Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse		Definition of Graduate Medical Educat Graduate medical education is the cru development between medical school is in this vital phase of the continuum learn to provide optimal patient care u members who not only instruct, but s compassion, cultural sensitivity, profe Graduate medical education transform scholars who care for the patient, pat
Int.A.	community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.	[None]	community; create and integrate new educate future generations of physici patterns established during graduate years later.
	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. 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.		Graduate medical education has as a responsibility for patient care. The car appropriate faculty supervision and co residents to attain the knowledge, ski empathy required for autonomous pra develops physicians who focus on ex equitable, affordable, quality care; and serve. Graduate medical education va group of physicians brings to medical inclusive and psychologically safe lea
	Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation 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 members of the health care team.	[None] - (Continued)	Graduate medical education occurs in foundation for practice-based and life development of the physician, begun through faculty modeling of the efface environment that emphasizes joy in co- rigor, and discovery. This transformat and intellectually demanding and occu- environments committed to graduate being of patients, residents, fellows, for members of the health care team.

cation

crucial step of professional ool and autonomous clinical practice. It im of medical education that residents e under the supervision of faculty t serve as role models of excellence, ofessionalism, and scholarship.

orms medical students into physician atient's family, and a diverse w knowledge into practice; and icians to serve the public. Practice te medical education persist many

a core tenet the graded authority and care of patients is undertaken with I conditional independence, allowing skills, attitudes, judgment, and practice. Graduate medical education excellence in delivery of safe, and the health of the populations they values the strength that a diverse cal care, and the importance of learning environments.

in clinical settings that establish the ifelong learning. The professional in in medical school, continues acement of self-interest in a humanistic o curiosity, problem-solving, academic nation is often physically, emotionally, ccurs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Int.B.	Definition of Specialty Vascular surgery is the surgical specialty involving diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels. Specialists in this discipline demonstrate the knowledge, skills, and understanding of the medical science relative to the vascular system, as well as mature technical skills and surgical judgment.	[None]	Definition of Specialty Vascular surgery is the surgical specialty venous, and lymphatic circulatory system vessels intrinsic to the heart and intracra discipline demonstrate the knowledge, s science relative to the vascular system, surgical judgment.
Int.C.	Length of Educational Program The educational program in vascular surgery for integrated programs must be 60 months in length. (Core)	4.1.	Length of Program The educational program in vascular sur 60 months in length. (Core)
I.	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. 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		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education, consistent with th Requirements. When the Sponsoring Institution is no most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.	1.1.	The program must be sponsored by o Institution.
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[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.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) The program must monitor the clinical learning and working environment	1.3.b.	The PLA must be approved by the des (Core) The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must k by the program director as the site dir resident education at that site, in colla (Core)

alty involving diseases of the arterial, ems, exclusive of those circulatory cranial vessels. Specialists in this skills, and understanding of the medical n, as well as mature technical skills and

surgery for integrated programs must be

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

ponsoring Institution, must designate a

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

every 10 years. ^(Core) designated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated director, who is accountable for blaboration with the program director.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data Syst
I.B.5.	Participating sites should be geographically proximate to the primary clinical site to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular and documented basis at a central location. (Core)	1.6.a.	Participating sites should be geographicate to allow all residents to attend joint conference morbidity and mortality reviews on a regulation (Core)
I.B.5.a)	Geographically remote participating sites must provide audiovisual access to conferences and lectures at the central location or document provision of an equivalent educational program of lectures and conferences. (Core)	1.6.b.	Geographically remote participating sites conferences and lectures at the central le equivalent educational program of lectur
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, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusiv present), faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	These resources must include:	[None]	
I.D.1.a).(1)	a common office space for residents that includes a sufficient number of computers and adequate workspace at the primary clinical site; (Core)	1.8.a.	These resources must include a common includes a sufficient number of computer primary clinical site. (Core)
I.D.1.a).(2)	software resources for production of presentations, manuscripts, and portfolios; and, (Core)	1.8.b.	These resources must include software presentations, manuscripts, and portfolic
I.D.1.a).(3)	online radiographic and laboratory reporting systems at the primary clinical site and all participating sites. (Core)	1.8.c.	These resources must include online rac systems at the primary clinical site and a
I.D.1.b)	The facility used to provide residents with experience in interpretation of non- invasive vascular laboratory testing must be accredited by a recognized organization that would allow residency graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	1.8.d.	The facility used to provide residents with invasive vascular laboratory testing must organization that would allow residency of eligibility for specialty board certification.
I.D.1.b).(1)	The laboratory must be currently accredited in extracranial cerebrovascular, peripheral arterial and peripheral venous testing, and must provide substantial experience in abdominal and visceral vascular imaging. (Detail)	1.8.d.1.	The laboratory must be currently accredi peripheral arterial and peripheral venous experience in abdominal and visceral va

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

ically proximate to the primary clinical site nferences, basic science lectures, and egular and documented basis at a central

es must provide audiovisual access to I location or document provision of an ures and conferences. (Core)

on

Sponsoring Institution, must engage driven, ongoing, systematic recruitment sive workforce of residents, fellows (if dministrative GME staff members, and emic community. (Core)

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

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

non office space for residents that ters and adequate workspace at the

e resources for production of lios. (Core)

adiographic and laboratory reporting I all participating sites. (Core)

with experience in interpretation of nonust be accredited by a recognized by graduates to fulfill the requirements of on. (Core)

dited in extracranial cerebrovascular, us testing, and must provide substantial vascular imaging. (Detail)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.c)	An accredited vascular surgery program must be conducted in an institution(s) that can document a sufficient breadth of patient care that routinely cares for patients with a broad spectrum of vascular diseases and conditions. (Core)	1.8.e.	An accredited vascular surgery program that can document a sufficient breadth o patients with a broad spectrum of vascu
I.D.1.d)	In addition, these institutions must include facilities and staff members for a variety of other services that provide a critical role in the care of patients with vascular conditions, including cardiovascular services, critical care services, general surgery services, nephrology services, neurology services, and radiology services. (Core)	1.8.f.	In addition, these institutions must includ variety of other services that provide a car vascular conditions, including cardiovasc general surgery services, nephrology se radiology services. (Core)
I.D.1.e)	The institutional volume and variety of open and endovascular operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each resident in the program. (Core)	1.8.g.	The institutional volume and variety of o experience must be adequate to ensure complex cases (as determined by the Re the program. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working resident 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 residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria
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 residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d Sponsoring Institution's policy. (Core
I.D.3.	Residents must have ready access to specialty-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.	Residents must have ready access to appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mus appointed residents' education. (Core
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 ov with all applicable program requireme

m must be conducted in an institution(s) of patient care that routinely cares for cular diseases and conditions. (Core)

ude facilities and staff members for a critical role in the care of patients with ascular services, critical care services, services, neurology services, and

open and endovascular operative re a sufficient number and distribution of Review Committee) for each resident in

Sponsoring Institution, must ensure ng environments that promote

)

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

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

priate to the participating site; and,

disabilities consistent with the re)

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

sonnel

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.1.a)	The Sponsoring Institution's 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 GMEC m director and must verify the program appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain co stability. (Core)
II.A.1.b).(1)	The term of appointment must be for the length of the program plus one year. (Detail)	2.3.a.	The term of appointment must be for the (Detail)
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)	2.4.	The program director and, as applical must be provided with support adeque 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. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director mus and support specified below for administ support for program leadership must be additional support may be for the progra program director and one or more assoc (Core)
	Number of Approved Resident Positions: 1-6 Minimum Support Required (FTE) for the Program Director: 0.20 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Resident Positions: 7-10 Minimum Support Required		Number of Approved Resident Positions (FTE) for the Program Director: 0.20 M (FTE) for Program Leadership in Aggreg Number of Approved Resident Positions
	 (FTE) for the Program Director: 0.30 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Resident Positions: 11-20 Minimum Support Required (FTE) for the Program Director: 0.30 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.10 		(FTE) for the Program Director: 0.30 M (FTE) for Program Leadership in Aggreg Number of Approved Resident Positions (FTE) for the Program Director: 0.30 M (FTE) for Program Leadership in Aggreg
II.A.2.a)	Number of Approved Resident Positions: 21 or greater Minimum Support Required (FTE) for the Program Director: 0.30 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.20	2.4.a.	Number of Approved Resident Positions Required (FTE) for the Program Director Required (FTE) for Program Leadership
II.A.2.b)	Program directors who oversee both an independent and an integrated vascular surgery program must be provided support for administration of the programs based on the total number of approved positions across both programs. (Core)	2.4.b.	Program directors who oversee both an surgery program must be provided supp based on the total number of approved p
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie

must approve a change in program n director's licensure and clinical

tor resides with the Review Committee.

ention of the program director for a continuity of leadership and program

he length of the program plus one year.

