ACGME Program Requirements for Graduate Medical Education in Anesthesiology Critical Care
Summary and Impact of Focused Requirement Revisions

Requirement #: II.A.2.

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) For programs with up to five fellows, the program director must be provided with salary support required 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 required 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 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 19 of 68 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 have include current appointment as a faculty member in the Department of Anesthesiology member of the anesthesiology faculty at the primary clinical site. *(Core)*

<table>
<thead>
<tr>
<th>1. Describe the Review Committee’s rationale for this revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This requirement is intended to ensure that the program director is on site and available to adequately mentor faculty members and fellows.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. How will the proposed requirement or revision impact continuity of patient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program will need to ensure that the program director is appointed as a faculty member at the primary clinical site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How will the proposed revision impact other accredited programs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>

**Requirement #: II.A.3.f**

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

II.A.3.f) [Qualifications of the program director] must include have at least three years of post-residency or fellowship experience in the care of critically-ill patients. *(Core)*

<table>
<thead>
<tr>
<th>1. Describe the Review Committee’s rationale for this revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Review Committee has proposed this requirement for consistency with other anesthesiology subspecialty Program Requirements. This requirement is intended to ensure that the program director is prepared as both an educator and experienced clinician in the subspecialty to mentor both faculty members and fellows, act as a role model, and discharge all administrative functions needed for an ACGME-accredited program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Review Committee believes that strong role models and mentorship are essential for the education of anesthesiology subspecialists who are prepared to provide safe and high quality patient care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. How will the proposed requirement or revision impact continuity of patient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>
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.A.3.g)

Requirement Revision (significant change only):

II.A.3.g) [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 critical care anesthesiology.

1. Describe the Review Committee’s rationale for this revision:
   This proposed requirement has been added to ensure consistency across the anesthesiology subspecialty Program Requirements. Ensuring that 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

Requirement #: II.B.1.a)

Requirement Revision (significant change only):

II.B.1.a) Faculty members Physicians with education and certification in other specialties, including diagnostic radiology, emergency medicine, internal medicine and its subspecialties, neurological surgery, neurology, obstetrics and gynecology, pathology, pediatrics, and surgery and its subspecialties, should participate in the program must be available for consultations and the collaborative
management of critically-ill patients, as well as the supervision of fellows.

**CoreDetail**

1. Describe the Review Committee’s rationale for this revision: **The Review Committee has proposed this revised requirement for consistency with other proposed anesthesiology subspecialty Program Requirements.**

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) and II.B.4.c).(1)**

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

II.B.4.c) The core faculty must include at least two anesthesiologists with certification in critical care medicine or equivalent credentials. There must be at least three core program faculty members, including the program director. **(Core)**

II.B.4.c).(1) For programs with four or more fellows, there must be at least one faculty member for every two fellows. A ratio of at least one faculty member to one fellow must be maintained. **(Core)**

1. Describe the Review Committee’s rationale for this revision: **This requirement has been proposed to be consistent with other proposed anesthesiology subspecialty Program Requirements. The Review Committee is supplementing the “Core Faculty” section of the Common Program Requirements with its previous requirement that there be a minimum number of core faculty members.**

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

<table>
<thead>
<tr>
<th>Requirement #: II.C.2.a-b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>II.C.2. The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. (Core)</td>
</tr>
<tr>
<td>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 fellowships with one fellow. (Core)</td>
</tr>
<tr>
<td>II.C.2.b) For each additional fellow, the program coordinator must be supported at two additional percent (0.8 hours) for administrative time. (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee identified the minimum administrative/coordinator support in accordance with the revised Common Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will reduce the administrative burden on the program director.

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

<table>
<thead>
<tr>
<th>Requirement #: IV.B.1.b).(2).(a).(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>IV.B.1.b).(2).(a).(i) Fellows must demonstrate proficiency competence in procedural skills and sound clinical judgment in the care of patients with complex medical and surgical conditions, including:] airway maintenance and management, to include videolaryngoscopy and/or fiberoptic approaches to the airway for both diagnostic and therapeutic purposes; (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
The Review Committee has proposed the revision to the requirement to add that fellows demonstrate competence in airway management, including videolarygoscopy, to remain current in airway maintenance and management.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revision will improve fellow education by ensuring they are fully versed in methods and techniques for airway management.

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

<table>
<thead>
<tr>
<th>Requirement #: IV.C.1.a)-b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Requirement #: IV.C.8.a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>IV.C.8.a) Fellows should attend all-multidisciplinary conferences, with particular attention given to those conferences relevant to anesthesiology critical care medicine. (Detail)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision: The Review Committee recognizes that due to clinical demands, fellows may not be able to attend 100 percent of multidisciplinary conferences and has proposed the change to reflect a more realistic expectation.

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

<table>
<thead>
<tr>
<th>Requirement #: IV.D.1.b).(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>IV.D.1.b).(2) The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
This new requirement has been proposed for consistency with other proposed anesthesiology subspecialty 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) Each fellow must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication. During the program, fellows must participate in at least one clinical or other research project related to critical care medicine. (Core)

IV.D.3.a).(1) The results of such each projects must be disseminated through 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 the Review Committee’s 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