Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement
	Definition of Graduate Medical Education		
	Fellowship is advanced graduate medical education beyond a core		Definition of Graduate Medical Educate Fellowship is advanced graduate med
	residency program for physicians who desire to enter more specialized		residency program for physicians who
	practice. Fellowship-trained physicians serve the public by providing		practice. Fellowship-trained physiciar
	subspecialty care, which may also include core medical care, acting as a		subspecialty care, which may also inc
	community resource for expertise in their field, creating and integrating		community resource for expertise in t
	new knowledge into practice, and educating future generations of		new knowledge into practice, and edu
	physicians. Graduate medical education values the strength that a diverse		physicians. Graduate medical educati
	group of physicians brings to medical care, and the importance of		group of physicians brings to medical
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe lea
	Fellows who have completed residency are able to practice autonomously		Fellows who have completed resident
	in their core specialty. The prior medical experience and expertise of		in their core specialty. The prior medi
	fellows distinguish them from physicians entering residency. The fellow's		fellows distinguish them from physici
	care of patients within the subspecialty is undertaken with appropriate		care of patients within the subspecial
	faculty supervision and conditional independence. Faculty members serve		faculty supervision and conditional in
	as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, co
	professionalism, and scholarship. The fellow develops deep medical		professionalism, and scholarship. The
	knowledge, patient care skills, and expertise applicable to their focused		knowledge, patient care skills, and ex
	area of practice. Fellowship is an intensive program of subspecialty		area of practice. Fellowship is an intel
	clinical and didactic education that focuses on the multidisciplinary care		clinical and didactic education that fo
	of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning		of patients. Fellowship education is of intellectually demanding, and occurs
	environments committed to graduate medical education and the well-		environments committed to graduate
	being of patients, residents, fellows, faculty members, students, and all		being of patients, residents, fellows, f
Int.A.	members of the health care team.	[None]	members of the health care team.
	In addition to clinical education, many fellowship programs advance		In addition to clinical education, many
	fellows' skills as physician-scientists. While the ability to create new		fellows' skills as physician-scientists.
	knowledge within medicine is not exclusive to fellowship-educated		knowledge within medicine is not exc
	physicians, the fellowship experience expands a physician's abilities to		physicians, the fellowship experience
	pursue hypothesis-driven scientific inquiry that results in contributions to		pursue hypothesis-driven scientific in
	the medical literature and patient care. Beyond the clinical subspecialty		the medical literature and patient care
	expertise achieved, fellows develop mentored relationships built on an		expertise achieved, fellows develop m
Int.A (Continued)	infrastructure that promotes collaborative research.	[None] - (Continued)	infrastructure that promotes collabora

cation

edical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously dical experience and expertise of icians entering residency. The fellow's ialty is undertaken with appropriate independence. Faculty members compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused tensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

ny fellowship programs advance ts. While the ability to create new cclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to pre. Beyond the clinical subspecialty mentored relationships built on an orative research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty		Definition of Subspecialty
	An anesthesiology critical care medicine fellowship provides advanced knowledge, skills, and clinical experiences in critical care medicine to foster the practice of multidisciplinary critical care, including both medical and surgical critical care medicine.		An anesthesiology critical care medicine knowledge, skills, and clinical experience practice of multidisciplinary critical care, critical care medicine.
Int.B.	The subspecialty of anesthesiology critical care medicine is devoted to the acute and long-term care of critically ill patients with a wide variety of medical and surgical conditions, including multiple organ system derangements. The overall goal of education in anesthesiology critical care medicine is to produce physicians capable of working in any adult critical care unit and providing for the continuum of care within the intensive care unit and other hospital units, such as transitional care units designed to provide care for critically ill patients.		The subspecialty of anesthesiology critic acute and long-term care of critically ill p and surgical conditions, including multipl overall goal of education in anesthesiolo physicians capable of working in any add continuum of care within the intensive ca as transitional care units designed to pro-
	Length of Educational Program		Length of Program
Int.C.	The educational program in anesthesiology critical care medicine must be 12 months in length. (Core)	4.1.	The educational program in anesthesiolo months in length. (Core)
l.	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinical primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must also sponsor ACGME-accredited programs in anesthesiology, internal medicine, and surgery. (Core)	1.2.a.	The Sponsoring Institution must also spo anesthesiology, internal medicine, and s
I.B.1.b)	When the institution sponsors more than one critical care program, it must coordinate interdisciplinary requirements to ensure that fellows meet the specific critical care medicine fellowship Program Requirements and criteria of their primary specialties (anesthesiology, internal medicine, surgery, or any other primary specialty that supports education and/or certification in critical care medicine). (Detail)	1.2.b.	When the institution sponsors more than coordinate interdisciplinary requirements critical care medicine fellowship Program primary specialties (anesthesiology, inter primary specialty that supports education medicine). (Detail)

ne fellowship provides advanced nces in critical care medicine to foster the e, including both medical and surgical

itical care medicine is devoted to the I patients with a wide variety of medical iple organ system derangements. The ology critical care medicine is to produce adult critical care unit and providing for the care unit and other hospital units, such provide care for critically ill patients.

ology critical care medicine must be 12

ganization or entity that assumes the ponsibility for a program of graduate he ACGME Institutional Requirements.

not a rotation site for the program, the ical activity for the program is the

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

ponsor ACGME-accredited programs in surgery. (Core)

an one critical care program, it must hts to ensure that fellows meet the specific am Requirements and criteria of their ternal medicine, surgery, or any other ion and/or certification in critical care

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	P 3
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accousite, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusiv fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program must have facilities and space to support the educational needs of the fellows, including meeting space, conference space, space for academic activities, and access to computers. (Core)	1.8.a.	The program must have facilities and spatter the fellows, including meeting space, cor activities, and access to computers. (Con
I.D.1.b)	Education in anesthesiology critical care medicine must occur principally in areas of the hospital commonly characterized as intensive care units (ICUs) or transitional care units, such as multidisciplinary, surgical, medical, pulmonary, coronary care, neurology, high-risk pregnancy, neurosurgical, trauma, and burn. (Core)	1.8.b.	Education in anesthesiology critical care areas of the hospital commonly characte transitional care units, such as multidisci coronary care, neurology, high-risk pregn (Core)

greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)

very 10 years. (Core)

esignated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated ountable for fellow education for that am director. (Core)

any additions or deletions of ng an educational experience, required e equivalent (FTE) or more through the n (ADS). (Core)

on

Sponsoring Institution, must engage Iriven, ongoing, systematic recruitment sive workforce of residents (if present), ministrative GME staff members, and emic community. (Core)

Sponsoring Institution, must ensure es for fellow education. (Core)