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

ust be provided with the dedicated time istration of the program. Additional be provided as specified below. This ram director only or divided among the ociate (or assistant) program directors.

ns: 1-6 | Minimum Support Required Minimum Additional Support Required egate: n/a

ns: 7-10 | Minimum Support Required Minimum Additional Support Required egate: n/a

ns: 11-20 | Minimum Support Required Minimum Additional Support Required egate: 0.10

ns: 21 or greater | Minimum Support tor: 0.30 | Minimum Additional Support ip in Aggregate: 0.20

n independent and an integrated vascular oport for administration of the programs d positions across both programs. (Core)

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s specialty expertise and at least three nd/or administrative experience, or view Committee. (Core)

Requirement Number	r	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess of for which they are the program director (ABS) or by the American Osteopathic specialty qualifications that are accept (Core)
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstra
II.A.4. II.A.4.a)	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core) The program director must:		Program Director Responsibilities The program director must have resp accountability for: administration and activity; resident recruitment and sele residents, and disciplinary action; su education in the context of patient car
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role r
II.A.4.a).(1)	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)		The program director must be a role of consistent with the needs of the component of the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)		The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)		The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.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)	2.6.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)		The program director must provide a which residents have the opportunity mistreatment, and provide feedback is appropriate, without fear of intimidation

tor

s specialty expertise and at least three nd/or administrative experience, or riew Committee. (Core)

current certification in the specialty ctor by the American Board of Surgery nic Board of Surgery (AOBS), or eptable to the Review Committee.

trate ongoing clinical activity. (Core)

sponsibility, authority, and nd operations; teaching and scholarly election, evaluation, and promotion of supervision of residents; and resident care. (Core)

e model of professionalism. (Core)

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

g the residents in each of the ACGME

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

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

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

a learning and working environment in ty to raise concerns, report c in a confidential manner as ation or retaliation. (Core)

Vascular Surgery (Integrated) Crosswalk

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Requirement Language	Requirement Number	Requiremen
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, or not to promote or renew		The program director must ensure th Sponsoring Institution's policies and and due process, including when act
•	2.6.h.	not to promote or renew the appointm
		The program director must ensure th
ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	Sponsoring Institution's policies and discrimination. (Core)
Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sig restrictive covenant. (Core)
document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must documen residents within 30 days of completic (Core)
provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's reques
the applicant's eligibility for the relevant specialty board examination(s).		The program director must provide a interview with information related to relevant specialty board examination
 Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents 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, residents, 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 residents and themselves. 	[None]	Faculty Faculty members are a foundational of education – faculty members teach re Faculty members provide an importa- and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the prior development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa graduate medical education system, and the population. Faculty members ensure that patients from a specialist in the field. They react the patients, residents, community, a provide appropriate levels of supervise Faculty members create an effective professional manner and attending to themselves.
There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residents. (
The members of the physician faculty must reflect sufficient diversity of interest		The members of the physician faculty m
	Requirement Language 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, or not to promote or renew the appointment of a resident; (Core) ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core) Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core) document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core) provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core) provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core) Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents 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	Requirement LanguageRequirement Numberensure 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 dismise, or not to promote or renew the appointment of a resident; (Core)2.6.1.ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)2.6.1.Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)3.1.document verification of education for all resident's education upon the resident's request, within 30 days; and (Core)2.6.1.provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)2.6.1.provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant speciality board examination(s). (Core)2.6.1.Faculty Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents 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 sexperice the priod and poy of fostering 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 opportunity to teach an effective learning environment by acting in a provide apprivate levels of supervision to promote patients afer

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

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

sign a non-competition guarantee or

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

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

applicants who are offered an o the applicant's eligibility for the on(s). (Core)

al element of graduate medical residents how to care for patients. tant bridge allowing residents to grow ng that patients receive the highest Is for future generations of physicians mmitment 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 I exemplary behavior. By employing a faculty members, through the n, improve the health of the individual

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

of faculty members with competence to s. (Core)

must reflect sufficient diversity of interest facets of vascular surgery. (Detail)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
II.B.2.	Faculty members must:	[None]	
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty members must be role models
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate of
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.8.a.	equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a residents, including devoting sufficien fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administer and environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating he (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
II.B.2.f).(4)	in patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	in patient care based on their practice efforts. (Detail)
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Surgery or t Surgery, or possess qualifications jud Committee. (Core)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a sig supervision of residents and must de entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	In addition to the program director, there must be a minimum of four board- certified vascular surgeons and one board-certified general surgeon designated as core faculty members. (Core)	2.11.b.	In addition to the program director, there certified vascular surgeons and one boa as core faculty members. (Core)

els of professionalism. (Core)

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

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

and maintain an educational

g residents. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

I)

health inequities, and patient safety;

dents' well-being; and, (Detail) ce-based learning and improvement

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

ve current certification in the specialty r the American Osteopathic Board of udged acceptable to the Review

significant role in the education and devote a significant portion of their nd/or administration, and must, as a , evaluate, and provide formative

te the annual ACGME Faculty Survey.

re must be a minimum of four boardbard-certified general surgeon designated

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
II.B.4.c)	For programs with 10 or more approved residency positions, there must be, in addition to the program director, a minimum of one core faculty member for each approved position. (Core)	2.11.c.	For programs with 10 or more approved addition to the program director, a minim each approved position. (Core)
II.B.4.c).(1)	The majority of those core faculty members must be board-certified vascular surgeons. (Core)	2.11.c.1.	The majority of those core faculty membe surgeons. (Core)
II.B.4.c).(2)	There must be a minimum of one board-certified general surgeon designated as a core faculty member. (Core)	2.11.c.2.	There must be a minimum of one board-or a core faculty member. (Core)
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator.
II.C.1.	There must be a program coordinator. (Core)	2.12.	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)	2.12.a.	The program coordinator must be pro- support adequate for administration o and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program:		At a minimum, the program coordinator n time and support specified below for adm
II.C.2.a)	Number of Approved Resident Positions: 1-6 Minimum FTE: 0.50 Number of Approved Resident Positions: 7-10 Minimum FTE: 0.70 Number of Approved Resident Positions: 11-15 Minimum FTE: 0.80	2.12.b.	Number of Approved Resident Positions: Number of Approved Resident Positions: Number of Approved Resident Positions:
II.D. III.	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) Resident Appointments	2.13. Section 3	Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core) Section 3: Resident Appointments
II.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the foll for appointment to an ACGME-accredi
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the foll for appointment to an ACGME-accredi
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in the Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)

ed residency positions, there must be, in imum of one core faculty member for

bers must be board-certified vascular

d-certified general surgeon designated as

or. (Core)

or. (Core)

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

r must be provided with the dedicated dministration of the program:

ns: 1-6 | Minimum FTE: 0.50 ns: 7-10 | Minimum FTE: 0.70 ns: 11-15 | Minimum FTE: 0.80

