**New Application: Surgical Critical Care**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Will fellows have at least six months of clinical education at the primary site? [PR 1.6.a.]

 [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will clinical assignments to participating sites exceed three months in duration? [PR 1.6.b.]

 [ ]  YES [ ]  NO [ ]  N/A

If YES, explain.

|  |
| --- |
| Click here to enter text. |

**Resources**

Are the following available at each participating site? [PRs 1.8.a.;1.8.g.; 1.10]

|  | Site Name | Site Name | Site Name | Site Name |
| --- | --- | --- | --- | --- |
| A simulation and skills laboratory | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Provide a brief description of the simulation and skills laboratory resource. | Click or tap here to enter text. |
| A critical care unit located in a designated area within the institution, constructed and designed specifically for the care of critically-ill patients | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| A common office space for fellows that includes a sufficient number of computers and adequate workspace | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Online radiographic and laboratory systems | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Software resources for production of presentations, manuscripts, and portfolios | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Subspecialty-specific reference material in print or electronic format | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Electronic medical literature databases with full text capabilities  | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

Comment on any NO answers.

|  |
| --- |
| Click here to enter text. |

1. Will all education take place in care settings for critically-ill adult and or pediatric surgical patients? [PR I.D.1.c)] [ ]  YES [ ]  NO

Explain if NO.

|  |
| --- |
| Click here to enter text. |

1. Describe the daily census of each intensive care/critical care unit to which a fellow will be assigned. For each intensive care unit, identify the type of unit (i.e., surgical, medical, combined) and the average daily census in each unit. [PR I.D.1.d)] (Add rows as necessary)

|  |  |  |
| --- | --- | --- |
| Unit Name | Type | Average Daily Census |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Will the program demonstrate an average daily census for each intensive care unit that ensures a fellow-to-patient ratio of 1:10. [PR 1.11.a.] [ ]  YES [ ]  NO

**Other Learners and Other Care Providers**

1. Does the Sponsoring Institution sponsor more than one critical care program? [PR 1.11.a.]

 [ ]  YES [ ]  NO

If YES, name and describe the other critical care programs and explain how the programs have coordinated interdisciplinary requirements to ensure that fellows meet the criteria of their primary specialties.

|  |
| --- |
| Click here to enter text. |

1. Will there be other learners in the care settings where the fellows’ education takes place? [PR 1.11.b.] [ ]  YES [ ]  NO

If YES, describe the other learners and explain how the program will ensure they do not interfere with the appointed fellows’ education.

|  |
| --- |
| Click here to enter text. |

**Personnel**

**Program Director**

1. Describe the qualifications of the program director, including certifications, their type and frequency of clinical activity, and ongoing scholarly activity. As appropriate, include their current participation in national committees or educational organizations, and their experience and length of time involved in the education of surgical critical care fellows. [PR 2.4.-2.4.b.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Will the program director direct or co-direct one or more of the critical care units in which the clinical aspects of the educational program take place, and personally supervise and teach surgery and surgical critical care fellows in that unit? [PR 2.4.c.] [ ]  YES [ ]  NO

If YES, describe where this will take place. If NO, Explain.

|  |
| --- |
| Click here to enter text. |

1. Will the program director have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members? [PR 2.5.d.] [ ]  YES [ ]  NO
2. Will the program director have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program? [PR 2.5.e.]

 [ ]  YES [ ]  NO

1. Will the program director provide a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation? [PR 2.5.g.] (limit response to 400 words) [ ]  YES [ ]  NO

If YES, how? If NO, Explain.

|  |
| --- |
| Click here to enter text. |

**Faculty**

1. List the name of each core faculty member certified in surgical critical care by the American Board of Surgery or the American Osteopathic Board of Surgery. Ensure there is at least one qualified faculty member for each critical care fellow. [PR 2.10.b.] Add rows as necessary.

|  |  |
| --- | --- |
| **Name** | **Certification** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. Will faculty members regularly participate in organized clinical discussions, rounds, journal clubs and conferences? [PR 2.7.f.] [ ]  YES [ ]  NO

