ACGME Program Requirements for Graduate Medical Education in Adult Cardiothoracic Anesthesiology

Summary and Impact of Focused Requirement Revisions

Requirement #: II.A.2.a)-b)

Requirement Revision (significant change only):

II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

II.A.2.a) At a minimum, for programs with up to five fellows, the program director must be provided with salary support to devote 10 percent FTE (at least four hours per week) of non-clinical time to the administration of the program. (Core)

II.A.2.b) For programs with five or more fellows, the program director must be provided with salary support to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee attempted to make a realistic determination of the time needed by program directors for administration of the program, balanced by the goal of not creating a burden that would adversely affect clinical teaching time. The proposed requirements are consistent with other proposed anesthesiology subspecialty program requirement revisions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will help to ensure timely completion of the administrative needs of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   For programs that currently provide no protected time, this may create the need for additional funding support. The Committee reviewed the approved complement for the currently-accredited programs and noted that only 15 of 70 are at or above five fellows. Therefore, most program directors will require support for 10 percent FTE of non-clinical time for administration of the program.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.A.3.d)

Requirement Revision (significant change only):
II.A.3.d) [Qualifications of the program director] must include have current appointment as a member of the anesthesiology faculty at the primary clinical site; (Core)

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<thead>
<tr>
<th>Requirement #: II.A.3.d)</th>
<th>Requirement Revision (significant change only):</th>
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<tr>
<td>II.A.3.d)</td>
<td>II.A.3.i) [Qualifications of the program director] must include devotion of at least 50 percent of the program director’s clinical, educational, administrative, and academic time to adult cardiothoracic anesthesiology; (Core)</td>
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</table>

1. Describe the Review Committee’s rationale for this revision:  
   This requirement is intended to ensure that the program director is on site and available to adequately mentor faculty members and fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   Ensuring that the program director serves as a faculty member in anesthesiology at the primary clinical site will provide the individual to serve as a role model and mentor, essential for the education of fellows prepared to provide safe and high quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   The program will need to ensure the program director is appointed as a faculty member at the primary clinical site.

5. How will the proposed revision impact other accredited programs?  
   n/a

II.A.3.i) Description of the Review Committee’s rationale for this revision:  
This proposed requirement has been added to ensure consistency throughout the anesthesiology subspecialty fellowship requirements. Ensuring the program director is involved and engaged in the practice of the subspecialty will provide a model educational environment for fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   This proposed requirement will ensure that program leadership remains current in the subspecialty.

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
If the program director did not devote a majority of time to the subspecialty, this may necessitate reorganization and possible additional financial resources to allow the program director time in practice.

5. How will the proposed revision impact other accredited programs?
   n/a

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<tr>
<th>Requirement #: II.A.3.j)</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>II.A.3.j) [Qualifications of the program director] must include privileges to perform peri-operative TEE. (Core)</td>
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<tr>
<td>1. Describe the Review Committee’s rationale for this revision:</td>
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<tr>
<td>For the subspecialty, the ability of the program director to have institutional privileges to perform peri-operative transesophageal echocardiography (TEE).</td>
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<td>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
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<td>This will directly improve fellow education (and indirectly improve patient safety and patient care) by ensuring the program director is fully able to perform the functions at the primary clinical site that fellows are expected to perform.</td>
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<td>3. How will the proposed requirement or revision impact continuity of patient care?</td>
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<tr>
<td>n/a</td>
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<tr>
<td>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?</td>
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<tr>
<td>If the program director does not currently have privileges to perform peri-operative TEE at the primary clinical site, the institution will need to add these for the program director.</td>
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<td>5. How will the proposed revision impact other accredited programs?</td>
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<td>n/a</td>
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<tr>
<th>Requirement #: II.B.1.c) and II.B.1.d)</th>
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<td>Requirement Revision (significant change only):</td>
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<td>II.B.1.c) The faculty must include at least one individual who is certified in critical care medicine through a member board of the ABMS or AOA who practices in an ICU that cares for adult cardiothoracic surgical patients. (Core)</td>
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<tr>
<td>II.B.1.d) The faculty must include at least one physician member qualified in cardiology, and one physician qualified in cardiothoracic surgery. (Core)</td>
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<tr>
<td>1. Describe the Review Committee’s rationale for this revision:</td>
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<tr>
<td>These requirements do not specifically constitute a change from prior requirements, but only require the program to identify faculty members in the specialty areas outlined.</td>
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2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Review Committee is requiring that the program identify faculty members of specific subspecialties who regularly interact with and have responsibility for teaching and supervising fellows.

3. How will the proposed requirement or revision impact continuity of patient care?
   These requirements could potentially impact continuity of care, as fellows may spend more time with these subspecialists in all phases of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   If faculty members have not been previously identified in these subspecialty areas, the program may need to add them to the Faculty Roster.

5. How will the proposed revision impact other accredited programs?
   n/a

**Requirement #: II.B.3.b).(2)**

**Requirement Revision (significant change only):**

II.B.3.b).(2) Full-time faculty members must devote all professional time to the program.

1. Describe the Review Committee’s rationale for this revision:
   For a fellowship program, the Review Committee recognizes that faculty members may have competing priorities with other programs or institutions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

**Requirement #: II.B.4.c).(1)**

**Requirement Revision (significant change only):**
II.B.4.c). (1) For programs with two or more fellows, a ratio of at least one faculty member to one fellow must be maintained.  