Sponsoring Institution, must jointly personnel for the effective

following qualifications to be eligible edited program: (Core)

following qualifications to be eligible edited program: (Core)

the United States, accredited by the cation (LCME) or graduation from a the United States, accredited by the Commission on Osteopathic College e)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement Language
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			 holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to appo
	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	 holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME- located. (Core)
,	5 5 1 ()		
			graduation from a medical school outside of the U meeting one of the following additional qualification
			 holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to appo
	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	 holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME- located. (Core)
			graduation from a medical school outside of the U meeting one of the following additional qualification
			 holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to appo
	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	 holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME- located. (Core)
	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)- accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)		All prerequisite post-graduate clinical education re or transfer into ACGME-accredited residency prog completed in ACGME-accredited residency progra residency programs, Royal College of Physicians (RCPSC)-accredited or College of Family Physicia accredited residency programs located in Canada programs with ACGME International (ACGME-I) Ac Accreditation. (Core)
	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon		Residency programs must receive verification of e competency in the required clinical field using AC ACGME-I Milestones evaluations from the prior tra
,	matriculation. (Core)	3.3.a.	matriculation. (Core)
	Resident Complement		Posidont Complement
	The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoint more resid the Review Committee. (Core)

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for b) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

al education required for initial entry residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ted in Canada, or in residency I (ACGME-I) Advanced Specialty

verification of each resident's level of field using ACGME, CanMEDS, or om the prior training program upon

pint more residents than approved by

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident matriculation. (Core)
	Resident transfers into an integrated vascular surgery program must be		Resident transfers into an integrated var
III.C.1. III.C.2.	approved in advance by the Review Committee. (Core) To be eligible for transfer at the PGY-2 level, residents must have satisfactorily completed a minimum of one year in an ACGME-accredited program in surgery, integrated vascular surgery, or integrated thoracic surgery. (Core)	3.5.a. 3.5.b.	approved in advance by the Review Col To be eligible for transfer at the PGY-2 completed a minimum of one year in an integrated vascular surgery, or integrate
III.C.3.	To be eligible for transfer at the PGY-3 level, residents must have satisfactorily completed a minimum of two years in an ACGME-accredited integrated vascular surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated thoracic surgery and a minimum of one year in an ACGME-accredited integrated thoracic surgery program. (Core)	3.5.c.	To be eligible for transfer at the PGY-3 I completed a minimum of two years in ar surgery program, or a combination of a accredited program in surgery or integra one year in an ACGME-accredited integ
III.C.4.	To be eligible for transfer at the PGY-4 level, residents must have satisfactorily completed a minimum of three years in an ACGME-accredited integrated vascular surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated thoracic surgery and a minimum of two years in an ACGME-accredited Integrated Vascular Surgery program. (Core)	3.5.d.	To be eligible for transfer at the PGY-4 I completed a minimum of three years in a vascular surgery program, or a combina ACGME-accredited program in surgery minimum of two years in an ACGME-ac program. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		Section 4: Educational Program The ACGME accreditation system is o and innovation in graduate medical e organizational affiliation, size, or loca The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health. Educational Components	Section 4	It is recognized programs may place leadership, public health, etc. It is ex reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health. Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo

on of previous educational experiences ed performance evaluation prior to nt, and Milestones evaluations upon

vascular surgery program must be ommittee. (Core)

2 level, residents must have satisfactorily in ACGME-accredited program in surgery, ted thoracic surgery. (Core)

3 level, residents must have satisfactorily an ACGME-accredited integrated vascular a minimum of one year in an ACGMEprated thoracic surgery and a minimum of egrated vascular surgery program. (Core)

4 level, residents must have satisfactorily n an ACGME-accredited integrated nation of a minimum of one year in an y or integrated thoracic surgery and a accredited Integrated Vascular Surgery

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

port the development of who provide compassionate care.

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

llowing educational components:

Requirement Number	•	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, residents, and faculty mer
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
IV.A.3.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)	4.2.c.	delineation of resident responsibilities responsibility for patient managemen
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Residen Experiences Residents must be provided with prot 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 concept 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 Competenc Milestones for each specialty.
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
	Professionalism Residents must demonstrate a commitment to professionalism and an		ACGME Competencies – Professional Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compete
			ACGME Competencies – Professional Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autono
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, and

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

tives for each educational experience trajectory to autonomous practice. d, and available to residents and

ies for patient care, progressive ent, and graded supervision; (Core) c activities; and, (Core)

ent Experiences – Didactic and Clinical

otected 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 specialty. The developmental ncies are articulated through the

SME Competencies into the curriculum.

nalism mitment to professionalism and an re)

etence in:

nalism mitment to professionalism and an re)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core) and the profession; (Core)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to divers not limited to diversity in gender, age national origin, socioeconomic status
	ability to recognize and develop a plan for one's own personal and		ability to recognize and develop a pla
IV.B.1.a).(1).(g)	professional well-being; and, (Core)	4.3.g.	professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and address
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents 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 Residents must be able to provide pa centered, compassionate, equitable, a treatment of health problems and the
	Residents must demonstrate manual dexterity appropriate for their educational	4.4	Residents must demonstrate manual de
IV.B.1.b).(1).(a)	levels. (Core)	4.4.a.	levels. (Core)
1) (D 4 b) (4) (b)	Residents must develop and execute patient care plans appropriate for their educational levels. (Core)	4.4.b.	Residents must develop and execute pa educational levels. (Core)
IV.B.1.b).(1).(b) IV.B.1.b).(2)	Residents 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 perform all medical, diagnostic, and s essential for the area of practice. (Con
	Residents must develop competence in performing operative procedures in the		Residents must develop competence in
IV.B.1.b).(2).(a)	following list of defined categories:	4.5.a.	following list of defined categories:
IV.B.1.b).(2).(a).(i)	abdominal; (Core)	4.5.a.1.	abdominal; (Core)
IV.B.1.b).(2).(a).(ii)	cerebrovascular; (Core)	4.5.a.2.	cerebrovascular; (Core)
IV.B.1.b).(2).(a).(iii)	complex; (Core)	4.5.a.3.	complex; (Core)
IV.B.1.b).(2).(a).(iv)	endovascular aneurysm repair; (Core)	4.5.a.4.	endovascular aneurysm repair; (Core)
IV.B.1.b).(2).(a).(v)	endovascular diagnostic; (Core)	4.5.a.5.	endovascular diagnostic; (Core)
IV.B.1.b).(2).(a).(vi)	endovascular therapeutic; and, (Core)	4.5.a.6.	endovascular therapeutic; and, (Core)
IV.B.1.b).(2).(a).(vii)	peripheral. (Core)	4.5.a.7.	peripheral. (Core)
IV.B.1.b).(2).(b)	Residents must develop competence in patient management, including determining an appropriate diagnosis and operative plan, providing pre- operative care, and directing post-operative care. (Core)	4.5.b.	Residents must develop competence in determining an appropriate diagnosis an operative care, and directing post-operative care.
IV.B.1.b).(2).(c)	Residents must develop competence in assessing the vascular portion of angiography, computed tomography (CT) scanning, magnetic resonance imaging (MRI), and magnetic resonance angiogram (MRA) images. (Core)	4.5.c.	Residents must develop competence in angiography, computed tomography (CT imaging (MRI), and magnetic resonance
IV.B.1.b).(2).(d)	Residents must demonstrate the ability to accurately interpret non-invasive vascular laboratory studies. (Core)	4.5.d.	Residents must demonstrate the ability t vascular laboratory studies. (Core)
IV.B.1.b).(2).(d).(i)	This experience must include the range and number of non-invasive studies that would allow graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	4.5.d.1.	This experience must include the range would allow graduates to fulfill the requir certification. (Core)

erse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core) lan for one's own personal and

ian for one's own personal and

ssing conflict or duality of interest.

