Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
	Requirement Language Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all	Requirement Number	Definition of Graduate Medical Educa Fellowship is advanced graduate mer residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed resident in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate of patients, residents, fellows, faculty
Int A	members of the health care team.	[Nono]	members of the health care team.
Int.A.		[None]	
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop m infrastructure that promotes collabor
	Definition of Subspecialty		
Int.B.	Orthopaedic trauma is the subspecialty of orthopaedic surgery that includes the study and treatment of injuries to the musculoskeletal system and their sequelae.	[None]	Definition of Subspecialty Orthopaedic trauma is the subspecialty study and treatment of injuries to the mu sequelae.
	Length of Educational Program		
Int.C.	The educational program in orthopaedic trauma must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in orthopaedic (Core)

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 n 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 edical experience and expertise of icians entering residency. The fellow's ialty is undertaken with appropriate independence. Faculty members serve assion, 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 well-being lty members, students, and all

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

y of orthopaedic surgery that includes the nusculoskeletal system and their

lic trauma must be 12 months in length.

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
Ι.	Oversight	Section 1	Section 1: Oversight
	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.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	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]	When the Sponsoring Institution is no most commonly utilized site of clinica 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)
	Participating Sites A participating site is an organization providing educational experiences		Participating Sites A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	When orthopaedic residents and fellows are being educated at the same participating site, the residency director and fellowship director must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, the roles of the residents and fellows in patient care, and how clinical and educational resources will be shared equitably. (Core)	1.2.a.	When orthopaedic residents and fellows participating site, the residency director a prepare and utilize a written agreement s between the residency and fellowship pr fellowship directors in determining the ex fellows, the roles of the residents and fell and educational resources will be shared
I.B.1.a).(1)	Both program directors should together closely monitor the relationship between residency and fellowship education. (Detail)	1.2.b.	Both program directors should together or residency and fellowship education. (Det
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)		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]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least even
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)

rganization or entity that assumes the sponsibility for a program of graduate the 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

ws are being educated at the same or and fellowship director must jointly nt specifying the educational relationship programs, the roles of the residency and educational program of residents and fellows in patient care, and how clinical red equitably. (Core)

er closely monitor the relationship between Detail)

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

every 10 years. (Core) lesignated institutional official (DIO).

cal learning and working environment

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
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 to the program director, who is accounta in collaboration with the program dire
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)		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)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-driv and retention of a diverse and inclusiv fellows, faculty members, senior admi 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)	There must be access to records and x-rays of orthopaedic trauma cases via a computerized or other efficient coding system for at least five years following patient discharge. Photographic records and photography support should be readily available. (Core)	1.8.a.	There must be access to records and x-r computerized or other efficient coding sy patient discharge. Photographic records readily available. (Core)
I.D.1.b)	Broad support and cooperation with other clinical services, particularly anesthesiology, emergency medicine, general surgery, intensive care, neurological surgery, radiology, including CT and angiography, and rehabilitation services must be available on an emergency basis. (Core)	1.8.b.	Broad support and cooperation with othe anesthesiology, emergency medicine, ge neurological surgery, radiology, including services must be available on an emerge
I.D.1.c)	Emergency consultation should be available from specialists in ophthalmology, otolaryngology, plastic surgery, pulmonary medicine, and urology. (Core)	1.8.c.	Emergency consultation should be availa otolaryngology, plastic surgery, pulmona
I.D.1.d)	The primary hospital in which fellows work must be a Level I or Level II trauma center or equivalent with 24-hour full services, acute and emergency surgery, and at least 400 operative orthopaedic trauma cases each year. (Core)	1.8.d.	The primary hospital in which fellows wor center or equivalent with 24-hour full serv and at least 400 operative orthopaedic tr

t be one faculty member, designated by ntable for fellow education for that site, rector. (Core)

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

on

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

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

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

k-rays of orthopaedic trauma cases via a system for at least five years following ls and photography support should be

her clinical services, particularly general surgery, intensive care, ng CT and angiography, and rehabilitation gency basis. (Core)

ilable from specialists in ophthalmology, nary medicine, and urology. (Core)

vork must be a Level I or Level II trauma ervices, acute and emergency surgery, trauma cases each year. (Core)

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	This hospital must have a modern operating room facility, image intensification,		This hospital must have a modern opera
	compatible fracture table, orthopaedic implants in stock, and a special room		compatible fracture table, orthopaedic in
I.D.1.d).(1)	dedicated to acute and emergency surgery. (Core)	1.8.e.	dedicated to acute and emergency surge
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	healthy and safe learning and working environments that promote fellow		healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	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)
	safe, quiet, clean, and private sleep/rest facilities available and accessible		safe, quiet, clean, and private sleep/re
	for fellows with proximity appropriate for safe patient care, if the fellows		for fellows with proximity appropriate
I.D.2.b)	are assigned in-house call; (Core)	1.9.b.	are assigned in-house call; (Core)
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactatio
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	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 appropr (Core)
1.0.2.0)		1.5.0.	
	accommodations for fellows with disabilities consistent with the		accommodations for fellows with disa
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to su
	appropriate reference material in print or electronic format. This must		appropriate reference material in print
	include access to electronic medical literature databases with full text		include access to electronic medical I
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and health care personnel, including but		The presence of other learners and he
l	not limited to residents from other programs, subspecialty fellows, and		not limited to residents from other pro-
	advanced practice providers, must not negatively impact the appointed		advanced practice providers, must no
I.E.	fellows' education. (Core)	1.11.	fellows' education. (Core)
	Fellows should maintain a close working relationship with orthopaedic residents		Fellows should maintain a close working
	and other fellows in orthopaedic surgery and in other disciplines when present.		and other fellows in orthopaedic surgery
I.E.1.	(Core)	1.11.a.	(Core)
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member ap authority and accountability for the ov
II.A.	Program Director	2.1.	with all applicable program requireme
			Program Director
l	There must be one faculty member appointed as program director with		There must be one faculty member ap
	authority and accountability for the overall program, including compliance		authority and accountability for the ov
II.A.1.	with all applicable program requirements. (Core)	2.1.	with all applicable program requireme