Sponsoring Institution, must ensure es for fellow education. (Core)

space to support the educational needs of conference space, space for academic Core)

re medicine must occur principally in cterized as intensive care units (ICUs) or sciplinary, surgical, medical, pulmonary, egnancy, neurosurgical, trauma, and burn.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.c)	There must be readily available facilities to provide laboratory tests pertinent to care of critically ill patients with multiple organ system derangements consistent with quality assurance and quality control requirements mandated by regulatory agencies and appropriate professional organizations, such as the College of American Pathologists (CAP). (Core)	1.8.c.	There must be readily available facilities care of critically ill patients with multiple with quality assurance and quality contro agencies and appropriate professional of American Pathologists (CAP). (Core)
I.D.1.c).(1)	Tests should include measurement of blood chemistries, blood gases and pH, culture and sensitivity, toxicology, and analysis of plasma drug concentrations. (Detail)	1.8.c.1.	Tests should include measurement of bl culture and sensitivity, toxicology, and a (Detail)
I.D.1.d)	There must be facilities for diagnostic and therapeutic radiology imaging procedures, including interventional radiology and bedside ultrasound. (Core)	1.8.d.	There must be facilities for diagnostic an procedures, including interventional rad
I.D.1.e)	Access to images from all radiology studies and interpretation of those images must be available within the ICU environment utilizing electronic data systems such as Picture Archiving and Communication Systems (PACS). (Core)	1.8.e.	Access to images from all radiology stud must be available within the ICU enviror such as Picture Archiving and Commun
I.D.1.e).(1)	The ICU must have ultrasound equipment available to perform diagnostic assessment for procedures such as thoracentesis, paracentesis, vascular access (i.e., peripherally-inserted central catheters, central catheter placement, and arterial cannulation), and comprehensive ultrasound evaluation, including echocardiography and focused assessment with sonography examinations (i.e., Focused Assessment with Sonography for Trauma – FAST). (Detail)	1.8.e.1.	The ICU must have ultrasound equipme assessment for procedures such as tho access (i.e., peripherally-inserted centra and arterial cannulation), and comprehe echocardiography and focused assessm Focused Assessment with Sonography
I.D.1.f)	The patient population available to the program must include a wide variety of clinical problems necessary for the development of broad-based clinical expertise in clinical care, the development of judgment required for a specialist across medical and surgical critical care medicine, and the opportunity to coordinate care across specialties, including adult patients representing a wide variety of clinical problems, to include both medical and surgical conditions. (Core)	1.8.f.	The patient population available to the p clinical problems necessary for the deve expertise in clinical care, the developme across medical and surgical critical care coordinate care across specialties, inclu variety of clinical problems, to include be (Core)
I.D.1.g)	There should be an average daily census of at least five patients per fellow during assignments to critical care units. (Detail)	1.8.g.	There should be an average daily censu during assignments to critical care units
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and workin well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatic with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with dis Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to s appropriate reference material in prin include access to electronic medical capabilities. (Core)

es to provide laboratory tests pertinent to e organ system derangements consistent trol requirements mandated by regulatory l organizations, such as the College of

blood chemistries, blood gases and pH, analysis of plasma drug concentrations.

and therapeutic radiology imaging diology and bedside ultrasound. (Core)

udies and interpretation of those images onment utilizing electronic data systems nication Systems (PACS). (Core)

nent available to perform diagnostic oracentesis, paracentesis, vascular ral catheters, central catheter placement, nensive ultrasound evaluation, including sment with sonography examinations (i.e., y for Trauma – FAST). (Detail)

program must include a wide variety of velopment of broad-based clinical nent of judgment required for a specialist re medicine, and the opportunity to luding adult patients representing a wide both medical and surgical conditions.

sus of at least five patients per fellow ts. (Detail)

Sponsoring Institution, must ensure ng environments that promote fellow

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/rest facilities available and accessible te for safe patient care; (Core)

ion that have refrigeration capabilities, patient care; (Core)

priate to the participating site; and,

isabilities consistent with the re)

subspecialty-specific and other int or electronic format. This must al literature databases with full text

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mus appointed fellows' education. (Core)
I.E.1.	The program should collaborate with the anesthesiology program director to clearly define and differentiate the lines of responsibility and clinical competencies expected of the anesthesiology core residents and the critical care fellows. (Detail)	1.11.a.	The program should collaborate with the clearly define and differentiate the lines competencies expected of the anesthes care fellows. (Detail)
I.E.2.	The program should ensure that the fellowship is coordinated with and does not compromise any of the requirements of the core residency in anesthesiology. (Detail)	1.11.b.	The program should ensure that the fello not compromise any of the requirements anesthesiology. (Detail)
И.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuratior

sonnel

other health care personnel, including ner programs, subspecialty fellows, nust not negatively impact the

he anesthesiology program director to s of responsibility and clinical esiology core residents and the critical

llowship is coordinated with and does not so the core residency in

appointed as program director with overall program, including compliance nents. (Core)

appointed as program director with overall program, including compliance nents. (Core)

ate Medical Education Committee program director and must verify the inical appointment. (Core)

tor resides with the Review Committee.

able, the program's leadership team, quate for administration of the program on. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director must and support specified below for adminis support for program leadership must be additional support may be for the program program director and one or more assoc (Core)
II.A.2.a)	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE) for the Program Director: 0.1 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.025 Total Minimum Program Leadership Support: 0.125 Number of Approved Fellow Positions: 4-6 Minimum Support Required (FTE) for the Program Director: 0.15 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.05 Total Minimum Program Leadership Support: 0.2 Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1 Total Minimum Program Leadership Support: 0.3 Number of Approved Fellow Positions: 10-14 Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.15 Total Minimum Program Leadership Support: 0.35 Number of Approved Fellow Positions: 15 and over Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for the Program Leadership in Aggregate: 0.2 Total Minimum Program Leadership Support: 0.4		Number of Approved Fellow Positions: 1 for the Program Director: 0.1 Minimum Program Leadership in Aggregate: 0.02 Support: 0.125 Number of Approved Fellow Positions: 4 for the Program Director: 0.15 Minimum Program Leadership in Aggregate: 0.05 Support: 0.2 Number of Approved Fellow Positions: 7 for the Program Director: 0.2 Minimum Program Leadership in Aggregate: 0.1 Support: 0.3 Number of Approved Fellow Positions: 1 (FTE) for the Program Director: 0.2 Mi (FTE) for Program Leadership in Aggrege Leadership Support: 0.35 Number of Approved Fellow Positions: 1 (FTE) for the Program Director: 0.2 Mi (FTE) for the Program Director: 0.2 Mi (FTE) for the Program Director: 0.2 Mi
			Qualifications of the Program Directo
II.A.3.	Qualifications of the program director:	2.4.	The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Review
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Anesthesiology or by the Am Anesthesiology, or subspecialty qualif Review Committee. (Core)
	must include privileges to practice critical care medicine and procedures	2.4.1	The program director must have privileg
II.A.3.c) II.A.3.d)	relevant to the practice of critical care medicine; (Core) must include current appointment as a member of the anesthesiology faculty at the primary clinical site; (Core)	2.4.b. 2.4.c.	procedures relevant to the practice of cr The program director must have current anesthesiology faculty at the primary clin
II.A.3.e)	must include demonstration of ongoing academic achievements with appropriate dissemination, including publications, the development of educational programs, or the conduct of research; (Core)	2.4.d.	The program director must demonstrate appropriate dissemination, including put educational programs, or the conduct of

nust be provided with the dedicated time histration of the program. Additional be provided as specified below. This gram director only or divided among the sociate (or assistant) program directors.

:: 1-3 | Minimum Support Required (FTE) um Additional Support Required (FTE) for 025 | Total Minimum Program Leadership

:: 4-6 | Minimum Support Required (FTE) num Additional Support Required (FTE) for D5 | Total Minimum Program Leadership

:: 7-9 | Minimum Support Required (FTE) um Additional Support Required (FTE) for 1 | Total Minimum Program Leadership

: 10-14 | Minimum Support Required Minimum Additional Support Required egate: 0.15 | Total Minimum Program

: 15 and over | Minimum Support Required Minimum Additional Support Required egate: 0.2 | Total Minimum Program

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s subspecialty expertise and view Committee. (Core)

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s subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American merican Osteopathic Board of lifications that are acceptable to the

eges to practice critical care medicine and critical care medicine. (Core)

nt appointment as a member of the clinical site. (Core)

te ongoing academic achievements with ublications, the development of of research. (Core)

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II.A.3.f)	must include at least three years of post-fellowship experience in the care of critically ill patients; and, (Core)	2.4.e.	The program director must have at least experience in the care of critically ill pati
II.A.3.g)	must include devotion of at least 50 percent of the program director's clinical, educational, administrative, and academic time to critical care medicine. (Core)	2.4.f.	The program director must devote at lea clinical, educational, administrative, and (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the component Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)		The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the	0.5.h	The program director must ensure the Sponsoring Institution's policies and and due process, including when act
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)

ast three years of post-fellowship atients. (Core)

east 50 percent of the program director's nd academic time to critical care medicine.

sponsibility, authority, and nd operations; teaching and scholarly action, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ter and maintain a learning g the fellows in each of the ACGME

e authority to approve or remove aculty members at all participating core faculty members, and must valuate candidates prior to approval.

e authority to remove fellows from rning environments that do not meet e)

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in to raise concerns, report mistreatment, tial manner as appropriate, without fear

the program's compliance with the of procedures related to grievances ction is taken to suspend or dismiss, ntment of a fellow. (Core)

he program's compliance with the d procedures on employment and non-

n a non-competition guarantee or

nt verification of education for all nof or of or departure from the program.