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

dexterity appropriate for their educational

patient care plans appropriate for their

I Skills: Residents must be able to I surgical procedures considered fore)

n performing operative procedures in the

n patient management, including and operative plan, providing prerative care. (Core)

n assessing the vascular portion of CT) scanning, magnetic resonance ce angiogram (MRA) images. (Core) y to accurately interpret non-invasive

e and number of non-invasive studies that uirements of eligibility for specialty board

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
IV.B.1.c)	Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate knowledge of anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions. (Core)	4.6.a.	Residents must demonstrate knowledge microbiology, physiology, and pathology diagnosis, and treatment of vascular lest
IV.B.1.c).(2)	Residents must demonstrate knowledge of the methods and techniques of angiography, CT scanning, MRI, MRA, and other vascular imaging modalities. (Core)	4.6.b.	Residents must demonstrate knowledge angiography, CT scanning, MRI, MRA, a (Core)
IV.B.1.c).(3)	Residents must demonstrate knowledge of the roles of different specialists and other health care professionals in overall patient management. (Core)	4.6.c.	Residents must demonstrate knowledge other health care professionals in overal
IV.B.1.d)	Practice-based Learning and Improvement Residents 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 Residents must demonstrate the abili care of patients, to appraise and assis continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competed deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate compete improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate competer appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate competer practice using quality improvement m reducing health care disparities, and of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate competer formative evaluation into daily practic
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate compete assimilating evidence from scientific health problems. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Residents 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 Residents must demonstrate interper result in the effective exchange of info patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	

nowledge

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

ge of anatomy, biology, embryology, gy as they relate to the pathophysiology, esions. (Core)

ge of the methods and techniques of , and other vascular imaging modalities.

ge of the roles of different specialists and a rail patient management. (Core)

ased Learning and Improvement ility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

etence in identifying strengths, owledge and expertise. (Core) etence in setting learning and

etence in identifying and performing e)

etence in systematically analyzing methods, including activities aimed at d implementing changes with the goal

etence in incorporating feedback and tice. (Core)

etence in locating, appraising, and c studies related to their patients'

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

Requirement Number	·	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Residents must demonstrate compet with patients and patients' families, a of socioeconomic circumstances, cu capabilities, learning to engage interp provide appropriate care to each pati
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compet with physicians, other health profess (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competer member or leader of a health care tea
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competer families, students, other residents, ar
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competers of the terminate competers of terminate
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate compete timely, and legible health care record
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communicate to partner with them to assess their c appropriate, end-of-life goals. (Core)
IV.B.1.f).	Systems-based Practice Residents 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 Residents must demonstrate an awar larger context and system of health c social determinants of health, as well other resources to provide optimal he
, IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate competend health care delivery settings and syst specialty. ^(Core)
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate competer across the health care continuum and specialty. ^(Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate competer care and optimal patient care systems
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate competers system errors and implementing poter
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate compete of value, equity, cost awareness, deli- analysis in patient and/or population-

etence in communicating effectively , as appropriate, across a broad range ;ultural backgrounds, and language ;rpretive services as required to itient. ^(Core)

etence in communicating effectively sionals, and health-related agencies.

etence in working effectively as a eam or other professional group. (Core)

etence in educating patients, patients' and other health professionals. (Core) etence in acting in a consultative role essionals. (Core)

etence in maintaining comprehensive, rds, if applicable. (Core)

ate with patients and patients' families care goals, including, when

ased Practice

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

etence in working effectively in various stems relevant to their clinical

etence in coordinating patient care nd beyond as relevant to their clinical

etence in advocating for quality patient ms. (Core)

etence in participating in identifying tential systems solutions. (Core)

etence in incorporating considerations elivery and payment, and risk-benefit n-based care as appropriate. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate compet finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compet that promote patient safety and discle simulated). ^(Detail)
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for system to achieve the patient's and p including, when appropriate, end-of-l
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	 4.10. Curriculum Organization and Restructure The curriculum must be structured to experiences, the length of the experience These educational experiences inclue patient care responsibilities, clinical tevents. (Core) 4.11. Curriculum Organization and Residents must be provided with prodidactic activities. (Core) 4.12. Curriculum Organization and Residents must be provided with prodidactic activities. (Core) 4.12. Curriculum Organization and Residents must be provided with prodidactic activities. (Core) 4.12. Curriculum Organization and Residents must provide instruction management if applicable for the spesigns of substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Resider Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical to events. (Core)
IV.C.1.a)	Residents' clinical rotations must be a minimum of four weeks in duration. (Core)	4.10.a.	Residents' clinical rotations must be a m (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Resider The program must provide instruction management if applicable for the spe signs of substance use disorder. (Co
IV.C.3.	The following conferences must exist:	4.11.a.	The following conferences must exist:
IV.C.3.a)	a review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant; (Detail)	4.11.a.1.	a review, held at least biweekly, of all cu including radiological and pathological c autopsies when relevant; (Detail)

etence in understanding health care al patients' health decisions. (Core) etence in using tools and techniques closure of patient safety events (real or

or patients within the health care I patient's family's care goals, f-life goals. (Core)

Resident Experiences – Curriculum

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

Resident Experiences – Didactic and

rotected time to participate in core

Resident Experiences – Pain

ion and experience in pain pecialty, including recognition of the Core)

lent Experiences – Curriculum

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

minimum of four weeks in duration.

lent Experiences – Pain Management: ion and experience in pain pecialty, including recognition of the Core)

current complications and deaths, I correlation of surgical specimens and

Vascular Surgery (Integrated) Crosswalk

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	a course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery, as well as the technological advances that relate to vascular surgery and the care of patients with vascular diagonage (Detail)	4 11 - 2	a course or a structured series of confer and clinical sciences fundamental to vas technological advances that relate to vas
IV.C.3.b) IV.C.3.c)	with vascular diseases; (Detail) regular organized clinical teaching; and, (Detail)	4.11.a.2. 4.11.a.3.	with vascular diseases; (Detail) regular organized clinical teaching; and,
IV.C.3.d)	a regular review of recent literature in a journal club format. (Detail)	4.11.a.3. 4.11.a.4.	a regular review of recent literature in a
TV.C.3.u)		4.11.d.4.	
IV.C.4.	Residents must actively participate in the planning and presentation of required conferences. (Core)	4.11.b.	Residents must actively participate in the conferences. (Core)
IV.C.4.a)	Each resident must attend at least 75 percent of all required conferences. (Detail)	4.11.b.1.	Each resident must attend at least 75 pe (Detail)
IV.C.4.b)	At least 50 percent of the core faculty, in aggregate, must attend program conferences. (Detail)	4.11.b.2.	At least 50 percent of the core faculty, in conferences. (Detail)
IV.C.5.	The curriculum for each resident must include:	[None]	
IV.C.5.a)	18 months of core surgical education experience, which may include: general surgery, cardiac surgery, thoracic surgery, congenital cardiac surgery, cardiothoracic surgery, critical care, urology, gynecology, neurological surgery, plastic surgery, burn surgery, trauma, surgical critical care, pediatric surgery, abdominal and alimentary tract surgery, basic and advanced laparoscopic skills, head and neck and endocrine surgery, surgical oncology, and transplantation; (Core)	4.11.c.	The curriculum for each resident must in education experience, which may includ thoracic surgery, congenital cardiac surg care, urology, gynecology, neurological trauma, surgical critical care, pediatric s surgery, basic and advanced laparoscop surgery, surgical oncology, and transpla
IV.C.5.a).(1)	This experience must include: documented educational experiences in core surgical education, including pre- and post-operative evaluation and care; critical care and trauma management; and basic technical experience in skin and soft tissue, abdomen and alimentary track, airway management, laparoscopic surgery, and thoracic surgery. (Core)	4.11.c.1.	This experience must include: documen surgical education, including pre- and po- critical care and trauma management; a and soft tissue, abdomen and alimentary laparoscopic surgery, and thoracic surger
IV.C.5.b)	30 months of documented educational experiences concentrated in vascular surgery; and, (Core)	4.11.d.	The curriculum for each resident must ir educational experiences concentrated ir
IV.C.5.c)	12 months of documented educational experiences that may be a combination of: (Core)	4.11.e.	The curriculum for each resident must in educational experiences that may be a c
IV.C.5.c).(1)	a maximum of six months of vascular surgery-related rotations (e.g., "vascular medicine" cardiology, interventional radiology); (Core)	4.11.e.1.	a maximum of six months of vascular su medicine" cardiology, interventional radi
IV.C.5.c).(2)	a maximum of six months in additional core surgery rotations; (Core)	4.11.e.2.	a maximum of six months in additional of
IV.C.5.c).(3)	a maximum of 12 months of vascular surgery rotations; and, (Core)	4.11.e.3.	a maximum of 12 months of vascular su
IV.C.5.c).(4)	a maximum of six months of dedicated research experience. (Core)	4.11.e.4.	a maximum of six months of dedicated r
IV.C.6.	The final two years of residency education (i.e., PGY-4 and PGY-5) must occur in the same program. (Core)	4.11.f.	The final two years of residency education in the same program. (Core)
IV.C.7.	Residents must perform a minimum of 500 operations, to include 250 major vascular reconstructive procedures. (Core)	4.11.g.	Residents must perform a minimum of 5 vascular reconstructive procedures. (Co
IV.C.7.a)	Operative experience in excess of 1500 total cases must be justified by the program director. (Core)	4.11.g.1.	Operative experience in excess of 1500 program director. (Core)
IV.C.8.	The curriculum for each resident must include a final year with chief resident responsibility on the vascular surgery service at the primary clinical site or at a participating site. (Core)	4.11.h.	The curriculum for each resident must in responsibility on the vascular surgery se participating site. (Core)
IV.C.8.a)	A vascular surgery fellow and a chief resident in an integrated vascular surgery program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.h.1.	A vascular surgery fellow and a chief resprogram may function together on the sare patients. (Co