rating room facility, image intensification, implants in stock, and a special room gery. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

rest facilities available and accessible te for safe patient care, if the fellows

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

health care personnel, including but programs, subspecialty fellows, and not negatively impact the appointed

ng relationship with orthopaedic residents ry and in other disciplines when present.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.1.a) II.A.1.a).(1)	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) Final approval of the program director resides with the Review Committee. (Core)	2.2. 2.2.a.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clinic Final approval of the program director (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)		The program director and, as applicab must be provided with support adequa based upon its size and configuration
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Fellow Positions: 1-2 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 3-4 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 5-6 Minimum Support Required (FTE): 20%	2.3.a.	Program leadership, in aggregate, must I dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or as Number of Approved Fellow Positions: 1- 10% Number of Approved Resident Positions: (FTE): 10% Number of Approved Resident Positions: (FTE): 20%
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Review
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.a).(1)	Prior to appointment, the program director must demonstrate:	[None]	
II.A.3.a).(1).(a)	completion of an orthopaedic trauma fellowship; (Core)	2.4.b.	Prior to appointment, the program director orthopaedic trauma fellowship. (Core)
II.A.3.a).(1).(b)	at least three years of clinical practice experience in orthopaedic trauma; (Core)	2.4.c.	Prior to appointment, the program director of clinical practice experience in orthopa
II.A.3.a).(1).(c)	three years as a faculty member in an ACGME-accredited or American Osteopathic Association (AOA)-approved orthopaedic surgery residency or orthopaedic trauma fellowship program; and, (Core)	2.4.d.	Prior to appointment, the program director faculty member in an ACGME-accredited (AOA)-approved orthopaedic surgery res program. (Core)
II.A.3.a).(1).(d)	evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of fellows. (Core)	2.4.e.	Prior to appointment, the program director periodic updates of knowledge and skills responsibilities for teaching, supervision,

ent Language ate Medical Education Committee rogram director and must verify the nical appointment. (Core) or resides with the Review Committee. able, the program's leadership team, uate for administration of the program on. (Core) st be provided with support equal to a w for administration of the program. This ctor only or divided between the program assistant) program directors. (Core) 1-2 | Minimum Support Required (FTE): ns: 3-4 | Minimum Support Required ns: 5-6 | Minimum Support Required or subspecialty expertise and iew Committee. (Core) or subspecialty expertise and iew Committee. (Core) ctor must demonstrate completion of an ctor must demonstrate at least three years paedic trauma. (Core) ctor must demonstrate three years as a ed or American Osteopathic Association esidency or orthopaedic trauma fellowship

ctor must demonstrate evidence of lls to discharge the roles and n, and formal evaluation of fellows. (Core)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
	must include current certification in the specialty by the American Board of Orthopaedic Surgery or by the American Osteopathic Board of Orthopaedic Surgery, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of which they are the program director to Surgery or by the American Osteopath subspecialty qualifications that are an (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.]	2.4.a.	[Note that while the Common Program F member board of the American Board of certifying board of the American Osteop there is no ABMS or AOA board that offe
II.A.3.b).(1)	All program directors appointed after the effective date of these requirements must have current ABOS or AOBOS certification in orthopaedic surgery. (Core)	2.4.a.1.	All program directors appointed after the must have current ABOS or AOBOS cer
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 car
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) II.A.4.a).(3)	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) administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.b. 2.5.c.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission The program director must administer 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)	2.5.d.	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 learni 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

current certification in the specialty for by the American Board of Orthopaedic thic Board of Orthopaedic Surgery, or acceptable to the Review Committee.

Requirements deem certification by a of Medical Specialties (ABMS) or a pathic Association (AOA) acceptable, ffers certification in this subspecialty.]

ne effective date of these requirements ertification in orthopaedic surgery. (Core)

ponsibility, authority, and nd operations; teaching and scholarly ction, evaluation, and promotion of pervision of fellows; and fellow pare. (Core)

model of professionalism. (Core)

nd conduct the program in a fashion nmunity, 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 ore faculty members, and must valuate candidates prior to approval.

authority to remove fellows from ning environments that do not meet the

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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)
II.A.4.a).(8)	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 appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment of
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 a 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)
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, v
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 an with information related to their eligib examination(s). (Core)
			•

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

the program's compliance with the nd procedures related to grievances and n is taken to suspend or dismiss, not to c of a fellow. (Core)

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

n a non-competition guarantee or

ent verification of education for all n of or departure from the program.

