Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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		Definition of Graduate Medical Educat Fellowship is advanced graduate medi- residency program for physicians who practice. Fellowship-trained physician subspecialty care, which may also inc- community resource for expertise in th new knowledge into practice, and educ- physicians. Graduate medical educatio group of physicians brings to medical inclusive and psychologically safe lea Fellows who have completed residence in their core specialty. The prior medical fellows distinguish them from physicia care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compass professionalism, and scholarship. The knowledge, patient care skills, and exp area of practice. Fellowship is an inter- clinical and didactic education that foo of patients. Fellowship education is of intellectually demanding, and occurs i environments committed to graduate i being of patients, residents, fellows, fa
Int.A.	members of the health care team.	[None]	members of the health care team.
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, many fellows' skills as physician-scientists. knowledge within medicine is not excl physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabora

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

ncy are able to practice autonomously dical experience and expertise of icians entering residency. The fellow's alty 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 is in a variety of clinical learning te medical education and the well-, faculty members, students, and all

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	<b>Definition of Subspecialty</b> Pediatric cardiac anesthesiology is devoted to the peri-operative care of patients with congenital heart disease undergoing congenital cardiac surgery and related invasive and diagnostic procedures.		<b>Definition of Subspecialty</b> <i>Pediatric cardiac anesthesiology is devo</i> <i>with congenital heart disease undergoing</i> <i>invasive and diagnostic procedures.</i>
Int.B.	The clinical education includes experience providing anesthesia for cardiac patients in peri-operative and peri-procedural areas.	[None]	The clinical education includes experient patients in peri-operative and peri-proces
Int.C.	Length of Educational Program The educational program in pediatric cardiac anesthesiology must be 12 months in length. (Core)	4.1.	Length of Program The educational program in pediatric car in length. (Core)
l.	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. <sup>(Core)</sup>	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
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)	The Sponsoring Institution must sponsor an ACGME-accredited program in pediatric anesthesiology. (Core)	1.2.a.	The Sponsoring Institution must sponsor pediatric anesthesiology. (Core)
I.B.1.b)	There must be only one pediatric cardiac anesthesiology program associated with a single anesthesiology program. (Core)	1.2.b.	There must be only one pediatric cardiac with a single anesthesiology program. (C
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)

voted to the peri-operative care of patients ing congenital cardiac surgery and related

ence providing anesthesia for cardiac cedural areas.

ardiac anesthesiology must be 12 months

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

or an ACGME-accredited program in

ac anesthesiology program associated (Core)

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

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Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
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 b by the program director, who is accou site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing for all fellows, of one month full time of ACGME's Accreditation Data System (
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-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)		[None]	The pressure must have access to an am
I.D.1.a).(1)	an emergency department in which pediatric cardiac patients are managed 24 hours a day; (Core)	1.8.a.	The program must have access to an em cardiac patients are managed 24 hours a
I.D.1.a).(2)	a post-anesthesia care area equipped for the management of pediatric cardiac patients and located near the operating room suite; (Core)	1.8.b.	The program must have access to a post management of pediatric cardiac patients suite. (Core)
I.D.1.a).(3)	facilities and equipment for research in cardiac anesthesiology; (Core)	1.8.c.	The program must have access to faciliti cardiac anesthesiology. (Core)
I.D.1.a).(4)	facilities, available at all times, to provide prompt, non-invasive and invasive diagnostic and therapeutic congenital cardiac procedures, including echocardiography, cardiac stress testing, cardiac catheterization, electrophysiological testing and therapeutic intervention, cardiopulmonary scanning procedures, and pulmonary function testing; (Core)	1.8.d.	The program must have access to faciliti prompt, non-invasive and invasive diagn procedures, including echocardiography, catheterization, electrophysiological testi cardiopulmonary scanning procedures, a
I.D.1.a).(5)	laboratories, available at all times, that provide prompt results, including blood chemistries, blood gas and acid base analysis oxygen saturation, hematocrit/hemoglobin, and coagulation function; (Core)	1.8.e.	The program must have access to labora provide prompt results, including blood c analysis oxygen saturation, hematocrit/h (Core)
I.D.1.a).(6)	monitoring and advanced life and circulatory support equipment representative of current levels of technology; (Core)	1.8.f.	The program must have access to monite support equipment representative of current support equipment representative support equipment equipment representative support equipment equipm

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

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

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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)

emergency department in which pediatric s a day. (Core)

ost-anesthesia care area equipped for the nts and located near the operating room

lities and equipment for research in

lities, available at all times, to provide gnostic and therapeutic congenital cardiac ny, cardiac stress testing, cardiac sting and therapeutic intervention, , and pulmonary function testing. (Core)

pratories, available at all times, that chemistries, blood gas and acid base /hemoglobin, and coagulation function.

nitoring and advanced life and circulatory urrent levels of technology. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	neonatal and pediatric intensive care units (ICUs) for both surgical and non-		The program must have access to neon
I.D.1.a).(7)	surgical cardiac patients; (Core)	1.8.g.	(ICUs) for both surgical and non-surgica
	operating rooms equipped for the management of pediatric cardiac patients;		The program must have access to opera
I.D.1.a).(8)	and, (Core)	1.8.h.	management of pediatric cardiac patient
	prompt, reliable systems for communication and interaction with supervisory	4.0.:	The program must have access to prom
I.D.1.a).(9)	physicians. (Core)	1.8.i.	and interaction with supervisory physicia
I.D.1.b)	The number and diversity of patients available to the program must support the required inpatient and outpatient experience for each fellow. (Core)	1.8.j.	The number and diversity of patients ava required inpatient and outpatient experie
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and of but not limited to residents from othe advanced practice providers, must no fellows' education. (Core)
I.E.1.	The presence of other learners or staff members in the program must not interfere with the appointed fellows' education. (Core)	1.11.a.	The presence of other learners or staff n interfere with the appointed fellows' educ
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the o with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clin

onatal and pediatric intensive care units cal cardiac patients. (Core)

erating rooms equipped for the nts. (Core)

mpt, reliable systems for communication cians. (Core)

vailable to the program must support the rience for each fellow. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

isabilities consistent with the re)

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

#### sonnel

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

members in the program must not lucation. (Core)