ent Language

erences to ensure coverage of the basic ascular surgery, as well as the /ascular surgery and the care of patients

d, (Detail)

a journal club format. (Detail)

the planning and presentation of required

percent of all required conferences.

in aggregate, must attend program

t include 18 months of core surgical ude: general surgery, cardiac surgery, urgery, cardiothoracic surgery, critical al surgery, plastic surgery, burn surgery, surgery, abdominal and alimentary tract copic skills, head and neck and endocrine lantation. ^(Core)

ented educational experiences in core post-operative evaluation and care; and basic technical experience in skin ary track, airway management, gery. (Core)

include 30 months of documented in vascular surgery. (Core)

include 12 months of documented a combination of: (Core)

surgery-related rotations (e.g., "vascular diology); (Core)

core surgery rotations; (Core)

surgery rotations; and, (Core) research experience. (Core)

ation (i.e., PGY-4 and PGY-5) must occur

500 operations, to include 250 major Core)

00 total cases must be justified by the

include a final year with chief resident service at the primary clinical site or at a

resident in an integrated vascular surgery same service but must not have primary Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.8.b)	A senior resident in an integrated vascular surgery program and a chief resident in a general surgery residency program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.h.2.	A senior resident in an integrated vascul in a general surgery residency program service but must not have primary respo
IV.C.9.	Resident experiences must include:	[None]	
IV.C.9.a)	primary responsibility for continuity of patient care, including ambulatory care, inpatient care, referral and consultation, and utilization of community resources; (Core)	4.11.i.	Resident experiences must include prim care, including ambulatory care, inpatier utilization of community resources. (Core
IV.C.9.b)	progressive senior surgical responsibilities in the total care of vascular surgery patients, including pre-operative evaluation, therapeutic decision-making, operative experience, and post-operative management; (Core)	4.11.j.	Resident experiences must include prog in the total care of vascular surgery patie therapeutic decision-making, operative e management. (Core)
IV.C.9.c)	participation in providing consultation with faculty member supervision. (Core)	4.11.k.	Resident experiences must include parti faculty member supervision. (Core)
IV.C.9.c).(1)	Residents should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. (Detail)	4.11.k.1.	Residents should have clearly defined energy residents, medical students, and profess
IV.C.9.c).(1).(a)	Teaching by vascular surgery residents should include correlation of basic biomedical knowledge with the clinical aspects of vascular surgery. (Detail)	4.11.k.2.	Teaching by vascular surgery residents biomedical knowledge with the clinical as
IV.C.9.d)	experience in the application, assessment, and limitations of non-invasive vascular diagnostic techniques; and, (Core)	4.11.l.	Resident experiences must include expe and limitations of non-invasive vascular of
IV.C.9.d).(1)	The program must provide didactic and clinical training in non-invasive vascular diagnostic testing and interpretation. (Detail)	4.11.I.1.	The program must provide didactic and o diagnostic testing and interpretation. (De
IV.C.9.d).(2)	Such education must not be achieved solely through attendance at off-site review or test preparation courses. (Detail)	4.11.l.2.	Such education must not be achieved so review or test preparation courses. (Deta
IV.C.9.e)	experience with outpatient activities. (Detail)	4.11.m.	Resident experiences must include expe
IV.C.9.e).(1)	Residents must devote an average of at least one half-day per week to outpatient activities. (Core)	4.11.m.1.	Residents must devote an average of at outpatient activities. (Core)
IV.C.10.	When justified by experience, senior residents should serve as teaching assistants to more junior residents in vascular or general surgery. (Detail)	4.11.n.	When justified by experience, senior resi assistants to more junior residents in vas

cular surgery program and a chief resident n may function together on the same ponsibility for the same patients. (Core)

mary responsibility for continuity of patient ent care, referral and consultation, and ore)

ogressive senior surgical responsibilities atients, including pre-operative evaluation, e experience, and post-operative

rticipation in providing consultation with

educational responsibilities for other essional personnel. (Detail)

s should include correlation of basic aspects of vascular surgery. (Detail)

perience in the application, assessment, ir diagnostic techniques. ^(Core)

d clinical training in non-invasive vascular Detail)

solely through attendance at off-site etail)

perience with outpatient activities. (Detail) at least one half-day per week to

esidents should serve as teaching /ascular or general surgery. (Detail)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	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 resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies 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 close is formedical		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities. S discovery, integration, application, a The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop
IV.D.	other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	other programs might choose to utili research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	, Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its a adequate resources to facilitate resid scholarly activities. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents scholarly approach to evidence-base
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of • Research in basic science, educatio or population health • Peer-reviewed grants • Quality improvement and/or patient • Systematic reviews, meta-analyses, textbooks, or case reports • Creation of curricula, evaluation too electronic educational materials • Contribution to professional commi editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

ce. The physician is a humanistic his requires the ability to think critically, ly assimilate new knowledge, and gram and faculty must create an sition of such skills through resident . Scholarly activities may include and teaching.

ity of residencies and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ms may concentrate their scholarly opulation health, and/or teaching, while tilize more classic forms of biomedical hip.

idence of scholarly activities consistent

idence of scholarly activities consistent

s Sponsoring Institution, must allocate sident and faculty involvement in

nts' knowledge and practice of the sed patient care. (Core)

grams must demonstrate of the following domains: (Core)

tion, translational science, patient care,

nt safety initiatives es, review articles, chapters in medical

ools, didactic educational activities, or

mittees, educational organizations, or

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
IV.D.2.a)	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 		 Research in basic science, educatio or population health Peer-reviewed grants Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too electronic educational materials Contribution to professional commit editorial boards Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:		 The program must demonstrate disses and external to the program by the following of the program by the following provement presentations, podium provement presentations, podium preer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome) peer-reviewed publication. (Outcome)
	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; (Outcome)		The program must demonstrate disse and external to the program by the fol • faculty participation in grand round improvement presentations, podium p peer-reviewed print/electronic resourc chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome) • peer-reviewed publication. (Outcom

rams must demonstrate f the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

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

ome)

semination of scholarly activity within following methods:

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

ome)