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an interview gibility for the relevant specialty board

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	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		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importal and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c members experience the pride and jo development of future colleagues. Th the opportunity to teach and model en- scholarly approach to patient care, fa medical education system, improve th population. Faculty members ensure that patients from a specialist in the field. They red the patients, fellows, community, and
II.B.	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.	[None]	appropriate levels of supervision to p members create an effective learning 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.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
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,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)

I element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ng that patients receive the highest 's for future generations of physicians mitment to excellence in teaching and a dedication to lifelong learning. Faculty 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

nts receive the level of care expected ecognize and respond to the needs of nd institution. Faculty members provide promote patient safety. Faculty ng environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

els of professionalism. (Core)

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

e a strong interest in the education of It time to the educational program to I responsibilities. (Core)

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core) Ity development designed to enhance

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Qualifications
II.B.3.	Faculty Qualifications	2.8.	Faculty members must have appropri hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
	have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the specialty by the American Board of American Osteopathic Board of Ortho qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program R member board of the American Board of certifying board of the American Osteopa there is no ABMS or AOA board that offe
II.B.3.b).(1).(a)	Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)	2.9.b.	Physician faculty members who are ortho ABOS or AOBOS certification in orthopa towards achieving such certification. (Co
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 b 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)	2.10.	Core Faculty Core faculty members must have a sig supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	There must be at least two core physician faculty members who are orthopaedic surgeons with experience in orthopaedic trauma, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in orthopaedic trauma and are actively involved in the education and supervision of fellows during the 12 months of accredited education. (Core)		There must be at least two core physicia surgeons with experience in orthopaedic who have ABOS or AOBOS certification a fellowship in orthopaedic trauma and a supervision of fellows during the 12 mon
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

bers must have current certification in d of Orthopaedic Surgery or the nopaedic Surgery, or possess the Review Committee. (Core)

n Requirements deem certification by a of Medical Specialties (ABMS) or a opathic Association (AOA) acceptable, offers certification in this subspecialty]

thopaedic surgeons must have current paedic surgery or be on a pathway Core)

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

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

e annual ACGME Faculty Survey. (Core)

cian faculty members who are orthopaedic dic trauma, including the program director, on in orthopaedic surgery, have completed d are actively involved in the education and onths of accredited education. (Core)

ort for program coordination. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative suppor
II.C.1.a)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.a.	The program coordinator must be provid minimum of 20 percent FTE for administ
II.D. III. III.A.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core) Fellow Appointments Eligibility Criteria	2.12. Section 3 [None]	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core) Section 3: Fellow Appointments
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, 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.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an Ad an AOA-approved residency program (ACGME-I) Advanced Specialty Accre Physicians and Surgeons of Canada (Family Physicians of Canada (CFPC)- 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)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows should have successfully completed a residency in orthopaedic surgery in a program that satisfies III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello a residency in orthopaedic surgery in a p
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Orthopaedic Surgery will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Orthopaedi 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., I additional qualifications and conditio

ort for program coordination. (Core)

vided with support equal to a dedicated istration of the program. (Core)

s Sponsoring Institution, must jointly personnel for the effective re)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME International creditation, or a Royal College of a (RCPSC)-accredited or College of C)-accredited residency program located

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

ellows should have successfully completed a program that satisfies 3.2. (Core)

edic Surgery **will allow the following** ty requirements:

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
III A 1 c) (1) (2)	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).(a)	review and approval of the applicant's exceptional qualifications by the	5.2.D.1.a.	review and approval of the applicant's
III.A.1.c).(1).(b)	GMEC; and, (Core)	3.2.b.1.b.	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 Commissio (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)
	Fellow Complement The program director must not appoint more fellows than approved by the		Fellow Complement The program director must not appoir
III.B.	Review Committee. (Core)	3.3.	Review Committee. (Core)
	Educational Program		Section 4: 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 ACGME accreditation system is a and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	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 community health.	Section 4	It is recognized that programs may pla 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 community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's 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.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb

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

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

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, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianculum from one focusing on

lowing educational components:

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

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)designed to prom their subspecialty 4.2.b.IV.A.2.delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)delineation of fellow responsibility for patient management, and graded supervision in their subspecialty; (Core)delineation of fellow responsibility for patient management, and graded supervision in their subspecialty; (Core)delineation of fellow responsibility for patient management, and graded supervision in their subspecialty; (Core)delineation of fellow responsibility for patient management, and graded supervision in their subspecialty; (Core)delineation of fellow responsibility for patient care; progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)delineation of fellow responsibility for subspecialty; (Core)IV.A.4.structured educational activities beyond direct patient care; and, (Core)4.2.d.structured education structured education Experiences Fellows must be provided with protected time to participate in core didactic activities. (Core)didactic activities.	patient management ore) tional activities beyo nization and Fellow E
IV.A.3.responsibility for patient management, and graded supervision in their subspecialty; (Core)responsibility for subspecialty; (Core)IV.A.4.structured educational activities beyond direct patient care; and, (Core)4.2.d.structured educat structured educat ExperiencesIV.A.4.structured educational activities beyond direct patient care; and, (Core)4.2.d.structured educat structured educat ExperiencesIV.A.4.a)Fellows must be provided with protected time to participate in core didactic activities. (Core)4.11.Curriculum Organ Experiences Fellows must be provided with protected time to participate in core 	tional activities beyo nization and Fellow E
IV.A.4.a) Curriculum Organ IV.A.4.a) Fellows must be provided with protected time to participate in core 4.11. Iv.A.4.a) formal educational activities that promote patient safety-related goals, formal educational	nization and Fellow E
Fellows must be provided with protected time to participate in core didactic activities. (Core)Experiences Fellows must be provided with protected time to participate in core 4.11.Experiences 	
IV.A.5. tools, and techniques. (Core) 4.2.e. tools, and techniq	al activities that pron
	,
required domains These Competence the specifics are f trajectories in eac Milestones for eac subspecialty-spec	s provide a conceptu of for a trusted physic cies are core to the p further defined by ea ch of the Competenci ch subspecialty. The cific patient care and competencies acqui
The program must integrate the following ACGME Competencies into the	
Professionalism Fellows must demonstrate a commitment to professionalism and an Fellows must dem	st integrate all ACGM ncies – Professional nonstrate a commitm cal principles. (Core)
ACGME Competer Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the centered, compas	ncies – Patient Care able to provide patier ssionate, equitable, a th problems and the p
IV.B.1.b).(1).(a) Fellows must demonstrate competence in: [None]	
IV.B.1.b).(1).(a).(i)medical, surgical and psycho-sociological skills for management of the severely injured patient; (Core)Fellows must demo sociological skills for sociological skills for for hanagement of the severely 4.4.a.	onstrate competence in or management of the
IV.B.1.b).(1).(a).(ii)resuscitation of patients with polytrauma; (Core)4.4.b.Fellows must demo polytrauma. (Core)	onstrate competence in

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

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

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

ected time to participate in core

omote patient safety-related goals,

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

ME Competencies into the curriculum.

alism tment to professionalism and an re)

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

e in medical, surgical and psychone severely injured patient. (Core)

e in resuscitation of patients with

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a).(iii)	diagnosis and management of complications of musculoskeletal trauma; and, (Core)	4.4.c.	Fellows must demonstrate competence i complications of musculoskeletal trauma
IV.B.1.b).(1).(a).(iv)	responsible and appropriate administration of narcotic medication. (Core)	4.4.d.	Fellows must demonstrate competence i administration of narcotic medication. (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 S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in operative and non-operative procedures required for the appropriate management of patients with dislocations or fractures, including: (Core)	4.5.a.	Fellows must demonstrate competence in procedures required for the appropriate dislocations or fractures, including: (Core
IV.B.1.b).(2).(a).(i)	shoulder fracture and/or dislocation: (Core)	4.5.a.1.	shoulder fracture and/or dislocation; (Co
IV.B.1.b).(2).(a).(ii)	humerus/elbow fracture and/or dislocation; (Core)	4.5.a.2.	humerus/elbow fracture and/or dislocatio
IV.B.1.b).(2).(a).(iii)	forearm/wrist fracture and/or dislocation; (Core)	4.5.a.3.	forearm/wrist fracture and/or dislocation;
IV.B.1.b).(2).(a).(iv)	pelvis/hip fracture and/or dislocation; (Core)	4.5.a.4.	pelvis/hip fracture and/or dislocation; (Co
IV.B.1.b).(2).(a).(v)	femur/knee fracture and/or dislocation; (Core)	4.5.a.5.	femur/knee fracture and/or dislocation; (
IV.B.1.b).(2).(a).(vi)	leg/ankle fracture and/or dislocation; (Core)	4.5.a.6.	leg/ankle fracture and/or dislocation; (Co
IV.B.1.b).(2).(a).(vii)	foot/toes fracture and/or dislocation; (Core)	4.5.a.7.	foot/toes fracture and/or dislocation; (Co
IV.B.1.b).(2).(a).(viii)	intra articular distal humerus fracture; (Core)	4.5.a.8.	intra articular distal humerus fracture; (C
IV.B.1.b).(2).(a).(ix)	acetabulum fractures; (Core)	4.5.a.9.	acetabulum fractures; (Core)
IV.B.1.b).(2).(a).(x)	bicondylar tibial plateau fractures; and, (Core)	4.5.a.10.	bicondylar tibial plateau fractures; and, (
IV.B.1.b).(2).(a).(xi)	tibial pilon and plafond fractures. (Core)	4.5.a.11.	tibial pilon and plafond fractures. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in performing orthopaedic trauma procedures, including: (Core)	4.5.b.	Fellows must demonstrate competence i procedures, including: (Core)
IV.B.1.b).(2).(b).(i)	treatment of nonunions and malunions; (Core)	4.5.b.1.	treatment of nonunions and malunions; (
IV.B.1.b).(2).(b).(ii)	external fixation; (Core)	4.5.b.2.	external fixation; (Core)
IV.B.1.b).(2).(b).(iii)	debridement; (Core)	4.5.b.3.	debridement; (Core)
IV.B.1.b).(2).(b).(iv)	fasciotomy; and, (Core)	4.5.b.4.	fasciotomy; and, (Core)
IV.B.1.b).(2).(b).(v)	pelvic ring injuries. (Core)	4.5.b.5.	pelvic ring injuries. (Core)