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a interview with information related to a specialty board examination(s). (Core
П.В.	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves. 		 Faculty Faculty members are a foundational education – faculty members teach feeducation – faculty members teach feeducation – faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, commpatient care, professionalism, and a compatient care, professional members experience the pride development of future colleagues. The the opportunity to teach and model excholarly approach to patient care, famedical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They recomposed the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective of professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	Physicians with education and certification through a member board of the American Board of Medical Specialties (ABMS) or certifying board of the American Osteopathic Association (AOA) in other specialties, including diagnostic radiology, emergency medicine, internal medicine, neurological surgery, neurology, obstetrics and gynecology, pathology, and surgery, must be available for consultations and the collaborative management of critically ill patients, as well as the supervision of fellows. (Core)	2.6.a.	Physicians with education and certification American Board of Medical Specialties (American Osteopathic Association (AOA diagnostic radiology, emergency medicin surgery, neurology, obstetrics and gyneon available for consultations and the collab patients, as well as the supervision of fe
II.B.1.b)	A critical care faculty member who is an anesthesiologist must function as the medical director or co-medical director of one or more of the critical care units in which the majority of fellows' clinical education is required to take place. (Core)	2.6.b.	A critical care faculty member who is an medical director or co-medical director o which the majority of fellows' clinical edu
II.B.1.c)	Physicians with education or certification in critical care echocardiography (e.g., transthoracic echocardiogram (TTE), transesophageal echocardiogram (TEE) and ultrasound (e.g., point-of-care ultrasound) must be available for consultation and collaboration to supervise fellows. (Core)	2.6.c.	Physicians with education or certification (e.g., transthoracic echocardiogram (TTI (TEE)) and ultrasound (e.g., point-of-car consultation and collaboration to supervi

verification of an individual fellow's , within 30 days. (Core)

applicants who are offered an their eligibility for the relevant re)

I element of graduate medical fellows how to care for patients. fant bridge allowing fellows to grow og that patients receive the highest s for future generations of physicians mitment to excellence in teaching and dedication to lifelong learning. ide and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the graduate the health of the individual and the

Its receive the level of care expected ecognize and respond to the needs of ad institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

tion through a member board of the (ABMS) or certifying board of the DA) in other specialties, including cine, internal medicine, neurological ecology, pathology, and surgery, must be aborative management of critically ill fellows. (Core)

an anesthesiologist must function as the of one or more of the critical care units in ducation is required to take place. (Core)

on in critical care echocardiography TE), transesophageal echocardiogram are ultrasound) must be available for rvise fellows. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their	0.7.1	Faculty members must demonstrate a fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
	pursue faculty development designed to enhance their skills at least	2.7.0.	
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Anesthesiology, acceptable to the Review Committee.
II.B.3.b).(1).(a)	Other qualifications that are acceptable to the Review Committee include certification in critical care medicine or its affiliated subspecialties by a member board of the ABMS or a certifying board of the AOA. (Core)	2.9.b.	Other qualifications that are acceptable certification in critical care medicine or it board of the ABMS or a certifying board
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core) Faculty members must complete the annual ACGME Faculty Survey.	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core) Faculty members must complete the
II.B.4.a)	(Core) There must be at least three core program faculty members, including the	2.10.a.	(Core) There must be at least three core progra
II.B.4.b)	program director. (Core)	2.10.b.	program director. (Core)

lels of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core)

e a strong interest in the education of nt time to the educational program to g responsibilities. (Core) and maintain an educational ng fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

mbers

nbers must have current certification in Board of Anesthesiology or the American ly, or possess qualifications judged ee. (Core)

le to the Review Committee include r its affiliated subspecialties by a member rd of the AOA. (Core)

ty members must have current e appropriate American Board of er board or American Osteopathic , or possess qualifications judged ee. (Core)

significant role in the education and vote a significant portion of their entire ministration, and must, as a component and provide formative feedback to

e annual ACGME Faculty Survey.

gram faculty members, including the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.4.b).(1)	The core faculty must include at least two anesthesiologists with board certification in critical care medicine through the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or with other qualifications acceptable to the Review Committee. (Core)	2.10.b.1.	The core faculty must include at least tw certification in critical care medicine thro Anesthesiology or the American Osteop other qualifications acceptable to the Re
II.B.4.c)	For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. (Core)	2.10.c.	For programs with four or more fellows, one fellow must be maintained. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
	The program coordinator(s) must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core) Number of Approved Fellow Positions: 2 Minimum FTE Coordinator(s) Required : 0.22 Number of Approved Fellow Positions: 3 Minimum FTE Coordinator(s) Required : 0.24 Number of Approved Fellow Positions: 4 Minimum FTE Coordinator(s) Required : 0.26 Number of Approved Fellow Positions: 5 Minimum FTE Coordinator(s) Required : 0.28 Number of Approved Fellow Positions: 6 Minimum FTE Coordinator(s) Required : 0.30 Number of Approved Fellow Positions: 7 Minimum FTE Coordinator(s) Required : 0.32 Number of Approved Fellow Positions: 8 Minimum FTE Coordinator(s) Required : 0.34 Number of Approved Fellow Positions: 9 Minimum FTE Coordinator(s) Required : 0.36 Number of Approved Fellow Positions: 10 Minimum FTE Coordinator(s)		The program coordinator(s) must be pro minimum of 20 percent FTE for administ administrative support must be provided (Core) Number of Approved Fellow Positions: 2 Required : 0.22 Number of Approved Fellow Positions: 3 Required : 0.24 Number of Approved Fellow Positions: 4 Required : 0.26 Number of Approved Fellow Positions: 5 Required : 0.28 Number of Approved Fellow Positions: 6 Required : 0.30 Number of Approved Fellow Positions: 7 Required : 0.32 Number of Approved Fellow Positions: 8 Required : 0.34 Number of Approved Fellow Positions: 9 Required : 0.36 Number of Approved Fellow Positions: 1 Required : 0.38 Number of Approved Fellow Positions: 2
II.C.2.a)	Required : Additional 0.02 FTE per fellow Other Program Personnel	2.11.b.	Required : Additional 0.02 FTE per fello
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)

two anesthesiologists with board rough the American Board of opathic Board of Anesthesiology, or with Review Committee. (Core)

, a ratio of at least one faculty member to

or. (Core)

or. (Core)

rovided with dedicated time and n of the program based upon its size

rovided with support equal to a dedicated istration of the program. Additional ed based on the program size as follows:

- 2 | Minimum FTE Coordinator(s)
- : 3 | Minimum FTE Coordinator(s)
- : 4 | Minimum FTE Coordinator(s)
- 5 | Minimum FTE Coordinator(s)
- : 6 | Minimum FTE Coordinator(s)
- 7 | Minimum FTE Coordinator(s)
- 8 | Minimum FTE Coordinator(s)
- 9 | Minimum FTE Coordinator(s)
- 10 | Minimum FTE Coordinator(s)

