

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

Requirement #: **II.A.2.a)**

Requirement Revision (significant change only):

II.A.2.a) 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)

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE) for the Program Director</u>	<u>Minimum Additional Support Required (FTE) for Program Leadership in Aggregate</u>	<u>Total Minimum Program Leadership Support</u>
<u>1-3</u>	<u>0.1</u>	<u>0.025</u>	<u>0.125</u>
<u>4-6</u>	<u>0.15</u>	<u>0.05</u>	<u>0.2</u>
<u>7-9</u>	<u>0.2</u>	<u>0.1</u>	<u>0.3</u>
<u>10-14</u>	<u>0.2</u>	<u>0.15</u>	<u>0.35</u>
<u>15 and over</u>	<u>0.2</u>	<u>0.2</u>	<u>0.4</u>

<u>Number of Approved Fellow Positions</u>	<u>Minimum FTE</u>
<u>1-2</u>	<u>0.1</u>
<u>3</u>	<u>0.125</u>
<u>4</u>	<u>0.15</u>
<u>5</u>	<u>0.175</u>
<u>&gt;5</u>	<u>0.2</u>

- Describe the Review Committee's rationale for this revision:  
**The Review Committee has received a number of concerns related to insufficient dedicated time for the program director and leadership team and provided these requirements to clarify its expectations.**
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**This revision will improve fellow education by ensuring more protected time for the program director and leadership team.**
- How will the proposed requirement or revision impact continuity of patient care?  
**n/a**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**This revision could possibly necessitate additional resources, if the program does not currently provide sufficient protected non-clinical administrative time for the program director and/or leadership team.**
5. How will the proposed revision impact other accredited programs?  
**n/a**

Requirement #: **II.B.1.c)**

Requirement Revision (significant change only):

II.B.1.c) Physicians with education or certification in critical care echocardiography (e.g., transthoracic echocardiogram (TTE), transesophageal echocardiogram (TEE) and ultrasound (e.g., point-of-care ultrasound) must be available for consultation and collaboration to supervise fellows. (Core)

1. Describe the Review Committee's rationale for this revision:  
**It is important for faculty members experienced in echocardiography and ultrasound to supervise patient care provided by fellows.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed requirement will improve quality of patient care by ensuring appropriate supervision and consultation for fellows in echocardiography and ultrasound.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**n/a**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is unlikely that this revision will necessitate additional institutional resources, as programs most likely have faculty members with background and skills in these areas already present.**
5. How will the proposed revision impact other accredited programs?  
**n/a**

Requirement #: **IV.B.1.b).(1).(c)-IV.B.1.b).(1).(d); IV.C.9.**

Requirement Revision (significant change only):

~~IV.B.1.b).(1).(c) — Fellows must demonstrate competence in:~~

~~IV.B.1.b).(1).(c).(i) — compassion, integrity, and respect for others; (Core)~~

~~IV.B.1.b).(1).(c).(ii) — responsiveness to patient needs; (Core)~~

- ~~IV.B.1.b).(1).(c).(iii) — respect for patient privacy and autonomy; <sup>(Core)</sup>~~
- ~~IV.B.1.b).(1).(c).(iv) — accountability to patients, society, and the profession; <sup>(Core)</sup>~~
- ~~IV.B.1.b).(1).(c).(v) — sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and, <sup>(Core)</sup>~~
- ~~IV.B.1.b).(1).(c).(vi) — compliance with institutional, departmental, and program policies. <sup>(Core)</sup>~~
- ~~IV.B.1.b).(1).(d) — Fellows must demonstrate competence in:~~
  - ~~IV.B.1.b).(1).(d).(i) — working in interprofessional teams to enhance patient safety and improve patient care quality; <sup>(Core)</sup>~~
  - ~~IV.B.1.b).(1).(d).(ii) — identifying system errors and potential errors (near misses), and assisting in the implementation of potential system solutions; and, <sup>(Core)</sup>~~
  - ~~IV.B.1.b).(1).(d).(iii) — administrative and management skills related to delivery of critical care services, resource utilization, and triage of critically ill patients. <sup>(Core)</sup>~~
- ~~IV.C.9. The program's curriculum must be designed in order for fellows to demonstrate:~~
  - ~~IV.C.9.a) the acquisition of the skills and habits of self-assessment and reflection; <sup>(Core)</sup>~~
  - ~~IV.C.9.b) effective communication skills with patients and their families or surrogates, including acquisition of informed consent, communication about prognosis and likelihood of recovery, and disclosure of complications and errors and their management; <sup>(Core)</sup>~~
  - ~~IV.C.9.c) teaching, including the preparation and presentation of educational material for patients, residents, medical students, and other health care professionals in the subspecialty area; <sup>(Core)</sup>~~
  - ~~IV.C.9.d) communication, coordination, and collaboration with other providers, including other physicians, nurses and advance practice nurses, respiratory therapists, and case managers; and, <sup>(Core)</sup>~~
  - ~~IV.C.9.e) supervision of residents and medical students throughout the duration of the fellowship. <sup>(Core)</sup>~~

1. Describe the Review Committee's rationale for this revision:

**These requirements are proposed for deletion since they have been also been deleted from the July 1, 2023 Common Program Requirements (Fellowship version) as subcompetencies for Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Systems-based Practice. They were deleted because they should be acquired during residency and demonstrated throughout independent practice. Excluding them here aligns with that revision and will allow programs to focus instead on developing subspecialty-specific subcompetencies.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**n/a**
3. How will the proposed requirement or revision impact continuity of patient care?  
**n/a**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**n/a**
5. How will the proposed revision impact other accredited programs?  
**n/a**