

CRITICAL CARE FELLOWSHIP PROGRAMS FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from critical care fellowship programs. The answers provided represent a summary of the actions previously taken by the Committee. You should not interpret the answers as a second set of standards. The RRC-IM provides these answers to give training programs insight on how the peer review process works. Each program reviewed is unique. The RRC-IM interprets substantial compliance with the Program Requirements that reflect the unique composite of a given program. The Requirements are as stated.

Abbreviations Used

PR = Program Requirement
PD = Program Director
APD = Associate Program Director
Sub = Internal Medicine subspecialty program
Sub-sub = Subspecialty requiring completion of training in a parent subspecialty (i.e., clinical cardiac electrophysiology, interventional cardiology, transplant hepatology)
RRC-IM = Residency Review Committee for Internal Medicine
ACGME = Accreditation council of Graduate Medical Education
DIO = Designated Institutional Official (usually serves as chair of GMCEC)
GMCEC = Graduate Medical Education Committee, as required by the IRC
IRC = Institutional Review Committee
PIF = Program Information Form
KCF = Key Clinical Faculty
Pub = Peer-reviewed publication or other acceptable product of scholarship as defined by the RRC-IM
Pulm = Pulmonary
Pulm-CC = Pulmonary-critical care
CC = Critical care

Section I-VIII General Subspecialty Program Requirements

General Subspecialty vs. Pulm-CC Requirements

Question:

“Do the General Subspecialty Program Requirements apply to critical care medicine programs?”

Program Requirements:

For Sections I. through VIII., see:

- **ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine**
- **RRC-IM Web Subspecialty FAQ**

Answer:

Absolutely

Critical Care PDs should study carefully the General Subspecialty Program Requirements, and the FAQs related to these PRs. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and PD qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.

Subspecialty fellowship programs are expected to be in full compliance with both the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements with the exception of the requirement for continuity clinic (see below).

Section XI - XIV Critical Care Program Requirements

Section XI. Educational Program

Fellow Research

Question:

“Are Critical Care Fellows required to do research?”

Program Requirement:

Fellows should participate in scholarly activity. (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2., EASY-441, CAAR-508, CIT:4.I;)

Participation in an active research program is an essential component for fellows enrolled in subspecialty fellowship training programs of 24 months or greater duration. (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2.a.)

The program must ensure a meaningful, supervised research experience with appropriate protected time for each fellow—either in blocks or concurrent with clinical rotations—while maintaining the essential clinical experience. (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2.a.1.)

[The majority of fellows must demonstrate evidence of recent research productivity through:] publication (manuscripts or abstracts) in peer-reviewed journals or through abstracts presented at national specialty meetings. (N.B.: Training programs in one-year critical care medicine and internal medicine-geriatric medicine are exempt from this requirement relative to research productivity by fellows.) (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2.a.4.)

Answer:

1-year fellows: No

2-year fellows: Yes

Each fellow enrolled in a 2-year program must have:

- A project
- A mentor
- Sufficient time – block or concurrent – to finish the project.

The program must demonstrate the following productivity at least 51% of the past three graduating classes (combined):

- Manuscript(s) published
- Or Abstract(s) published
 - In journal, or specialty abstract book
- Or Abstract(s) presented
 - At national specialty meeting

Manuscripts, abstracts, or presentations “count” if they are the result of work initiated during fellowship, even if published/ presented after completion of the program.

Procedures

Question:

“What procedures does the program need to track for critical care fellows?”

Answer:

CCM Procedures that Must be Documented In Fellow' Procedure Log
1. Chest tube insertion
2. Endotracheal intubation
3. Arterial Line insertion
4. Central venous line insertion
5. Pulmonary artery catheter insertion
6. Thoracentesis

Combined vs. Mono-Specialty Training

Question:

“We are considering merging our Pulmonary Disease and Critical Care Medicine programs into a combined Pulm-CCM program. Can we still provide training for some fellows in Pulmonary Disease or Critical Care Medicine?”

Program Requirement (Pulm-CCM):

A combined subspecialty educational program in pulmonary disease and critical care medicine must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire the competency of a specialist in both disciplines. (Educational Program, Section XI.A.)

