

Critical Care Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to critical care medicine programs? [see ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine] [see RRC-IM General Subspecialty FAQ]	<ul style="list-style-type: none"> Absolutely. Critical Care program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc. Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements with the exception of the requirement for continuity clinic (see below).
What if the sponsoring institution that sponsors a Pulmonary/Critical Care Medicine or a Critical Care Medicine Fellowship program does not sponsor a residency program in general surgery? [Program Requirement: I.A.3.]	<ul style="list-style-type: none"> The RC-IM believes that it is important for there to be peer interaction between General Surgery residents, and Pulmonary/Critical Care and/or Critical Care Medicine fellows. However, if the sponsoring institution does not sponsor an ACGME-accredited residency in general surgery, the RC-IM will accept the year-round presence of general surgery residents from another ACGME-accredited residency program at the primary training site as fulfillment of this requirement. (July 2011 RC Meeting)
Educational Program	
Question	Answer
What type of clinical experience will fulfill the requirements for care of critically-ill non-medical patients? [Program Requirement IV.A.6.a) - IV.A.6.a).(2).(a)]	<ul style="list-style-type: none"> The RC-IM expects that at least one month of the minimum three months devoted to the care of critically ill non-medical patients should involve direct patient care responsibilities as part of an ICU team caring for such patients. Fulfillment of the remaining two months may be in consultative activities related to the care of critically-ill non-medical patients. However, activity solely related to ventilator management does not qualify for credit in fulfilling this requirement. If consultative activity is used to fulfill part of this requirement, the program must document in the PIF how such activity meets the requirement. (July 2011 RC Meeting)
Are Critical Care Fellows required to do research? [Program Requirement IV.B.2.] [Program Requirement IV.B.2.a).(1)] [Program Requirement IV.B.2.a).(4)]	<p>1-year fellows: No 2-year fellows: Yes</p> <p>Each fellow enrolled in a 2-year program must have:</p> <ul style="list-style-type: none"> A project A mentor Sufficient time – block or concurrent – to finish the project. <p>The program must demonstrate the following productivity at least 51% of the past three graduating classes (combined):</p> <ul style="list-style-type: none"> Manuscript(s) published Or Abstract(s) published <ul style="list-style-type: none"> In journal, or specialty abstract book Or Abstract(s) presented <ul style="list-style-type: none"> At national specialty meeting <p>Manuscripts, abstracts, or presentations count if they are the result of work initiated during fellowship, even if published/ presented after completion of the program.</p>
What procedures does the program need to track for critical care fellows? [Program Requirement IV.E.3.]	<p><u>CCM procedures that must be documented in fellow's procedure log:</u></p> <ul style="list-style-type: none"> Chest Tube Insertion Endotracheal intubation Arterial Line insertion Central venous line insertion Pulmonary artery catheter insertion

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	<ul style="list-style-type: none"> • Thoracentesis
Evaluation	
Question	Answer
In a Critical Care Medicine fellowship, is it required to obtain patient feedback as part of a fellow's multisource evaluation? [Program Requirement V.A.1.b).(1) - (2)]	<ul style="list-style-type: none"> • No, although a multi-source evaluation is required, feedback from patients is not necessary. This exception applies only to Critical Care Medicine Fellowships. For Pulmonary Critical Care Medicine Fellowships, feedback from non-critically ill patients is still required as part of a multi-source evaluation (May 2011 RC Meeting).
Educational Program – Specialty Specific	
Question	Answer
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 VIII.A.] [Program Requirement VIII.B.]	<ul style="list-style-type: none"> • 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 <u>curriculum and rotation schedule that meets the published program requirements</u> 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. <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 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.
Please describe the required minimum clinical training? [Program Requirement VIII.B.1.] [Program Requirement VIII.B.2.] [Program Requirement VIII.C.] [Program Requirement VIII.D.1.] [Program Requirement VIII.D.2.]	<ul style="list-style-type: none"> • 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. <p>All CCM programs (both 1-year, and 2-year) must offer a minimum of 12 months of <u>clinical experiences in critical care</u>. Two-year programs may offer additional clinical experiences or up to 12 months of research experiences.</p> <p>Minimum clinical experiences include:</p> <ul style="list-style-type: none"> • 6 months (or more) medical ICU • 3 months (or more) non-medical ICU (i.e., trauma, surgery). <ul style="list-style-type: none"> ○ The purpose of this requirement is to allow CCM