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program 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)	2.3.	The program director and, as applicab must be provided with support adequa based upon its size and configuration
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director must and support specified below for administ
	Number of Approved Fellow Positions 1-2   Minimum FTE 0.1 Number of Approved Fellow Positions 3   Minimum FTE 0.125 Number of Approved Fellow Positions 4   Minimum FTE 0.15 Number of Approved Fellow Positions 5   Minimum FTE 0.175 Number of Approved Fellow Positions >5   Minimum FTE 0.2	2.3.a.	Number of Approved Fellow Positions 1- Number of Approved Fellow Positions 3   Number of Approved Fellow Positions 4   Number of Approved Fellow Positions 5   Number of Approved Fellow Positions >5
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 so qualifications acceptable to the Review
	must include current certification in the subspecialty of pediatric anesthesiology or adult cardiothoracic anesthesiology by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)		The program director must possess consubspecialty of pediatric anesthesiology by the American Board of Anesthesiology Board of Anesthesiology, or subspecial to the Review Committee. (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 R member board of the American Board of certifying board of the American Osteopa there is no ABMS or AOA board that offe
II.A.3.b).(1)	If certified in adult cardiothoracic anesthesiology, the program director must demonstrate experience, expertise, and scholarship in pediatric cardiac anesthesiology. (Core)	2.4.a.1.	If certified in adult cardiothoracic anesthe demonstrate experience, expertise, and s anesthesiology. (Core)
II.A.3.c)	must include current appointment as a member of the pediatric anesthesiology faculty at the primary clinical site; (Core)	2.4.b.	The program director must have a curren pediatric anesthesiology faculty at the pri
II.A.3.d)	must include demonstration of completion of a pediatric cardiac anesthesiology fellowship, and/or at least three years of participation in a clinical pediatric cardiac anesthesiology fellowship as a faculty member; (Core)	2.4.c.	The program director must demonstrate of anesthesiology fellowship, and/or at leas pediatric cardiac anesthesiology fellowsh
II.A.3.e)	must include at least three years of post-fellowship experience in clinical pediatric cardiac anesthesiology; (Core)	2.4.d.	The program director must possess at lea experience in clinical pediatric cardiac ar
II.A.3.f)	must include demonstration of ongoing academic achievements appropriate to the subspecialty, including publications, the development of educational programs, or the conduct of research; and, (Core)	2.4.e.	The program director must demonstrate of appropriate to the subspecialty, including educational programs, or the conduct of th

or resides with the Review Committee.

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

ust be provided with the dedicated time stration of the program: (Core)

1-2 | Minimum FTE 0.1 3 | Minimum FTE 0.125 4 | Minimum FTE 0.15 5 | Minimum FTE 0.175 >5 | Minimum FTE 0.2 tor: 5 subspecialty expertise and iew Committee. (Core)

tor:

subspecialty expertise and iew Committee. (Core)

current certification in the ogy or adult cardiothoracic anesthesiology ology or by the American Osteopathic ialty qualifications that are acceptable

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

hesiology, the program director must d scholarship in pediatric cardiac

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

e completion of a pediatric cardiac ast three years of participation in a clinical ship as a faculty member. (Core)

least three years of post-fellowship anesthesiology. (Core)

e ongoing academic achievements ng publications, the development of of research. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.3.g)	must include devotion of at least 50 percent of the program director's clinical, educational, administrative, and academic time to pediatric cardiac anesthesiology. (Core)	2.4.f.	The program director must devote at lea educational, administrative, and academ anesthesiology. (Core)
	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		Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe
II.A.4.	education in the context of patient care. (Core)	2.5.	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 n
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the missio
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating t 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 cor 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 the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, GI
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 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)

east 50 percent of their clinical, mic time to pediatric cardiac

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

model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the fellows in each of the ACGME

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

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

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

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

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

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

n a non-competition guarantee or

nt verification of education for all not or or departure from the program.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.В.	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They reac- the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective of professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	At least one faculty member must have certification in echocardiography. (Core)	2.6.a.	At least one faculty member must have
II.B.1.b)	The faculty must include at least one individual who is certified in critical care medicine through a member board of the ABMS or AOA and who practices in an ICU that cares for pediatric cardiac surgical patients. (Core)	2.6.b.	The faculty must include at least one inc medicine through a member board of the ICU that cares for pediatric cardiac surg
II.B.1.c)	The faculty must include at least one physician member qualified in pediatric cardiology and one physician qualified in congenital cardiac surgery. (Core)	2.6.c.	The faculty must include at least one ph cardiology and one physician qualified ir
II.B.1.d)	The faculty must include at least one non-physician faculty member with experience in cardiopulmonary bypass and other forms of mechanical circulatory support responsible for fellow education. (Core)	2.6.d.	The faculty must include at least one no experience in cardiopulmonary bypass a support responsible for fellow education
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective

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

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

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

of faculty members with competence to Core)

e certification in echocardiography. (Core)

ndividual who is certified in critical care the ABMS or AOA and who practices in an rgical patients. (Core)

bhysician member qualified in pediatric l in congenital cardiac surgery. (Core)

non-physician faculty member with s and other forms of mechanical circulatory on. (Core)

els of professionalism. (Core)

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
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 re
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 f
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partic discussions, rounds, journal clubs, ar
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appointr
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appointr
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee; and, (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty membe the subspecialty by the American Boa Osteopathic Board of Anesthesiology, o acceptable to the Review Committee.
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).(2)	have fellowship education or post-residency experience in the care of pediatric cardiac patients that meets or exceeds completion of a one-year pediatric cardiac anesthesiology program. (Core)	2.9.b.	Subspecialty physician faculty members residency experience in the care of pedia exceeds completion of a one-year pediat (Core)
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 i certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, or acceptable to the Review Committee.

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

nd maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

riate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

## nbers

bers must have current certification in oard of Anesthesiology or the American y, or possess qualifications judged e. (Core)

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

rs must have fellowship education or postdiatric cardiac patients that meets or iatric cardiac anesthesiology program.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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)
	Faculty members must complete the annual ACGME Faculty Survey.		
II.B.4.a)	(Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	There must be at least three core faculty members, including the program director. (Core)	2.10.b.	There must be at least three core faculty director. (Core)
II.B.4.b).(1)	For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. (Core)	2.10.b.1.	For programs with four or more fellows, a one fellow must be maintained. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
	The program coordinator(s) must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core) Number of Approved Fellow Positions: 2   Minimum FTE Coordinator(s) Required: 0.22 Number of Approved Fellow Positions: 3   Minimum FTE Coordinator(s) Required: 0.24 Number of Approved Fellow Positions: 4   Minimum FTE Coordinator(s) Required: 0.26 Number of Approved Fellow Positions: 5   Minimum FTE Coordinator(s) Required: 0.28 Number of Approved Fellow Positions: 6   Minimum FTE Coordinator(s) Required: 0.28 Number of Approved Fellow Positions: 6   Minimum FTE Coordinator(s) Required: 0.3 Number of Approved Fellow Positions: 6   Minimum FTE Coordinator(s)		The program coordinator(s) must be pro- minimum of 20 percent FTE for administ administrative support must be provided (Core) Number of Approved Fellow Positions: 2 Required: 0.22 Number of Approved Fellow Positions: 3 Required: 0.24 Number of Approved Fellow Positions: 4 Required: 0.26 Number of Approved Fellow Positions: 5 Required: 0.28 Number of Approved Fellow Positions: 6 Required: 0.3 Number of Approved Fellow Positions: 6
II.C.2.a)	Required: Additional 0.02 FTE per fellow	2.11.b.	Required: Additional 0.02 FTE per fellow
II.D.	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)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (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) Ity members, including the program

