Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also in community resource for expertise in a new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe lea Fellows who have completed resident in their core specialty. The prior medi fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific ir the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabor

#### cation

edical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously dical experience and expertise of icians entering residency. The fellow's ialty is undertaken with appropriate independence. Faculty members serve assion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused tensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

iny fellowship programs advance ts. While the ability to create new xclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to are. Beyond the clinical subspecialty mentored relationships built on an orative research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Int.B.	Definition of Subspecialty	[None]	Definition of Subspecialty Surgical critical care is a subspecialty of and medical problems in critically-ill surg programs in surgical critical care provide administrative resources to allow fellows management of critically-ill surgical patie necessary to supervise surgical critical of activities in surgical critical care. The goal of a surgical critical care fellow function as a qualified practitioner at the expected of a Board-certified subspecia practice of surgical critical care encomp and clinical sciences of surgical disease in procedural skills and techniques used educational process leads to the acquise knowledge and technical skills, the ability into the clinical situation, and the develop
	Surgical critical care is a subspecialty of surgery that manages complex surgical and medical problems in critically-ill surgical patients. Graduate educational programs in surgical critical care provide the educational, clinical, and administrative resources to allow fellows to develop advanced proficiency in the management of critically-ill surgical patients, to develop the qualifications necessary to supervise surgical critical care units, and to conduct scholarly activities in surgical critical care.		Definition of Subspecialty Surgical critical care is a subspecialty of and medical problems in critically-ill surg programs in surgical critical care provide administrative resources to allow fellows management of critically-ill surgical patie necessary to supervise surgical critical of activities in surgical critical care. The goal of a surgical critical care fellow function as a qualified practitioner at the expected of a Board-certified subspecia practice of surgical critical care encomp- and clinical sciences of surgical disease in procedural skills and techniques used educational process leads to the acquise knowledge and technical skills, the abiliti into the clinical situation, and the develop

of surgery that manages complex surgical urgical patients. Graduate educational ide the educational, clinical, and ws to develop advanced proficiency in the tients, to develop the qualifications of care units, and to conduct scholarly

wship program is to prepare the fellow to be advanced level of performance ialist. The education of surgeons in the passes didactic instruction in the basic ses and conditions, as well as education ed in the intensive care settings. This isition of an appropriate fund of ility to integrate the acquired knowledge clopment of judgment.

of surgery that manages complex surgical urgical patients. Graduate educational ide the educational, clinical, and ws to develop advanced proficiency in the atients, to develop the qualifications al care units, and to conduct scholarly

wwship program is to prepare the fellow to be advanced level of performance ialist. The education of surgeons in the passes didactic instruction in the basic ses and conditions, as well as education ed in the intensive care settings. This isition of an appropriate fund of ility to integrate the acquired knowledge clopment of judgment.

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requireme
			Requiremen
	The goal of a survival critical care followship program is to propore the follow to		<b>Definition of Subspecialty</b> Surgical critical care is a subspecialty of and medical problems in critically-ill sur- programs in surgical critical care provid administrative resources to allow fellow management of critically-ill surgical pati- necessary to supervise surgical critical activities in surgical critical care.
Int.B.2.	The goal of a surgical critical care fellowship program is to prepare the fellow to function as a qualified practitioner at the advanced level of performance expected of a Board-certified subspecialist. The education of surgeons in the practice of surgical critical care encompasses didactic instruction in the basic and clinical sciences of surgical diseases and conditions, as well as education in procedural skills and techniques used in the intensive care settings. This educational process leads to the acquisition of an appropriate fund of knowledge and technical skills, the ability to integrate the acquired knowledge into the clinical situation, and the development of judgment.		The goal of a surgical critical care fellow function as a qualified practitioner at the expected of a Board-certified subspecies practice of surgical critical care encomp and clinical sciences of surgical disease in procedural skills and techniques used educational process leads to the acquis knowledge and technical skills, the abili into the clinical situation, and the develo
	Length of Educational Program		
Int.C.	The educational program in surgical critical care must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in surgical crit (Core)
1.	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)

of surgery that manages complex surgical urgical patients. Graduate educational vide the educational, clinical, and ows to develop advanced proficiency in the atients, to develop the qualifications al care units, and to conduct scholarly

lowship program is to prepare the fellow to the advanced level of performance cialist. The education of surgeons in the mpasses didactic instruction in the basic ases and conditions, as well as education sed in the intensive care settings. This uisition of an appropriate fund of bility to integrate the acquired knowledge elopment of judgment.

ritical care must be 12 months in length.

