination	For a routine obstetric patient, identifies the obstetricians, anesthesiologists, and nurses as members of the care team
Identifies and performs key elements for safe and effective transitions of care and hand-offs	Lists the essential components of a standardized tool for sign-out, care transition, and hand-offs
Demonstrates knowledge of population and community health needs and inequities	Articulates risk factors for maternal adverse events related to health disparities
Level 2 Coordinates care of patients in routine clinical situations effectively using the roles of	Coordinates care with the PACU and primary medical team on arrival to PACU after cesarean delivery
interprofessional team members	Coordinates care with nursing staff and obstetricians for laboring patients
Identifies and performs safe and effective transitions of care/hand-offs in routine clinical situations	Routinely uses a standardized tool for a stable patient during sign-out
Identifies specific population and community health needs and inequities for the local population	Identifies challenges in communicating with patients with communication barriers (e.g., non-English-speaking patients and families; hearing, visual, or cognitive impairment) leading to poor medical care
Level 3 Coordinates care of patients in complex clinical situations effectively using the roles of interprofessional team members	Works with the patient, family members, obstetricians, and specialty consulting services to coordinate the labor and delivery care of a pregnant patient with cardiac disease
Performs safe and effective transitions of care/hand-offs in complex clinical situations	Routinely uses a standardized tool when transferring a patient to and from the intensive care unit (ICU)
Uses institutional resources effectively to meet the needs of a patient population and community	Follows institutional guidelines to provide safe care for a pregnant patient with placenta accreta spectrum disorder

Level 4 Role models effective coordination of patient-centered care among different disciplines and specialties	Leads team in discussions with maternal-fetal medicine consultants to review cases/recommendations
Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems	Coordinates information dissemination concerning peri-operative planning for a pregnant patient with placenta accreta spectrum disorder
Participates in changing and adapting practice to provide for the needs of specific populations	Assists in the design of protocols for discussing and managing care of patients who refuse blood products
Level 5 Analyzes the process of care coordination and participates in the design and implementation of improvements	Develops and implements a program for in person pre-delivery consultation for pregnant patients with high-risk conditions
Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes	Devises a protocol to improve transitions from the labor floor/operating room to the ICU for obstetric patients
Advocates for populations and communities with	Partners with the multidisciplinary health care team to create an innovative approach to
health care inequities in the peri-operative setting	support pregnant patients that require ICU level care • Engages community partners to improve experience of care for women in underserved communities, such as language barrier, cultural bias, and delays in care
Assessment Models or Tools	Direct observation Madical record (chart) audit
	Medical record (chart) audit Multisource feedback
	• OSCE
	Quality metrics and goals mined from EHRs
Curriculum Mapping	Review of sign-out tools, use and review of checklists
Notes or Resources	 ACOG. Committee Opinion No. 649: racial and ethnic disparities in obstetrics and gynecology. Obstet Gynecol. 2015 Dec;126(6):e130-e134. doi:
	10.1097/AOG.0000000001213. PMID: 26595584.
	CDC. Population Health Training in Place Program (PH-TIPP).
	https://www.cdc.gov/pophealthtraining/whatis.html. Accessed 2020.

- Howell EA, et al. Reduction of peripartum racial and ethnic disparities: a conceptual framework and maternal safety consensus bundle. *Obstet Gynecol.* 2018
 May;131(5):770-782. doi: 10.1097/AOG.0000000000002475. PMID: 29683895Kaplan KJ. In pursuit of patient-centered care. *Tissue Pathology.com*. March 2016.
 http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns. Accessed 2020.
- Skochelak SE, Hawkins RE, Lawson LE, Starr SR, Borkan JM, Gonzalo JD. *AMA Education Consortium: Health Systems Science*. 1st ed. Philadelphia, PA: Elsevier; 2016.
- Toledo P, Sun J, Grobman WA, Wong CA, Feinglass J, Hasnain-Wynia R. Racial and ethnic disparities in neuraxial labor analgesia. *Anesth Analg.* 2012 Jan;114(1):172-8. doi: 10.1213/ANE.0b013e318239dc7c. PMID: 22075013

Systems-Based Practice 3: Physician Role in Health Care Systems in Obstetric Anesthesiology Overall Intent: To understand the physician's role in the complex health system and how to optimize the system to improve patient care and	
the health system's performance Milestones	Examples
Level 1 Identifies key components of the complex health care system (e.g., hospital, finance, personnel, technology)	 Articulates differences between birth center and inpatient hospital facilities Identifies the differences in "Maternal Levels of Care" Identifies that notes and records must meet billing and coding requirements
States factors impacting the costs of anesthetic care	Explains relative cost of anesthetic medications, monitors, and supplies
Level 2 Describes how components of a complex health care system are interrelated, and how they impact patient care	Explains the local and regional system for escalated levels of care
Documents anesthetic detail to facilitate accurate billing and reimbursement	Ensures anesthetic procedure documentation accurately reflects procedure performed and anesthetic care provided
Level 3 Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Ensures that patients at risk for post-dural puncture headache receive timely anesthesia follow-up and treatment
Explains the impact of documentation on billing and reimbursement	Discusses the necessity of including the ultrasound image for an ultrasound guided procedure to receive reimbursement
	Ensures that faculty are physically present for key portions of a procedure for the attestation documentation in the medical record
Level 4 Manages various components of the complex maternal health care system to provide efficient and effective patient care and transitions of care	Effectively works with the care team to ensure interpretive services are accessible for non-English-speaking patients throughout the perinatal period
Practices and advocates for cost-effective maternal patient care	Effectively plans and implements an anesthetic that promotes enhanced recovery and rapid discharge
Level 5 Advocates for or leads systems change that enhances high-value, efficient, and effective maternal-fetal care	Works with peri-operative teams to develop and implement protocols for enhanced recovery after Cesarean deliveries