If YES, how? If NO, Explain. (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Program Coordinator**

1. Will the program coordinator oversee a total of 20 or more residents/fellows. [PR 2.11.b.]

 [ ]  YES [ ]  NO

If YES, outline what additional administrative assistance will be provided.

|  |
| --- |
| Click here to enter text. |

**Other Program Personnel**

1. Will staff members in the care sites where the fellows’ education will take place include specialty-trained nurses and technicians skilled in critical care instrumentation, respiratory function, and laboratory medicine? [PR 2.12.a..] [ ]  YES [ ]  NO

**Educational Program**

1. Will the curriculum contain a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates? And will those aims be made available to program applicants, fellows, and faculty members? [PR 4.2.a.] [ ]  YES [ ]  NO

 If YES, how will the aims be made available? Explain if NO.

|  |
| --- |
| Click here to enter text. |

1. Describe how the program will delineate fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty. [PR 4.2.c.]

|  |
| --- |
| Click here to enter text. |

**ACGME Competencies**

**Professionalism**

1. Briefly describe one learning activity, other than lecture, through which fellows will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the following critical care skills. In the last column, indicate the method(s) used to assess competence. [PR 4.4.a.1. -- 4.4.a.10.]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Circulatory: performance of invasive and non-invasive monitoring techniques, and the use of vasoactive agents and management of hypotension and shock; application of trans-esophageal and transthoracic cardiac ultrasound; application of transvenous pacemakers; dysrhythmia diagnosis and treatment, and the management of cardiac assist devices | Click here to enter text. | Click here to enter text. |
| Endocrine: performance of the diagnosis and management of acute endocrine disorders, including those of the pancreas, thyroid, adrenals, and pituitary | Click here to enter text. | Click here to enter text. |
| Gastrointestinal: performance of utilization of gastrointestinal intubation and endoscopic techniques in the management of the critically-ill patient; and management of stomas, fistulas, and percutaneous catheter devices | Click here to enter text. | Click here to enter text. |
| Hematologic: performance of assessment of coagulation status, and appropriate use of component therapy | Click here to enter text. | Click here to enter text. |
| Infectious disease: classification of infections and application of isolation techniques, pharmacokinetics, drug interactions, and management of antibiotic therapy during organ failure; nosocomial infections; and management of sepsis and septic shock | Click here to enter text. | Click here to enter text. |
| Monitoring/bioengineering: performance of the use and calibration of transducers and other medical devices | Click here to enter text. | Click here to enter text. |
| Neurological: management of intracranial pressure and acute neurologic emergencies, including application of the use of intracranial pressure monitoring techniques and electroencephalography to evaluate cerebral function | Click here to enter text. | Click here to enter text. |
| Nutritional: performance of the use of parenteral and enteral nutrition, and monitoring and assessing metabolism and nutrition | Click here to enter text. | Click here to enter text. |
| Renal: performance of the evaluation of renal function; use of renal replacement therapies; management of hemodialysis, and management of electrolyte disorders and acid-base disturbances; and application of knowledge of the indications for and complications of hemodialysis | Click here to enter text. | Click here to enter text. |
| Respiratory: performance of airway management, including techniques of intubation, endoscopy, and tracheostomy, as well as ventilator management | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows demonstrate competence in the application of each of the following critical care skills. In the last column, indicate the method(s) used to assess competence. [PR 4.4.b.1.-4.4.c.]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Circulatory: transvenous pacemakers; dysrhythmia diagnosis and treatment, and the management of cardiac assist devices; and use of vasoactive agents and the management of hypotension and shock | Click here to enter text. | Click here to enter text. |
| Neurological: the use of intracranial pressure monitoring techniques and electroencephalography to evaluate cerebral function | Click here to enter text. | Click here to enter text. |
| Renal: knowledge of the indications for and complications of hemodialysis, and management of electrolyte disorders and acid-base disturbances | Click here to enter text. | Click here to enter text. |
| Miscellaneous: performance of the use of special beds for specific injuries, and employment of skeletal traction and fixation devices | Click here to enter text. | Click here to enter text. |
| Evaluation and management of patients with end-of-life issues, and in palliative care | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the settings and activities in which fellows demonstrate advanced knowledge in the following aspects of critical care, particularly as they relate to the management of patients with hemodynamic instability, multiple system organ failure, and complex coexisting medical problems. In the last column, indicate the method(s) used to assess competence. [PR 4.6.a.1.-4.6.a.13.]