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements.

not a rotation site for the program, the nical activity for the program is the

y one ACGME-accredited Sponsoring

#### ion providing educational experiences ons for fellows.

Sponsoring Institution, must designate a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of ag
. = .	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)		program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that		At each participating site there must by the program director, who is acco
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.4.a)	Fellows must have at least six months of clinical education at the primary clinical site. (Core)	1.6.a.	Fellows must have at least six months o site. (Core)
I.B.4.b)	Clinical assignments to participating sites at which core faculty members consistently provide patient care must not exceed three months in duration. (Core)	1.6.b.	Clinical assignments to participating site consistently provide patient care must n (Core)
I.B.4.c)	Clinical assignments to participating sites at which core faculty members do not consistently provide patient care must be approved in advance by the Review Committee and must not exceed three months in duration. (Core)	1.6.c.	Clinical assignments to participating site consistently provide patient care must b Committee and must not exceed three n
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its s the availability of adequate resources

agreement (PLA) between the program verns the relationship between the providing a required assignment. (Core)

every 10 years. (Core) lesignated institutional official (DIO).

ical learning and working environment

st be one faculty member, designated countable for fellow education for that ram director. (Core)

any additions or deletions of ing an educational experience, required ne equivalent (FTE) or more through the m (ADS). (Core)

of clinical education at the primary clinical

ites at which core faculty members t not exceed three months in duration.

ites at which core faculty members do not t be approved in advance by the Review e months in duration. (Core)

#### ion

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment usive workforce of residents (if present), dministrative GME staff members, and emic community. (Core)

s Sponsoring Institution, must ensure es for fellow education. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
I.D.1.a)	Resources should include a simulation and skills laboratory. (Detail)	1.8.a.	Resources should include a simulation a
I.D.1.b)	Resources must include:	[None]	
I.D.1.b).(1)	a critical care unit located in a designated area within the institution, constructed and designed specifically for the care of critically-ill patients; (Core)	1.8.b.	Resources must include a critical care un the institution, constructed and designed patients. (Core)
I.D.1.b).(2)	a common office space for fellows that includes a sufficient number of computers and adequate workspace at the primary clinical site; (Core)	1.8.c.	Resources must include a common offic sufficient number of computers and adec site. (Core)
1.D. 1.0).(2)	online radiographic and laboratory systems at the primary clinical site and	1.0.0.	Resources must include online radiogram
I.D.1.b).(3)	participating sites; and, (Core)	1.8.d.	primary clinical site and participating site
	software resources for production of presentations, manuscripts, and portfolios.		Resources must include software resour
I.D.1.b).(4)	(Detail)	1.8.e.	manuscripts, and portfolios. (Detail)
	The education must take place in care settings for critically-ill adult and/or		The education must take place in care so
I.D.1.c)	pediatric surgical patients. (Core)	1.8.f.	pediatric surgical patients. (Core)
I.D.1.d)	Programs must have an average daily census of at least 10 patients in each intensive care/critical care unit to which a fellow is assigned, providing for a fellow-to-patient ratio of one to 10. (Core)	1.8.g.	Programs must have an average daily co intensive care/critical care unit to which a fellow-to-patient ratio of one to 10. (Core
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prim include access to electronic medical l capabilities. (Core)

# s Sponsoring Institution, must ensure es for fellow education. (Core)

and skills laboratory. (Detail)

unit located in a designated area within ed specifically for the care of critically-ill

fice space for fellows that includes a dequate workspace at the primary clinical

raphic and laboratory systems at the ites. (Core)

ources for production of presentations,

settings for critically-ill adult and/or

census of at least 10 patients in each h a fellow is assigned, providing for a pre)

Sponsoring Institution, must ensure ng environments that promote fellow

/rest facilities available and accessible te for safe patient care, if the fellows

tion that have refrigeration capabilities, patient care; (Core)

opriate to the participating site; and,

isabilities consistent with the re)

subspecialty-specific and other int or electronic format. This must al literature databases with full text

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed	1.11.	The presence of other learners and he not limited to residents from other pre advanced practice providers, must no
I.E.	fellows' education. (Core)	1.11.	fellows' education. (Core)
I.E.1.	Any institution that sponsors more than one critical care program must coordinate interdisciplinary requirements to ensure that fellows meet the specific criteria of their primary specialties. (Core)	1.11.a.	Any institution that sponsors more than a coordinate interdisciplinary requirements criteria of their primary specialties. (Core
I.E.2.	The presence of other learners, including residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, in the program must not interfere with the appointed fellows' education. The program director must report the presence of other learners to the DIO and Graduate Medical Education Committee (GMEC) in accordance with sponsoring institution guidelines. (Core)	1.11.b.	The presence of other learners, including subspecialty fellows, PhD students, and not interfere with the appointed fellows' e report the presence of other learners to t Education Committee (GMEC) in accord guidelines. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuration

#### sonnel

#### health care personnel, including but programs, subspecialty fellows, and not negatively impact the appointed

n one critical care program must nts to ensure that fellows meet the specific pre)

ing residents from other specialties, nd nurse practitioners, in the program must s' education. The program director must o the DIO and Graduate Medical ordance with sponsoring institution

appointed as program director with overall program, including compliance nents. (Core)

appointed as program director with overall program, including compliance nents. (Core)

ate Medical Education Committee program director and must verify the inical appointment. (Core) tor resides with the Review Committee.