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<th>Question</th>
<th>Answer</th>
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<tr>
<td>1. Describe the Review Committee’s rationale for this revision:</td>
<td>This requirement has been revised to be consistent with other proposed subspecialty Program Requirements in anesthesiology.</td>
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<tr>
<td>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
<td>n/a</td>
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<tr>
<td>3. How will the proposed requirement or revision impact continuity of patient care?</td>
<td>n/a</td>
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<tr>
<td>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?</td>
<td>n/a</td>
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<tr>
<td>5. How will the proposed revision impact other accredited programs?</td>
<td>n/a</td>
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Requirement #: II.C.2.a)-b)

Requirement Revision (significant change only):

II.C.2. The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration.  

II.C.2.a) At a minimum, the program coordinator must be supported at 20 percent FTE (at least eight hours per week) for administrative time for programs with one fellow.  

II.C.2.b) For each additional fellow, the program coordinator must be supported at two additional percent (0.8 hours) for administrative time.

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<tr>
<td>1. Describe the Review Committee’s rationale for this revision:</td>
<td>The Review Committee identified the minimum administrative/coordinator support in accordance with the revised Common Program Requirements.</td>
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<tr>
<td>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
<td>This will reduce the administrative burden on the program director.</td>
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<tr>
<td>3. How will the proposed requirement or revision impact continuity of patient care?</td>
<td>n/a</td>
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<tr>
<td>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?</td>
<td>This could potentially necessitate additional resources, depending on the organizational structure and resources available to the program.</td>
</tr>
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</table>
5. How will the proposed revision impact other accredited programs?

This could potentially impact other accredited programs if the organization has a shared coordinator resource.

Requirement #: II.D.1. and II.D.2.

Requirement Revision (significant change only):

II.D.1. Individuals Physicians with special training and/or experience in adult cardiovascular disease, including clinical cardiac electrophysiology, cardiac and non-cardiac thoracic surgery, general vascular surgery, congenital heart disease, pulmonary diseases, transthoracic echocardiography, point-of-care blood banking, and critical care medicine extracorporeal perfusion must be available. (Detail)(Core)

II.D.2. Allied health staff members and other support personnel who have experience and expertise in the care of cardiothoracic patients must be available. (Detail)

1. Describe the Review Committee’s rationale for this revision:

These changes were made for clarification based on the training needs of the fellows. II.D.2. is proposed to be deleted, as the rephrasing in II.D.1. makes the requirement redundant.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Ensuring individuals with transthoracic echocardiography, point-of-care blood banking and extracorporeal perfusion are available to assist fellows and faculty members will improve fellow education and patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?

n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

This could potentially necessitate additional resources, depending on the organizational structure and resources available to the program.

5. How will the proposed revision impact other accredited programs?

n/a

Requirement #: IV.C.1.a)-b)

Requirement Revision (significant change only):

IV.C.1. The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity. (Core)
### IV.C.1.a) Assignment of rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback, or as otherwise specified in the specialty-specific Program Requirements. *(Core)*

### IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. *(Core)*

1. **Describe the Review Committee’s rationale for this revision:**
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the negative impact of assigning supervising faculty members for very brief assignments.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   The intent is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care when creating resident and faculty member schedules. This new requirement prioritizes patient safety and education in curriculum planning.

3. **How will the proposed requirement or revision impact continuity of patient care?**
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity, quality, and safety of patient care.

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?**
   n/a

5. **How will the proposed revision impact other accredited programs?**
   n/a

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<tr>
<th>Requirement #: IV.D.1.b).(1) and IV.D.1.b).(2)</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<td>IV.D.1.b).(1) The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. <em>(Core)</em></td>
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<td>IV.D.1.b).(2) The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. <em>(Core)</em></td>
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1. **Describe the Review Committee’s rationale for this revision:**
   IV.D.1.b).(1) is not new, but moved under Scholarly Activity from IV.B.1.c).(1).(x) for clarity. Both requirements have been placed under Resident Scholarly Activity for consistency with other anesthesiology fellowship Program Requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed requirement will improve fellow education through the cultivation of a robust scholarly environment.

3. How will the proposed requirement or revision impact continuity of patient care?

n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

5. How will the proposed revision impact other accredited programs?

n/a

Requirement #: IV.D.3. – IV.D.3.a).(2)

Requirement Revision (significant change only):

IV.D.3.a) All fellows must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication, complete a scholarly project.

(Core)

IV.D.3.a).(1) The results of such projects must be disseminated through a variety of means, including publication or presentation at local, regional, national, or international meetings.

(Core)

IV.D.3.a).(2) Fellows must have a faculty mentor overseeing the project.

(Core)

1. Describe the Review Committee’s rationale for this revision:

These requirements (edited and new) are proposed for consistency with other proposed anesthesiology subspecialty Program Requirements and to provide clarity on Review Committee expectations for scholarly projects.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed requirements will improve fellow education through the cultivation of a robust scholarly environment.

3. How will the proposed requirement or revision impact continuity of patient care?

n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

5. How will the proposed revision impact other accredited programs?

n/a