Engages in external activities related to advocacy for cost-effective maternal care Assessment Models or Tools	 Discusses opportunities to expand state-based health coverage for the first-year post-partum with a state legislator Direct observation Medical record (chart) audit Patient satisfaction data Portfolio
Curriculum Mapping	•
Notes or Resources	 Agency for Healthcare Research and Quality (AHRQ). Measuring the Quality of Physician Care. https://www.ahrq.gov/talkingquality/measures/setting/physician/index.html. Accessed 2020. AHRQ. Major Physician Measurement Sets. https://www.ahrq.gov/talkingquality/measures/setting/physician/measurement-sets.html. Accessed 2020. Dzau VJ, McClellan M, Burke S, et al. Vital directions for health and health care: priorities from a National Academy of Medicine Initiative. https://nam.edu/vital-directions-for-health-health-care-priorities-from-a-national-academy-of-medicine-initiative/. Accessed 2020. Teja BJ, Sutherland TN, Barnett SR, Talmor DS. Cost-effectiveness research in anesthesiology. https://pubmed.ncbi.nlm.nih.gov/29570150/.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice in Obstetric Anesthesiology Overall Intent: To incorporate evidence and patient values into clinical practice **Milestones Examples** Level 1 Completes assigned/ recommended • Reviews the most recent Society for Obstetric Anesthesia and Perinatology (SOAP) Consensus Statement on Neuraxial Procedures in Obstetric Patients with readings and reviews literature related to specific patient problems Thrombocytopenia and applies it in discussions with colleagues and informed consent discussions with patients Participates in journal clubs, morbidity and mortality conferences, and other educational activities Level 2 Critically evaluates the scientific • In a patient with preeclampsia and thrombocytopenia, discusses relevant obstetric, literature and understands limitations in medical, and anesthetic risks, and elicits patient's priorities regarding peri-operative care addressing clinical issues Uses self-directed literature review to modify • Researches hemostatic management for the patient with Type 2B von Willebrand disease patient care Level 3 Independently integrates evidence-• Presents the results of a newly published meta-analysis on iron infusions for ante-natal based practices into clinical care anemia, and effectively identifies recommendations for changes in clinical practice Participates in scholarly activity related to the • With faculty member support, designs an impact study of the frequency of maternal anemia on admission to the labor and delivery unit before and after implementation of an subspecialty ante-natal iron infusion protocol • Works within a multidisciplinary team to apply results from a newly published meta-Level 4 Participates in development of evidence-based clinical protocols and guidelines analysis of pre-procedural blood sampling to revise institutional testing and blood product preparation guidelines for women planning Cesarean birth Disseminates scholarly activity (e.g., abstract Publishes institutional experience before and after implementation of a clinical protocol change of an iron infusion program for patients with antenatal anemia presentation, manuscript submission) **Level 5** Participates in editorial reviews and • Serves as a consultant to other members of the department for research design, other scholarly activity for peer-reviewed implementation, and dissemination medical journals

Participates in and leads professional society	Serves on a national advisory panel to establish professional guidelines for maternal
and other activities to advance scholarship	blood management
Assessment Models or Tools	Direct observation
	Oral or written examinations
	Oral presentations
	Research and quality improvement projects
Curriculum Mapping	•
Notes or Resources	 Bauer ME, et al. The Society for Obstetric Anesthesia and Perinatology interdisciplinary consensus statement on neuraxial procedures in obstetric patients with thrombocytopenia. <i>Anesth Analg</i> 2021 Jun 1;132(6):1531-1544. doi: 10.1213/ANE.00000000005355.PMID: 33861047. Shaylor R, et al. National and international guidelines for patient blood management in obstetrics: a qualitative review. <i>Anesth Analg</i> 2017 Jan;124(1):216-232. doi:
	10.1213/ANE.00000000001473. • US National Library of Medicine. PubMed Online Training.
	https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html. Accessed 2020.

