### Requirement #: I.B.4.b)

**Requirement Revision (significant change only):**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.B.4.a)</td>
<td>Clinical assignments to participating sites must be approved prior to fellows’ rotating to the sites, and must not be more than three months in length. (Data/Core)</td>
</tr>
<tr>
<td>I.B.4.b)</td>
<td>Fellows must have at least nine months of clinical education at the primary clinical site. (Core)</td>
</tr>
</tbody>
</table>

1. **Describe the Review Committee’s rationale for this revision:**
   
   With a one-year program, the Committee feels it is important that fellows spend the majority of their education and training time with the program director and/or core faculty members. This allows direct observation of the fellows’ progress and the opportunity to adjust education and training needs as necessary.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   
   This requirement ensures continuity of oversight by the program and enhances the development of appropriate supervision and conditional independence, improving education, patient safety, and patient care.

3. **How will the proposed requirement or revision impact continuity of patient care?**
   
   As fellows will be at the primary clinical site for the majority of their educational program, this allows for the continuity of care in the surgical critical care setting.

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 requirement is not likely to necessitate additional resources.

5. **How will the proposed revision impact other accredited programs?**
   
   N/A

---

### Requirement #: II.A.2.a) - II.A.2.a).(3)

**Requirement Revision (significant change only):**

II.A.2.a) The program director must be provided with a minimum of 10% protected time or direct salary support or indirect salary support, such as release from clinical activities. The program director must be provided protected time to oversee the administration of the program, which may take the form of direct salary support, or indirect salary support, such as release from clinical activities. (Core)

II.A.2.a).(1) For programs with one to four fellows, the program director must be provided a minimum of 10 percent FTE (at least four hours) support for the administration of the program. (Core)
II.A.2.a).(2) For programs with five to nine fellows, the program director must be provided a minimum of 15 percent FTE (at least six hours) support for the administration of the program. (Core)

II.A.2.a).(3) For programs with 10 or more fellows, the program director must be provided a minimum of 20 percent FTE (at least eight hours) support for the administration of the program.

1. Describe the Review Committee’s rationale for this revision:
   These requirements ensure there is sufficient protected time for the program director to oversee and administer the program based on the number of fellows in the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement will provide for sufficient time for the program director to manage and maintain the administrative aspects of the program, which include evaluation, curriculum development, faculty development, etc. The Committee believes this will support the educational environment and accreditation needs.

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?
   Depending on how the program director’s protected time is currently structured by the Sponsoring Institution, additional institutional resources may be required.

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

II.B.4.c) In addition to the program director, there must be at least one surgeon certified in surgical critical care by the American Board of Surgery or the American Osteopathic Board of Surgery who is appointed as a core faculty member per each critical care fellow enrolled in the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The number of faculty members required has not changed; however, the designation of a board-certified surgical critical care faculty member has been added to ensure that those faculty members most engaged in fellow education are the most qualified in the specialty to teach, evaluate, and mentor.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This is not likely to represent a change for most programs.
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?  
   This is not likely to necessitate additional resources.

5. How will the proposed revision impact other accredited programs?  
   N/A

Requirement #: II.C.1.a) – II.C.1.b)

Requirement Revision (significant change only):

II.C.1.a) Program coordinator support must be provided as follows:

II.C.1.a).(1) a minimum of 0.25 FTE (at least 10 hours per week) for programs with up to four  
   fellows; (Core)

II.C.1.a).(2) a minimum of 0.5 FTE (at least 20 hours per week) for programs with five to nine  
   fellows; and, (Core)

II.C.1.a).(3) a minimum of 1.0 FTE (40 hours per week) for programs with 10 or more fellows.  
   (Core)

II.C.1.b) Coordinators overseeing a total of 20 or more residents/fellows must have additional  
   administrative assistance. (Core)

1. Describe the Review Committee’s rationale for this revision:  
   Administrative support is critical to the program in supporting the program director,  
   faculty members, and fellows. The Committee feels it would be beneficial to require  
   support based on the expected needs resulting from the number of fellows in the  
   program. This works to provide the necessary administrative support to the program  
   director and protects the coordinator from being assigned to multiple programs and  
   high numbers of residents and fellows, which could reduce the effectiveness of the  
   coordinator’s role.