: >10 | Minimum FTE Coordinator(s) llow

Sponsoring Institution, must jointly personnel for the effective e)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.D.1.	Health care personnel, including nurses with qualifications and experience in critical care medicine, advanced practice providers when available, pharmacists, respiratory therapists, nutritionists, and case managers, must participate in the care of patients to optimize the multidisciplinary nature of the program. (Detail)	2.12.a.	Health care personnel, including nurses critical care medicine, advanced practice respiratory therapists, nutritionists, and c care of patients to optimize the multidisc
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program,		Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an A
III.A.1.	an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)		Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment to the program, fellows must have completed an acceptable residency as described in III.A.1. in anesthesiology or emergency medicine; or at least three clinical years in an acceptable residency as described in III.A.1. in neurological surgery, obstetrics and gynecology, orthopaedic surgery, otolaryngology — head and neck surgery, surgery, thoracic surgery, vascular surgery, or urology. (Core)	3.2.a.1.	Prior to appointment to the program, fello acceptable residency as described in 3.2 medicine; or at least three clinical years described in 3.2. in neurological surgery orthopaedic surgery, otolaryngology — h surgery, vascular surgery, or urology. (C
, III.A.1.c)	Fellow Eligibility Exception The Review Committee for Anesthesiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Anesthesio exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro- qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)

es with qualifications and experience in ice providers when available, pharmacists, d case managers, must participate in the sciplinary nature of the program. (Detail)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or rom the core residency program. (Core)

ellows must have completed an 3.2. in anesthesiology or emergency rs in an acceptable residency as ry, obstetrics and gynecology, - head and neck surgery, surgery, thoracic (Core)

iology will allow the following y requirements:

rogram may accept an exceptionally licant who does not satisfy the but who does meet all of the following ions: (Core)

and fellowship selection committee of ne program, based on prior training and s of training in the core specialty; and,

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		Section 4: Educational Program The ACGME accreditation system is of and innovation in graduate medical en- organizational affiliation, size, or local The educational program must support knowledgeable, skillful physicians while It is recognized that programs may phile leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	community health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components: a set of program aims consistent with the Sponsoring Institution's	4.2.	Educational Components The curriculum must contain the follo a set of program aims consistent with
IV.A.1.	mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objective designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)

pint more fellows than approved by the

on of previous educational experiences d performance evaluation prior to and Milestones evaluations upon

s designed to encourage excellence education regardless of the cation of the program.

port the development of who provide compassionate care.

place different emphasis on research, xpected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

llowing educational components:

ith the Sponsoring Institution's ty it serves, and the desired distinctive must be made available to program nbers; (Core)

tives for each educational experience trajectory to autonomous practice in istributed, reviewed, and available to)

s for patient care, progressive ent, and graded supervision in their

yond direct patient care; and, (Core) v Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
	Fellows must demonstrate competence in providing clinical care and consultation, under the direction and supervision of faculty members, in evaluating a patient's medical condition, determining the need for critical care		Fellows must demonstrate competence consultation, under the direction and sup evaluating a patient's medical condition,
IV.B.1.b).(1).(a) IV.B.1.b).(1).(a).(i)	services, and, as appropriate, formulating a plan of care, including: (Core) incorporation of ethical aspects of critical care medicine into practice; (Core)	4.4.a. 4.4.a.1.	services, and, as appropriate, formulatin incorporation of ethical aspects of critica
IV.B.1.b).(1).(a).(ii)	diagnosis and management of cardiovascular dysfunction; (Core)	4.4.a.2.	diagnosis and management of cardiovas
IV.B.1.b).(1).(a).(iii)	diagnosis and management of pulmonary dysfunction; (Core)	4.4.a.3.	diagnosis and management of pulmonar
IV.B.1.b).(1).(a).(iv)	diagnosis and management of sepsis and septic shock; (Core)	4.4.a.4.	diagnosis and management of sepsis ar
IV.B.1.b).(1).(a).(v)	diagnosis and management of renal dysfunction, to include techniques for renal replacement therapies; (Core)	4.4.a.5.	diagnosis and management of renal dys replacement therapies; (Core)
IV.B.1.b).(1).(a).(vi)	diagnosis and management of hematologic disorders, to include coagulopathies; (Core)	4.4.a.6.	diagnosis and management of hematolo coagulopathies; (Core)
IV.B.1.b).(1).(a).(vii)	diagnosis and treatment of hepatic dysfunction; (Core)	4.4.a.7.	diagnosis and treatment of hepatic dysfu
IV.B.1.b).(1).(a).(viii)	evaluation and management of central and peripheral nervous system dysfunction; (Core)	4.4.a.8.	evaluation and management of central a dysfunction; (Core)
IV.B.1.b).(1).(a).(ix)	management of life-threatening medical illness, to include oncologic, dermatologic, and endocrinologic illnesses; (Core)	4.4.a.9.	management of life-threatening medical dermatologic, and endocrinologic illness
IV.B.1.b).(1).(a).(x)	indications for and interpretation of laboratory results; (Core)	4.4.a.10.	indications for and interpretation of labor
IV.B.1.b).(1).(a).(xi)	psychiatric implications of critical illness; (Core)	4.4.a.11.	psychiatric implications of critical illness;
IV.B.1.b).(1).(a).(xii)	palliative and end-of-life care; (Core)	4.4.a.12.	palliative and end-of-life care; (Core)
IV.B.1.b).(1).(a).(xiii)	routine incorporation of standards of care and established guidelines or procedures for patient safety and error reduction; and, (Core)	4.4.a.13.	routine incorporation of standards of car procedures for patient safety and error r

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the the focus in fellowship is on nd medical knowledge, as well as quired in residency.

GME Competencies into the curriculum.

nalism itment to professionalism and an re)

re

ient care that is patient- and family-, appropriate, and effective for the ne promotion of health. (Core)

e in providing clinical care and supervision of faculty members, in n, determining the need for critical care ting a plan of care, including: (Core) cal care medicine into practice; (Core)

ascular dysfunction; (Core)

ary dysfunction; (Core)

and septic shock; (Core)

ysfunction, to include techniques for renal

logic disorders, to include

sfunction; (Core)

and peripheral nervous system

al illness, to include oncologic, sses; (Core) poratory results; (Core)

s; (Core)