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth in Obstetric Anesthesiology Overall Intent: To seek clinical performance information with the intent to improve care; to reflect on all domains of practice, personal interactions, and behaviors, and their impact on colleagues and patients (reflective mindfulness); to develop clear objectives and goals for improvement in some form of a learning plan

improvement in some form of a learning plan	
Milestones	Examples
Level 1 Accepts responsibility for personal and professional development by establishing goals	Completes self-reflective goals prior to meeting with the program director
Identifies the factors that contribute to performance deficits	Identifies that fatigue, stressors, and perceived life-work imbalance contribute to performance deficits
Actively seeks opportunities to improve	 Asks for feedback from patients, families, and patient care team members Uses institutional provided resources to balance personal/professional commitments and obligations
Level 2 Demonstrates openness to performance data (feedback and other input) to inform goals	Integrates feedback to adjust peri-operative management of patients with history of post-operative nausea and vomiting
Analyzes and acknowledges the factors that contribute to performance deficits	Assesses personal time management skills and how it impacts the efficiency of labor floor management
Designs and implements a learning plan, with prompting	When prompted, develops individual education plan to improve their evaluation of patients with a history of failed labor epidural analgesia
Level 3 Seeks performance data episodically, with adaptability and humility	Periodically obtains medical record data to determine incidence of failed labor epidural analgesia in own patients
Institutes behavioral change(s) to improve performance	Completes focused literature review before providing anesthesia for a patient with congenital heart disease
Independently creates and implements a learning plan	Implements strategies that improve behaviors such as trust, interdependence, genuineness, empathy, risk, team building, and success
Level 4 Intentionally seeks performance data consistently, with adaptability and humility	Obtains a quarterly audit to determine incidence of failed labor epidural analgesia in own patients

Considers alternatives to improve performance	After patient encounter, debriefs with the attending and other patient care team members to optimize future collaboration in the care of the patient and family
Integrates performance data to adapt the learning plan	Based on audit of incidence of failed labor epidural analgesia in own patients, identifies knowledge gaps and reads current practice guidelines to improve care
Level 5 Role models consistently seeking	Shares instances of near misses with more junior learners
performance data with adaptability and humility	Shares own performance gaps and adapted plan with other learners
Models reflective practice	Identifies and shares strategies to decrease the rate surgical site infections
Facilitates the design and implementation of learning plans for others	Assists more junior learners in developing their individualized learning plans
Assessment Models or Tools	Direct observation
	Review of learning plan
Curriculum Mapping	•
Notes or Resources	Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: practice-based learning and improvement. <i>Acad Pediatr.</i> 2014;14:S38-S54. https://pubmed.ncbi.nlm.nih.gov/24602636/.
	Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. <i>Academic Medicine</i> . 2009;84(8):1066-1074.
	https://journals.lww.com/academicmedicine/fulltext/2009/08000/Measurement and Correl ates of Physicians Lifelong.21.aspx.
	 Lockspeiser TM, Schmitter PA, Lane JL, Hanson JL, Rosenberg AA, Park YS. Assessing residents' written learning goals and goal writing skill: validity evidence for the learning goal scoring rubric. <i>Academic Medicine</i>. 2013;88(10):1558-1563.
	https://journals.lww.com/academicmedicine/fulltext/2013/10000/Assessing Residents Written Learning Goals and.39.aspx.
	• Reed S, Lockspeiser TM, Burke A, et al. Practical suggestions for the creation and use of
	meaningful learning goals in graduate medical education. <i>Academic Pediatrics</i> .
	2016;16(1):20-24. https://www.academicpedsjnl.net/article/S1876-2859(15)00333-2/pdf.

Notes or Resources

Practice-Based Learning and Improvement 3: Mentorship and Teaching in Obstetric Anesthesiology Overall Intent: To seek clinical performance information with the intent to improve care; to reflect on all domains of practice, personal interactions, and behaviors, and their impact on colleagues and patients (reflective mindfulness); to develop clear objectives and goals for improvement in some form of a learning plan **Milestones Examples** Level 1 Demonstrates self-awareness and • Describes current skills and/or knowledge gaps • Incorporates feedback from one procedure to future procedures identifies gaps in knowledge, skills, and experience; incorporates feedback • Requests mentorship of faculty for specific project and/or seeks professional guidance **Level 2** Teaches medical students, residents. and patients in informal settings; seeks faculty • Prepares and teaches an informal "chalk talk" to residents and/or medical students mentorship for self Level 3 Teaches health professionals in formal • Delivers a formal presentation to department or division which is scheduled during usual settings (e.g., nursing in-service training, conference time residency teaching conference); mentors Assists a medical student or resident in drafting and submitting a case report to a medical students professional society annual meeting Level 4 Organizes educational activities at the • Creates and hosts an educational series such as a journal club, including determining program level; mentors residents and other topics and inviting speakers health care professionals Level 5 Designs and implements clinical • Creates and participates in a new rotation rotations, curricula, or learning and assessment • Designs and teaches a new point-of-care ultrasound curriculum to residents during their tools: models and teaches mentoring to others obstetric anesthesia rotation Assessment Models or Tools Direct observation Multisource feedback **Curriculum Mapping**