The combined training program must be 3 years in duration and all of the educational experiences and program content explicitly required for a training program in each area must be present in the combined program. (Educational Program, Section XI.B.)

Answer:

Yes

- A three-year combined subspecialty training program in pulmonary disease and critical care medicine can provide two-year training in either pulmonary diseases or critical care medicine (or 1-year training in critical care for fellows who have completed an ACGME-accredited IM fellowship) by developing a curriculum and rotation schedule that meets the published program requirements for the specialty training, as stated in the Program Requirements for Fellowship Education in Pulmonary Diseases and Program Requirements for Fellowship Education in Critical Care Medicine.
 - If the endeavor is to be a routine track (i.e., 2 or more fellows in 3 years), the program director must submit the didactic and rotation schedules and narrative that describes the educational and clinical experience for the track(s) to the RRC-IM for approval.
 - If the accommodation is only for individual fellows on request (i.e., one fellow every 3 years), then RRC approval of the curriculum is not required.
- At all times, programs must stay within their approved complement.
 - Programs must request a temporary complement increase (via Web ADS) if the addition of a pulmonary or critical care fellow will cause the program to exceed their approved complement.
 - The RRC-IM will grant temporary increases to accommodate additional critical care or pulmonary medicine trainees. If it becomes more than occasional (i.e., one fellow every 3 years), then the program should request a permanent complement increase and have the pulmonary or critical care track approved.

Minimum Clinical

Question:

“Please describe the required minimum clinical training?”

Program Requirement:

The program must be 2 years in duration, except programs under the following circumstances: Programs that accept only those who have completed training in a program accredited in one of the subspecialties of internal medicine may be organized to offer a single year of training. (Educational Program, Section XI.B.1.)

Programs organized to provide critical care medicine training in association with a program accredited in one of the subspecialties of internal medicine may fulfill training requirements by devoting 12 months to critical care in addition to the required training in the other subspecialty. (Education Program, XI.B.2.)

A minimum of 12 months must be devoted to clinical experiences in critical care. (Educational Program, Section XI.C.)

The program must provide fellows with 9 months of clinical training, of which at least 6 months must be devoted to the care of critically ill medical patients (i.e., MICU/CICU or equivalent). (Educational Program, Section XI.D.1.)

The program must provide fellows with 9 months of clinical training, of which at least 3 months must be devoted to the care of critically ill non-medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neurointensive Care, or equivalent). This experience should consist of at least one month of direct patient care activity, with the remainder being fulfilled with either consultative activities or with direct care of such patients. (Educational Program, Clinical Training, Section XI.D.2.)

Answer:

- Fellows entering the program after core internal medicine must complete 2 years of CCM training.
- Fellows entering the program after completing an IM sub must complete 1 year of CCM training.
- Fellows entering the program concurrent with an IM sub must complete 1 year of CCM training.

All CCM programs (both 1-year, and 2-year) must offer a minimum of 12 months of clinical experiences in critical care. Two-year programs may offer additional clinical experiences or up to 12 months of research experiences.

Minimum clinical experiences include:

- 6 months (or more) medical ICU
- 3 months (or more) non-medical ICU (i.e., trauma, surgery).
 - The purpose of this requirement is to allow CCM fellows to gain experience in the care of a wider variety of ICU patients than the traditional MICU patient, i.e., surgical, trauma, neurology, etc., patients.
 - For mixed medical-surgical ICU rotations, the fraction of time spent on non-medical ICU must be calculated, and the total time training in non-medical ICU must equal or exceed 3 months.
- 3 months of elective clinical experiences in critical care (defined by program)

Section XII. Faculty

Minimum Key Clinical Faculty

Question:

“What is the minimum number of ABIM-certified KCF for our program.”

“How many publications are required by KCF”

Program Requirement:

See General Subspecialty FAQ for additional details and program requirement.

Answer:

See below for calculation of minimum required key clinical faculty, and the scholarly productivity expected of the KCF.

