

Pulmonary-Critical Care Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to pulmonary-critical care? [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. Pulmonary-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.
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 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. 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 this requirement. (July 2011 RC Meeting)
Does the Pulmonary-Critical Care Medicine program director need to be ABIM certified in both specialties? [Program Requirement II.A.3.b)]	<p>The requirement allows flexibility.</p> <ul style="list-style-type: none"> The program director must be ABIM certified in Pulmonary <u>and</u> Critical Care Medicine; or must be certified in <u>either</u> Pulmonary <u>or</u> Critical Care Medicine. <ul style="list-style-type: none"> If certified in only one specialty, one of the key clinical faculty must function as an associate program director with responsibility for the curriculum of the specialty for which the program director is not certified.
Educational Program	
Question	Answer
Can we offer a Pulmonary or a Critical Care Medicine track in the Pulmonary-Critical Care Medicine program? [Program Requirement VIII.A.]	<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

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	track approved.
Is a rotation in an electronic (virtual) Intensive Care Unit (ICU) permitted as an elective experience in a Pulmonary/Critical Care, Pulmonary, or Critical Care Medicine fellowship? [Program Requirement VIII.C.]	<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>
What type of clinical experience will fulfill the requirements for care of critically-ill non-medical patients? [Program Requirement VIII.C-VIII.C.2.b)]	<ul style="list-style-type: none"> The Review Committee 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)
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.C.2.a) – b)]	<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 Medical Intensive Care Unit (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.
Can Fellows be excused from continuity clinic during ICU rotations? [Program Requirement VIII.C.3.] [Program Requirement VIII.C.3.b)]	<ul style="list-style-type: none"> The RRC-IM recognizes that fellows assigned to the medical intensive care unit may not be able to attend continuity clinic because of the unique needs for patient care and resident supervision in this high acuity environment. However, the RRC-IM did not intend that fellows be excused from clinic for the maximum critical care time (15 months), during away rotations (up to 1 month per year), and during vacation (up to 1 month per year) so that the fellow would not attend continuity clinic for more than half of the accredited training. In addition, the RRC-IM considers 6 month blocks to be the minimum duration of a clinic, and blocks must be lengthened accordingly when fellows are excused from clinic. RRC-IM Committee Standard March 2007: <ul style="list-style-type: none"> Programs must limit excused time from continuity clinic in Pulmonary-Critical Care Medicine to <u>12</u> months in 3 years, while assigned to

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	<ul style="list-style-type: none"> ○ The 6 months of required MICU rotations ○ Other critical care rotations ○ Away rotations up to 4 weeks per year ○ Does NOT include vacation time • Blocks of clinic should be at least 6 continuous months in duration. <ul style="list-style-type: none"> ○ When blocks are interrupted by critical care or away rotations (so that the amount of time in the block is less than 6 months), then the continuity clinic block must be extended so that there is at least a 6 month experience. ○ Thus, programs must schedule at least 24 months continuity clinic for each fellow. • Some programs have fellows attend 1-2 clinics per month, or attend abbreviated clinics, while on critical care rotations to maintain continuity with their patient panel. Programs may be commended for this optional best practice.
<p>How should we 'count' rotations that are split between pulmonary and critical care? What 'counts' as medical and non-medical ICU? [Program Requirement VIII.C.1.] [Program Requirement VIII.C.2.a)] [Program Requirement VIII.C.2.b)]</p>	<p>Committee Standard:</p> <ul style="list-style-type: none"> • Minimum 18 months clinical. • Continuity clinic time during research, or the additional 6 months of clinic required during research may not be used to reduce the 18 months (24 months) of (block) clinical time. • Programs must be structured to provide a minimum 9 months in pulmonary. <ul style="list-style-type: none"> ○ For rotations that combine pulmonary with other (i.e., critical care, research), the fraction of time spent on pulmonary must be calculated, and the total time training in pulmonary diseases must equal or exceed 9 months. • Programs must be structured to provide a minimum 9 months critical care. <ul style="list-style-type: none"> ○ For rotations that combine critical care with other (i.e., pulmonary-research), the fraction of time spent on critical care must be calculated, and the total time training in critical care must equal or exceed 9 months. ○ Of the 9 months critical care, least 6 months must be medical ICU. <ul style="list-style-type: none"> ▪ This includes MICU, Critical Care Unit (CCU), Respiratory ICU, etc. ▪ The program may define medical or non-medical ICU rotations that do not fit in the examples in the program requirements. ▪ For mixed medical-surgical ICU rotations, the fraction of time spent on medical ICU must be calculated, and the total time training in medical ICU must equal or exceed 6 months. ○ Of the 9 months critical care, at least 3 months must be non-medical ICU The purpose of this requirement is to allow Pulmonary-Critical Care 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. <ul style="list-style-type: none"> ▪ This includes Surgical Intensive Care Unit (SICU), Burn Unit, Transplant Unit, Neurointensive Care, etc. ▪ The program may define non-medical ICU rotations that do not fit in the examples in the program requirements. ▪ 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. • Note: There is an identical 9 month critical care/ 6 months medical