Professionalism 1: Professional Behavior and Ethical Principles in Obstetric Anesthesiology Overall Intent: To recognize and address lapses in ethical and professional behavior, demonstrate ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas	
Milestones	Examples
Level 1 Identifies potential triggers for	Describes the impact of fatigue on clinical performance
professionalism lapses	Recognizes that personal "bias" may interfere with professionalism
Describes when and how to report lapses in	Describes institutional safety reporting systems to report a near miss, a process problem
professionalism	or patient event, or concern for impaired provider
Demonstrates knowledge of the ethical principles underlying patient care	Articulates how the principle of "do no harm" applies to a patient who may not need a labor epidural even though the learning opportunity exists
,	Identifies and defines basic principles of ethical care (e.g., autonomy, beneficence, non-maleficence, veracity, confidentiality, and social responsibility and justice, among others)
Level 2 Demonstrates insight into professional behavior in routine situations	Respectfully approaches a resident who is late to call shift about the importance of being on time Maintains notice to anti-depti-distribution public situations.
	Maintains patient confidentiality in public situations
Takes responsibility for one's own	Notifies appropriate supervisor in a timely way when unable to fulfill a responsibility
professionalism lapses	After being overheard "venting" about a challenging patient situation, apologizes for their behavior and is more careful with reflecting on such situations
Analyzes straightforward situations using ethical principles	 Identifies and applies ethical principles involved in the informed consent process Identifies surrogate for impaired patients
Level 3 Demonstrates professional behavior in	Appropriately responds to an upset family member following a peri-partum complication
complex or stressful situations	Appropriately handles conversations in the operating room during stressful situations such as acute blood loss and hemodynamic instability
Recognizes need to seek help in managing and resolving complex interpersonal situations	After noticing a colleague's inappropriate social media post, reviews policies related to posting of content and seeks guidance
	Seeks faculty input on handling conflict in the operating room
Analyzes complex situations using ethical principles	Offers appropriate anesthetic care options to a patient whose fetus has a non-survivable condition, while recognizing own biases, while providing patient-centered care

	Reviews institutional policies regarding blood refusal and offers options for peri-partum
Level A December of the first that were triangle	management
Level 4 Recognizes situations that may trigger	Actively solicits the perspectives of others
professionalism lapses and intervenes to	Models respect for patients and promotes the same from colleagues, when a patient has
prevent lapses in oneself	been waiting an excessively long time for their epidural placement
	 Demonstrates mindfulness by identifying and sharing situations where the fellow may be vulnerable to professionalism lapses (e.g., fatigued, under stress, difficult prior interactions with team members), thus behaving as a role model to others
Actively solicits help and acts on	Recognizes and uses ethics consults, literature, and/or risk-management/legal counsel to
recommendations to resolve complex	resolve ethical dilemmas
interpersonal situations	resolve ethical dilettitias
Interpersonal situations	
Recognizes and uses resources for managing	Recognizes and manages situations of medical futility
and resolving ethical dilemmas	Reaches out to a local or hospital ethics expert for guidance on an ethically challenging
and resolving ethical dilentinas	patient case
Level 5 Coaches others when their behavior	Coaches others when their behavior fails to meet professional expectations and creates a
fails to meet professional expectations	performance improvement plan to prevent recurrence
	• Reflects on a resident's professionalism lapse and offers mature and sound guidance to
	address the lapse as well as prevent it in the future
Identifies and seeks to address system-level	• Identifies and seeks to address system-wide factors or barriers to promoting a culture of
factors that induce or exacerbate ethical	ethical behavior through participation in a work group, committee, or taskforce (e.g., ethics
problems or impede their resolution	committee or an ethics subcommittee, risk management committee, root cause analysis
	review, patient safety or satisfaction committee, professionalism work group, Institutional
	Review Board, resident grievance committee)
Assessment Models or Tools	Direct observation
	Global evaluation
	Multisource feedback
	Oral or written self-reflection
	• OSCE
	Simulation
Curriculum Mapping	•

Notes or Resources	ASA. ASA Code of Ethics. https://www.asanet.org/code-ethics . Accessed 2020.
	• American Medical Association. Ethics. https://www.ama-assn.org/delivering-care/ama-
	code-medical-ethics. Accessed 2020.
	Byyny RL, Papadakis MA, Paauw DS. <i>Medical Professionalism Best Practices</i> . Menlo
	Park, CA: Alpha Omega Alpha Medical Society; 2015.
	https://alphaomegaalpha.org/pdfs/2015MedicalProfessionalism.pdf. Accessed 2019.
	Domen RE, Johnson K, Conran RM, et al. Professionalism in pathology: a case-based
	approach as a potential education tool. Arch Pathol Lab Med. 2017; 141:215-219.
	https://pubmed.ncbi.nlm.nih.gov/27763788/.
	Levinson W, Ginsburg S, Hafferty FW, Lucey CR. Understanding Medical
	Professionalism. 1st ed. New York, NY: McGraw-Hill Education; 2014.