are and established guidelines or reduction; and, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a).(xiv)	demonstration of patient management and psychomotor (procedural) skills required for the practice of the subspecialty. (Core)	4.4.a.14.	demonstration of patient management a required for the practice of the subspect
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in coordinating care across medical specialties, as appropriate, to communicate patient status, plans of care, and the long-term needs of each patient to other health care practitioners, and to collaborate in the management of the critically ill patient. (Core)	4.4.b.	Fellows must demonstrate competence specialties, as appropriate, to communi- the long-term needs of each patient to c collaborate in the management of the c
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Fellows must be able to perform all n procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in procedural skills and sound clinical judgment in the care of patients with complex medical and surgical conditions, including: (Core)	4.5.a.	Fellows must demonstrate competence judgment in the care of patients with cor including: (Core)
IV.B.1.b).(2).(a).(i)	airway maintenance and management, to include videolaryngoscopy and/or flexible bronchoscopic approaches to the airway for both diagnostic and therapeutic purposes; (Core)	4.5.a.1.	airway maintenance and management, flexible bronchoscopic approaches to th therapeutic purposes; (Core)
IV.B.1.b).(2).(a).(ii)	indications for and performance of bronchoscopic procedures, such as bronchoalveolar lavage and pulmonary toilet; (Core)	4.5.a.2.	indications for and performance of brond bronchoalveolar lavage and pulmonary
IV.B.1.b).(2).(a).(iii)	indications for and placement of emergency front-of-neck airway access; (Core)	4.5.a.3.	indications for and placement of emerge (Core)
IV.B.1.b).(2).(a).(iv)	invasive and non-invasive ventilatory support; (Core) techniques for and therapeutic treatment of conditions requiring thoracentesis	4.5.a.4.	invasive and non-invasive ventilatory su techniques for and therapeutic treatmen
IV.B.1.b).(2).(a).(v) IV.B.1.b).(2).(a).(vi)	and/or tube thoracotomy when indicated; (Core) diagnosis and indications for mechanical support of the circulation or respiratory system, to include extracorporeal membrane oxygenation (ECMO); (Core)	4.5.a.5. 4.5.a.6.	and/or tube thoracotomy when indicated diagnosis and indications for mechanica system, to include extracorporeal memb
IV.B.1.b).(2).(a).(vii)	cardiopulmonary resuscitation (CPR); (Core)	4.5.a.7.	cardiopulmonary resuscitation (CPR); (
IV.B.1.b).(2).(a).(vii).(a)	Fellows must maintain certification in advanced cardiovascular life support skills. (Core)	4.5.a.7.a.	Fellows must maintain certification in ad (Core)
IV.B.1.b).(2).(a).(viii)	placement and management of arterial, central venous, and pulmonary arterial catheters; (Core)	4.5.a.8.	placement and management of arterial, catheters; (Core)
IV.B.1.b).(2).(a).(ix)	emergent and therapeutic use of pacemakers; (Core)	4.5.a.9.	emergent and therapeutic use of pacem
IV.B.1.b).(2).(a).(x)	fluid resuscitation and management of massive blood loss; (Core)	4.5.a.10.	fluid resuscitation and management of n
IV.B.1.b).(2).(a).(xi) IV.B.1.b).(2).(a).(xii)	prescribing enteral and total parenteral nutrition; (Core) ultrasonography (to include image acquisition, interpretation, and calculations) for TTE and TEE, lung ultrasonography, abdominal ultrasonography; (Core)	4.5.a.11. 4.5.a.12.	prescribing enteral and total parenteral r ultrasonography (to include image acqui for TTE and TEE, lung ultrasonography,
IV.B.1.b).(2).(a).(xiii)	facilitation of invasive catheter placement, diagnostic studies, and therapeutic interventions (e.g., paracentesis, thoracentesis) relevant to the critically ill patient; and, (Core)	4.5.a.13.	facilitation of invasive catheter placemer interventions (e.g., paracentesis, thorace patient; and, (Core)
IV.B.1.b).(2).(a).(xiv)	pain management, sedation, and anxiolysis for the critically ill patient. (Core)	4.5.a.14.	pain management, sedation, and anxioly
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)

and psychomotor (procedural) skills cialty. (Core)

e in coordinating care across medical nicate patient status, plans of care, and other health care practitioners, and to critically ill patient. (Core)

Skills

medical, diagnostic, and surgical r the area of practice. (Core)

e in procedural skills and sound clinical omplex medical and surgical conditions,

t, to include videolaryngoscopy and/or the airway for both diagnostic and

nchoscopic procedures, such as y toilet; (Core)

gency front-of-neck airway access;

support; (Core)

ent of conditions requiring thoracentesis ed; (Core)

cal support of the circulation or respiratory nbrane oxygenation (ECMO); (Core)

(Core)

dvanced cardiovascular life support skills.

, central venous, and pulmonary arterial

makers; (Core)

massive blood loss; (Core)

I nutrition; (Core)

uisition, interpretation, and calculations) y, abdominal ultrasonography; (Core)

ent, diagnostic studies, and therapeutic acentesis) relevant to the critically ill

plysis for the critically ill patient. (Core)

nowledge

ge of established and evolving II, and social-behavioral sciences, as the application of this knowledge to

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellows must demonstrate knowledge of those areas appropriate for a		Fellows must demonstrate knowledge of
IV.B.1.c).(1)	subspecialist in anesthesiology critical care medicine, including: (Core)	4.6.a.	subspecialist in anesthesiology critical c
IV.B.1.c).(1).(a)	resuscitation; (Core)	4.6.a.1.	resuscitation; (Core)
IV.B.1.c).(1).(b)	cardiovascular physiology, pathology, pathophysiology, and therapy; (Core)	4.6.a.2.	cardiovascular physiology, pathology, pa
IV.B.1.c).(1).(c)	respiratory physiology, pathology, pathophysiology, and therapy; (Core)	4.6.a.3.	respiratory physiology, pathology, patho
IV.B.1.c).(1).(d)	renal physiology, pathology, pathophysiology, and therapy; (Core)	4.6.a.4.	renal physiology, pathology, pathophysic
	central and peripheral nervous system physiology, pathology, pathophysiology,		central and peripheral nervous system p
IV.B.1.c).(1).(e)	and therapy; (Core)	4.6.a.5.	and therapy; (Core)
IV.B.1.c).(1).(f)	pain management, sedation, and anxiolysis for critically ill patients; (Core)	4.6.a.6.	pain management, sedation, and anxioly
	recognition and management of altered states of consciousness, to include		recognition and management of altered
IV.B.1.c).(1).(g)	delirium; (Core)	4.6.a.7.	delirium; (Core)
	metabolic and endocrine effects of critical illness; (Core)		metabolic and endocrine effects of critica
IV.B.1.c).(1).(h)		4.6.a.8.	
IV.B.1.c).(1).(i)	infectious disease physiology, pathology, pathophysiology, and therapy; (Core)	4.6.a.9.	infectious disease physiology, pathology
	primary hematologic disorders and hematologic disorders secondary to critical		primary hematologic disorders and hema
IV.B.1.c).(1).(j)	illness; (Core)	4.6.a.10.	illness; (Core)
IV.B.1.c).(1).(k)	transfusion therapy; (Core)	4.6.a.11.	transfusion therapy; (Core)
	gastrointestinal, genitourinary, obstetric, and gynecologic disorders; (Core)		gastrointestinal, genitourinary, obstetric,
IV.B.1.c).(1).(I)		4.6.a.12.	
IV.B.1.c).(1).(m)	trauma, to include burn management; (Core)	4.6.a.13.	trauma, to include burn management; (C
	monitoring equipment for the care of critically ill patients and basic concepts of		monitoring equipment for the care of crit
	bioengineering, to include the principles of ultrasound, Doppler, and other		bioengineering, to include the principles
IV.B.1.c).(1).(n)	medical imaging techniques relevant to critical care medicine; (Core)	4.6.a.14.	medical imaging techniques relevant to o
IV.B.1.c).(1).(o)	palliative and end-of-life care; (Core)	4.6.a.15.	palliative and end-of-life care; (Core)
	pharmacokinetics and dynamics, to include drug metabolism and excretion in critical illness; (Core)		pharmacokinetics and dynamics, to inclu critical illness; (Core)
IV.B.1.c).(1).(p)		4.6.a.16.	
IV.B.1.c).(1).(q)	coordination of transport and triage of critically ill patients; (Core)	4.6.a.17.	coordination of transport and triage of cr
	coordination of care for the patient with multisystem failure requiring evaluation		coordination of care for the patient with r
IV.B.1.c).(1).(r)	and management by a diverse group of practitioners; (Core)	4.6.a.18.	and management by a diverse group of
	administrative and management principles, to include triage, resource		administrative and management principle
IV.B.1.c).(1).(s)	utilization, and rationing of limited resources; (Core)	4.6.a.19.	utilization, and rationing of limited resour
	understanding about the value and use of critical care electronic health records		understanding about the value and use of
$I \setminus P = 1 = 0 (1) (t)$	and integration with other medical record systems; (Core)	4.6.a.20.	and integration with other medical record
IV.B.1.c).(1).(t)	understanding medical information, biostatistics, and the use of artificial	4.0.a.20.	understanding modical information, biost
IVB(1 c)(1)(u)	understanding medical informatics, biostatistics, and the use of artificial intelligence and machine learning relevant to critical care medicine; (Core)	4.6.a.21.	understanding medical informatics, biost intelligence and machine learning releva
IV.B.1.c).(1).(u) IV.B.1.c).(1).(v)	understanding the use of tele-critical care services; (Core)	4.6.a.22.	understanding the use of tele-critical car
IV.B.1.c).(1).(v)	cost-effective care; (Core)	4.6.a.23.	cost-effective care; (Core)
тv.D. т.С <i>ј</i> .(Т <i>ј</i> .(W)		T.U.A.2J.	
	ethical and legal issues related to the care of critically ill patients, to include		ethical and legal issues related to the ca
	surrogate decision-making, advance directives, and management of disagreements between practitioners and patients regarding resource use;		surrogate decision-making, advance dire disagreements between practitioners an
	(Core)		(Core)
IV.B.1.c).(1).(x)		4.6.a.24.	()
IV.B.1.c).(1).(y)	psychiatric implications of critical illness; and, (Core)	4.6.a.25.	psychiatric implications of critical illness;