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	<p>ICU/ 3 months non-medical ICU requirement for critical care medicine programs (1-year and 2-year).</p> <ul style="list-style-type: none"> Note: Chronic ventilator units are not considered MICU.
<p>Our program is configured as 18 months clinical and 18 months research. What are the requirements for additional clinic time? [Program Requirement VIII.C.3.a)]</p>	<ul style="list-style-type: none"> Programs with an 18-23 month clinical curriculum must schedule an ADDITIONAL ½-day per week specialty clinic, weekly and consecutively, during research for at least 6 months. These additional clinics are intended to ensure adequate subspecialty expertise in pulmonary diseases for fellows who have less than 12 months of exposure to each of the subspecialties (critical care and pulmonary diseases), that each require 12 months of clinical training in mono-specialty training programs. <ul style="list-style-type: none"> This time is in addition to continuity clinic It must be longitudinal, at least one half day per week on a weekly basis for the duration of the assignment, not block time. This may be continuity practice or specialty clinic(s) Time may be spent in more than one single specialty clinic. <ul style="list-style-type: none"> The RRC-IM would allow up to three different specialty clinics during these 6 months (i.e., three clinics for two months each, two clinics for three months each, or a 4-month and a 2-month clinic). The minimum duration of each clinic must be attended for at least two months (i.e., 8 sessions) in consecutive weeks in order to experience sufficient exposure and familiarity to the specific clinic. The RRC-IM will also allow fellows to spend every other week for six months in two separate clinics. These additional clinics must be scheduled during research time Note: The ACGME accredits clinical training. This program requirement and standard were accepted upon the recommendation of the specialty societies for those programs with 13-18 month of research. The additional 6 months of specialty clinic is designed to ensure adequate clinical expertise (especially in pulmonary diseases) for those fellows with less than 12 months critical care and/or less than 12 months pulmonary training.
<p>What procedures does the program need to track for pulmonary critical care fellows?</p>	<p><u>Pulmonary-Critical Care procedures that must be documented in fellow's procedure log</u></p> <ul style="list-style-type: none"> Fiberoptic bronchoscopy procedures including those with <ul style="list-style-type: none"> transbronchial biopsies bronchoalveolar lavage transbronchial needle aspiration bronchial biopsies Chest tube insertion Endotracheal intubation Arterial Line insertion Central venous line insertion Pulmonary artery catheter insertion Thoracentesis Cardiopulmonary exercise testing
<p>How does the RRC define competency in pneumothorax management? [Program Requirement XI.B.1.e)] [Program Requirement XI.B.1.i)]</p>	<p>The RRC-IM expects Pulmonary-Critical Care fellows to achieve competence in all aspects of management of all aspects of a pneumothorax</p> <ul style="list-style-type: none"> Assessment Urgent and elective needle drainage <u>or</u> chest tube placement. Managing drainage systems
Faculty Question	Answer
<p>Can a faculty member board-certified in Anesthesia or Surgical Critical Care Medicine by the ABMS or board-certified in Critical</p>	<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

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Care Medicine by the American Osteopathic Association supervise Medicine house staff in the Critical Care Units? [Internal Medicine Program Requirement IV.A.2.c)(1)(a)]	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)
We are considering forming a new pulmonary-critical care program. What other fellowships must be accredited at our institution? [Program Requirement X.D.1.]	<p>Committee Standard:</p> <ul style="list-style-type: none"> Because of the unique multidisciplinary nature of Pulmonary-Critical Care training, the program requirements require peer interaction from at least three concurrent IM fellowships from the 5 listed. Note that pulmonary is included as one of the five. Therefore, if a program has a pulmonary program in existence and wants to create a combined Pulmonary-Critical Care fellowship, the institution must sponsor at least two additional fellowships from: cardiology, gastroenterology, infectious diseases, and nephrology.
Does the sleep disorders laboratory need to be located at the primary training site? Does the laboratory need to be accredited? [Program Requirement X.D.4.]	The sleep disorders laboratory may be located at an institution other than the primary training site. It does not need to be accredited by the American Academy of Sleep Medicine. However, institutions offering accredited training in Sleep Medicine must have an accredited sleep disorders laboratory.
Please explain the census requirements. Does this program requirement apply to all ICUs, or just the MICU? [Program Requirement X.E.2.]	On each critical care unit listed in the PIF block diagram, the average daily census (ADC) of patients in the unit must average 5 patients per fellow on duty in that unit.
What are the requirements for training in Trauma? [Program Requirement X.E.4.] [Program Requirement XI.A.4.c)]	<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 <u>rotation</u> in trauma to a Participating Institution (i.e., a trauma unit experience) of at least 1 month duration in fulfillment of these program requirements.

APPENDIX I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Pulmonary Diseases/Critical Care Medicine						
Minimum 6 KCF or 1:1.5 faculty-fellow ratio for programs with 10 or more fellows						
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Minimum Certified <u>PULM</u> KCF (incl PD)	Minimum Certified <u>CCM</u> 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	6	3	3	3	3	9
3	6	3	3	3	3	9
4	6	3	3	3	3	9
5	6	3	3	3	3	9
6	6	3	3	3	3	9
7	6	3	3	3	3	9
8	6	3	3	3	3	9
9	6	3	3	3	3	9
10	7	3/4*	3/4*	4	4	12
11	8	4	4	4	4	12
12	8	4	4	4	4	12
13	9	4/5*	4/5*	5	5	15
14	10	5	5	5	5	15
15	10	5	5	5	5	15
16	11	5/6*	5/6*	6	6	18
17	12	6	6	6	6	18
18	12	6	6	6	6	18
19	13	6/7*	6/7*	7	7	21
20	14	7	7	7	7	21
21	14	7	7	7	7	21
22	15	7/8*	7/8*	8	8	24
23	16	8	8	8	8	24
24	16	8	8	8	8	24
25	17	8/9*	8/9*	9	9	27

*Where odd number of KCF is required, program may have an uneven number, such as 3 Critical Care Medicine and 4 Pulmonary KCF for a required KCF of 7. Faculty members with dual board certification can be counted as either Pulmonary or Critical Care Medicine.

- 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