Professionalism 2: Accountability/Conscientiousness in Obstetric Anesthesiology Overall Intent: To take responsibility for one's own actions and the impact on patients and other members of the health care team **Milestones** Examples Level 1 Responds promptly to requests or • Responds promptly to reminders from program administrator to complete work hour logs reminders to complete tasks Attends conferences and other educational activities on time Apologizes to team member(s) for unprofessional behavior without prompting Takes responsibility for failure to complete tasks Level 2 Performs tasks and responsibilities in a Completes administrative tasks, safety modules, and licensing requirements before timely manner deadlines Recognizes situations that may impact one's • Before leaving town, completes tasks in anticipation of lack of computer access/internet own ability to complete tasks and responsibilities while traveling in a timely manner Level 3 Performs tasks and responsibilities in a • Notifies attending of multiple competing demands on call, appropriately triages tasks, and asks for assistance from other residents or faculty members as needed timely manner with appropriate attention to • Appropriately notifies residents and fellows on day service about overnight call events detail in routine situations during transition of care or hand-off to avoid lapses in patient safety Takes responsibility for tasks not completed in a Apologizes to team member(s) for unprofessional behavior without prompting and offers timely manner and identifies strategies to restitution prevent recurrence Level 4 Prioritizes tasks and responsibilities in a • Takes responsibility for inadvertently omitting key patient information during hand-off timely manner with appropriate attention to • Discusses lapse in care with the patient, patient's family, and interprofessional team in a detail in complex or stressful situations timely and professional manner Proactively implements strategies to ensure that • Follows up with a patient who had unplanned conversion to general anesthesia during the needs of patients, teams, and systems are cesarean delivery met • Coordinates a multidisciplinary team to facilitate obstetric ICU care Level 5 Designs and implements an institutional systems approach to ensure timely task • Leads multidisciplinary team in peri-operative root cause analysis to improve system practices around surgical site infection completion and shared responsibility Assessment Models or Tools • Compliance with deadlines and timelines Direct observation

	 Global evaluations Multisource feedback Self-evaluations and reflective tools Simulation
Curriculum Mapping	•
Notes or Resources	 ASA. ASA Code of Ethics. https://www.asanet.org/code-ethics. Accessed 2020. Code of conduct from fellow/resident institutional manual Expectations of fellowship program regarding accountability and professionalism

Professionalism 3: Well-Being in Obstetric Anesthesiology Overall Intent: To identify, use, manage, improve, and seek help for personal and professional well-being for self and others **Milestones** Examples **Level 1** Recognizes the importance of • Acknowledges own response to a patient with intrauterine fetal demise addressing personal and professional well-being • Discusses with the program director well-being concerns that might affect performance Level 2 Lists available resources for personal • Identifies the employee assistance program (EAP) as a resource for dealing with personal and professional well-being stressors • Identifies resources to manage personal response to a medical error Describes institutional resources that are meant • Completes e-learning modules (or other modality) related to fatigue management and to promote well-being sleep deprivation • Demonstrates how to access an institutional crisis line • Independently identifies the stress of relationship issues, difficult patients, and financial pressures, and seeks appropriate help • With faculty assistance, develops a reflective response to deal with personal impact of Level 3 With assistance, proposes a plan to promote personal and professional well-being difficult patient encounters and disclosures Recognizes which institutional factors affect • Identifies inefficiencies with the EHR system and how it contributes to burnout well-being Level 4 Independently develops a plan to • Independently identifies ways to manage personal stress promote personal and professional well-being Describes institutional factors that positively Understands how shift assignment and shift schedules can impact well-being and/or negatively affect well-being Level 5 Creates institutional-level interventions • Assists in organizational efforts to address clinician well-being after adverse outcome that promote colleagues' well-being • Develops an institutional mindfulness program aimed at all team members Describes institutional programs designed to • Participates in a program to study the root cause of physician burn out examine systemic contributors to burnout Direct observation Assessment Models or Tools • Group interview or discussions for team activities Individual interview Institutional online training modules

	Self-assessment and personal learning plan
Curriculum Mapping	
Notes or Resources	 This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being. ACGME. Well-Being Tools and Resources. https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022. Hicks PJ, Schumacher D, Guralnick S, Carraccio C, Burke AE. Domain of competence: personal and professional development. https://linkinghub.elsevier.com/retrieve/pii/S1876-2859(13)00332-X. Local resources, including the employee assistance program (EAP)