, a ratio of at least one faculty member to

or. (Core)

or. (Core)

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

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

2 | Minimum FTE Coordinator(s)

3| Minimum FTE Coordinator(s)

4 | Minimum FTE Coordinator(s)

5 | Minimum FTE Coordinator(s)

: 6 | Minimum FTE Coordinator(s)

>6 | Minimum FTE Coordinator(s)

# Sponsoring Institution, must jointly personnel for the effective

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.D.1.	Individuals with special training and/or experience in cardiovascular disease, including adult congenital heart disease, blood banking, clinical cardiac electrophysiology, imaging, neonatology, pediatric surgery, point-of-care testing, pulmonary diseases, and transthoracic echocardiography, must be available. (Core)	2.12.a.	Individuals with special training and/or e including adult congenital heart disease, electrophysiology, imaging, neonatology pulmonary diseases, and transthoracic e (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A. III.A.1.	Eligibility Criteria 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)	[None] 3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an Ad an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core) Prior to appointment in the program, fellows must have successfully completed	3.2.a.	Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from Prior to appointment in the program, fello
III.A.1.b)	a residency program in anesthesiology that satisfies the requirements in III.A.1., and: (Core)	3.2.a.1.	residency program in anesthesiology tha (Core)
III.A.1.b).(1)	a fellowship program in pediatric anesthesiology that satisfies the requirements in III.A.1.; or, (Core)	3.2.a.1.a.	a fellowship program in pediatric anesthe in 3.2.; or, (Core)
III.A.1.b).(2)	a fellowship in adult cardiothoracic anesthesiology that satisfies the requirements in III.A.1. (Core)	3.2.a.1.b.	a fellowship in adult cardiothoracic anest requirements in 3.2. (Core)
III.A.1.b).(2).(a)	Fellows entering from adult cardiothoracic anesthesiology should have taken a minimum of one month of pediatric anesthesiology during the adult cardiothoracic anesthesiology fellowship. (Core)	3.2.a.1.b.1.	Fellows entering from adult cardiothorac minimum of one month of pediatric anes cardiothoracic anesthesiology fellowship
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Anesthesiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Anesthesio exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro- qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)

experience in cardiovascular disease, e, blood banking, clinical cardiac gy, pediatric surgery, point-of-care testing, c echocardiography, must be available.

## ip Programs

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

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

ellows must have successfully completed a hat satisfies the requirements in 3.2., and:

hesiology that satisfies the requirements

esthesiology that satisfies the

acic anesthesiology should have taken a esthesiology during the adult ip. (Core)

iology will allow the following y requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 excepted 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)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based p acceptance of a transferring fellow, ar matriculation. (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 d and innovation in graduate medical ed organizational affiliation, size, or local
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
N7	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		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
IV.	community health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
N/ 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	4.2.2	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me
IV.A.1.	applicants, fellows, and faculty members; (Core) competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to	4.2.a.	applicants, fellows, and faculty memb competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient management subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			<b>,</b>

ent	Langi	uage	
ce	otion	must	

cception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

## lowing educational components:

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

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

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

yond direct patient care; and, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a conceptor required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence by following standards for patient care and established guidelines and procedures for patient safety, error reduction, and improved patient outcomes. (Core)	4.4.a.	Fellows must demonstrate competence be and established guidelines and procedur and improved patient outcomes. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in: (Core)	[None]	
IV.B.1.b).(1).(b).(i)	hemodynamic, respiratory, and neurophysiologic monitoring; (Core)	4.4.b.	Fellows must demonstrate competence i neurophysiologic monitoring. (Core)
IV.B.1.b).(1).(b).(ii)	interpretation of cardiovascular and pulmonary diagnostic test data; (Core)	4.4.c.	Fellows must demonstrate competence i pulmonary diagnostic test data. (Core)
IV.B.1.b).(1).(b).(iii)	peri-operative critical care, including ventilatory support and peri-operative pain management; (Core)	4.4.d.	Fellows must demonstrate competence i ventilatory support and peri-operative pa
IV.B.1.b).(1).(b).(iv)	pharmacological and mechanical circulatory support; and, (Core)	4.4.e.	Fellows must demonstrate competence i circulatory support. (Core)
IV.B.1.b).(1).(b).(v)	pre-operative patient evaluation and optimization of clinical status prior to the cardiac procedure. (Core)	4.4.f.	Fellows must demonstrate competence i optimization of clinical status prior to the
IV.B.1.b).(1).(c)	Fellows must maintain current certification in pediatric advanced life support and advanced cardiac life support. (Core)	l 4.4.g.	Fellows must maintain current certification advanced cardiac life support. (Core)

Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

ptual 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 quired in residency.

SME Competencies into the curriculum.

alism tment to professionalism and an re)

#### re

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

e by following standards for patient care lures for patient safety, error reduction,

e in hemodynamic, respiratory, and

e in interpretation of cardiovascular and

e in peri-operative critical care, including pain management. (Core)

e in pharmacological and mechanical

e in pre-operative patient evaluation and ne cardiac procedure. (Core)

tion in pediatric advanced life support and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 providing anesthesia care for patients undergoing cardiac surgery with and without extracorporeal circulation. (Core)	4.5.a.	Fellows must demonstrate competence i undergoing cardiac surgery with and with
IV.B.1.b).(2).(b)		4.5.b.	Fellows must demonstrate competence i undergoing surgery, including operations
IV.B.1.b).(2).(c)	Fellows must be actively involved in the management of other extracorporeal circulatory assist devices. (Core)	4.5.c.	Fellows must be actively involved in the circulatory assist devices. (Core)
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in management during cardiopulmonary bypass (CPB). (Core)	4.5.d.	Fellows must demonstrate competence i bypass (CPB). (Core)
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 Knor Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of how cardiac and congenital diseases affect the administration of anesthesia and life support to patients, including: (Core)	4.6.a.	Fellows must demonstrate knowledge of affect the administration of anesthesia ar (Core)
IV.B.1.c).(1).(a)	cardiac catheterization procedures and diagnostic interpretation, to include invasive cardiac catheterization procedures, including angioplasty, stenting, device placement, and transcatheter laser and mechanical ablations; (Core)	4.6.a.1.	cardiac catheterization procedures and c invasive cardiac catheterization procedu device placement, and transcatheter lase
IV.B.1.c).(1).(b)	cardiac surgical procedures, to include repair of congenital heart lesions; valve repair and replacement; pericardial, neoplastic procedures; heart and lung transplantation; and myocardial revascularization; (Core)	4.6.a.2.	cardiac surgical procedures, to include re repair and replacement; pericardial, neo transplantation; and myocardial revascul
IV.B.1.c).(1).(c)	circulatory assist devices, to include intra-aortic balloon pumps, left and right ventricular assist devices, and extracorporeal membrane oxygenation (ECMO); (Core)	4.6.a.3.	circulatory assist devices, to include intra ventricular assist devices, and extracorp (Core)
IV.B.1.c).(1).(d)	embryological development of the cardiac structures; (Core)	4.6.a.4.	embryological development of the cardia
IV.B.1.c).(1).(e)	ethical and legal issues, and practice management; (Core)	4.6.a.5.	ethical and legal issues, and practice ma
IV.B.1.c).(1).(f)	extracorporeal circulation, to include myocardial preservation; effects of CPB on pharmacokinetics and pharmacodynamics; cardiac, respiratory, neurological, metabolic, endocrine, hematological, renal, and thermoregulatory effects of CPB; and coagulation/anticoagulation before, during, and after CPB; (Core)	4.6.a.6.	extracorporeal circulation, to include myo pharmacokinetics and pharmacodynamic metabolic, endocrine, hematological, ren CPB; and coagulation/anticoagulation be
IV.B.1.c).(1).(g)	inotropes, chronotropes, vasoconstrictors, and vasodilators; (Core)	4.6.a.7.	inotropes, chronotropes, vasoconstrictor
IV.B.1.c).(1).(h)	non-invasive cardiovascular evaluation, to include electrocardiography, transthoracic echocardiography, transesophageal echocardiography, stress testing, and cardiovascular imaging; (Core)	4.6.a.8.	non-invasive cardiovascular evaluation, t transthoracic echocardiography, transes testing, and cardiovascular imaging; (Co
IV.B.1.c).(1).(i)	non-invasive pulmonary evaluation, to include pulmonary function tests, blood gas and acid-base analysis, oximetry, capnography, and pulmonary imaging; (Core)	4.6.a.9.	non-invasive pulmonary evaluation, to ing gas and acid-base analysis, oximetry, ca (Core)