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Biostatistics and experimental design | Click here to enter text. | Click here to enter text. |
| Cardiorespiratory resuscitation | Click here to enter text. | Click here to enter text. |
| Critical obstetric and gynecologic disorders | Click here to enter text. | Click here to enter text. |
| Critical pediatric surgical conditions | Click here to enter text. | Click here to enter text. |
| Ethical and legal aspects of surgical critical care | Click here to enter text. | Click here to enter text. |
| Hematologic and coagulation disorders | Click here to enter text. | Click here to enter text. |
| Inhalation and immersion injuries | Click here to enter text. | Click here to enter text. |
| Metabolic, nutritional, and endocrine effects of critical illness | Click here to enter text. | Click here to enter text. |
| Monitoring and medical instrumentation | Click here to enter text. | Click here to enter text. |
| Pharmacokinetics and dynamics of drug metabolism and excretion in critical illness | Click here to enter text. | Click here to enter text. |
| Physiology, pathophysiology, diagnosis, and therapy of disorders of the cardiovascular, respiratory, gastrointestinal, genitourinary, neurological, endocrine, musculoskeletal, and immune systems, as well as of infectious diseases | Click here to enter text. | Click here to enter text. |
| Principles and techniques of administration and management | Click here to enter text. | Click here to enter text. |
| Trauma, thermal, electrical, and radiation injuries | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one example of a learning activity in which fellows engage to develop the skills needed to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and lifelong learning. This should include an explanation of how this will be evaluated. [PR 4.7.] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Include an explanation of how the activity will be evaluated. [PR 4.8.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

1. Briefly describe one learning activity through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. Include an explanation of how the activity will be evaluated. [PR 4.9.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Will all 12 months be devoted to advanced educational and clinical activities related to the care of critically-ill patients and to the administration of critical care units? [PR 4.11.a.] [ ]  YES [ ]  NO

Explain If NO.

|  |
| --- |
| Click here to enter text. |

1. Will at least eight of the 12 months be in a surgical intensive care unit? [PR 4.11.a.1.] [ ]  YES [ ]  NO

Explain If NO.

|  |
| --- |
| Click here to enter text. |

1. Will at least five of the required eight months of clinical activities in a surgical intensive care unit be in a unit in which a surgeon is director or co-director? [PR 4.11.a.1.a.] [ ]  YES [ ]  NO

Explain If NO.

|  |
| --- |
| Click here to enter text. |

1. Will there be more than two months in a non-surgical intensive care unit, such as a medical, cardiac, or pediatric unit? [PR 4.11.a.2.] [ ]  YES [ ]  NO

Explain if “YES.”

|  |
| --- |
| Click here to enter text. |

1. Will there be more than two months in elective rotations in areas relevant to critical care, such as trauma or acute care surgery? [PR 4.11.a.3.] [ ]  YES [ ]  NO

Explain if “YES.”

|  |
| --- |
| Click here to enter text. |

1. Will fellows keep two written records of their experience: a summary record documenting the numbers and types of critical care patients; and an operative log of numbers and types of operative experiences, including bedside procedures? [PR 4.11.a.6.] [ ]  YES [ ]  NO

Explain if “NO.”

|  |
| --- |
| Click here to enter text. |

1. Will a chief resident in surgery and a fellow in surgical critical care have primary responsibility for the same patient? [PR 4.11.a.7.] [ ]  YES [ ]  NO [ ]  N/A

Explain if “YES.”