2. How will the proposed requirement or revision improve resident/fellow education, patient  
   safety, and/or patient care quality?  
   The coordinator supports the administration of the program.

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?  
   This may potentially necessitate additional institutional resources if there is not a  
   coordinator currently assigned to the program.
5. How will the proposed revision impact other accredited programs?
   *If a coordinator is shared among multiple programs, this may affect other programs that rely on that individual’s unprotected time.*

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>IV.C.1.a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
<td></td>
</tr>
<tr>
<td>IV.C.1.a) Clinical rotations must be at least four weeks in length. <em>(Core)</em></td>
<td></td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   *To ensure continuity in fellowship education, reduce transitions and to facilitate robust longitudinal evaluation the committee feels that each clinical rotation within the surgical critical care fellowship be at least four weeks in length.*

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   *Ensuring that each clinical rotation is a minimum of four weeks in length has the potential to reduce transitions in patient care, ensures continuity of educational experience and facilitates the longitudinal evaluation of fellows.*

3. How will the proposed requirement or revision impact continuity of patient care?
   *Ensuring that clinical rotations are at a minimum of four weeks in length has the possibility to increase continuity in patient care and reduce transitions depending on the organizational structure of the institution.*

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*

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>IV.D.2.b).(5)-(6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
<td></td>
</tr>
<tr>
<td>The program director and some members of the faculty should <em>must</em> also demonstrate scholarship by one or more of the following annually: <em>(Core)</em></td>
<td></td>
</tr>
<tr>
<td>IV.D.2.b).(5) participation in quality improvement and/or patient safety projects and/or publications; or, <em>(Detail)</em></td>
<td></td>
</tr>
<tr>
<td>IV.D.2.b).(6) non-peer reviewed publications. <em>(Detail)</em></td>
<td></td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   *The Committee feels it is important to identify the additional types of scholarly activity(s) in which faculty members may participate to meet the requirement.*
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   Faculty scholarly activity promotes an environment of inquiry and increases the opportunities for the faculty members and fellows to collaborate on projects, thus improving fellow education.

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?
   This broadens what counts as scholarly activity, so it is unlikely to require additional resources, though that is possible depending on the local circumstances.

5. How will the proposed revision impact other accredited programs?
   N/A

---

**Requirement #: IV.D.3.a) – IV.D.3.a).(7)**

**Requirement Revision (significant change only):**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.D.3.a)</td>
<td>The fellow(s) must demonstrate scholarship by one or more of the following annually:</td>
</tr>
<tr>
<td>IV.D.3.a).(1)</td>
<td>participation in quality improvement and/or patient safety projects and/or publications; or</td>
</tr>
<tr>
<td>IV.D.3.a).(2)</td>
<td>participation in development of curricular materials;</td>
</tr>
<tr>
<td>IV.D.3.a).(3)</td>
<td>participation in local, regional, national committees or other activities related to educational organizations;</td>
</tr>
<tr>
<td>IV.D.3.a).(4)</td>
<td>non-peer reviewed publications;</td>
</tr>
<tr>
<td>IV.D.3.a).(5)</td>
<td>publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings;</td>
</tr>
<tr>
<td>IV.D.3.a).(6)</td>
<td>publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or,</td>
</tr>
<tr>
<td>IV.D.3.a).(7)</td>
<td>peer-reviewed funding or publication.</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   The Committee feels it is important to identify the additional types of scholarly activity(s) in which fellows may participate to meet the requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Scholarly activities support the educational endeavors of the fellow.
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?  
   This broadens what counts as scholarly activity, so it should not require additional resources.

5. How will the proposed revision impact other accredited programs?  
   N/A