Mentors others in conflict resolution

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication in Obstetric Anesthesiology Overall Intent: To deliberately use language and behaviors to form constructive relationships with patients, to identify communication barriers including self-reflection on personal biases, and minimize them in the doctor-patient relationships; to organize and lead communication around shared decision making **Milestones Examples** • Introduces self and faculty member including roles, identifies patient and others in the **Level 1** Communicates with patients and their room, and engages all parties in health care discussion families in an understandable and respectful manner • Provides updates to the family after an unanticipated ICU admission Provides timely updates to patients and patients' families • Avoids medical jargon and restates patient perspective when discussing general versus Level 2 Customizes communication in the setting of personal biases and barriers with regional anesthesia patients and patients' families Actively listens to patients and patients' families Actively listens to patients and patients' families to elicit patient preferences and to elicit patient preferences and expectations expectations for labor analgesia Level 3 Explains complex and difficult • Explains potential need for conversion from regional to general anesthesia for cesarean information to patients and patients' families delivery • Following a discussion of the risks and benefits, develops treatment plan for patient with Uses shared decision-making to make a personalized care plan post-dural puncture headache • Explains complication or unanticipated clinical condition requiring ICU admission, Level 4 Facilitates difficult discussions with patients and patients' families including expected clinical course Effectively negotiates and manages conflict Explains to a patient and their family medical reasoning behind limiting presence of family in the delivery or operating room among patients, patients' families, and the health care team • Manages conflict arising from a patient or family who is dissatisfied with the anesthetic care for labor analgesia • Manages conflict arising from unavoidable delay in care **Level 5** Mentors others in the facilitation of • Leads a discussion group on personal experience of moral distress crucial conversations

• Develops a residency simulation on conflict resolution

Assessment Models or Tools	Direct observation
	Self-assessment including self-reflection exercises
	Case-based discussions
Curriculum Mapping	•
Notes or Resources	Laidlaw A, Hart J. Communication skills: an essential component of medical curricula.
	Part I: Assessment of clinical communication: AMEE Guide No. 51. <i>Med Teach</i> .
	2011;33(1):6-8. https://www.tandfonline.com/doi/full/10.3109/0142159X.2011.531170 .
	Makoul G. Essential elements of communication in medical encounters: The Kalamazoo
	consensus statement. Acad Med. 2001;76:390-393.
	https://pubmed.ncbi.nlm.nih.gov/11299158/.
	Makoul G. The SEGUE Framework for teaching and assessing communication skills.
	Patient Educ Couns. 2001;45(1):23-34. https://pubmed.ncbi.nlm.nih.gov/11602365/ .
	• Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of
	communication skills and professionalism in residents. BMC Med Educ. 2009;9:1.
	https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-9-1.

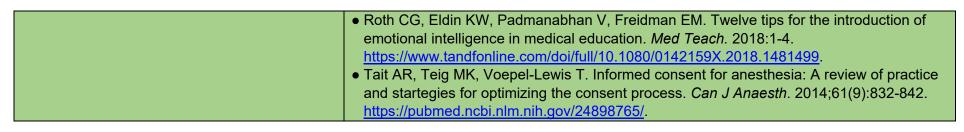
Interpersonal and Communication Skills 2: Patient Counseling in Obstetric Anesthesiology Overall Intent: To provide complete, accurate information to patients and family members in a manner that allows clear understanding and collaborative decision making		
Milestones	Examples	
Level 1 Demonstrates understanding of the informed consent process	Obtains informed consent for uncomplicated patients for labor analgesia, and for Cesarean delivery, including transfusion	
Level 2 Answers questions about treatment plans and seeks guidance when appropriate	Answers questions about anesthetic care for labor analgesia, Cesarean delivery, and other obstetric procedures	
Level 3 Counsels patients through the decision- making process, including answering questions, for simple clinical problems	Discusses the anesthetic options with a patient for external cephalic version	
Level 4 Counsels patients through the decision- making process, including answering questions, for complex clinical problems	Discusses the anesthetic options with a patient with placenta percreta for Cesarean delivery	
Level 5 Counsels patients through the decision-making process, including answering questions, for uncommon clinical problems	Discusses the anesthetic options with a patient with complex cardiac disease (e.g., vaginal delivery with passive second stage, use of invasive monitoring)	
Assessment Models or Tools	Case-based discussions Direct observation	
Curriculum Mapping	•	
Notes or Resources	• Waisel DB and Truog RD. Informed Consent. <i>Anesthesiology</i> , 87(4):968-978, 1997.	

Interpersonal and Communication Skills 3: Interprofessional and Team Communication in Obstetric Anesthesiology

Overall Intent: To effectively communicate with the health care team, including consultants, in both straightforward and complex situations

Milestones	Examples
Level 1 Respectfully requests or receives consultations	 Responds promptly and politely to a request for help with a difficult IV placement Receives a consult from maternal-fetal medicine) for a high-risk obstetric patient with preeclampsia and limited exercise capacity for labor analgesia and relays the alteration in the pain management plan to the obstetric team
Uses language that values all members of the health care team	Receives a labor pain consult request on a parturient with a prior history of back surgery, asks clarifying questions politely, and expresses appreciation for the motivation behind the consult request
Respectfully receives feedback from the health care team	Acknowledges the contribution of each member of the patient care team to the patient
Level 2 Clearly, concisely, and promptly requests or responds to a request for consultation	Communicates pre-operative plans and treatment modifications with the attending anesthesiologist concisely in a timely manner
Communicates information effectively with all health care team members	Communicates intra-operative events to the surgical staff and attending anesthesiologist clearly and concisely in an organized and timely manner
Solicits feedback on performance as a member of the health care team	Conducts post-operative visits and discusses patient complications with supervising attending while reflecting on personal role in the patient's care
Level 3 Uses closed-loop communication to verify understanding	 While leading an intra-operative maternal resuscitation, clearly delegates tasks and asks if team members understand their roles Asks other members of the health care team to repeat back recommendations to ensure
Adapts communication style to fit team needs	when receiving treatment recommendations from an attending physician in an intra- operative resuscitation, repeats back the plan to ensure understanding
Communicates concerns and provides feedback to peers and learners	Provides constructive feedback to a medical student, and/or resident during neuraxial insertion