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e in diagnosis and management of na. (Core)
e in responsible and appropriate Core)
Skills
medical, diagnostic, and surgical the area of practice. (Core)
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in performing orthopaedic trauma
(Core)

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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)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the indications, risks, and limitations of the commonly-performed procedures in orthopaedic trauma; (Core)	4.6.a.	Fellows must demonstrate competence i risks, and limitations of the commonly-petrauma. (Core)
IV.B.1.c).(1).(b)	the basic sciences related to orthopaedic trauma; (Core)	4.6.b.	Fellows must demonstrate competence i related to orthopaedic trauma. (Core)
IV.B.1.c).(1).(c)	integration of the orthopaedic trauma surgeon in a trauma team, and the timing of orthopaedic procedures in the overall care of the severely injured patient; (Core)	4.6.c.	Fellows must demonstrate competence i orthopaedic trauma surgeon in a trauma procedures in the overall care of the sev
IV.B.1.c).(1).(d)	pathophysiology of severe musculoskeletal trauma and secondary organ failure; (Core)	4.6.d.	Fellows must demonstrate competence i severe musculoskeletal trauma and seco
IV.B.1.c).(1).(e)	psychiatric and psychological implications of severe musculoskeletal trauma for the patient and their family members; (Core)	4.6.e.	Fellows must demonstrate competence in psychological implications of severe must their family members. (Core)
IV.B.1.c).(1).(f)	recuperative and rehabilitation techniques and use of physical and occupational therapy designed to return the patient to normal activities and work; (Core)	4.6.f.	Fellows must demonstrate competence is rehabilitation techniques and use of physic to return the patient to normal activities a
IV.B.1.c).(1).(g)	indications for various types of internal and external fixation devices and their application in multiple trauma situations, both in the axial and appendicular skeletons; (Core)	4.6.g.	Fellows must demonstrate competence i various types of internal and external fixa multiple trauma situations, both in the ax
IV.B.1.c).(1).(h)	treatment protocols for severe soft tissue injuries, including compartment syndrome and secondary organ failure in polytrauma; (Core)	4.6.h.	Fellows must demonstrate competence i for severe soft tissue injuries, including c organ failure in polytrauma. (Core)
IV.B.1.c).(1).(i)	indications for early or immediate amputation rather than salvage attempts of severely injured limbs; and, (Core)	4.6.i.	Fellows must demonstrate competence i or immediate amputation rather than salv (Core)
IV.B.1.c).(1).(j)	the application of research methods, including the ability to critically analyze research reports and to design and implement clinical or basic research in the field of musculoskeletal trauma. (Core)	4.6.j.	Fellows must demonstrate competence i research methods, including the ability to to design and implement clinical or basic trauma. (Core)
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)

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

e in their knowledge of the indications, performed procedures in orthopaedic

e in their knowledge of the basic sciences

e in their knowledge of integration of the na team, and the timing of orthopaedic everely injured patient. (Core)

e in their knowledge of pathophysiology of econdary organ failure. (Core)

e in their knowledge of psychiatric and usculoskeletal trauma for the patient and

e in their knowledge of recuperative and hysical and occupational therapy designed s and work. (Core)

e in their knowledge of indications for ixation devices and their application in axial and appendicular skeletons. (Core)

e in their knowledge of treatment protocols compartment syndrome and secondary

e in their knowledge of indications for early alvage attempts of severely injured limbs.

e in their knowledge of the application of to critically analyze research reports and sic research in the field of musculoskeletal

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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 inf 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-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
			 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experiences These educational experiences include patient care responsibilities, clinical to events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect 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 if applicable for the subspecialty, incl substance use disorder. (Core)
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 E The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Fellows must continue to provide care for their own post-operative patients until discharge or until the patients' post-operative conditions are stable and the episode of care is concluded. (Core)	4.10.a.	Fellows must continue to provide care for discharge or until the patients' post-oper episode of care is concluded. (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 E The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)

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)

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management ion and experience in pain management icluding recognition of the signs of

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

for their own post-operative patients until perative conditions are stable and the