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

e in providing anesthesia care for patients ithout extracorporeal circulation. (Core)

e in providing anesthesia care for patients ns on the lung and thoracic aorta. (Core) e management of other extracorporeal

e in management during cardiopulmonary

#### nowledge

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

of how cardiac and congenital diseases and life support to patients, including:

diagnostic interpretation, to include lures, including angioplasty, stenting, user and mechanical ablations; (Core)

repair of congenital heart lesions; valve oplastic procedures; heart and lung sularization; (Core)

tra-aortic balloon pumps, left and right rporeal membrane oxygenation (ECMO);

liac structures; (Core) nanagement; (Core)

yocardial preservation; effects of CPB on nics; cardiac, respiratory, neurological, enal, and thermoregulatory effects of before, during, and after CPB; (Core) ors, and vasodilators; (Core)

n, to include electrocardiography, esophageal echocardiography, stress Core)

include pulmonary function tests, blood capnography, and pulmonary imaging;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1).(j)	pacemaker insertion and modes of action; (Core)	4.6.a.10.	pacemaker insertion and modes of actior
IV.B.1.c).(1).(k)	pain management of cardiac patients; (Core)	4.6.a.11.	pain management of cardiac patients; (C
IV.B.1.c).(1).(I)	pathophysiology, pharmacology, and clinical management of patients with cardiac disease, to include cardiomyopathy, heart failure, cardiac tamponade, ischemic heart disease, acquired and congenital valvular heart disease, congenital heart disease, electrophysiologic disturbances, and neoplastic and infectious cardiac diseases; (Core)	4.6.a.12.	pathophysiology, pharmacology, and clin cardiac disease, to include cardiomyopat ischemic heart disease, acquired and con congenital heart disease, electrophysiolo infectious cardiac diseases; (Core)
IV.B.1.c).(1).(m)	peri-anesthetic monitoring, both non-invasive and invasive (intra-arterial, central venous, pulmonary artery, mixed venous saturation, cardiac output, near-infrared spectroscopy); (Core)	4.6.a.13.	peri-anesthetic monitoring, both non-inva venous, pulmonary artery, mixed venous infrared spectroscopy); (Core)
IV.B.1.c).(1).(n)	peri-operative ventilator management, to include intra-operative anesthetics and critical care unit ventilators and techniques; (Core)	4.6.a.14.	peri-operative ventilator management, to critical care unit ventilators and technique
IV.B.1.c).(1).(o)	pharmacokinetics and pharmacodynamics of anesthetic medications prescribed for pediatric cardiac patients; (Core)	4.6.a.15.	pharmacokinetics and pharmacodynamic for pediatric cardiac patients; (Core)
IV.B.1.c).(1).(p)	pharmacokinetics and pharmacodynamics of medications prescribed for management of hemodynamic instability; (Core)	4.6.a.16.	pharmacokinetics and pharmacodynamic management of hemodynamic instability;
IV.B.1.c).(1).(q)	pharmacokinetics and pharmacodynamics of medications prescribed for medical management of pediatric cardiac patients; (Core)	4.6.a.17.	pharmacokinetics and pharmacodynamic management of pediatric cardiac patients
IV.B.1.c).(1).(r)	post-anesthetic critical care of pediatric cardiac patients; (Core)	4.6.a.18.	post-anesthetic critical care of pediatric of
IV.B.1.c).(1).(s)	pre-anesthetic evaluation and preparation of adults with congenital heart disease; (Core)	4.6.a.19.	pre-anesthetic evaluation and preparation disease; (Core)
IV.B.1.c).(1).(t)	quality assurance/improvement; and, (Core)	4.6.a.20.	quality assurance/improvement; and, (Co
IV.B.1.c).(1).(u)	thoracic aortic surgery, to include ascending, transverse, and descending aortic surgery with circulatory arrest; CPB employing low flow and or retrograde perfusion; and spinal cord protection. (Core)	4.6.a.21.	thoracic aortic surgery, to include ascend surgery with circulatory arrest; CPB empl perfusion; and spinal cord protection. (Co
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 to of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interpersor result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarend larger context and system of health ca social determinants of health, as well other resources to provide optimal he

ion; (Core) (Core)

linical management of patients with bathy, heart failure, cardiac tamponade, congenital valvular heart disease, blogic disturbances, and neoplastic and

vasive and invasive (intra-arterial, central us saturation, cardiac output, near-

to include intra-operative anesthetics and ues; (Core)

nics of anesthetic medications prescribed

nics of medications prescribed for ty; (Core)

nics of medications prescribed for medical nts; (Core)

c cardiac patients; (Core)

ion of adults with congenital heart

Core)

nding, transverse, and descending aortic ploying low flow and or retrograde Core)

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

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

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instruction 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)		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)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.a.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow E The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.3.	The curriculum must include at least nine months of clinical anesthesia experience, to include: (Core)	4.11.a.	The curriculum must include at least nine experience, to include cardiac experience surgical procedures requiring CPB, at lea anesthesia provider. (Core)
IV.C.3.a)	cardiac experience, including: (Core)	4.11.a.	The curriculum must include at least nine experience, to include cardiac experience surgical procedures requiring CPB, at le anesthesia provider. (Core)
IV.C.3.a).(1)	a minimum of 100 cardiac surgical procedures requiring CPB, at least 50 for which the fellow is the primary anesthesia provider; (Core)	4.11.a.	The curriculum must include at least nine experience, to include cardiac experience surgical procedures requiring CPB, at lea anesthesia provider. (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 on 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