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	<p>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.</p> <ul style="list-style-type: none"> ○ 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)
<p>Is a rotation in an electronic (virtual) ICU permitted as an elective experience in a Pulmonary/Critical Care, Pulmonary, or Critical Care Medicine fellowship? [Program Requirement VIII.C.]</p>	<p>Yes. However, rotations in an electronic (virtual) ICU (eICU) must conform to the same educational requirements as other clinical experiences. (i.e., written competency based and level specific goals and objectives, defined curriculum, adequate attending supervision and competency based evaluations). In addition, the rotations must be structured to offer an educational experience and not merely provide clinical service to the institution. Specifically, there must be in-person attending rounds with the fellow(s) on a daily basis. Totally off-site (remote) supervision is not permitted. For Pulmonary/Critical Care fellowships, the amount of time spent in an eICU is included in the 15 month ICU limitation.</p> <p>For eICU experiences, there must a PLA between the program and all sites that are being monitored by the fellow.</p>
<p>Can a rotation in an electronic (virtual) ICU (eICU) be counted as part of the required ICU experience in a Pulmonary/Critical Care, Pulmonary, or Critical Care Medicine fellowship? [Program Requirement VIII.D.1-2.]</p>	<ul style="list-style-type: none"> • Yes, but only for Critical Care Medicine and Pulmonary/Critical Care Medicine fellowships. For these programs, a maximum of 1 month clinical experience in a MICU will be allowed. If the eICU experience consists of monitoring patients other than medically critically ill patients, only the percent of time spent monitoring MICU patients will be credited. The program director will be responsible for explaining how this is determined in the PIF. Credit will not be allowed towards the 3 months required of nonmedical critical care. No credit will be given for Pulmonary Medicine fellowships. • Rotations in an electronic (virtual) ICU (eICU) must conform to the same educational requirements as other clinical experiences. (i.e., written competency based and level specific goals and objectives, defined curriculum, adequate attending supervision and competency based evaluations). In addition, the rotations must be structured to offer an educational experience and not merely provide clinical service to the institution. Specifically, there must be in-person attending rounds with the fellow(s) on a daily basis. Totally off-site (remote) supervision is not permitted. For Pulmonary/Critical Care fellowships, the amount of time spent in an eICU is included in the 15 month ICU limitation. • For eICU experiences, there must a PLA between the program and all sites that are being monitored by the fellow.
<p>What type of clinical experience will fulfill the requirements for care of critically-ill non-medical patients? [Program Requirement VIII.D.2.]</p>	<ul style="list-style-type: none"> • The Review Committee expects that of the minimum three months devoted to the care of critically ill non-medical patients, at least one month must involve direct patient care as part of an ICU team caring for such patients. Fulfillment of the remaining two months may be in consultative activities related to the care of critically-ill non-medical patients. However, activity solely related to ventilator management does not qualify for credit in fulfilling this requirement. If consultative activity is used to fulfill part of this requirement, the program must document in the PIF how such activity meets the requirement. (July 2011)

Faculty

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Question	Answer
Can a faculty member board-certified in Anesthesia or Surgical Critical Care Medicine by the ABMS or board-certified in Critical Care Medicine by the American Osteopathic Association supervise Medicine house staff in the Critical Care Units? [Program Requirement IX.B.1.] [Program Requirement IX.B.2.]	<ul style="list-style-type: none"> No. The RRC-IM does not approve of, or accept non-ACGME trained internists or non-ABIM certified physicians serving as teaching attendings or attendings-of-record on inpatient internal medicine services including the medical critical care units. This includes cross-coverage by other attendings for the attending-of-record on nights, weekends and holidays. However, this does not preclude non-ABIM certified intensivists from supervising medicine residents and fellows taking elective or required rotations in non-medical intensive care units. It also does not preclude consultation by these individuals if required for patient care or for procedural supervision.
Facilities and Resources	
Question	Answer
What if the sponsoring institution that sponsors a Pulmonary/Critical Care Medicine or a Critical Care Medicine Fellowship program does not sponsor a residency program in general surgery?	<ul style="list-style-type: none"> The Review Committee believes that it is important for there to be peer interaction between General Surgery residents, and Pulmonary/Critical Care and/or Critical Care Medicine fellows. This would be best facilitated by the sponsoring institution sponsoring an ACGME-accredited residency in general surgery. However, if the sponsoring institution does not sponsor an ACGME-accredited residency in general surgery, the Review Committee will accept the year-round presence of general surgery residents from another ACGME-accredited residency program at the primary training site as fulfillment of these requirements. (July 2011 RC Meeting)
Specific Program Content	
Question	Answer
Do Critical Care Fellows Need to Attend a Continuity Clinic? [Program Requirement XI.A.3.e)]	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....
What are the requirements for training in Trauma? [Program Requirement XI.A.3.]	<ul style="list-style-type: none"> 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 program requirements.
What constitutes an adequate experience in the care of critically ill trauma patients? [Program Requirement XI.A.3.a)]	<ul style="list-style-type: none"> 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 Pulmonary/Critical Care or 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 <u>rotation</u> in trauma to a Participating Institution (i.e., a trauma unit

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	<p>experience) of at least 1 month.</p> <ul style="list-style-type: none">• The 1 month of required trauma experience can be included as part of the 3 months of required non-medical ICU experience.

APPENDIX I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Critical Care Medicine				
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 (50%)	<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	2	2	6
5	5	3	3	9
6	6	3	3	9
7	7	4	4	12
8	8	4	4	12
9	9	5	5	15
10	10	5	5	15
11	11	6	6	18
12	12	6	6	18
13	13	7	7	21
14	14	7	7	21
15	15	8	8	24
16	16	8	8	24
17	17	9	9	27
18	18	9	9	27
19	19	10	10	30
20	20	10	10	30
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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