v Experiences – Pain Management ion and experience in pain management icluding recognition of the signs of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.2.a)	This must include instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. (Core)	4.12.a.	This must include instruction and experie including non-narcotic pain medications a (Core)
IV.C.3.	The program must provide advanced education to ensure that each fellow develops special expertise in orthopaedic trauma. (Core)	4.11.a.	The program must provide advanced edu develops special expertise in orthopaedic
IV.C.3.a)	The educational program must emphasize a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. (Core)	4.11.a.1.	The educational program must emphasiz problem-solving, self-directed study, teac surgical judgment, and research. (Core)
IV.C.4.	The didactic curriculum must include anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, epidemiology, and immunology as they relate orthopaedic trauma. (Core)	4.11.b.	The didactic curriculum must include ana pathology, microbiology, pharmacology, e relate orthopaedic trauma. (Core)
IV.C.4.a)	The program must regularly hold subspecialty conferences with active faculty member and fellow participation, including at least: (Core)	4.11.b.1.	The program must regularly hold subsper member and fellow participation, includin
IV.C.4.a).(1)	one weekly teaching conference; (Detail)	4.11.b.1.a.	one weekly teaching conference; (Detail)
IV.C.4.a).(2)	one monthly morbidity and mortality conference; and, (Detail)	4.11.b.1.b.	one monthly morbidity and mortality confe
IV.C.4.a).(3)	one monthly multidisciplinary conference with other trauma services. (Detail)	4.11.b.1.c.	one monthly multidisciplinary conference
IV.C.5.	Clinical experiences must emphasize the diagnosis of clinical orthopaedic trauma problems, the mechanism of injury, the treatment modalities available, and the results and complications of such treatment. (Core)	4.11.c.	Clinical experiences must emphasize the trauma problems, the mechanism of injur and the results and complications of such
IV.C.5.a)	Fellows must observe and manage patients with a wide variety of problems in orthopaedic trauma. (Core)	4.11.c.1.	Fellows must observe and manage paties orthopaedic trauma. (Core)
IV.C.5.b)	The breadth of clinical experience must include the evaluation and care of individuals of a wide range of ages and genders. (Core)	4.11.c.2.	The breadth of clinical experience must in individuals of a wide range of ages and g
IV.C.5.c)	Clinical experiences must include:	[None]	
IV.C.5.c).(1)	a major role in the continuity of care of patients to include progressive responsibility for patient assessment, decisions regarding treatment, pre- operative evaluation and planning, operative experience, non-operative management, post-operative intensive care, other post-operative management, rehabilitation, and other outpatient care of patients. (Core)	4.11.c.3.	Clinical experiences must include a majo to include progressive responsibility for p treatment, pre-operative evaluation and p operative management, post-operative in management, rehabilitation, and other ou
IV.C.5.c).(2)	providing consultation with faculty member supervision; and, (Core)	4.11.c.4.	Clinical experiences must include providi supervision. (Core)
IV.C.5.c).(3)	clearly defined teaching responsibilities for fellows, allied health personnel, and residents and medical students if present.(Core)	4.11.c.5.	Clinical experiences must include clearly fellows, allied health personnel, and resid (Core)

rience in multimodal pain treatment, s and alternative pain reducing modalities.

ducation to ensure that each fellow dic trauma. (Core)

size a scholarly approach to clinical aching, development of analytic skills and a)

natomy, physiology, biomechanics, y, epidemiology, and immunology as they

becialty conferences with active faculty ling at least: (Core)

nference; and, (Detail)

ce with other trauma services. (Detail)

he diagnosis of clinical orthopaedic jury, the treatment modalities available, uch treatment. (Core)

tients with a wide variety of problems in

t include the evaluation and care of I genders. (Core)

ajor role in the continuity of care of patients r patient assessment, decisions regarding d planning, operative experience, none intensive care, other post-operative outpatient care of patients. (Core) iding consultation with faculty member

ly defined teaching responsibilities for sidents and medical students if present.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.5.c).(3).(a)	These teaching experiences must correlate basic biomedical knowledge with the clinical aspects of orthopaedic trauma. (Core)	4.11.c.5.a.	These teaching experiences must correl clinical aspects of orthopaedic trauma. (
IV.C.6.	Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME Case Log System. (Core)	4.11.d.	Fellows must document their operative e reporting all cases in the ACGME Case
IV.C.7.	Programs must evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional training can be provided in a timely manner to address identified deficiencies. (Core)	4.11.e.	Programs must evaluate fellows within s program for expected entry-level skills so in a timely manner to address identified
	Scholarship		
	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		Scholarship Medicine is both an art and a science. scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograt environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly act integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a variable.
IV.D.	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]	scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program must provide scheduled and protected time and facilities for research activities by fellows. (Core)	4.13.a.	The program must provide scheduled an research activities by fellows. (Core)
IV.D.1.b).(1)	Protected time for fellow research activities should be a minimum of two days per month, averaged over the 12-month program. (Detail)	4.13.a.1.	Protected time for fellow research activit per month, averaged over the 12-month
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Faculty members must demonstrate diss peer-reviewed publications, chapters, an

elate basic biomedical knowledge with the . (Core)

e experience in a timely manner by e Log System. (Core)

n six weeks following entry into the so that additional training can be provided ad deficiencies. (Core)

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, ected 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 hip.