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

v Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

ine months of clinical anesthesia nce, including a minimum of 100 cardiac least 50 for which the fellow is the primary

ine months of clinical anesthesia nce, including a minimum of 100 cardiac least 50 for which the fellow is the primary

ine months of clinical anesthesia nce, including a minimum of 100 cardiac least 50 for which the fellow is the primary

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			The curriculum must include at least nine
			experience, to include cardiac experience
$\mathbb{N}(\mathbb{C}^{2} \times \mathbb{C})$	menagement of notion to undergoing procedures in:	4.44 b	undergoing procedures in correction/pall
IV.C.3.a).(2)	management of patients undergoing procedures in:	4.11.b.	lesions on bypass with the following: (Co
			The curriculum must include at least nine
	correction/palliation/revision of congenital cardiac lesions on bypass with the		experience, to include cardiac experienc undergoing procedures in correction/pall
IV.C.3.a).(2).(a)	following: (Core)	4.11.b.	lesions on bypass with the following: (Co
IV.C.3.a).(2).(a).(i)	a minimum of three procedures in hypoplastic left heart syndrome; (Core)	4.11.b.1.	a minimum of three procedures in hypop
	a minimum of three other neonatal procedures, such as truncus arteriosus and		a minimum of three other neonatal proce
IV.C.3.a).(2).(a).(ii)	total anomalous pulmonary venous return; (Core)	4.11.b.2.	total anomalous pulmonary venous retur
IV.C.3.a).(2).(a).(iii)	a minimum of three transposition of the great arteries procedures; (Core)	4.11.b.3.	a minimum of three transposition of the c
,,,,,,,,,,	a minimum of 20 procedures, to include common atrioventricular canal		a minimum of 20 procedures, to include
	procedures, tetralogy of Fallot procedures, and ventricular/atrial septal defect		procedures, tetralogy of Fallot procedure
IV.C.3.a).(2).(a).(iv)	procedures; (Core)	4.11.b.4.	procedures; (Core)
IV.C.3.a).(2).(a).(v)	a minimum of five bidirectional Glenn procedures; (Core)	4.11.b.5.	a minimum of five bidirectional Glenn pro
IV.C.3.a).(2).(a).(vi)	a minimum of four Fontan procedures; (Core)	4.11.b.6.	a minimum of four Fontan procedures; (0
IV.C.3.a).(2).(a).(vii)	a minimum of 20 valvular lesion procedures; and, (Core)	4.11.b.7.	a minimum of 20 valvular lesion procedu
IV.C.3.a).(2).(a).(viii)	a minimum of one palliative shunt procedure. (Core)	4.11.b.8.	a minimum of one palliative shunt procee
			The curriculum must include at least nine
			experience, to include cardiac experienc
	correction/palliation/revision of congenital cardiac lesions off bypass with the		undergoing procedures in correction/pall
IV.C.3.a).(2).(b)	following:	4.11.c.	lesions off bypass with the following:
IV.C.3.a).(2).(b).(i)	a minimum of three aortic coarctation procedures; (Core)	4.11.c.1.	a minimum of three aortic coarctation pro
	a minimum of three patent ductus arteriosus (surgical or catheterization		a minimum of three patent ductus arterio
IV.C.3.a).(2).(b).(ii)	laboratory) procedures; and, (Core)	4.11.c.2.	laboratory) procedures; and, (Core)
IV.C.3.a).(2).(b).(iii)	a minimum of two vascular ring procedures. (Core)	4.11.c.3.	a minimum of two vascular ring procedur
			The curriculum must include at least nine
(1) ( $(2)$			experience, to include cardiac experienc
IV.C.3.a).(2).(c)	catheterization procedures, including:	4.11.d.	undergoing procedures in catheterization
IV.C.3.a).(2).(c).(i)	a minimum of 20 diagnostic procedures; and, (Core)	4.11.d.1.	a minimum of 20 diagnostic procedures;
IV.C.3.a).(2).(c).(ii)	a minimum of 25 interventional catherization procedures. (Core)	4.11.d.2.	a minimum of 25 interventional catheriza
			The curriculum must include at least nine
(1) (C) (2)	a minimum of 10 electrophysiology procedures requiring general anesthesia;	4 11 0	experience, to include cardiac experience
IV.C.3.a).(3)	(Core)	4.11.e.	electrophysiology procedures requiring g
			The curriculum must include at least nine
	a minimum of 10 modical imaging proceedures, including achooserding randy		experience, to include cardiac experienc imaging procedures, including echocardi
IV.C.3.a).(4)	a minimum of 10 medical imaging procedures, including echocardiography, magnetic resonance imaging, and chest tomography; (Core)	4.11.f.	and chest tomography. (Core)
···			
			The curriculum must include at least nine
	management of patients undergoing procedures in at least one of the following		experience, to include cardiac experienc
IV.C.3.a).(5)	categories: (Core)	4.11.g.	undergoing procedures in at least one of
IV.C.3.a).(5).(a)	cardiac or lung transplantation; or, (Core)	4.11.g.1.	cardiac or lung transplantation; or, (Core

ine months of clinical anesthesia nce, including management of patients alliation/revision of congenital cardiac Core)

ine months of clinical anesthesia nce, including management of patients alliation/revision of congenital cardiac Core)

oplastic left heart syndrome; (Core)

cedures, such as truncus arteriosus and urn; (Core)

e great arteries procedures; (Core)

e common atrioventricular canal Ires, and ventricular/atrial septal defect

procedures; (Core)

(Core)

dures; and, (Core)

edure. (Core)

ine months of clinical anesthesia nce, including management of patients alliation/revision of congenital cardiac

procedures; (Core)

riosus (surgical or catheterization

ures. (Core)

ine months of clinical anesthesia nce, including management of patients ion procedures, including:

s; and, (Core)

zation procedures. (Core)

ne months of clinical anesthesia nce, including a minimum of 10 general anesthesia. (Core)

ine months of clinical anesthesia nce, including a minimum of 10 medical rdiography, magnetic resonance imaging,