Level 4 Coordinates recommendations from different members of the health care team to optimize patient care	Collaborates with surgical colleagues to plan for post-operative analgesia in a patient on buprenorphine
Maintains effective communication in crisis situations	Explains rationale for institution of the massive transfusion protocol during intra-operative post-partum hemorrhage
Communicates constructive feedback to superiors	 Alerts to a breech in sterility in neuraxial placement by a faculty member Cautions faculty member about an imminent medication administration error
Level 5 Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed	Mediates a conflict resolution between different members of the health care team
Leads an after-event debrief of the health care team	Leads a post-code team debriefing
Facilitates regular health care team-based feedback in complex situations	Prompts a post-case sign-out after a case requiring a massive transfusion and ICU care
Assessment Models or Tools	Direct observation
	Global assessment Medical record (chart) audit
	Multisource feedback
	• Simulation
Curriculum Mapping	
Notes or Resources	 AHRQ. Curriculum Materials. https://www.ahrq.gov/teamstepps/curriculum-materials.html. Accessed 2020. Dehon E, Simpson K, Fowler D, Jones A. Development of the faculty 360. MedEdPORTAL. 2015;11:10174. https://www.mededportal.org/publication/10174/. 2020. Green M, Parrott T, Cook G., Improving your communication skills. BMJ. 2012;344:e357. Henry SG, Holmboe ES, Frankel RM. Evidence-based competencies for improving
	communication skills in graduate medical education: a review with suggestions for implementation. <i>Med Teach</i> . 2013;35(5):395-403. https://www.tandfonline.com/doi/full/10.3109/0142159X.2013.769677 .

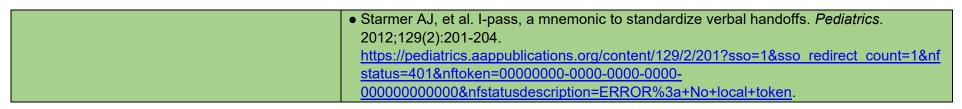


system and contributes to solutions

Interpersonal and Communication Skills 4: Communication within Health Care Systems in Obstetric Anesthesiology **Overall Intent:** To effectively communicate using a variety of methods **Milestones Examples** Level 1 Accurately records information in the • Creates accurate documentation but it may include extraneous information patient record; demonstrates judicious use of documentation shortcuts • Avoids talking about patients in the elevator, public spaces, or on social media Safeguards patients' personal health information Communicates through appropriate channels as Identifies institutional and departmental communication hierarchy for concerns and safety required by institutional policy issues Only uses secure communication modalities when sharing protected health information • Completes all components of the intra-operative record in a timely manner with Level 2 Accurately records information in the anesthetic record for non-complex cases modifications • Completes neuraxial insertion note for a complex parturient using the appropriate Documents required data in formats specified by institutional policy template and correct elements • Correctly uses the institutional system to file a report of a safety issue Respectfully communicates concerns about the • Recognizes that a communication breakdown has happened and respectfully brings the system breakdown to the attention of the faculty member • Documents critical event notes in the medical record concisely and in a timely manner **Level 3** Accurately records information in the anesthetic record and communicates complex care decisions for complex cases • Follows up and appropriately manages a patient in person regarding a difficult labor Appropriately selects direct and indirect forms of epidural catheter insertion complicated by post-dural puncture headache with follow-up communication based on context • Provides a written handout on risks of sugammadex and contraception Respectfully communicates concerns about the • Knows when to direct concerns locally, departmentally, or institutionally, i.e., appropriate

escalation

Level 4 Uses medical record functionality to highlight challenges in anesthetic care to facilitate future peri-operative management	Creates consistently accurate, organized, and concise documentation, frequently incorporating anticipatory guidance	
Models exemplary written or verbal communication	Creates exemplary pre-operative assessments that are used by a more senior fellow or faculty to teach others	
Uses appropriate channels to offer clear and constructive suggestions to improve the system	Talks directly to an obstetrician and/or maternal fetal medicine physician (or anesthesia colleague) about breakdowns in communication to prevent recurrence	
Level 5 Explores innovative uses of the medical record to facilitate peri-operative management	 Leads a task force established by the hospital QI committee to develop a plan to improve house staff hand-offs 	
Guides departmental or institutional policies and procedures around communication	Actively participates in a committee to develop a pandemic disaster response plan in obstetrics	
Initiates difficult conversations with appropriate stakeholders to improve the system	Contacts hospital leadership to discuss ways to improve resident and fellow well-being	
Assessment Models or Tools	 Direct observation Medical record (chart) audit Multisource feedback OSCE Simulation 	
Curriculum Mapping		
Notes or Resources	 APSF. Improving Post Anesthesia Care Unit (PACU) Handoff by Implementing a Succinct Checklist. https://lhatrustfunds.com/wp-content/uploads/2015/07/PACU-handoff.pdf. Accessed 2020. Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: validity evidence for a checklist to assess progress notes in the electronic health record. <i>Teach Learn Med</i>. 2017;29(4):420-432. https://www.tandfonline.com/doi/full/10.1080/10401334.2017.1303385. Haig KM, Sutton S, Whittington J. SBAR: a shared mental model for improving communication between clinicians. <i>Jt Comm J Qual Patient Saf</i>. 2006;32(3):167-175. https://www.jointcommissionjournal.com/article/S1553-7250(06)32022-3/fulltext. 	