able, the program's leadership team, quate for administration of the program on. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director mus and support specified below for administ
	Number of Approved Fellow Positions: 1-6   Minimum Support Required (FTE): 0.10		Number of Approved Fellow Positions: 1 0.10
	Number of Approved Resident Positions: 7-10   Minimum Support Required (FTE): 0.15		Number of Approved Resident Positions (FTE): 0.15
II.A.2.a)	Number of Approved Resident Positions: 11 or more   Minimum Support Required (FTE): 0.20	2.3.a.	Number of Approved Resident Positions Required (FTE): 0.20
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess of subspecialty for which they are the pr Board of Surgery or by the American of subspecialty qualifications that are ac (Core)
II.A.3.c)	must include unrestricted credentials and licensure to practice medicine at the primary clinical site; and, (Core)	2.4.b.	The program director must possess unre practice medicine at the primary clinical
II.A.3.d)	must include responsibility to 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. (Core)	2.4.c.	The program director must possess resp more of the critical care units in which th program take place, and personally supe critical care fellows in that unit. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)

ust be provided with the dedicated time istration of the program: (Core)

1-6 | Minimum Support Required (FTE):

ns: 7-10 | Minimum Support Required

ns: 11 or more | Minimum Support

tor

subspecialty expertise and view Committee. (Core)

tor

s subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American n Osteopathic Board of Surgery, or acceptable to the Review Committee.

nrestricted credentials and licensure to al site. (Core)

esponsibility to direct or co-direct one or the clinical aspects of the educational upervise and teach surgery and surgical

sponsibility, authority, and nd operations; teaching and scholarly ection, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ster and maintain a learning og the fellows in each of the ACGME

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(4)	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, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment o
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a with information related to their eligit examination(s). (Core)

e authority to approve or remove aculty members at all participating core faculty members, and must valuate candidates prior to approval.

e authority to remove fellows from rning environments that do not meet e)

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in to raise concerns, report mistreatment, tial manner as appropriate, without fear

the program's compliance with the of procedures related to grievances and is taken to suspend or dismiss, not to of a fellow. (Core)

the program's compliance with the id procedures on employment and non-

in a non-competition guarantee or

ent verification of education for all n of or departure from the program.

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an interview jibility for the relevant specialty board

Roman Numeral		Reformatted	
Requirement Numbe	r Requirement Language	Requirement Number	Requireme
	Faculty		Faculty
	Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the		Faculty members are a foundational education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a Faculty members experience the price development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, factor
II.B.	graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	medical education system, improve to population. Faculty members ensure that patient from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a) <b>II.B.2</b>	In addition to the program director, at least one surgeon certified in surgical critical care must be appointed to the faculty for every critical care fellow enrolled in the program. (Core) <b>Faculty members must:</b>	2.6.a. [None]	In addition to the program director, at le critical care must be appointed to the fa enrolled in the program. (Core)
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a

al element of graduate medical fellows how to care for patients. rtant bridge allowing fellows to grow ng that patients receive the highest Is for future generations of physicians mmitment to excellence in teaching and a dedication to lifelong learning. ride and joy of fostering the growth and The care they provide is enhanced by I exemplary behavior. By employing a faculty members, through the graduate e the health of the individual and the

nts receive the level of care expected recognize and respond to the needs of nd institution. Faculty members rvision to promote patient safety. re learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

least one surgeon certified in surgical faculty for every critical care fellow

dels of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core)

e a strong interest in the education of int time to the educational program to g responsibilities. (Core) and maintain an educational ng fellows. (Core) articipate in organized clinical , and conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)
II.B.2.g)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)	2.7.f.	Faculty members must regularly particip rounds, journal clubs, and conferences.
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Surgery, or poss to the Review Committee. (Core)
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member to Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	In addition to the program director, there must be at least one core faculty member certified in surgical critical care by the American Board of Surgery or the American Osteopathic Board of Surgery for each critical care fellow enrolled in the program. (Core)	2.10.b.	In addition to the program director, there member certified in surgical critical care the American Osteopathic Board of Surg in the program. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support

Ity development designed to enhance

sipate in organized clinical discussions, s. (Core)

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

#### nbers

nbers must have current certification in oard of Surgery or the American ossess qualifications judged acceptable

ty members must have current e appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)

significant role in the education and vote a significant portion of their entire ministration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey. (Core)

re must be at least one core faculty re by the American Board of Surgery or urgery for each critical care fellow enrolled

ort for program coordination. (Core)

ort for program coordination. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator time and support specified below for adr
II.C.1.a)	Number of Approved Fellow Positions: 1-6   Minimum FTE: 0.30 Number of Approved Resident Positions: 7-9   Minimum FTE: 0.35 Number of Approved Resident Positions: 10 or more   Minimum FTE: 0.40	2.11.a.	Number of Approved Fellow Positions: 1 Number of Approved Resident Positions Number of Approved Resident Positions
II.C.1.b)	Coordinators overseeing a total of 20 or more residents/fellows must have additional administrative assistance. (Core)	2.11.b.	Coordinators overseeing a total of 20 or additional administrative assistance. (Co
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
II.D.1.	Staff members must include specialty-trained nurses and technicians skilled in critical care instrumentation, respiratory function, and laboratory medicine. (Core)	2.12.a.	Staff members must include specialty-tra critical care instrumentation, respiratory (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		All required clinical education for entr programs must be completed in an Ad an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canar program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from

or must be provided with the dedicated dministration of the program: (Core)