ine months of clinical anesthesia nce, including management of patients of the following categories: (Core) re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.3.a).(5).(b)	placement of circulatory assist devices including left heart bypass, ventricular assist devices, intra-aortic balloon pumps, and ECMO. (Core)	4.11.g.2.	placement of circulatory assist devices ir assist devices, intra-aortic balloon pump
IV.C.3.a).(6)	a minimum of 30 central venous catheterization procedures; and, (Core)	4.11.h.	The curriculum must include at least nine experience, to include cardiac experience venous catheterization procedures. (Cor
IV.C.3.a).(7)	a minimum of 30 arterial line placement procedures. (Core)	4.11.i.	The curriculum must include at least nine experience, to include cardiac experienc line placement procedures. (Core)
	Each fellow must have at least a one-month experience managing pediatric cardiac surgical patients in an ICU setting. (Core)	4.11.j.	Each fellow must have at least a one-mo cardiac surgical patients in an ICU settin
	Each fellow must have at least one month of clinical elective rotations related to the care of the pediatric cardiac patient, such as inpatient cardiology, invasive cardiology, electrophysiology, cardiac critical care, echocardiography, and extracorporeal perfusion. (Core)	4.11.k.	Each fellow must have at least one mont the care of the pediatric cardiac patient, cardiology, electrophysiology, cardiac cri extracorporeal perfusion. (Core)
IV.C.5.a)	Elective rotations should be at least two weeks in duration. (Detail)	4.11.k.1.	Elective rotations should be at least two
IV.C.5.b)	A research project in cardiac anesthesiology may be substituted for clinical elective rotations. (Detail)	4.11.k.2.	A research project in cardiac anesthesio elective rotations. (Detail)
IV.C.6.	The curriculum must be designed to allow fellows to demonstrate:	4.11.l.	The curriculum must be designed to allor communication skills, including obtaining
IV.C.6.a)	effective communication skills, including: (Core)	4.11.I.	The curriculum must be designed to allow communication skills, including obtaining
IV.C.6.a).(1)	obtaining informed consent; (Core)	4.11.I.	The curriculum must be designed to allow communication skills, including obtaining
IV.C.6.a).(2)	communicating the patient care and management plan; and, (Core)	4.11.m.	The curriculum must be designed to allow communication skills, including commun management plan. (Core)
IV.C.6.a).(3)	explaining complications/errors and their management to patients and families. (Core)	4.11.n.	The curriculum must be designed to allor communication skills, including explainin management to patients and families. (C
IV.C.6.b)	skills in preparing and presenting educational material for medical students, graduate medical education staff members, and allied health personnel; and, (Core)	4.11.o.	The curriculum must be designed to allow preparing and presenting educational ma medical education staff members, and al
IV.C.6.c)	competence in providing clinical consultations. (Core)	4.11.p.	The curriculum must be designed to allow providing clinical consultations. (Core)
IV.C.7.	The curriculum must be designed to allow fellows to demonstrate:	4.11.q.	The curriculum must be designed to allow integrity, and respect for others. (Core)
IV.C.7.a)	compassion, integrity, and respect for others; (Core)	4.11.q.	The curriculum must be designed to allow integrity, and respect for others. (Core)
IV.C.7.b)	responsiveness to patient needs; (Core)	4.11.r.	The curriculum must be designed to allow responsiveness to patient needs. (Core)
IV.C.7.c)	respect for patient privacy and autonomy; (Core)	4.11.s.	The curriculum must be designed to allow patient privacy and autonomy. (Core)
IV.C.7.d)	accountability to patients, society, and the profession; (Core)	4.11.t.	The curriculum must be designed to allow to patients, society, and the profession. (

including left heart bypass, ventricular ups, and ECMO. (Core)

ine months of clinical anesthesia nce, including a minimum of 30 central ore)

ine months of clinical anesthesia nce, including a minimum of 30 arterial

nonth experience managing pediatric ting. (Core)

onth of clinical elective rotations related to t, such as inpatient cardiology, invasive critical care, echocardiography, and

o weeks in duration. (Detail) iology may be substituted for clinical

low fellows to demonstrate effective ng informed consent. (Core)

low fellows to demonstrate effective ng informed consent. (Core)

low fellows to demonstrate effective ng informed consent. (Core)

low fellows to demonstrate effective unicating the patient care and

low fellows to demonstrate effective ning complications/errors and their (Core)

low fellows to demonstrate skills in material for medical students, graduate allied health personnel. (Core)

low fellows to demonstrate competence in

low fellows to demonstrate compassion, )

low fellows to demonstrate compassion, )

low fellows to demonstrate e)

low fellows to demonstrate respect for

low fellows to demonstrate accountability a. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.7.e)	sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and, (Core)	4.11.u.	The curriculum must be designed to allor responsiveness to a diverse patient populage, culture, race, religion, disabilities, a
IV.C.7.f)	compliance with institutional, departmental, and program policies. (Core)	4.11.v.	The curriculum must be designed to allo with institutional, departmental, and prog
IV.C.8.	The curriculum must be designed to allow fellows to:	4.11.w.	The curriculum must be designed to allo teams to enhance patient safety and imp
IV.C.8.a)	work in interprofessional teams to enhance patient safety and improve patient care quality; and, (Core)	4.11.w.	The curriculum must be designed to allow teams to enhance patient safety and imp
IV.C.8.b)	participate in identifying system errors and implementing potential system solutions. (Core)	4.11.x.	The curriculum must be designed to allor system errors and implementing potentia
IV.C.9.	Clinical Components	4.11.y.	Clinical Components Clinical experience must include direct c experience. (Core)
IV.C.9.a)	Clinical experience must include direct clinical care of patients and supervisory experience. (Core)	4.11.y.	Clinical Components Clinical experience must include direct c experience. (Core)
IV.C.9.a).(1)	At a minimum, 100 cases must be performed by each fellow as the primary anesthesia provider under the supervision of a faculty anesthesiologist. (Core)	4.11.y.1.	At a minimum, 100 cases must be perfor anesthesia provider under the supervisio
IV.C.9.a).(1).(a) IV.C.9.a).(1).(b)	At least 50 of these cases must take place in the operating room. (Core) Supervision of residents and other anesthesia providers by fellows must be under the direct supervision of a faculty anesthesiologist. (Core)	4.11.y.1.a. 4.11.y.1.b.	At least 50 of these cases must take place Supervision of residents and other anest under the direct supervision of a faculty a
IV.C.9.a).(1).(c)	Faculty members must provide feedback to help fellows develop skills in supervision. (Core)	4.11.y.1.c.	Faculty members must provide feedback supervision. (Core)
IV.C.9.a).(2)	Fellows must have experience with anesthetic management of pediatric cardiac patients, or adult patients with congenital heart disease, for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures. (Core)	4.11.y.2.	Fellows must have experience with anes patients, or adult patients with congenita and automatic implantable cardiac defibr cardiac arrhythmias, cardiac catheterizat diagnostic/therapeutic procedures. (Core
IV.C.10.	The program director must ensure that all fellows maintain accurate procedure logs. (Core)	4.11.z.	The program director must ensure that a logs. (Core)
IV.C.11.	The didactic curriculum should include lectures, peer-review case conferences, and/or morbidity and mortality conferences, as well as interdepartmental conferences or departmental grand rounds. (Core)	4.11.aa.	The didactic curriculum should include le and/or morbidity and mortality conferenc conferences or departmental grand roun
IV.C.11.a)	Subspecialty conferences, including review of all current complications and deaths, seminars, and clinical and basic science instruction, must be regularly conducted. (Detail)	4.11.aa.1.	Subspecialty conferences, including revi deaths, seminars, and clinical and basic conducted. (Detail)
IV.C.11.b)	Fellows must actively participate in the planning and production of these meetings. (Detail)	4.11.aa.2.	Fellows must actively participate in the p meetings. (Detail)