|  |
| --- |
| Click here to enter text. |

1. Describe how the program will ensure that fellows will be able to administer a surgical critical care unit and appoint, educate, and supervise specialized personnel; establish policy and procedures for the unit; and coordinate the activities of the unit with other administrative units within the hospital. [PR 4.11.a.8.]

|  |
| --- |
| Click here to enter text. |

**Scholarly Activity**

1. Describe how the program’s mission and aims will guide the scholarly activities of the program director, faculty members, and fellows. [PR 4.13.]

|  |
| --- |
| Click here to enter text. |

**Fellows’ Formative Evaluation**

1. Describe how the program will ensure that faculty members directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. [PR 5.1.]

|  |
| --- |
| Click here to enter text. |

1. Will the semiannual assessment include a review of case volume, breadth, and complexity, and the required written records maintained by fellows? [PR 5.1.h.] [ ]  YES [ ]  NO
2. Will the program use multiple evaluators as a component of an objective performance evaluation? [PR 5.1.b.1.] [ ]  YES [ ]  NO

If YES, identify the types of evaluators that will be routinely included in the fellows’ performance evaluation. (Select all that apply)

[ ]  Faculty members (including the program director)

[ ]  Peers

[ ]  Residents and fellows in other specialties

[ ]  Self

[ ]  Patients and family members

[ ]  Other professional staff members (e.g., nursing, respiratory therapy, administration, etc.)

1. Will the resident’s final evaluation: [PR 5.2.b.-5.2.d.] (Select all that apply)

☐ become part of the fellow’s permanent record, maintained by the institution, and accessible for review by the fellow?

☐ verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice?

☐ be shared with the fellow upon completion of the program?

1. Will the program evaluate each faculty member’s performance annually as it relates to the educational program?  [PR 5.4.]  [ ]  YES [ ]  NO
2. If YES, will the evaluation include a review of the faculty member’s: [PR 5.4.a.;5.4.c.]

(Select all that apply)

[ ]  Clinical Teaching Abilities

[ ]  Engagement with the educational program

[ ]  Participation in faculty development

[ ]  Clinical Performance

[ ]  Professionalism

[ ]  Scholarly Activities

[ ]  Confidential Fellow Evaluations of the Faculty

[ ]  Feedback on their Evaluations

**The Learning and Working Environment**

**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Will surgical teams include the following? [PR 6.17.d.]
2. Attending surgeons [ ]  YES [ ]  NO
3. Residents at various PG levels [ ]  YES [ ]  NO
4. Medical students (when appropriate) [ ]  YES [ ]  NO
5. Other health care providers [ ]  YES [ ]  NO
6. Describe how the work of the caregiver team is assigned to team members. [PR 6.17.a.]

|  |
| --- |
| Click here to enter text. |

1. As fellows progress through levels of increasing competence and responsibility, will work assignments keep pace with their advancement? [PR 6.17.b.])] [ ]  YES [ ]  NO
2. Describe how the program director will ensure fellows collaborate with surgical residents, and especially with faculty members, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR 6.18.b.]

|  |
| --- |
| Click here to enter text. |

1. Describe how the program director will ensure fellows assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. Describe how these tasks are completed in the hours assigned, or, if that is not possible, how fellows learn and utilize the established methods for handing off remaining tasks to another member of the team so that patient care is not compromised. [PR 6.18.c.]

|  |
| --- |
| Click here to enter text. |

1. Will lines of authority be defined by the program director to ensure that all fellows have a working knowledge of expected reporting relationships to maximize quality care and patient safety?
[PR 6.18.d.] [ ]  YES [ ]  NO

If YES, how will this be communicated? Explain if “NO.”

|  |
| --- |
| Click here to enter text. |

**Clinical Experience and Education**

1. Briefly describe fellow night float rotations, including: (a) the number of consecutive nights of night float; (b) the maximum number of consecutive months of night float; (c) the maximum number of months of night float per year; (d) the number of months between each night float rotation. [PR 6.26.a.-6.26.d.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Institutional Data**

Enter the total number of procedures or patients on the surgical critical care service at each participating site for a recent one-year period (e.g., academic year, calendar year). Patients may fit into multiple categories and may be counted more than once. Do not limit procedures to those in which a fellow has participated and do not enter Case Log data. If the count is zero, enter 0, leaving no cell empty.