dence of scholarly activities, consistent

dence of scholarly activities, consistent

and protected time and facilities for

vities should be a minimum of two days th program. (Detail)

issemination of scholarly activity through and/or grant leadership. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.2.a)	Faculty members must demonstrate dissemination of scholarly activity through peer-reviewed publications, chapters, and/or grant leadership.(Core)	4.14.	Faculty Scholarly Activity Faculty members must demonstrate diss peer-reviewed publications, chapters, ar
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)
IV.D.3.a)	Fellows must participate in basic and/or clinical hypothesis-based research. (Core)	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)
IV.D.3.b)	Each fellow should demonstrate scholarship during the program through one or more of the following: peer-reviewed publications; abstracts, posters, or presentations at international, national, or regional meetings; publication of book chapters; or lectures or formal presentations (such as grand rounds or case presentations). (Outcome)	4.15.a.	Each fellow should demonstrate scholars more of the following: peer-reviewed put presentations at international, national, o chapters; or lectures or formal presentat presentations). (Outcome)
IV.E.	Independent Practice Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Independent Practice Fellowship programs may assign fello practice of their core specialty during
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to util it must not exceed 20 percent of their academic year. (Core)
V. V.A.	Evaluation Fellow Evaluation	Section 5	Section 5: Evaluation Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durin 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)	This must include review of fellow cases logged in the ACGME Case Log System. (Core)	5.1.f.	Faculty evaluations of a fellow's perform cases logged in the ACGME Case Log S
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)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea

issemination of scholarly activity through and/or grant leadership. (Core)

or clinical hypothesis-based research.

or clinical hypothesis-based research.

arship during the program through one or ublications; abstracts, posters, or , or regional meetings; publication of book ations (such as grand rounds or case

llows to engage in the independent ng their fellowship program.

Itilize the independent practice option, Fir time per week or 10 weeks of an

valuation

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

/aluation

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

/aluation

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

rmance must include review of fellow g System. (Core)

the completion of the assignment.

east every three months. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 objectiv 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 n 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]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designed Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designed Competency Committee, must develop progress, following institutional polici
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performa the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a f completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a f completion of the program. (Core)
V.A.2.a).(1)	subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	subspecially-specific whestones, subspecially-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus fellow in accordance with institutional
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that th knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)

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

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

cal Competency Committee for its formance and improvement toward

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

nee, with input from the Clinical lop plans for fellows failing to icies and procedures. (Core) nance must be accessible for review by

a final evaluation for each fellow upon

a final evaluation for each fellow upon

s, and when applicable the ust be used as tools to ensure fellows ractice upon completion of the

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

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Requirement Numbe	r Requirement Language	Requirement Number	Requiremen
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competenc
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a co
	be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the		be faculty members from the same pro- health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.D)			
V A 2 b) (1)	raviaw all fallow avaluations at least somi appually (Coro)	5.3.b.	The Clinical Competency Committee r
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.0.	least semi-annually. (Core)
(1 1 2 2 1)	determine each fellow's progress on achievement of the subspecialty-	F 0 a	The Clinical Competency Committee r
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee r
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educa
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with th
	in faculty development related to their skills as an educator, clinical	- <i>i</i>	in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and sc
	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
			Program Evaluation and Improvement
			The program director must appoint th
			conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p
			Program Evaluation and Improvement
l	The program director must appoint the Program Evaluation Committee to		The program director must appoint th
	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Pr
V.C.1	program's continuous improvement process. (Core)	5.5.	program's continuous improvement p
	The Dreaver Evolution Committee must be composed of at least two		The Dreamer Evolution Committee
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee m
	program faculty members, at least one of whom is a core faculty member,	550	program faculty members, at least one
V.C.1.a)	and at least one fellow. (Core)	5.5.a.	and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
1.5.1.6/			

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

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

ent

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
•	review of the program's self-determined goals and progress toward	•	Program Evaluation Committee respo program's self-determined goals and
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	(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)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the the fellows, and be submitted to the D
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 Sel (Core)
	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:		Fellowship education must occur in the environment that emphasizes the following the f
	•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]	<u> </u>
VI.A.1.a)	Patient Safety	[None]	

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

oonsibilities must include guiding uding development of new goals,

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

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

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

cluding the action plan, must be the members of the teaching faculty and DIO. (Core)

self-Study and submit it to the DIO.

ng Environment

the context of a learning and working llowing principles:

of care rendered to patients by

of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

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	Culture of Safety	•	
VI.A.1.a).(1)	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 its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the 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, ar 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. Residents, fellows, faculty members, and other clinical staff members	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti changes to ameliorate patient safety v
VI.A.1.a).(2).(a)	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; (Core)	6.2.	Residents, fellows, faculty members, know their responsibilities in reportin conditions at the clinical site, includir
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, be provided with summary informatio 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 men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementatio
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 improveme
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 po

ous identification of vulnerabilities and vith them. An effective organization he knowledge, skills, and attitudes of to identify areas for improvement.

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

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

s, and other clinical staff members must ing patient safety events and unsafe ling how to report such events. (Core)

s, and other clinical staff members must ion of their institution's patient safety

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
			Supervision and Accountability Although the attending physician is un the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, def monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requin 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 and Accountability Although the attending physician is un the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, def monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.a)	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 practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi 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 inf roles in that patient's care when provi
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and
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 the program must demonstrate that the place for all fellows is based on each the as well as patient complexity and acuit through a variety of methods, as approximately of methods, as approximately of methods, as approximately and acuitation of methods, as approximately of methods, approxim
VI.A.2.b)	Levels of Supervision 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.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates

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

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates

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

nform each patient of their respective viding direct patient care. (Core)

o fellows, faculty members, other nd patients. (Core)

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

rvision while providing for graded gram must use the following

ally present with the fellow during the on.

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available 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)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the set
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of th circumstances under which the fellow independence. (Outcome)
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 must the knowledge and skills of each fello appropriate level of patient care author
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 po patients. (Core)

cally present with the fellow during the on.