: 1-6 | Minimum FTE: 0.30 ns: 7-9 | Minimum FTE: 0.35 ns: 10 or more | Minimum FTE: 0.40 or more residents/fellows must have Core)

# Sponsoring Institution, must jointly personnel for the effective e)

trained nurses and technicians skilled in y function, and laboratory medicine.

# ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or rom the core residency program. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
III.A.1.b)	Prior to appointment in the program, fellows must have completed at least three clinical years in a residency program that satisfies the requirements in III.A.1. in one of the following specialties: anesthesiology, emergency medicine, neurological surgery, obstetrics and gynecology, orthopaedic surgery, otolaryngology, plastic surgery, surgery, thoracic surgery, vascular surgery, or urology. (Core)	3.2.a.1.	Prior to appointment in the program, fello clinical years in a residency program that one of the following specialties: anesthe neurological surgery, obstetrics and gyn otolaryngology, plastic surgery, surgery, urology. (Core)
III.A.1.b).(1)	Fellows who have completed an emergency medicine residency must also complete one preparatory year as an advanced preliminary resident in surgery at the institution where they will enroll in the surgical critical care fellowship. The content of this year must be defined jointly by the program directors of the surgery program and the surgical critical care program. It must include clinical experience in the foundations of surgery and the management of complex surgical conditions. At a minimum, this preparatory year of education must include supervised clinical experience in: (Core)	3.2.a.1.a.	Fellows who have completed an emerge complete one preparatory year as an ad at the institution where they will enroll in content of this year must be defined join surgery program and the surgical critical experience in the foundations of surgery surgical conditions. At a minimum, this p include supervised clinical experience in
III.A.1.b).(1).(a)	pre-operative evaluation, including respiratory, cardiovascular, and nutritional evaluation; (Core)	3.2.a.1.a.1.	pre-operative evaluation, including respi evaluation; (Core)
III.A.1.b).(1).(b)	pre-operative and post-operative care of surgical patients, including outpatient follow-up care; (Core)	3.2.a.1.a.2.	pre-operative and post-operative care of follow-up care; (Core)
III.A.1.b).(1).(c)	advanced care of injured patients; (Core)	3.2.a.1.a.3.	advanced care of injured patients; (Core
III.A.1.b).(1).(d)	care of patients requiring abdominal, breast, head and neck, endocrine, transplant, cardiac, thoracic, vascular, and neurosurgical operations; (Core)	3.2.a.1.a.4.	care of patients requiring abdominal, bre transplant, cardiac, thoracic, vascular, a
III.A.1.b).(1).(e)	management of complex wounds; and, (Core)	3.2.a.1.a.5.	management of complex wounds; and, (
III.A.1.b).(1).(f)	minor operative procedures related to critical care, such as venous access, tube thoracostomy, and tracheostomy. (Core)	3.2.a.1.a.6.	minor operative procedures related to cr thoracostomy, and tracheostomy. (Core
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)

ellows must have completed at least three hat satisfies the requirements in 3.2. in nesiology, emergency medicine, ynecology, orthopaedic surgery, y, thoracic surgery, vascular surgery, or

gency medicine residency must also advanced preliminary resident in surgery in the surgical critical care fellowship. The intly by the program directors of the cal care program. It must include clinical ery and the management of complex as preparatory year of education must in: (Core)

piratory, cardiovascular, and nutritional

of surgical patients, including outpatient

re)

oreast, head and neck, endocrine, and neurosurgical operations; (Core)

, (Core)

critical care, such as venous access, tube re)

# oint more fellows than approved by the

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<b>Requirement Number</b>	Requirement Language	<b>Requirement Number</b>	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is of and innovation in graduate medical en organizational affiliation, size, or location
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	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, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)

s designed to encourage excellence education regardless of the cation of the program.

port the development of who provide compassionate care.

place different emphasis on research, xpected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