Critical Care				
Minimum 3 KCF or 1:1 faculty-fellow ratio for programs with 4 or more fellows				
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (51%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years [259]	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
2	3	2	2	6
3	3	2	2	6
4	4	3	3	9
5	5	3	3	9
6	6	4	4	12
7	7	4	4	12
8	8	5	5	15
9	9	5	5	15
10	10	6	6	18
11	11	6	6	18
12	12	7	7	21
13	13	7	7	21
14	14	8	8	24
15	15	8	8	24
16	16	9	9	27
17	17	9	9	27
18	18	10	10	30
19	19	10	10	30
20	20	11	11	33

- This Program**
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- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter.
 - Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
 - Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer review
 - In press or accepted for publication counts. Submitted or in preparation does not count.
 - Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
 - Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
 - Industry, pharmaceutical, or other non-peer-review grant does not count.
 - Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
 - 1 paper = 1 paper; Do not count multi-author papers more than once.
 - Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.

- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
 - Certified KCF
 - Additional sub-specialty KCF (above minimum required, certified or non-certified)
 - Non-physician faculty and faculty in other specialties IF:
 - Contribute to fellow education
 - Devote at least 10 hours/ week to the program

Non-IM Critical Care KCF

Question:

“Can Anesthesia-Critical Care or Surgery-Critical Care faculty serve as KCF?”

Program Requirement:

[The key clinical faculty must:] have current certification in the subspecialty by the American Board of Internal Medicine or possess qualifications judged by the RC to be acceptable. (Program Personnel and Resources, Other Program Personnel, Section II.C.1.a.2.)

The critical care clinical teaching faculty at the primary training site must include a minimum of 3 key clinical faculty members, including the program director. (Faculty, Section XII.B.1.)

The critical care clinical teaching faculty at the primary training site must include one key clinical faculty member per additional fellow in programs with an approved fellow complement of more than 3 fellows. (Faculty, Section XII.B.2.)

Answer:

No – Critical Care KCF must be ABIM Certified

See grid above.

The RRC-IM feels that a 1:1 ratio of KCF to fellows is necessary because of the close 24-hour supervision required.

- The minimum required KCF must be ABIM certified in critical care.
- RRC-IM will not accept other critical care certification (e.g., anesthesia critical care) as KCF, though these “other faculty” may supervise fellows in settings deemed appropriate by the PD.

Section XIII. Facilities and Resources

Trauma

Question:

“What are the requirements for training in Trauma?”

Program Requirement:

[In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:] The program must provide additional clinical experience with other critically ill patients, which may include surgical, shock/trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit, burn unit; dialysis unit; anesthesia service; cardiac catheterization laboratory; high-risk pregnancy intensive care unit; and transplant unit. (Facilities and Resources, Other Facilities, Patient Population, Section XIII.E.4.)

Fellows must have formal instruction and clinical experience in the evaluation and management of patients

with trauma. (Specific Program Content, Clinical Experience, Section XIV.A.4.c)

Answer:

- The RRC-IM considers experience leading to subspecialty expertise in the care of patients with major trauma to be an important component for a training program in Critical Care.
- The RRC-IM expects that fellows will have the equivalent of at least one month of experience in the care of trauma patients – either in a block rotation or in aggregate over the duration of the training program. Pure consultative care (e.g., ventilatory management only) is considered insufficient to acquire the expertise needed to care for critically ill trauma patients.
- Some hospitals do not have major trauma centers, but do have all of the other requisite faculty, patient, and facilities needed for training in critical care. Therefore, the RRC-IM will accept a rotation in trauma to a Participating Institution (i.e., a trauma unit experience) of at least 1 month duration in fulfillment of these PRs.

Section XIV. Specific Program Content

Continuity Clinic

Question:

“Do Critical Care Fellows Need to Attend a Continuity Clinic?”

Program Requirement:

Fellows must have formal instruction and clinical experience in the evaluation and management of patients after discharge from the critical care unit. (To assess the various aspects of critical care, the fellow should learn about former critical care patients after hospital discharge). (Specific Program Content, Clinical Experience, Section XIV.A.3.e)

Answer:

Critical Care fellows are exempt from continuity clinic.

However, the RRC-IM expects programs to provide “...clinical experience in the evaluation and management of patients after discharge from the critical care unit...[and] after hospital discharge....”