To help programs transition to the new version of the Milestones, the ACGME has mapped the original Milestones 1.0 to the new Milestones 2.0. Indicated below are where the subcompetencies are similar between versions. These are not exact matches but are areas that include similar elements. Not all subcompetencies map between versions. Inclusion or exclusion of any subcompetency does not change the educational value or impact on curriculum or assessment.

Milestones 1.0	Milestones 2.0
PC1: Technical Skills	PC1: Technical Skills in Obstetric Anesthesiology
PC2: Triage and Coordination of Obstetric Anesthesia Care	PC2: Triage and Coordination of Obstetric Anesthesia Care
PC3: Crisis Management and Management Complications	PC3: Crisis Management for the Obstetric Patient
PC4: Pre-operative Assessment and Peri-anesthetic Care Planning	PC4: Ante-partum Consultation, Assessment, and Perianesthetic Care planning
	PC5: Point-of-Care Ultrasound for Obstetric Patients
MK1: Obstetric Anesthesiology	MK1: Obstetric Anesthesiology
MK2: Obstetrics and Neonatology Knowledge Applied to Obstetric Anesthesiology	MK2: Obstetrics and Neonatology Knowledge Applied to Obstetric Anesthesiology
SBP1: Interprofessional and Transitions of Care	SBP2: System Navigation for Patient-Centered Care in Obstetric Anesthesiology
SBP2: Incorporation of Patient Safety and Quality Improvement into Clinical Practice	SBP1: Patient Safety and Quality Improvement in Obstetric Anesthesiology
SBP3: Understanding of Health Care Economics: Costawareness and Cost-benefit analysis	SBP3: Physician Role in Health Care Systems in Obstetric Anesthesiology
PBLI1: Self-directed Learning and Scholarly Activity	PBLI1: Evidence-Based Practice and Scholarship in Obstetric Anesthesiology
	PBLI2: Reflective Practice and Commitment to Personal Growth in Obstetric Anesthesiology
PBLI2: Education of Team Members and Other Health Care Providers	PBLI3: Mentorship and Teaching in Obstetric Anesthesiology
PROF1: Commitment to Institution, Department, and Colleagues	PROF1: Professional Behavior and Ethical Principles in Obstetric Anesthesiology
Colleagues	PROF2: Accountability/Conscientiousness in Obstetric Anesthesiology
PROF2: Receiving and Giving Feedback	PBLI2: Reflective Practice and Commitment to Personal Growth in Obstetric Anesthesiology

	ICS3: Interprofessional and Team Communication in Obstetric Anesthesiology
PROF3: Responsibility to Maintain Personal, Emotional, Physical, and Mental Health	PROF3: Well-Being in Obstetric Anesthesiology
ICS1: Communication with Patients and Families	ICS1: Patient- and Family-Centered Communication in Obstetric Anesthesiology
	ICS2: Patient Counseling in Obstetric Anesthesiology
	ICS4: Communication within Health Care Systems in Obstetric Anesthesiology

Available Milestones Resources

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - https://meridian.allenpress.com/jgme/issue/13/2s

Milestones Guidebooks: https://www.acgme.org/milestones/resources/

- Assessment Guidebook
- Clinical Competency Committee Guidebook
- Clinical Competency Committee Guidebook Executive Summaries
- Implementation Guidebook
- Milestones Guidebook

Milestones Guidebook for Residents and Fellows: https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/

- Milestones Guidebook for Residents and Fellows
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

Milestones Research and Reports: https://www.acgme.org/milestones/research/

- Milestones National Report, updated each fall
- Milestones Predictive Probability Report, updated each fall
- Milestones Bibliography, updated twice each year

Developing Faculty Competencies in Assessment courses - https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/

Assessment Tool: Direct Observation of Clinical Care (DOCC) - https://dl.acgme.org/pages/assessment

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - https://team.acgme.org/

Improving Assessment Using Direct Observation Toolkit - https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation

Remediation Toolkit - https://dl.acgme.org/courses/acgme-remediation-toolkit

Learn at ACGME has several courses on Assessment and Milestones - https://dl.acgme.org/