#### llowing educational components:

ith the Sponsoring Institution's ty it serves, and the desired distinctive must be made available to program nbers; (Core)

tives for each educational experience trajectory to autonomous practice in listributed, reviewed, and available to )

s for patient care, progressive ent, and graded supervision in their

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by en- trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care an refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the	[Nene]	
IV.B.1.	curriculum:         Professionalism         Fellows must demonstrate a commitment to professionalism and an otherways to otherway	[None]	The program must integrate all ACGM ACGME Competencies – Professiona Fellows must demonstrate a commitr
IV.B.1.a) IV.B.1.b)	adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	adherence to ethical principles. (Core
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must have supervised training that will enable them to demonstrate competence in the following critical care skills: (Core)	4.4.a.	Fellows must have supervised training t competence in the following critical care
IV.B.1.b).(1).(a).(i)	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 management of cardiac assist devices; (Core)	4.4.a.1.	circulatory: performance of invasive and and the use of vasoactive agents and m application of trans-esophageal and tran of transvenous pacemakers; dysrhythmi management of cardiac assist devices;
IV.B.1.b).(1).(a).(ii)	endocrine: performance of the diagnosis and management of acute endocrine disorders, including those of the pancreas, thyroid, adrenals, and pituitary; (Core)	4.4.a.2.	endocrine: performance of the diagnosis disorders, including those of the pancrea (Core)
IV.B.1.b).(1).(a).(iii)		4.4.a.3.	gastrointestinal: performance of utilization endoscopic techniques in the managem management of stomas, fistulas, and pe
IV.B.1.b).(1).(a).(iv)	hematologic: performance of assessment of coagulation status, and appropriate use of component therapy; (Core)	4.4.a.4.	hematologic: performance of assessments use of component therapy; (Core)

eptual framework describing the sician to enter autonomous practice. he practice of all physicians, although each subspecialty. The developmental encies are articulated through the The focus in fellowship is on and medical knowledge, as well as equired in residency.

GME Competencies into the curriculum.

nalism itment to professionalism and an ore)

#### are and Procedural Skills (Part A)

tient care that is patient- and familye, appropriate, and effective for the he promotion of health. (Core)

g that will enable them to demonstrate are skills: (Core)

nd non-invasive monitoring techniques, management of hypotension and shock; ransthoracic cardiac ultrasound; application mia diagnosis and treatment; and s; (Core)

sis and management of acute endocrine reas, thyroid, adrenals, and pituitary;

ation of gastrointestinal intubation and ement of the critically-ill patient; and percutaneous catheter devices; (Core) nent of coagulation status, and appropriate

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a).(v)	infectious disease: performance of 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; (Core)	4.4.a.5.	infectious disease: performance of class isolation techniques, pharmacokinetics, antibiotic therapy during organ failure; no of sepsis and septic shock; (Core)
IV.B.1.b).(1).(a).(vi)	monitoring/bioengineering: performance of the use and calibration of transducers and other medical devices; (Core)	4.4.a.6.	monitoring/bioengineering: performance transducers and other medical devices;
IV.B.1.b).(1).(a).(vii)	neurological: performance of management of intracranial pressure and acute neurologic emergencies, including application of the use of intracranial pressure monitoring techniques and electroencephalography to evaluate cerebral function; (Core)	4.4.a.7.	neurological: performance of management neurologic emergencies, including applic monitoring techniques and electroencep function; (Core)
IV.B.1.b).(1).(a).(viii)	nutritional: performance of the use of parenteral and enteral nutrition, and monitoring and assessing metabolism and nutrition; (Core)	4.4.a.8.	nutritional: performance of the use of par monitoring and assessing metabolism ar
IV.B.1.b).(1).(a).(ix)	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; and, (Core)	4.4.a.9.	renal: performance of the evaluation of renal: performance of the evaluation of renapies; management of hemodialysis, disorders and acid-base disturbances; a indications for and complications of hem
IV.B.1.b).(1).(a).(x)	respiratory: performance of airway management, including techniques of intubation, endoscopy, and tracheostomy, as well as ventilator management. (Core)	4.4.a.10.	respiratory: performance of airway mana intubation, endoscopy, and tracheostom (Core)
IV.B.1.b).(1).(b)	must demonstrate competence in the application of the following critical care skills; and: (Core)	4.4.b.	Fellows must demonstrate competence care skills:
IV.B.1.b).(1).(b).(i)	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; (Core)	4.4.b.1.	circulatory: transvenous pacemakers; dy the management of cardiac assist device the management of hypotension and sho
IV.B.1.b).(1).(b).(ii)	neurological: the use of intracranial pressure monitoring techniques and electroencephalography to evaluate cerebral function; (Core)	4.4.b.2.	neurological: the use of intracranial pres electroencephalography to evaluate cere
IV.B.1.b).(1).(b).(iii)	renal: knowledge of the indications for and complications of hemodialysis, and management of electrolyte disorders and acid-base disturbances; and, (Core)	4.4.b.3.	renal: knowledge of the indications for an management of electrolyte disorders and
IV.B.1.b).(1).(b).(iv)	miscellaneous: performance of the use of special beds for specific injuries, and employment of skeletal traction and fixation devices. (Core)	4.4.b.4.	miscellaneous: performance of the use of employment of skeletal traction and fixat

ssification of infections and application of s, drug interactions, and management of nosocomial infections; and management

ce of the use and calibration of s; (Core)

nent of intracranial pressure and acute plication of the use of intracranial pressure ephalography to evaluate cerebral

parenteral and enteral nutrition, and and nutrition; (Core)

f renal function; use of renal replacement sis, and management of electrolyte and application of knowledge of the modialysis; and, (Core)

nagement, including techniques of my, as well as ventilator management.