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

ble to provide review of ock provided after care is delivered. rsical presence of a supervising

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

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

pervising physicians must delegate I 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) ircumstances and events in which supervising faculty member(s). (Core)

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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 S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p 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 programe 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 progran 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 meaning that each fellow finds in the including protecting time with patients 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 professional, equitable, respectful, an psychologically safe and that is free fi 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 f behavior and a confidential process fo addressing such concerns. (Core)

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 the e experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

with the Sponsoring Institution, must 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 a 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 own real-life stresses. Self-care and responsibility to support other		requires that physicians retain the jo 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		professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		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		responsibility to address well-being a
	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		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
N// O /	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)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	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)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
1.0.1.0).(2)		0.10.0.2.	
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
	providing access to confidential offerdable mental health accessment		providing access to confidential offe
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo counseling, and treatment, including
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (0
vi.o.i.o/	27 110413 a uay, seven uays a week. (0018)	0.13.6.	2 + 10015 a uay, seven uays a week. (C

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being ioy 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 same g as other aspects of resident mbers of the health care team share each other. A positive culture in a Is constructive behaviors, and attitudes needed to thrive throughout

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

Irnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek appropriate

-screening. (Core)

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

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	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and		There are circumstances in which fell including but not limited to fatigue, ill
VI.C.2.	medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	medical, parental, or caregiver leave. I appropriate length of absence for fello care responsibilities. (Core)
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 p coverage of patient care and ensure c
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 v consequences for the fellow who is or work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva 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 the signs of fatigue and sleep deprivat 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 S adequate sleep facilities and safe tran may be too fatigued to safely return he
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 fe patient safety, fellow ability, severity a illness/condition, and available suppo
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 en communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
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 assign patient care, including their safety, fre

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

d procedures in place to ensure continuity of patient care. (Core)

d without fear of negative or was unable to provide the clinical

and faculty members in recognition of vation, alertness management, and

and faculty members in recognition of vation, alertness management, and

Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)

a fellow must be based on PGY level, / and complexity of patient port services. (Core)

environment that maximizes interprofessional, team-based care in ystem. (Core)

gnments to optimize transitions in requency, and structure. (Core)

gnments to optimize transitions in requency, and structure. (Core)

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		Requiremen
Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both		Programs, in partnership with their Sp and monitor effective, structured hand
continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety. (
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 ar team members in the hand-off proces
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 op opportunities for rest and personal ac
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- clinical and educational activities, clin moonlighting. (Core)
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)
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)
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 fr after 24 hours of in-house call. (Core)
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
Maximum Clinical Work and Education Period Length	6.22	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
Clinical and educational work periods for fellows must not exceed 24		Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
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		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)
	and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core) Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome) 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. 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 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) Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail) Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core) Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At- home call cannot be assigned on these free days. (Core) Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core) 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	Requirement Language Requirement Number 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 must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome) 6.19.b. Clinical Experience and Education 6.19.b. 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] Maximum Hours of Clinical and Educational Work per Week [None] 6.20. Mandatory Time Free of Clinical Work and Education 6.21. 6.21. Fellows should have eight hours off between scheduled clinical work and education periods. (Detail) 6.21. 6.21. Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core) 6.21.a. 6.21.a. Maximum Clinical Work and Education Period Length 6.22. 6.21.b. Maximum Clinical Work and Education Period Length 6.22. 6.21.b.

Sponsoring Institutions, must ensure nd-off processes to facilitate both . (Core)

are competent in communicating with ess. (Outcome)

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

cational Work per Week must be limited to no more than 80 ur-week period, inclusive of all in-house linical work done from home, and all

rk and Education between scheduled clinical work and

rk and Education between scheduled clinical work and

free of clinical work and education

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
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 of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give a patient or patient's family; or to atte (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 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 will not consider requests for exceptions to the 80-hour	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee will not consider
VI.F.4.c) VI.F.5.	weekly limit. Moonlighting	6.25.	weekly limit. Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
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 t goals and objectives of the education with the fellow's fitness for work nor o
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 cont seven requirements. (Core)
VI.F.6.a)	Night float may not exceed three months per year. (Detail)	6.26.a.	Night float may not exceed three months

Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single we humanistic attention to the needs of tend unique educational events.

Exceptions

off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single ve humanistic attention to the needs of tend unique educational events.

lucation must be counted toward the 80

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

er requests for exceptions to the 80-hour

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 at be counted toward the 80-hour

ntext of the 80-hour and one-day-off-in-

hs per year. (Detail)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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 third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I toward the 80-hour maximum weekly not subject to the every-third-night lir requirement for one day in seven free averaged over four weeks. (Core)
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)	6.28.	At-Home Call Time spent on patient care activities I toward the 80-hour maximum weekly not subject to the every-third-night lir requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

ncy

ouse call no more frequently than every our-week period). (Core)

s by fellows on at-home call must count ly limit. The frequency of at-home call is limitation, but must satisfy the ree of clinical work and education, when

s by fellows on at-home call must count ly limit. The frequency of at-home call is limitation, but must satisfy the ree of clinical work and education, when

nt or taxing as to preclude rest or fellow. (Core)