of those areas appropriate for a care medicine, including: (Core)

pathophysiology, and therapy; (Core) ophysiology, and therapy; (Core) siology, and therapy; (Core)

physiology, pathology, pathophysiology,

olysis for critically ill patients; (Core)

d states of consciousness, to include

ical illness; (Core)

gy, pathophysiology, and therapy; (Core) matologic disorders secondary to critical

ic, and gynecologic disorders; (Core)

(Core)

ritically ill patients and basic concepts of es of ultrasound, Doppler, and other o critical care medicine; (Core)

clude drug metabolism and excretion in

critically ill patients; (Core)

n multisystem failure requiring evaluation of practitioners; (Core)

ples, to include triage, resource purces; (Core)

e of critical care electronic health records ord systems; (Core)

ostatistics, and the use of artificial vant to critical care medicine; (Core) are services; (Core)

care of critically ill patients, to include irectives, and management of and patients regarding resource use;

s; and, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(1).(z)	ICU management, to include: (Core)	4.6.a.26.	ICU management, to include: (Core)
IV.B.1.c).(1).(z).(i)	development and implementation of policies and procedures related to ICU administration (admission, discharge, etc.); (Core)	4.6.a.26.a.	development and implementation of poli administration (admission, discharge, et
IV.B.1.c).(1).(z).(ii)	development and implementation of evidence-based approaches to clinical care and clinical guidelines to optimize patient outcomes and minimize needless variations in care delivery; (Core)	4.6.a.26.b.	development and implementation of evic and clinical guidelines to optimize patien variations in care delivery; (Core)
IV.B.1.c).(1).(z).(iii)	regulatory requirements that apply to critical care units, including those of the Joint Commission and other regulatory agencies; (Core)	4.6.a.26.c.	regulatory requirements that apply to crit Joint Commission and other regulatory a
IV.B.1.c).(1).(z).(iv)	financial aspects of ICU management and the implications for allocation of institutional resources and overall costs of care; (Core)	4.6.a.26.d.	financial aspects of ICU management ar institutional resources and overall costs
IV.B.1.c).(1).(z).(v)	resource utilization, including personnel management and staffing patterns; (Core)	4.6.a.26.e.	resource utilization, including personnel (Core)
IV.B.1.c).(1).(z).(vi)	patient triage and coordination of care with other hospital units (acute care, transitional care, post-anesthesia care unit, etc.); (Core)	4.6.a.26.f.	patient triage and coordination of care w transitional care, post-anesthesia care u
IV.B.1.c).(1).(z).(vii)	quality of care, patient safety initiatives, and patient and family satisfaction; and, (Core)	4.6.a.26.g.	quality of care, patient safety initiatives, a (Core)
IV.B.1.c).(1).(z).(viii)	risk stratification and outcome measurement, such as Acute Physiology and Chronic Health Evaluation (APACHE) and other scoring systems. (Core)	4.6.a.26.h.	risk stratification and outcome measuren Chronic Health Evaluation (APACHE) ar
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of infe patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

blicies and procedures related to ICU etc.); (Core)

vidence-based approaches to clinical care ent outcomes and minimize needless

critical care units, including those of the / agencies; (Core)

and the implications for allocation of ts of care; (Core)

el management and staffing patterns;

with other hospital units (acute care, e unit, etc.); (Core)

s, and patient and family satisfaction; and,

ement, such as Acute Physiology and and other scoring systems. (Core)

ased Learning and Improvement ty to investigate and evaluate their care ate scientific evidence, and to based on constant self-evaluation and

nal and Communication Skills sonal and communication skills that nformation and collaboration with professionals. (Core)

Based Practice eness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Numbe	r Requirement Language	Number	Requiremen
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical t events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences include patient care responsibilities, clinical to events. (Core)
IV.C.1.a)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.a.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	At least nine of the 12 months of education must be spent in the care of critically ill patients in ICUs or transitional care units. (Core)		At least nine of the 12 months of educat ill patients in ICUs or transitional care ur
IV.C.3.a)	The remainder of the time must be spent in elective clinical activities, research, or scholarly activity relevant to critical care. (Core)	4.11.a.1.	The remainder of the time must be spen research, or scholarly activity relevant to
IV.C.3.b)	Assignments to a participating site, including ICU rotations and electives, should not exceed four months. (Detail)		Assignments to a participating site, inclu not exceed four months. (Detail)
IV.C.4.	The program must provide education and direct experience in administrative and management aspects of critical care medicine, as well as education about research methodology and interpretation of findings in published literature. (Core)		The program must provide education an and management aspects of critical care research methodology and interpretation (Core)
IV.C.5.	Educational sessions and subspecialty conferences must be conducted on a regular basis. (Core)	4.11.c.	Educational sessions and subspecialty or regular basis. (Core)

Fellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

Fellow Experiences – Didactic and

tected time to participate in core

Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of er. (Core)

w Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

red to facilitate learning in a manner that effective interprofessional team that red goals of patient safety and quality

w Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of er. (Core)

ation must be spent in the care of critically units. (Core)

ent in elective clinical activities, t to critical care. (Core)

cluding ICU rotations and electives, should

and direct experience in administrative are medicine, as well as education about ion of findings in published literature.

conferences must be conducted on a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.5.a)	Conferences should include formal seminars, clinical and applied basic science instruction, and review of all morbidity and mortality relevant to the subspecialty services. (Detail)	4.11.c.1.	Conferences should include formal sem instruction, and review of all morbidity an services. (Detail)
IV.C.5.b)	Fellows must be involved in the planning, development, and execution of subspecialty educational sessions. (Detail)	4.11.c.2.	Fellows must be involved in the planning subspecialty educational sessions. (Deta
IV.C.6.	Fellows should attend multidisciplinary conferences, with particular attention given to those conferences relevant to anesthesiology critical care medicine. (Detail)	4.11.d.	Fellows should attend multidisciplinary c given to those conferences relevant to a (Detail)
IV.C.6.a)	Documentation of fellows' participation in these conferences must be maintained. (Detail)	4.11.d.1.	Documentation of fellows' participation in maintained. (Detail)
	Scholarship		
IV.D.	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisite participation in scholarly activities as Program Requirements. Scholarly acti integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, ar serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
			Program Responsibilities The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.13.	consistent with its mission(s) and ain Program Responsibilities
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a).(1)	The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)	4.13.b.	The program must provide instruction in and conduct, and the interpretation and
IV.D.1.a).(2)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.13.c.	The faculty must establish and maintain scholarship with an active research com
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)

minars, clinical and applied basic science and mortality relevant to the subspecialty

ng, development, and execution of etail)

conferences, with particular attention anesthesiology critical care medicine.

in these conferences must be

ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

ty of fellowships and anticipates that variety of roles, including clinicians, octed that the program's scholarship and the needs of the community it ns may concentrate their scholarly pulation health, and/or teaching, while ilize more classic forms of biomedical ip.