Requirement Number		Reformatted	
- Roman Numerals		Requirement Number	Requirement Language
			The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
			• 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; (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	 peer-reviewed publication. (Outcome)
			Resident Scholarly Activity
IV.D.3.	Resident Scholarly Activity	4.15.	Residents must participate in scholarship. (Core)
			Resident Scholarly Activity
IV.D.3.a)		4.15.	Residents must participate in scholarship. (Core)
V(D,2,a) (1)	Residents must have instruction in critical thinking, design of experiments, and	4 4 5 0	Residents must have instruction in critical thinking, design of experiments, and
IV.D.3.a).(1)	evaluation of data. (Detail)	4.15.a.	evaluation of data. (Detail)
IV.D.3.a).(2)	Residents should participate in clinical and/or laboratory research. (Detail)	4.15.b.	Residents should participate in clinical and/or laboratory research. (Detail)
, , ,		Section 5	Section 5: Evaluation
			Resident Evaluation: Feedback and Evaluation
			Faculty members must directly observe, evaluate, and frequently provide
V.A.	Resident Evaluation	5.1.	feedback on resident performance during each rotation or similar educational assignment. (Core)
		0.1.	Resident Evaluation: Feedback and Evaluation
			Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
			Resident Evaluation: Feedback and Evaluation
	Faculty members must directly observe, evaluate, and frequently provide		Faculty members must directly observe, evaluate, and frequently provide
	feedback on resident performance during each rotation or similar		feedback on resident performance during each rotation or similar
V.A.1.a)		5.1.	educational assignment. (Core)
V A 4 b)	Evaluation must be documented at the completion of the assignment.	540	Evaluation must be documented at the completion of the assignment.
V.A.1.b)		5.1.a.	(Core) For block rotations of greater than three months in duration, evaluation
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.	must be documented at least every three months. (Core)
	Longitudinal experiences, such as continuity clinic in the context of other		Longitudinal experiences, such as continuity clinic in the context of other
	clinical responsibilities, must be evaluated at least every three months and		clinical responsibilities, must be evaluated at least every three months
V.A.1.b).(2)	•	5.1.a.2.	and at completion. (Core)
			The program must provide an objective performance evaluation based on
	The program must provide an objective performance evaluation based on		the Competencies and the specialty-specific Milestones. ^(Core)
V.A.1.c)		5.1.b.	
	use multiple evaluators (e.g., faculty members, peers, patients, self, and	Ed h d	The program must use multiple evaluators (e.g., faculty members, peers,
V.A.1.c).(1)		5.1.b.1.	patients, self, and other professional staff members). (Core)
	provide that information to the Clinical Competency Committee for its		The program must provide that information to the Clinical Competency
	synthesis of progressive resident performance and improvement toward		Committee for its synthesis of progressive resident performance and

Vascular Surgery (Integrated) Crosswalk

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v their documented semi-annual evalua progress along the specialty-specific
V.A.1.d).(1).(a)	The semi-annual assessment must include a review of each resident's operative experience to ensure breadth and balance of experience in the surgical care of vascular diseases. (Core)	5.1.c.1.	The semi-annual assessment must inclu experience to ensure breadth and balan vascular diseases. (Core)
V.A.1.d).(1).(a).(i)	The program director must ensure that the operative experience of individual residents in the same program is comparable. (Detail)	5.1.c.2.	The program director must ensure that t residents in the same program is compa
V.A.1.d).(2)	assist residents 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 individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents 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
V.A.1.e)	At least annually, there must be a summative evaluation of each resident 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 sur that includes their readiness to progr applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a).(1)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, and specific Case Logs, must be used as engage in autonomous practice upon
V.A.2.a).(2)	The final evaluation must: become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in	[None]	The final evaluation must become par maintained by the institution, and mu
V.A.2.a).(2).(a) V.A.2.a).(2).(b)	accordance with institutional policy; (Core) verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.b. 5.2.c.	resident in accordance with institutio The final evaluation must verify that t knowledge, skills, and behaviors nec (Core)
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)

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nee, with input from the Clinical t with and review with each resident uation of performance, including ic Milestones. (Core)

clude a review of each resident's operative ance of experience in the surgical care of

t the operative experience of individual parable. (Detail)

nee, with input from the Clinical st residents in developing italize on their strengths and identify

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

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

ormance must be accessible for review

on

a final evaluation for each resident Core)

on

a final evaluation for each resident Core)

and when applicable the specialtyis tools to ensure residents are able to on completion of the program. (Core)

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

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

with the resident upon completion of

nust be appointed by the program

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competend members of the program faculty, at le member. (Core)
V.A.3.a).(1)	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)	5.3.b.	Additional members must be faculty r other programs, or other health profe and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee I at least semi-annually. (Core)
V.A.3.b).(2)	determine each resident's progress on achievement of the specialty- specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee I progress on achievement of the speci
V.A.3.b).(3)	meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)	5.3.e.	The Clinical Competency Committee i semi-annual evaluations and advise the resident's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, anonymous, and confidential evaluations by the residents. (Core)	5.4.b.	This evaluation must include written, evaluations by the residents. (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 Pr 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 Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	

ent Language ency Committee must include three least one of whom is a core faculty

y members from the same program or fessionals who have extensive contact residents. (Core)

e must review all resident evaluations

e must determine each resident's ecialty-specific Milestones. (Core) e must meet prior to the residents' e the 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, anonymous, and confidential

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,

Vascular Surgery (Integrated) Crosswalk

Requirement Number - Roman Numerals	r Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response program's self-determined goals and
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 response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ide opportunities, and threats as related (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee 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 residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-St
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS me board offer(s) an annual written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)

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ponsibilities must include review of the ad progress toward meeting them. ^(Core)

ponsibilities must include guiding luding development of new goals,

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

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

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

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

Study and submit it to the DIO. (Core)

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

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

member board and/or AOA certifying im, in the preceding three years, the nose taking the examination for the first n fifth percentile of programs in that

member board and/or AOA certifying im, in the preceding six years, the nose taking the examination for the first n fifth percentile of programs in that

member board and/or AOA certifying in the preceding three years, the nose taking the examination for the first n fifth percentile of programs in that

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that		For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of thos time must be higher than the bottom t
V.C.3.d)	specialty. (Outcome)	5.6.c.	specialty. ^(Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in the environment that emphasizes the follow
	 Excellence in the safety and quality of care rendered to patients by residents today 		• Excellence in the safety and quality residents today
	 Excellence in the safety and quality of care rendered to patients by today's residents in their future practice 		• Excellence in the safety and quality today's residents in their future pract
	• Excellence in professionalism		• Excellence in professionalism
	 Appreciation for the privilege of caring for patients 		 Appreciation for the privilege of cari
VI	• Commitment to the well-being of the students, residents, 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 heat
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]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
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
		-	

member board and/or AOA certifying in the preceding six years, the nose taking the examination for the first n fifth percentile of programs in that

n 5.6.a.-c., any program whose cified in the requirement have achieved et this requirement, no matter the pass rate in that specialty. ^(Outcome)

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

ng Environment

ment

the context of a learning and working blowing principles:

ty of care rendered to patients by

ty of care rendered to patients by ctice

aring for patients

he students, residents, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective is to assess the knowledge, skills, and fety in order to identify areas for

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	Patient Safety Events		Define the Opfic for Exception
	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety,		Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar
	and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in		and are essential for the success of a and experiential learning are essentia
VI.A.1.a).(2)	the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
	be provided with summary information of their institution's patient safety		Residents, fellows, faculty members, must be provided with summary infor
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	safety reports. ^(Core)
VI.A.1.a).(2).(b)	Residents 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.	Residents must participate as team m interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
•••••••••••••••••••••••••••••••••••••••	Quality Metrics		
VI.A.1.a).(3)	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 improvement
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient p
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup
			Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes
VI.A.2.	Supervision and Accountability	[None]	professional growth.

y-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 formation of their institution's patient

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

tizing activities for care improvement ment efforts.

st receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and upervision of all patient care.