e in the application of the following critical

dysrhythmia diagnosis and treatment, and ices; and use of vasoactive agents and shock; (Core)

essure monitoring techniques and erebral function; (Core)

and complications of hemodialysis, and and acid-base disturbances; and, (Core)

e of special beds for specific injuries, and action devices. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must demonstrate competence in the evaluation and management of patients		Fellows must demonstrate competence
IV.B.1.b).(1).(c)	with end-of-life issues, and in palliative care. (Core)	4.4.c.	patients with end-of-life issues, and in pa
			ACGME Competencies – Patient Care
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	Fellows must be able to perform all m procedures considered essential for t
	Medical Knowledge		
IV.B.1.c)	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate advanced knowledge of 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: (Core)	4.6.a.	Fellows must demonstrate advanced kno critical care, particularly as they relate to hemodynamic instability, multiple system medical problems: (Core)
IV.B.1.c).(1).(a)	biostatistics and experimental design; (Core)	4.6.a.1.	biostatistics and experimental design; (C
IV.B.1.c).(1).(b)	cardiorespiratory resuscitation; (Core)	4.6.a.2.	cardiorespiratory resuscitation; (Core)
IV.B.1.c).(1).(c)	critical obstetric and gynecologic disorders; (Core)	4.6.a.3.	critical obstetric and gynecologic disorde
IV.B.1.c).(1).(d)	critical pediatric surgical conditions; (Core)	4.6.a.4.	critical pediatric surgical conditions; (Cor
IV.B.1.c).(1).(e)	ethical and legal aspects of surgical critical care; (Core)	4.6.a.5.	ethical and legal aspects of surgical critic
IV.B.1.c).(1).(f)	hematologic and coagulation disorders; (Core)	4.6.a.6.	hematologic and coagulation disorders;
IV.B.1.c).(1).(g)	inhalation and immersion injuries; (Core)	4.6.a.7.	inhalation and immersion injuries; (Core)
IV.B.1.c).(1).(h)	metabolic, nutritional, and endocrine effects of critical illness; (Core)	4.6.a.8.	metabolic, nutritional, and endocrine effe
IV.B.1.c).(1).(i)	monitoring and medical instrumentation; (Core)	4.6.a.9.	monitoring and medical instrumentation;
IV.B.1.c).(1).(j)	pharmacokinetics and dynamics of drug metabolism and excretion in critical illness; (Core)	4.6.a.10.	pharmacokinetics and dynamics of drug illness; (Core)
IV.B.1.c).(1).(k)	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; (Core)	4.6.a.11.	physiology, pathophysiology, diagnosis, cardiovascular, respiratory, gastrointesti endocrine, musculoskeletal, and immune diseases; (Core)
IV.B.1.c).(1).(I)	principles and techniques of administration and management; and, (Core)	4.6.a.12.	principles and techniques of administrati
IV.B.1.c).(1).(m)	trauma, thermal, electrical, and radiation injuries. (Core)	4.6.a.13.	trauma, thermal, electrical, and radiation
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro

e in the evaluation and management of palliative care. (Core)

re and Procedural Skills (Part B) medical, diagnostic, and surgical r the area of practice. (Core)

#### nowledge

ge of established and evolving II, and social-behavioral sciences, as the application of this knowledge to

nowledge of the following aspects of to the management of patients with em organ failure, and complex coexisting

(Core)

ders; (Core)

core)

itical care; (Core)

s; (Core)

e)

ffects of critical illness; (Core)

n; (Core)

ug metabolism and excretion in critical

s, and therapy of disorders of the stinal, genitourinary, neurological, ine systems, as well as of infectious

ation and management; and, (Core) on injuries. (Core)

ased Learning and Improvement ty to investigate and evaluate their care ate scientific evidence, and to based on constant self-evaluation and

nal and Communication Skills sonal and communication skills that nformation and collaboration with professionals. (Core)