The site number must match the site number listed in the Accreditation Data System (ADS) (Sites tab>Participating Site Information). Ensure that the site number in ADS matches the site number on this form.

|  |  |
| --- | --- |
| **INCLUSIVE DATES:** | Click here to enter a date. to Click here to enter a date. |

| **CATEGORIES** | **Site Name** | **Site Name** | **Site Name** |
| --- | --- | --- | --- |
| Advanced Mechanical Ventilation |
| Advanced ventilator management of patients with respiratory failure (mechanical ventilation >48 hours) | # | # | # |
| Airway Management |
| Endotracheal or nasotracheal intubation | # | # | # |
| Fiberoptic or rigid bronchoscopy | # | # | # |
| Shock Management |
| Management and resuscitation of patients with all types of shock, including performance of invasive and non-invasive monitoring techniques and the use of vasoactive agents | # | # | # |
| Continuous Renal Replacement Therapy |
| Comprehensive management of patients with acute kidney injury, including use of renal replacement therapies; management of hemodialysis; management of electrolyte disorders and acid-base disturbances; and application of knowledge of the indications for and complications of hemodialysis | # | # | # |
| Dysrhythmias |
| Diagnosis and interpretation of patients with dysrhythmias and complex cardiac disorders, including application of trans-esophageal and transthoracic cardiac ultrasound and transvenous pacemakers, and the management of cardiac assist devices | # | # | # |
| Neurologic Disorders |
| Preventive management, diagnosis, and treatment of patients with coma, delirium, and other neurologic disorders; evaluation and non-operative management of severe traumatic brain injury and intracranial hypertension, including management of intracranial pressure and acute neurologic emergencies | # | # | # |
| Hepatic Failure |
| Diagnosis and management of patients with acute and chronic hepatic failure, including management of ascites, assessment of coagulation status, and use of component therapy; and identification of appropriate candidates for orthotopic liver transplantation | # | # | # |
| Non-Invasive Cardiac Output Monitoring |
| Diagnosis and treatment of complex cardiac disorders, including application of trans-esophageal and transthoracic cardiac ultrasound, and application and interpretation of non-invasive cardiac output monitoring | # | # | # |
| Nutrition |
| Nutritional care of critically ill and injured patients, including use of enteral and parenteral nutrition | # | # | # |
| Gastrointestinal Disorders |
| Comprehensive management of patients with acute gastrointestinal disorders (such as C. difficile colitis, gastrointestinal bleeding, intestinal ischemia, intestinal fistulae, post-operative complications, pancreatitis), including utilization of gastrointestinal endoscopic techniques | # | # | # |
| Infection |
| Comprehensive management of patients with infectious diseases and infectious complications, including application of isolation techniques, pharmacokinetics, drug interactions, and management of antibiotic therapy; diagnosis and management of nosocomial infections; and management of sepsis and septic shock | # | # | # |
| Miscellaneous Procedures |
| Performance and supervision of intensive care unit procedures, including central venous catheter placement, tube thoracostomy, thoracentesis, paracentesis, diagnostic peritoneal lavage, fasciotomy, escharotomy, and proficiency in management of procedural complications | # | # | # |
| Injury |
| Comprehensive management of severely injured patients with complex comorbidities | # | # | # |
| Endocrine Disorders |
| Comprehensive management of patients with acute endocrine disorders, including those of the pancreas, thyroid, adrenals, and pituitary | # | # | # |
| Organ Failure |
| Comprehensive management of patients with multiple organ failure | # | # | # |
| End-of-life Care |
| End-of-life care, including declaration of brain death, palliative care, and withdrawal of support | # | # | # |
| **Total** |
| Total critical care patients managed | # | # | # |