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all residents is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supe authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction.	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be supe the above definition. (Core)
VI.A.2.b).(1).(a).(i).(a)	The program must define those physician tasks for which PGY-1 residents may be supervised indirectly, with direct supervision available, and must define "direct supervision" in the context of the program. (Core)	6.7.a.1.	The program must define those physicia be supervised indirectly, with direct supe "direct supervision" in the context of the

a ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and pervision of all patient care.

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

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

t the appropriate level of supervision in ach resident's level of training and and acuity. Supervision may be ods, as appropriate to the situation.

pervision while providing for graded ogram must use the following

cally present with the resident during action.

cally present with the resident during action.

pervised directly, only as described in

tian tasks for which PGY-1 residents may pervision available, and must define e program. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(1).(a).(i).(b)	The program must define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director, and must maintain records of such demonstrations of competence. (Core)	6.7.a.2.	The program must define those physicia be supervised directly until they have de the program director, and must maintain competence. (Core)
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 resident 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 availabl 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 physi 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 resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro (Core)
, VI.A.2.d).(1)	The program director must evaluate each resident'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 residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as supe portions of care to residents based or skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior 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.	Senior residents or fellows should se residents in recognition of their progr the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of circumstances under which the reside conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resid the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)

tian tasks for which PGY-1 residents must demonstrated competence as defined by in records of such demonstrations of

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

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

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

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

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

serve in a supervisory role to junior gress toward independence, based on kills of the individual resident or fellow.

ircumstances and events in which he supervising faculty member(s).

of their scope of authority, and the ident is permitted to act with ie)

ust be of sufficient duration to assess sident and to delegate to the resident authority and responsibility. (Core)

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

Requirement Number	•	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents 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 residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on residents to ful
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 resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each resident finds physician, including protecting time we administrative support, promoting pro- flexibility, and enhancing professional
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 provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Residents 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.	Residents and faculty members must their personal role in the safety and w care, including the ability to report un (Core)
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, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents 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 S process for education of residents an behavior and a confidential process f addressing such concerns. (Core)

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

ram must be accomplished without fulfill non-physician obligations. ^(Core)

ram must ensure manageable patient

ram must include efforts to enhance s in the experience of being a e with patients, providing progressive independence and nal relationships. (Core)

p with the Sponsoring Institution, must n that supports patient safety and

st demonstrate an understanding of welfare of patients entrusted to their unsafe conditions and safety events.

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

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	Well-Being		Well-Being
	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		Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and requires that physicians retain the jog
	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 residency training.		own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills nurtured in the context of other aspec
	Residents 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 prepares residents with the skills and attitudes needed to thrive		Residents and faculty members are a Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and
VI.C.	throughout their careers.	[None]	throughout 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 resident well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag member well-being; and, (Core)
VI.C.1.c).(1)	Residents 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.	Residents must be given the opportu and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
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 bur disorders, suicidal ideation, or poten 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)		recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care		providing access to confidential, affo counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (

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

e at risk for burnout and depression. Sponsoring Institutions, have the I-being as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and nd attitudes needed to thrive

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

age optimal resident and faculty

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

members in:

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

hemselves and how to seek

-screening. (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Dequirement
	There are circumstances in which residents may be unable to attend work,	Requirement Number	Requirement There are circumstances in which res
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
\// C Q	appropriate length of absence for residents unable to perform their patient		appropriate length of absence for resi
VI.C.2.	care responsibilities. (Core) The program must have policies and procedures in place to ensure	6.14.	care responsibilities. (Core) The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of
	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the resident who is or was unable to provide the clinical		consequences for the resident who is
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation Programs must educate all residents
			of the signs of fatigue and sleep depr
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and		Programs must educate all residents of the signs of fatigue and sleep depr
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	adequate sleep facilities and safe transportation options for residents who		adequate sleep facilities and safe tran
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level,		Clinical Responsibilities The clinical responsibilities for each r
	patient safety, resident ability, severity and complexity of patient		patient safety, resident ability, severit
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo
	The workload associated with optimal clinical care of surgical patients is a		The workload associated with optimal cli
VI.E.1.a)	continuum from the moment of admission to the point of discharge. (Core)	6.17.a.	continuum from the moment of admissio
,	During the residency education process, surgical teams should be made up of		During the residency education process,
	attending surgeons, fellows and residents at various PG levels (when		attending surgeons, fellows and resident
	appropriate), medical students (when appropriate), and other health care		appropriate), medical students (when ap
VI.E.1.b)	providers. (Core)	6.17.b.	providers. (Core)
	The work of the caregiver team should be assigned to team members based on		The work of the caregiver team should b
VI.E.1.c)	each member's level of education, experience, and competence. (Core)	6.17.c.	each member's level of education, exper
	As residents progress through levels of increasing competence and		As residents progress through levels of i
V = 1 d	responsibility, it is expected that work assignments will keep pace with their	6 17 4	responsibility, it is expected that work as
VI.E.1.d)	advancement. (Core) Teamwork	6.17.d.	advancement. (Core)
			Teamwork
	Residents must care for patients in an environment that maximizes		Residents must care for patients in ar
	communication and promotes safe, interprofessional, team-based care in	C 49	communication and promotes safe, in
VI.E.2.	the specialty and larger health system. (Core)	6.18.	the specialty and larger health system

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

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

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

is and faculty members in recognition privation, alertness management, and I)

ts and faculty members in recognition privation, alertness management, and I)

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

n resident must be based on PGY level, rity and complexity of patient port services. (Core)

clinical care of surgical patients is a sion to the point of discharge. (Core)

es, surgical teams should be made up of ents at various PG levels (when appropriate), and other health care

I be assigned to team members based on perience, and competence. (Core)

of increasing competence and assignments will keep pace with their

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.E.2.a)	Effective surgical practices must entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Core)	6.18.a.	Effective surgical practices must entail t of complementary skills and attributes (Success requires both an unwavering m contributions, and a shared commitmen
VI.E.2.b)	Residents must collaborate with other surgical residents, with faculty, and other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Core)	6.18.b.	Residents must collaborate with other suppresentation outside of their specialty, and best formulate treatment plans for an ind (Core)
VI.E.2.c)	Residents must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, residents must learn and utilize the established methods for handing off remaining tasks to another member of the resident team so that patient care is not compromised. (Core)	6.18.c.	Residents must assume personal respo they are assigned (or which they volunta tasks must be completed in the hours as residents must learn and utilize the esta remaining tasks to another member of th not compromised. (Core)
VI.E.2.d)	Lines of authority should be defined by programs, and all residents must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Core)	6.18.d.	Lines of authority should be defined by p working knowledge of these expected re quality care and patient safety. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fr
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 assigr patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents with team members in the hand-off p
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)

I the involvement of members with a mix (physicians, nurses, and other staff). mutual respect for those skills and ent to the process of patient care. (Core)

surgical residents, with faculty, and other nd non-traditional health care providers, to ncreasingly diverse patient population.

onsibility to complete all tasks to which ntarily assume) in a timely fashion. These assigned, or, if that is not possible, tablished methods for handing off the resident team so that patient care is

y programs, and all residents must have a reporting relationships to maximize

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

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

Sponsoring Institutions, must ensure and-off processes to facilitate both *y*. (Core)

ts are competent in communicating process. (Outcome)