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	Systems-based Practice		
			ACGME Competencies – Systems-Ba
	Fellows must demonstrate an awareness of and responsiveness to the		Fellows must demonstrate an awaren
	larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on		larger context and system of health casocial determinants of health, as well
IV.B.1.f)	other resources to provide optimal health care. (Core)	4.9.	other resources to provide optimal he
,			
			Curriculum Organization and Fellow E
			4.10. Curriculum Structure
			The curriculum must be structured to
			experiences, the length of the experie
			These educational experiences includ
			patient care responsibilities, clinical t
			events. (Core)
			4.11. Didactic and Clinical Experience
			Fellows must be provided with protect
			didactic activities. (Core)
			4.12. Pain Management
			The program must provide instruction
			if applicable for the subspecialty, incl
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	substance use disorder. (Core)
			Curriculum Structure
	The curriculum must be structured to optimize fellow educational		The curriculum must be structured to
	experiences, the length of the experiences, and the supervisory		experiences, the length of the experie
	continuity. These educational experiences include an appropriate blend of		These educational experiences includ
N/ C 4	supervised patient care responsibilities, clinical teaching, and didactic	4.40	patient care responsibilities, clinical t
IV.C.1.	educational events. (Core)	4.10.	events. (Core)
IV.C.1.a)	Clinical rotations in surgical intensive care units must be at least four weeks in length. (Core)	4.10.a.	Clinical rotations in surgical intensive cal length. (Core)
	Elective rotations to take advantage of unique educational opportunities must be		Elective rotations to take advantage of u
IV.C.1.b)	a minimum of two weeks in length. (Core)	4.10.b.	a minimum of two weeks in length. (Core
			Pain Management
	The program must provide instruction and experience in pain		The program must provide instruction
	management if applicable for the subspecialty, including recognition of		if applicable for the subspecialty, incl
IV.C.2.	the signs of substance use disorder. (Core)	4.12.	substance use disorder. (Core)
	All 12 months must be devoted to advanced educational and clinical activities		All 12 months must be devoted to advan
	related to the care of critically-ill patients and to the administration of critical care units. (Core)	4.11.a.	related to the care of critically-ill patients units. (Core)
		т. і і.a.	
IV.C.3. IV.C.3.a)		4 11 a 1	At least eight months must be in a surgic
IV.C.3. IV.C.3.a)	At least eight months must be in a surgical intensive care unit. (Core) At least five of the eight months should be in a unit in which a surgeon is	4.11.a.1.	At least eight months must be in a surgion At least five of the eight months should be

Based Practice eness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

# / Experiences

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

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ected time to participate in core

on and experience in pain management cluding recognition of the signs of

#### to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

care units must be at least four weeks in

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#### on and experience in pain management cluding recognition of the signs of

anced educational and clinical activities ts and to the administration of critical care

gical intensive care unit. (Core)

be in a unit in which a surgeon is director

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.a).(2)	The surgical intensive care unit must be largely dedicated to the care of one or more of the following surgical patients: adult surgical, burn, cardiothoracic, neurosurgical, pediatric surgical, transplant, and trauma. (Detail)	4.11.a.1.b.	The surgical intensive care unit must be more of the following surgical patients: a neurosurgical, pediatric surgical, transpl
IV.C.3.b)	Experiences in non-surgical intensive care units, such as medical, cardiac, or pediatric units, must not exceed two months. (Core)	4.11.a.2.	Experiences in non-surgical intensive ca pediatric units, must not exceed two mo
IV.C.3.c)	Elective rotations in areas relevant to critical care, such as trauma or acute care surgery, must not exceed two months. (Core)	4.11.a.3.	Elective rotations in areas relevant to crissing surgery, must not exceed two months.
IV.C.3.c).(1)	Elective clinical rotations done outside of the critical care unit should involve the care of patients with acute surgical diseases such as those related to injury or emergent surgical conditions. (Detail)	4.11.a.3.a.	Elective clinical rotations done outside o care of patients with acute surgical disea emergent surgical conditions. (Detail)
IV.C.3.d)	The core curriculum must include a regularly-scheduled didactic program based on the core knowledge content and areas defined as a fellow's outcomes in the specialty. (Core)	4.11.a.4.	The core curriculum must include a regu on the core knowledge content and area specialty. (Core)
IV.C.3.e)	Participation in direct operative care of critically-ill patients in the operating room during critical care rotations must not be so great as to interfere with the primary educational purpose of the critical care rotation. (Core)		Participation in direct operative care of c during critical care rotations must not be educational purpose of the critical care r
IV.C.3.f)	Fellows must 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. (Core)	4.11.a.6.	Fellows must keep two written records o documenting the numbers and types of o log of numbers and types of operative ex procedures. (Core)
IV.C.3.g)	A chief resident in surgery and a fellow in surgical critical care must not have primary responsibility for the same patient. (Core)	4.11.a.7.	A chief resident in surgery and a fellow i primary responsibility for the same patie
IV.C.3.h)	Fellows must 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. (Outcome)	4.11.a.8.	Fellows must be able to administer a sur educate, and supervise specialized pers for the unit; and coordinate the activities units within the hospital. (Outcome)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograt environment that fosters the acquisite participation in scholarly activities as Program Requirements. Scholarly acti integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship

e largely dedicated to the care of one or adult surgical, burn, cardiothoracic, plant, and trauma. (Detail)

care units, such as medical, cardiac, or onths. (Core)

critical care, such as trauma or acute care (Core)

of the critical care unit should involve the eases such as those related to injury or

gularly-scheduled didactic program based eas defined as a fellow's outcomes in the

critically-ill patients in the operating room be so great as to interfere with the primary rotation. (Core)

of their experience: a summary record f critical care patients; and an operative experiences, including bedside