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

in the fundamentals of research design d presentation of data. (Core)

in an environment of inquiry and mponent. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

Roman Numeral Requirement Numb	er Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of
	•Research in basic science, education, translational science, patient care, or population health		•Research in basic science, education or population health
	 Peer-reviewed grants Quality improvement and/or patient safety initiatives 		•Peer-reviewed grants •Quality improvement and/or patient s
	•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials		•Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials
	•Contribution to professional committees, educational organizations, or		•Contribution to professional commit
IV.D.2.a)	editorial boards Innovations in education 	4.14.	editorial boards Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servio serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
			Fellow Scholarly Activity
	Falley, Oakalash, Astivity		Each fellow must conduct or be substan
IV.D.3.	Fellow Scholarly Activity	4.15.	related to the subspecialty that is suitable

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

Is, posters, workshops, quality m presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ıe)

antially involved in a scholarly project able for publication. (Core)

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requiremen
			Fellow Scholarly Activity
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. (Core)	4.15.	Each fellow must conduct or be substan related to the subspecialty that is suitabl
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)	4.15.a.	The results of such projects must be disa including publication or presentation at lo meetings. (Core)
IV.D.3.a).(2)	Fellows must have a faculty mentor overseeing the project. (Core)	4.15.b.	Fellows must have a faculty mentor over
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durir educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durir educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durir educational assignment. (Core)
V.A.1.a).(1)	These evaluations should include assessment of intellectual abilities, manual skills, attitudes, and interpersonal relationships, as well as specific tasks of patient management, decision-making skills, and critical analysis of clinical situations. (Detail)	5.1.h.	These evaluations should include assess skills, attitudes, and interpersonal relation patient management, decision-making sl situations. (Detail)
V.A.1.a).(2)	The program should review fellows' technical procedural skills quarterly. (Detail)		The program should review fellows' tech
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

antially involved in a scholarly project ble for publication. (Core)

isseminated through a variety of means, t local, regional, national, or international

verseeing the project. (Core)

valuation erve, evaluate, and frequently provide

ring each rotation or similar

valuation

erve, evaluate, and frequently provide ring each rotation or similar

valuation

erve, evaluate, and frequently provide ring each rotation or similar

essment of intellectual abilities, manual tionships, as well as specific tasks of skills, and critical analysis of clinical

chnical procedural skills quarterly. (Detail) the completion of the assignment.

hree months in duration, evaluation three months. (Core)

ontinuity clinic in the context of other lluated at least every three months and

tive performance evaluation based on ialty-specific Milestones, and must:

r members, peers, patients, self, and and, (Core)

cal Competency Committee for its formance and improvement toward

Roman Numeral Requirement Number	Poquiromont Longuago	Reformatted Requirement Number	Demoirement
Requirement Number	Requirement Language	Nulliber	Requiremen The program director or their designe
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet v
	evaluation of performance, including progress along the subspecialty-		documented semi-annual evaluation
V.A.1.d).(1)		5.1.c.	along the subspecialty-specific Miles
			The program director or their designed
			Competency Committee, must assist
	assist fellows in developing individualized learning plans to capitalize on		learning plans to capitalize on their st
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	growth. (Core)
			The program director or their designe
	develop plans for fellows failing to progress, following institutional	F 4 -	Competency Committee, must develo
V.A.1.d).(3)		5.1.e.	progress, following institutional polic
	At least annually, there must be a summative evaluation of each fellow that		At least annually, there must be a sur
V.A.1.e)	includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	that includes their readiness to progr applicable. (Core)
v.A.I.C/	The evaluations of a fellow's performance must be accessible for review	5.1.1.	The evaluations of a fellow's perform
V.A.1.f)		5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
			The program director must provide a
V.A.2.	Final Evaluation	5.2.	completion of the program. (Core)
			Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mus
$V \wedge 2 \rightarrow (4)$	are able to engage in autonomous practice upon completion of the	5.2.a.	are able to engage in autonomous pro
V.A.2.a).(1) V.A.2.a).(2)		5.2.a. [None]	program. (Core)
v.A.2.a).(2)	become part of the fellow's permanent record maintained by the		The final evaluation must become part
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	· · · ·	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)		5.2.c.	(Core)
			The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee mu
V.A.3.		5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competence
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
V.A.3.a)	health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	health professionals who have extens program's fellows. (Core)
V.A.3.b)		[None]	
		[]	The Clinical Competency Committee

nee, with input from the Clinical t with and review with each fellow their n of performance, including progress estones. (Core)

nee, with input from the Clinical st fellows in developing individualized strengths and identify areas for

nee, with input from the Clinical elop plans for fellows failing to licies and procedures. (Core)

ummative evaluation of each fellow gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the nust be used as tools to ensure fellows practice upon completion of the

part of the fellow's permanent record nust be accessible for review by the nal policy. (Core)

t the fellow has demonstrated the ecessary to enter autonomous practice.

with the fellow upon completion of the

must be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee I progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee in annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pla
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Proprogram's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclu- based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)

e must determine each fellow's ospecialty-specific Milestones. (Core) e must meet prior to the fellows' semiorogram director regarding each

o evaluate each faculty member's cational program at least annually.

o evaluate each faculty member's cational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core)

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

ent

the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

must be composed of at least two one of whom is a core faculty member,

oonsibilities must include review of the d progress toward meeting them.

oonsibilities must include guiding luding development of new goals,

ponsibilities must include review of the entify strengths, challenges, d to the program's mission and aims.

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written		The Program Evaluation Committee s prior Annual Program Evaluation(s), a
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and othe
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee n
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improv
	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, incluin
	distributed to and discussed with the fellows and the members of the		distributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)
V.C.Z.		5.5.11.	
	One goal of ACGME-accredited education is to educate physicians who		Board Certification
	seek and achieve board certification. One measure of the effectiveness of		One goal of ACGME-accredited educa seek and achieve board certification.
	the educational program is the ultimate pass rate.		the educational program is the ultima
	The program director should encourage all eligible program graduates to		
	take the certifying examination offered by the applicable American Board		The program director should encoura
	of Medical Specialties (ABMS) member board or American Osteopathic		take the certifying examination offere
	Association (AOA) certifying board.		of Medical Specialties (ABMS) member
V.C.3.		[None]	Association (AOA) certifying board.
			Board Certification
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination		certifying board offer(s) an annual wr years, the program's aggregate pass
	for the first time must be higher than the bottom fifth percentile of		for the first time must be higher than
V.C.3.a)	programs in that subspecialty. (Outcome)	5.6.	programs in that subspecialty. (Outco
,	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABM
	certifying board offer(s) a biennial written exam, in the preceding six		certifying board offer(s) a biennial wr
	years, the program's aggregate pass rate of those taking the examination		years, the program's aggregate pass
	for the first time must be higher than the bottom fifth percentile of		for the first time must be higher than
V.C.3.b)	programs in that subspecialty. (Outcome)	5.6.a.	programs in that subspecialty. (Outco
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) an annual oral exam, in the preceding three years,		certifying board offer(s) an annual or
	the program's aggregate pass rate of those taking the examination for the		the program's aggregate pass rate of
V.C.3.c)	first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	first time must be higher than the bot that subspecialty. (Outcome)
v.c.3.c)		5.6.0.	
	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years,		For subspecialties in which the ABMS certifying board offer(s) a biennial ora
	the program's aggregate pass rate of those taking the examination for the		the program's aggregate pass rate of
	first time must be higher than the bottom fifth percentile of programs in		first time must be higher than the bot
V.C.3.d)	that subspecialty. (Outcome)	5.6.c.	that subspecialty. (Outcome)
	For each of the exams referenced in V.C.3.a)-d), any program whose		For each of the exams referenced in s
	graduates over the time period specified in the requirement have achieved		graduates over the time period specif
l	an 80 percent pass rate will have met this requirement, no matter the		an 80 percent pass rate will have met
	percentile rank of the program for pass rate in that subspecialty.		percentile rank of the program for par
V.C.3.e)	(Outcome)	5.6.d.	(Outcome)

e should consider the outcomes from), aggregate fellow and faculty written her relevant data in its assessment of

e must evaluate the program's mission ovement, and threats. (Core)

cluding the action plan, must be he fellows and the members of the to the DIO. (Core)