low fellows to demonstrate sensitivity and pulation, including diversity in gender, and sexual orientation. (Core)

low fellows to demonstrate compliance ogram policies. (Core)

low fellows to work in interprofessional nprove patient care quality. (Core)

low fellows to work in interprofessional nprove patient care quality. (Core)

low fellows to participate in identifying tial system solutions. (Core)

clinical care of patients and supervisory

clinical care of patients and supervisory

formed by each fellow as the primary sion of a faculty anesthesiologist. (Core)

lace in the operating room. (Core)

esthesia providers by fellows must be y anesthesiologist. (Core)

ck to help fellows develop skills in

esthetic management of pediatric cardiac ital heart disease, for cardiac pacemaker ibrillator placement, surgical treatment of cation, and cardiac electrophysiologic pre)

all fellows maintain accurate procedure

lectures, peer-review case conferences, nces, as well as interdepartmental unds. (Core)

eview of all current complications and ic science instruction, must be regularly

planning and production of these

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Fellows and faculty members should regularly attend all lectures, conferences,		Fellows and faculty members should reg
IV.C.11.c)	seminars, and workshops. (Core)	4.11.aa.3.	seminars, and workshops. (Core)
IV.C.11.c).(1)	Faculty members should be the leaders in the majority of the sessions. (Detail)	4.11.aa.3.a.	Faculty members should be the leaders i
	Multidisciplinary conferences should include participation from faculty members		Multidisciplinary conferences should inclu
IV.C.11.d)	from cardiology, congenital cardiac surgery, imaging, and pediatric critical care. (Core)	4.11.aa.4.	from cardiology, congenital cardiac surge (Core)
, IV.C.12.	Fellows must attend a minimum of 12 multidisciplinary conferences that are relevant to cardiac anesthesiology, including topics such as cardiovascular medicine, catheterization, congenital cardiac surgery, imaging, lung transplantation, mechanical assist devices, and pediatric critical care. (Core)	4.11.ab.	Fellows must attend a minimum of 12 mu relevant to cardiac anesthesiology, includ medicine, catheterization, congenital card transplantation, mechanical assist device
	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 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.		Scholarship Medicine is both an art and a science. scientist who cares for patients. This is evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisition participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching. The ACGME recognizes the diversity of programs prepare physicians for a val scientists, and educators. It is expected will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utilize
IV.D.		[None]	research as the focus for scholarship. Program Responsibilities
			The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.13.	with its mission(s) and aims. (Core) Program Responsibilities
	The program must demonstrate evidence of scholarly activities,		The program must demonstrate evide
IV.D.1.a)	consistent with its mission(s) and aims. (Core)	4.13.	with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Sp adequate resources to facilitate fellow activities. (Core)
IV.D.1.b).(1)	The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)	4.13.b.	The program must provide instruction in t and conduct, and the interpretation and p
IV.D.1.b).(2)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.13.c.	The faculty must establish and maintain a scholarship with an active research comp

egularly attend all lectures, conferences,

s in the majority of the sessions. (Detail)

clude participation from faculty members gery, imaging, and pediatric critical care.

multidisciplinary conferences that are luding topics such as cardiovascular ardiac surgery, imaging, lung ices, and pediatric critical care. (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 ition of such skills through fellow as defined in the subspecialty-specific ctivities may include discovery, ng.

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

dence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate ow and faculty involvement in scholarly

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

n an environment of inquiry and mponent. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, t textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
	Among their scholarly activity, programs must demonstrate		Faculty Scholarly Activity
	•Research in basic science, education, translational science, patient care,		Among their scholarly activity, progra accomplishments in at least three of t
	or population health		<ul> <li>Research in basic science, education or population health</li> </ul>
	•Peer-reviewed grants		•Peer-reviewed grants
	<ul> <li>•Quality improvement and/or patient safety initiatives</li> <li>•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>•Contribution to professional committees, educational organizations, or editorial boards</li> </ul>		<ul> <li>Quality improvement and/or patient s</li> <li>Systematic reviews, meta-analyses, intextbooks, or case reports</li> <li>Creation of curricula, evaluation tool electronic educational materials</li> <li>Contribution to professional committee ditorial boards</li> </ul>
IV.D.2.a)	<ul> <li>Innovations in education</li> <li>The program must demonstrate dissemination of scholarly activity within</li> </ul>	4.14.	<ul> <li>Innovations in education</li> <li>The program must demonstrate disservation</li> </ul>
IV.D.2.b)	and external to the program by the following methods:	4.14.a.	and external to the program by the fo
N/ D 2 b) (1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1)	(Outcome) peer-reviewed publication. (Outcome)	4. 14.a. 1.	
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity All fellows must conduct or be substantia related to the subspecialty that is suitabl
IV.D.3.a)	All fellows must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication. (Core)	4.15.	Fellow Scholarly Activity All fellows must conduct or be substantia related to the subspecialty that is suitabl

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

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

s, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

#### e)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.a).(1)	The results of such projects must be disseminated through a variety of means, including publication or presentation at local, regional, national, or international meetings. (Core)	4.15.a.	The results of such projects must be dis including publication or presentation at I meetings. (Core)
IV.D.3.a).(2)	Fellows must have a faculty mentor overseeing their project. (Core)	4.15.b.	Fellows must have a faculty mentor ove
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance 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 durin 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 durin educational assignment. (Core)
V.A.1.a).(1)	Faculty members responsible for teaching must provide critical evaluations of each fellow's progress and competence to the program director as detailed in V.A.1.b).(1). (Core)	5.1.h.	Faculty members responsible for teachir each fellow's progress and competence 5.1.a.1. (Core)
V.A.1.a).(1).(a)	Assessment should include essential character attributes, acquired character attributes, fund of knowledge, clinical judgment, and clinical psychomotor skills, as well as specific tasks and skills for patient management and critical analysis of clinical situations. (Detail)	5.1.h.1.	Assessment should include essential ch attributes, fund of knowledge, clinical jud as well as specific tasks and skills for pa of clinical situations. (Detail)
V.A.1.a).(2)	There must be periodic evaluation of fellows' patient care (quality assurance). (Core)	5.1.i.	There must be periodic evaluation of fell (Core)
V.A.1.a).(3)	The program must review fellows' procedure logs to ensure each fellow's progress in achieving the required breadth and depth of experience. (Detail)	5.1.j.	The program must review fellows' proce progress in achieving the required bread
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the subspecia (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 i other professional staff members); ar
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 perfo unsupervised practice. (Core)

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

verseeing their project. (Core)

#### valuation

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

#### valuation

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

#### valuation

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

hing must provide critical evaluations of ce to the program director as detailed in

character attributes, acquired character udgment, and clinical psychomotor skills, patient management and critical analysis

fellows' patient care (quality assurance).

cedure logs to ensure each fellow's adth and depth of experience. (Detail) the completion of the assignment.