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

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

rk and Education off between scheduled clinical work

Vascular Surgery (Integrated) Crosswalk

Residents should have eight hours off between scheduled clinical work and education periods. (Detail) Residents should and education periods. VI.F.2.b) after 24 hours of in-house call. (Cora) 6.21. and education periods. VI.F.2.b) after 24 hours of in-house call. (Cora) 6.21.a. Residents must have after 24 hours of in-house call. (Cora) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At- home call cannot be assigned on these free days. (Core) Residents must be clinical work and clinical work and Education Period Length 6.21. Maximum Clinical Clinical and education clinical and educational work periods for residents must not exceed 24 hours of continuous patient safety, such as providing effective transitions of care, and/or resident education. Additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to prevents. (Detail) Clinical and Educational Work Hour Exceptions 6.23. Clinical and Educational Work Hours of a patient events. (Detail) VI.F.4. Clinical and Educational Work Hour Exceptions 6.23. Clinical and	equirement Number		Reformatted	
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VI.F.2.b) after 24 hours of in-house call. (Core) 6.21.a. after 24 hours of in-house call. (Core) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core) 6.21.b. Residents must be clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core) 6.21.b. Maximum Clinical work and clinical avork and clinical avork and the clinical and educ Clinical and educ Clinical and educ clinical assignments. (Core) 6.22. Maximum Clinical and educ Clinical and educ hours of continuo hours of continuo hours of continuo hours of continuous scheduled clinical assignments. (Core) 6.22. Maximum Clinical and educ hours of continuous scheduled clinical assignments. (Core) 6.22. Up to four hours of additional time may be used for activities related to assigned to a resident during this time. (Core) 0.22. Up to four hours of additional patient care responsibilities must not be assigned to a resident education. Additional patient safety, such as providing effective transitions of care, and/or resident, on their clinical site in the as single saveroly up eack of a patient active, such as signed to a resident during this time. (Core) 6.22. Clinical and Educational Work Hour Exceptions 6.23. Clinical and Education at the proving effective transition to the clinical site in the as ingle saveroly up eack of a patient or patient's family; or to attend unique educational events. (Detail) In rare circumstances, after handing off all other responsibilities, a resident, on their own init		-	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core) clinical work and required education these free days. (Core) 6.21.b. clinical cannot be assigned on these free days. (Core) 6.21.b. home call cannot be assigned on these free days. (Core) 6.21.b. Maximum Clinical cannot be assigned on these free days. (Core) 6.21.b. Maximum Clinical and education of the continue cannot be assigned on these free days. (Core) 6.22. hours of continuou control borns of continue control borns of continue control borns of continuous scheduled clinical assignments. (Core) 6.22. Maximum Clinical and education and the control borns of cannot be assigned to a resident aducation. Additional patient care responsibilities must not exceed 24 Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident aducation. Additional patient care responsibilities must not exceed 24. Up to four hours of cance and/or resident during this time. (Core) 6.22.a. assigned to a resident during this time. (Core) VI.F.4. Clinical and Educational Work Hour Exceptions 6.23. Clinical and Educational Work Hour Exceptions 6.23. Clinical and Educational Work and resident, on their collinical site in the a single severely in eeds of a patient exception weekly limit. (Detail) Clinical and Educational Work Hour Exceptions 6.23. Clinical and Educational Work Hour Exceptions Clinical and Education in the the following circumstances: to continue to provide car			6.21.a.	Residents must have at least 14 hours after 24 hours of in-house call. (Core)
VI.F.3. Maximum Clinical Work and Education Period Length 6.22. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core) 6.22. Maximum Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core) 6.22. Durus of continuous scheduled clinical assignments. (Core) 6.22. Durus of continuous scheduled clinical assignments. (Core) 6.22. Durus of continuous scheduled clinical assignments. (Core) 9.22. Durus of continuous scheduled clinical assignments. (Core) 6.22. Durus of continuous scheduled clinical assignments. (Core) 9.22. Durus of continuous schedules. 9.22. Durus of continuous schedules. Clinical and Education at resident, on their clinical site in the following circumstan		clinical work and required education (when averaged over four weeks). At-		Residents must be scheduled for a miclinical work and required education (home call cannot be assigned on these Maximum Clinical Work and Educatio
VI.F.3.a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core) 6.22. Clinical and educ hours of continuous VI.F.3.a) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core) 0.22.a. Clinical and Educ assigned to a resident during this time. (Core) VI.F.3.a).(1) assigned to a resident during this time. (Core) 6.22.a. Clinical and Educ in rare circumstan resident, on their clinical and Educational Work Hour Exceptions 6.22.a. Clinical and Educ in rare circumstan resident, on their clinical site in the a single severely needs of a patient resident, 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) These additional solutional hours of care or education must be counted toward the 80-hour weekly limit. (Detail) 6.23.a. These additional solutional solutional solutional events. (Detail) VI.F.4.c) 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 work hours to individual programs based on a sound educational arationale. The Review Committee texe Committee fo	.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Clinical and educational work periods hours of continuous scheduled clinica
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In rare circumstances, after handing off all other responsibilities, a resident, 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)In rare circumstances resident, on their clinical site in the 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)In rare circumstances resident, on their clinical site in the a single severely needs of a patient events. (Detail)VI.F.4.a)These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)6.23.These additional 80-hour weekly limit.VI.F.4.b)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 Commit the 80-hour limit to the residents' work week.A Review Commit the 80-hour limit to the residents' work week.VI.F.4.c)The Review Committee for Surgery will not accept requests for exceptions to the 80-hour limit to the residents' work week.6.24.The Review Committee the 80-hour limit to the 80-hour limit to the 80-hour limit to the 80-hour limit to the 80-hour limit to	F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing or resident, on their own initiative, may e clinical site in the following circumsta a single severely ill or unstable patien needs of a patient or patient's family; events. (Detail)
VI.F.4.b)80-hour weekly limit. (Detail)6.23.a.80-hour weekly limit.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 Commit percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.A Review Commit percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.A Review Commit percent or a maximum of 88 clinical and educational rationale.VI.F.4.c)The Review Committee for Surgery will not accept requests for exceptions to the 80-hour limit to the residents' work week.A Review Committee for Surgery will not accept requests for exceptions to the the 80-hour limit to the residents' work week.Moonlighting		resident, 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	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing or resident, on their own initiative, may e clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)
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VI.F.4.c) 80-hour limit to the residents' work week. 6.24. the 80-hour limit to Moonlighting Moonlighting		percent or a maximum of 88 clinical and educational work hours to		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
	VI.F.4.c)			The Review Committee for Surgery will r the 80-hour limit to the residents' work w
the goals and obj	.F.5.	Moonlighting	6.25.	Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness for

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

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

may be used for activities related to fective transitions of care, and/or ent care responsibilities must not be me. (Core)

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Exceptions

g off all other responsibilities, a y elect to remain or return to the stances: to continue to provide care to ent; to give humanistic attention to the y; or to attend unique educational

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h the ability of the resident to achieve cational program, and must not for work nor compromise patient

Requirement Numbe - Roman Numerals	r Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	Time spent by residents 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 residents in internal ar in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.6.a)	Night float rotations must not exceed two months in succession, or three months in succession for rotations with night shifts alternating with day shifts. (Detail)	6.26.a.	Night float rotations must not exceed two in succession for rotations with night shi
VI.F.6.b)	There can be no more than four months of night float per year. (Detail)	6.26.b.	There can be no more than four months
VI.F.6.c)	There must be at least two months between each night float rotation. (Detail)	6.26.c.	There must be at least two months betw
VI.F.6.d)	The total amount of night float for any resident over a five-year residency must be no more than 15 months (Detail)	6.26.d.	The total amount of night float for any re be no more than 15 months (Detail)
VI.F.6.d).(1)	Any rotation that requires residents to work nights in succession, is considered a night float rotation, and the total time on nights is counted toward the maximum allowable time for each resident over the five-year residency. (Core)	6.26.d.1.	Any rotation that requires residents to waa night float rotation, and the total time of maximum allowable time for each reside
VI.F.7.	Maximum In-House On-Call Frequency Residents 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 Residents must be scheduled for in-h every third night (when averaged ove
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each res

h the ability of the resident to achieve cational program, and must not for work nor compromise patient

and external moonlighting (as defined nust be counted toward the 80-hour

o moonlight. (Core)

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

wo months in succession, or three months hifts alternating with day shifts. (Detail) ns of night float per year. (Detail)

tween each night float rotation. (Detail) resident over a five-year residency must

work nights in succession, is considered on nights is counted toward the dent over the five-year residency. (Core)

ncy

-house call no more frequently than /er a four-week period). (Core)

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

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

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