Self-Study and submit it to the DIO.

ication is to educate physicians who n. One measure of the effectiveness of mate pass rate.

urage all eligible program graduates to ered by the applicable American Board aber board or American Osteopathic

MS member board and/or AOA written exam, in the preceding three as rate of those taking the examination an the bottom fifth percentile of tcome)

MS member board and/or AOA written exam, in the preceding six as rate of those taking the examination an the bottom fifth percentile of tcome)

MS member board and/or AOA oral exam, in the preceding three years, of those taking the examination for the ottom fifth percentile of programs in

MS member board and/or AOA oral exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

n 5.6. – 5.6.c., any program whose cified in the requirement have achieved let this requirement, no matter the bass rate in that subspecialty.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, board
V.C.3.f)		5.6.e.	cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environme Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of		Culture of Safety A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the
VI.A.1.a).(1)	its personnel toward safety in order to identify areas for improvement.	[None]	its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

rd certification status annually for the t graduated seven years earlier. (Core)

ng Environment

ment

the context of a learning and working blowing principles:

y of care rendered to patients by

y of care rendered to patients by ice

roviding care for patients

he students, residents, fellows, faculty health care team

ious identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement.

and fellows must actively participate in ute to a culture of safety. (Core)

v-up of safety events, near misses, and panisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

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Requirement Number	Requirement Language	Requirement Number	Requiremen
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respons relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respons relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi
VI.A.2.a)	practice of medicine; and establishes a foundation for continued professional growth.	[None]	practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

s, and other clinical staff members formation of their institution's patient

embers in real and/or simulated fety and quality improvement activities, er activities that include analysis, as ation of actions. (Core)

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it cent care.

ate medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

a ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it cent care.

ate medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

Roman Numeral	Poguirement Lenguege	Reformatted Requirement	D e united
Requirement Number	Requirement Language	Number	Requirement Fellows and faculty members must in
			roles in that patient's care when prov
	This information must be available to fellows, faculty members, other		information must be available to fello
VI.A.2.a).(1).(a)	members of the health care team, and patients. (Core)	6.5.	of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
	Levels of Supervision		
VI.A.2.b)	To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
	Indirect Supervision: the supervising physician is not providing physical		Indirect Supervision
	or concurrent visual or audio supervision but is immediately available to		The supervising physician is not prov
VI.A.2.b).(2)	the fellow for guidance and is available to provide appropriate direct supervision.	[None]	or audio supervision but is immediate guidance and is available to provide a
•••••••••••••••••••••••••••••••••••••••			Oversight
	Oversight – the supervising physician is available to provide review of		The supervising physician is available
VI.A.2.b).(3)	procedures/encounters with feedback provided after care is delivered.	[None]	procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
	The privilege of progressive authority and responsibility, conditional		The privilege of progressive authority
	independence, and a supervisory role in patient care delegated to each		independence, and a supervisory role
VI.A.2.d)	fellow must be assigned by the program director and faculty members. (Core)	6.9.	fellow must be assigned by the progra (Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate e
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milesto
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
VI.A.2.d).(2)	portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	portions of care to fellows based on t of each fellow. (Core)
vi.m.2.u).(2)	Fellows should serve in a supervisory role to junior fellows and residents	0.3.0.	Fellows should serve in a supervisory
	in recognition of their progress toward independence, based on the needs		in recognition of their progress towar
VI.A.2.d).(3)		6.9.c.	of each patient and the skills of the in
	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the s
	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional		Each fellow must know the limits of the circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

ally present with the fellow during the on.

oviding physical or concurrent visual ately available to the fellow for appropriate direct supervision.

ble to provide review of ck provided after care is delivered. sical presence of a supervising

ity and responsibility, conditional ble in patient care delegated to each gram director and faculty members.

each fellow's abilities based on stones. (Core)

pervising physicians must delegate the needs of the patient and the skills

ory role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail)

rcumstances and events in which supervising faculty member(s). (Core)

their scope of authority, and the ow is permitted to act with conditional

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VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mus the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership v provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and the behavior and a confidential process for addressing such concerns. (Core)

ust be of sufficient duration to assess low and to delegate to the fellow the hority and responsibility. (Core)

Sponsoring Institutions, must educate rning the professional and ethical ding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate rning the professional and ethical ding but not limited to their obligation provide the care required by their

am must be accomplished without ill non-physician obligations. (Core) am must ensure manageable patient

am must include efforts to enhance n the experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

o with the Sponsoring Institution, must I that supports patient safety and

demonstrate an understanding of their are of patients entrusted to their care, e conditions and safety events. (Core)

Sponsoring Institutions, must provide , and civil environment that is from discrimination, sexual and other abuse, or coercion of students,

Sponsoring Institutions, should have a d faculty regarding unprofessional for reporting, investigating, and

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	Well-Being		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jog
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and r
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-b
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and		responsibility for the well-being of ea clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	• •	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)		6.13.d.1.	assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(2)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
•	providing access to confidential, affordable mental health assessment,	0.10.0.0.	providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (0
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
l	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of 's that must be modeled, learned, and bects of fellowship training.

t risk for burnout and depression. Sponsoring Institutions, have the I-being as other aspects of resident ombers of the health care team share each other. A positive culture in a Is constructive behaviors, and I attitudes needed to thrive throughout

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

nity to attend medical, mental health, Iding those scheduled during their

mbers in:

urnout, depression, and substance use ential for violence, including means to conditions; (Core)

hemselves and how to seek appropriate

-screening. (Core)

fordable mental health assessment, ng access to urgent and emergent care . (Core)

ellows may be unable to attend work, illness, family emergencies, and e. Each program must allow an ellows unable to perform their patient

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requirement Language
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
VI.E.1.a)	An optimal clinical workload allows fellows to complete the required case numbers, gain expertise in the required clinical components, and/or develop required competencies in patient care with a focus on learning over meeting service obligations. (Detail)	6.17.a.	An optimal clinical workload allows fellows to complete the required case numbers, gain expertise in the required clinical components, and/or develop required competencies in patient care with a focus on learning over meeting service obligations. (Detail)
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.2.a)	Interprofessional teams may include non-physician health care professionals, e.g., medical assistants, specialized nurses, and technicians. (Detail)	6.18.a.	Interprofessional teams may include non-physician health care professionals, e.g., medical assistants, specialized nurses, and technicians. (Detail)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)

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VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fa after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time ma patient safety, such as providing effect education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)

Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.

icational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

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rk and Education f between scheduled clinical work and

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nimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core)

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ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

may be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in atinue to provide care to a single ive humanistic attention to the needs attend unique educational events.

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VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Anesthesiology will not consider requests for		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Anesthesiolo
VI.F.4.c)	exceptions to the 80-hour limit to the residents' work week.	6.24.	exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities I count toward the 80-hour maximum v home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor

Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in atinue to provide care to a single ive humanistic attention to the needs attend unique educational events.

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ation-specific exceptions for up to 10 and educational work hours to and educational rationale.

logy will not consider requests for esidents' work week.

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

d external moonlighting (as defined in st be counted toward the 80-hour

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ouse call no more frequently than ver a four-week period). (Core)

s by fellows on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, ore)

s by fellows on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, ore)

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	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)		At-home call must not be so frequent reasonable personal time for each fell

nt Language nt or taxing as to preclude rest or ellow. (Core)