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

continuity clinic in the context of other aluated at least every three months and

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

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

ical Competency Committee for its formance and improvement toward

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Requirement Number		Requirement Number	Requiremen
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
	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 designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun includes their readiness to progress t applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a 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 completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the 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.	The subspecialty-specific Milestones, subspecialty-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 must fellow in accordance with institutiona
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 the knowledge, skills, and behaviors neco (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)
	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the		At a minimum the Clinical Competend members, at least one of whom is a co be faculty members from the same pr health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

nust be appointed by the program

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee r least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee r progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to o performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and sc
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pla
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least one and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	Program Evaluation Committee respo
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)

e must review all fellow evaluations at

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

program director regarding each

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

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

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

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

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

bonsibilities must include guiding luding development of new goals,

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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 sl 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 n 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 fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working		Section 6: The Learning and Working The Learning and Working Environme Fellowship education must occur in th
	environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today		environment that emphasizes the follo •Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
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 wit has formal mechanisms to assess the its personnel toward safety in order to

oonsibilities must include review of the entify strengths, challenges, d 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 ne fellows and the members of the to the DIO. (Core) Self-Study and submit it to the DIO.

#### g Environment

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e students, residents, fellows, faculty ealth care team

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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.	[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 y
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
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, a must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of 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
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, del 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 requi practice of medicine; and establishes professional growth.

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

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

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

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

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 ment efforts.

receive data on quality metrics and populations. (Core)

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 e.

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

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	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 u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei 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 in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
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.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each as well as patient complexity and acuit through a variety of methods, as approved the structure of methods and the structure of methods.
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.
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pati fellow and the supervising physician patient care through appropriate telec

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

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

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

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

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

ervision while providing for graded ogram must use the following

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate teleo
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate teleo
VI.A.2.b).(1).(b).(i)	The use of telecommunication technology for direct supervision must not be used with invasive procedures, including the conduct of anesthesia. (Core)	6.7.a.	The use of telecommunication technolog used with invasive procedures, including
VI.A.2.b).(1).(b).(i).(a)	The supervising physician and the resident must interact with each other, and the patient, to solicit the key elements of the clinic visit and agree upon a management plan. (Core)	6.7.a.1.	The supervising physician and the reside the patient, to solicit the key elements of management plan. (Core)
VI.A.2.b).(1).(b).(i).(b)	The use of telecommunication technology for direct supervision must be limited to history-taking and patient examination, assessment, and counseling. (Core)	6.7.a.2.	The use of telecommunication technolog to history-taking and patient examination
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 super portions of care to fellows based on t of each fellow. (Core)

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cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the lecommunication technology.

ogy for direct supervision must not be ng the conduct of anesthesia. (Core)

ident must interact with each other, and of the clinic visit and agree upon a

ogy for direct supervision must be limited on, assessment, and counseling. (Core)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 supervisor 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 s
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 mus the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the 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 program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program meaning that each fellow finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership v provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o

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

rcumstances and events in which supervising faculty member(s). (Core) their scope of authority, and the bw is permitted to act with conditional

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

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

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

am must be accomplished without fill non-physician obligations. (Core) ram 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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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)		Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process for addressing such concerns. (Core)
	<ul> <li>Well-Being</li> <li>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.</li> <li>Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and</li> </ul>		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and of requires that physicians retain the joy own real-life stresses. Self-care and re members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect Fellows and faculty members are at re Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all mem- responsibility for the well-being of ea- clinical learning environment models
VI.C.	prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)

Sponsoring Institutions, must provide l, 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

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

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

n partnership with the Sponsoring

sity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek appropriate

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VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and 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.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient 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 procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.2.a)	Interprofessional teams should include non-physician health care professionals, such as medical assistants, specialized nurses, and technicians. (Detail)	6.18.a.	Interprofessional teams should include non-physician health care professionals, such as medical assistants, specialized nurses, and technicians. (Detail)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with their Sp
	and monitor effective, structured hand-off processes to facilitate both		and monitor effective, structured hand
VI.E.3.b)	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		Programs must ensure that fellows ar
VI.E.3.c)	team members in the hand-off process. (Outcome)	6.19.b.	team members in the hand-off proces
	Clinical Experience and Education		
	Brogrome in partnership with their Spencering Institutions, must design		Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with		Programs, in partnership with their Sp an effective program structure that is
	educational and clinical experience opportunities, as well as reasonable		educational and clinical experience of
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ac
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and Educa
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours n
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four-
	house clinical and educational activities, clinical work done from home,		house clinical and educational activiti
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Fellows should have eight hours off b
VI.F.Z.	Mandatory Time Free of Clinical Work and Education	0.21.	education periods. (Detail)
	Fellows should have eight hours off between scheduled clinical work and		Mandatory Time Free of Clinical Work Fellows should have eight hours off b
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
,	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 hours fr
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Fellows must be scheduled for a minimum of one day in seven free of		Fellows must be scheduled for a mini
	clinical work and required education (when averaged over four weeks). At-		clinical work and required education (
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on thes
			Maximum Clinical Work and Education
			Clinical and educational work periods
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinica
	Clinical and educational work nariada for follows must not evened 24		Maximum Clinical Work and Education
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods hours of continuous scheduled clinica
	Up to four hours of additional time may be used for activities related to	0.22.	Up to four hours of additional time ma
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing effect
	fellow education. Additional patient care responsibilities must not be		education. Additional patient care res
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	a fellow during this time. (Core)
			Clinical and Educational Work Hour E
			In rare circumstances, after handing o
			on their own initiative, may elect to re
			the following circumstances: to contin
			severely ill or unstable patient; to give
	Clinical and Educational Work Hour Exceptions	6.02	a patient or patient's family; or to atte
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	(Detail)

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.

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and education e)

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

#### Exceptions

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
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 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sour
VI.F.4.c)	The Review Committee for Anesthesiology will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Anesthesiolo exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	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.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.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 to toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)

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

ducation must be counted toward the

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

logy will not consider requests for esidents' work week.

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

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) d external moonlighting (as defined in st be counted toward the 80-hour

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

ency house call no more frequently than every four-week period). (Core)

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

VI.F.8.a)	the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core) At-home call must not be so frequent or taxing as to preclude rest or	6.28.	requirement for one day in seven free averaged over four weeks. (Core) At-home call must not be so frequent o
	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		At-Home Call Time spent on patient care activities b toward the 80-hour maximum weekly I not subject to the every-third-night lim
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement

by fellows on at-home call must count y limit. The frequency of at-home call is imitation, but must satisfy the ee of clinical work and education, when

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