*i* in surgical critical care must not have ient. (Core)

urgical critical care unit and appoint, rsonnel; establish policy and procedures as of the unit with other administrative

ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

by of fellowships and anticipates that variety of roles, including clinicians, cted that the program's scholarship and the needs of the community it ns may concentrate their scholarly pulation health, and/or teaching, while ilize more classic forms of biomedical ip.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Faculty members must establish and ma scholarship with an active research com
IV.D.2.a)	Faculty members must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.14.	Faculty Scholarly Activity Faculty members must establish and ma scholarship with an active research com
			The program director and some membe scholarship by one or more of the follow •peer-reviewed funding;
			<ul> <li>publication of original research or review chapters in textbooks;</li> </ul>
			•publication or presentation of case report national professional and scientific socie
			•participation in national committees or e
	The program director and some members of the faculty must also demonstrate		<ul> <li>participation in quality improvement and publications; or,</li> </ul>
IV.D.2.b)	scholarship by one or more of the following annually: (Core)	4.14.a.	•non-peer reviewed publications. (Core)
			The program director and some membe scholarship by one or more of the follow
			•peer-reviewed funding;
			<ul> <li>publication of original research or review chapters in textbooks;</li> </ul>
			<ul> <li>publication or presentation of case report national professional and scientific societ</li> </ul>
			•participation in national committees or e
			<ul> <li>participation in quality improvement and publications; or,</li> </ul>
IV.D.2.b).(1)	peer-reviewed funding; (Detail)	4.14.a.	•non-peer reviewed publications. (Core)

dence of scholarly activities, consistent

dence of scholarly activities, consistent

maintain an environment of inquiry and pmponent. (Core)

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bers of the faculty must also demonstrate wing annually:

iew articles in peer-reviewed journals, or

ports or clinical series at local, regional, or ciety meetings;

r educational organizations;

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			<ul> <li>participation in quality improvement and publications; or,</li> </ul>
IV.D.2.b).(2)	publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; (Detail)	4.14.a.	•non-peer reviewed publications. (Core)
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			•participation in national committees or o
			<ul> <li>participation in quality improvement and publications; or,</li> </ul>
IV.D.2.b).(3)	publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; (Detail)	4.14.a.	•non-peer reviewed publications. (Core)

ers of the faculty	must also	demonstrate
wing annually:		

- view articles in peer-reviewed journals, or
- eports or clinical series at local, regional, or ociety meetings;
- r educational organizations;
- and/or patient safety projects and/or

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			•participation in national committees or
			<ul> <li>participation in quality improvement and publications; or,</li> </ul>
IV.D.2.b).(4)	participation in national committees or educational organizations; (Detail)	4.14.a.	•non-peer reviewed publications. (Core)
			The program director and some membe scholarship by one or more of the follow
			•peer-reviewed funding;
			<ul> <li>publication of original research or revie chapters in textbooks;</li> </ul>
			<ul> <li>publication or presentation of case report national professional and scientific societ</li> </ul>
			•participation in national committees or o
			<ul> <li>participation in quality improvement and publications; or,</li> </ul>
IV.D.2.b).(5)	participation in quality improvement and/or patient safety projects and/or publications; or, (Detail)	4.14.a.	•non-peer reviewed publications. (Core)

ers of the faculty	must also	demonstrate
wing annually:		

- view articles in peer-reviewed journals, or
- eports or clinical series at local, regional, or ociety meetings;
- r educational organizations;
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			The program director and some membe scholarship by one or more of the follow
			•peer-reviewed funding;
			<ul> <li>publication of original research or revie chapters in textbooks;</li> </ul>
			•publication or presentation of case rep national professional and scientific soci
			•participation in national committees or
			<ul> <li>participation in quality improvement an publications; or,</li> </ul>
IV.D.2.b).(6)	non-peer reviewed publications. (Detail)	4.14.a.	•non-peer reviewed publications. (Core
			<b>Fellow Scholarly Activity</b> Fellow(s) must demonstrate scholarship annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
			•participation in development of curricul
			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
			•non-peer reviewed publications;
			•publication or presentation of case rep national professional and scientific soci
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
IV.D.3.	Fellow Scholarly Activity	4.15.	•peer-reviewed funding or publication. (

pers of the faculty must also demonstrate owing annually:

view articles in peer-reviewed journals, or

ports or clinical series at local, regional, or ciety meetings;

r educational organizations;

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ip by one or more of the following

and/or patient safety projects and/or

ular materials;

al committees, or other activities related to

ports or clinical series at local, regional, or ciety meetings;

iew articles in peer-reviewed journals, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
-			Fellow Scholarly Activity Fellow(s) must demonstrate scholarship annually:
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			•participation in development of curricul
			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
			•non-peer reviewed publications;
			•publication or presentation of case rep national professional and scientific soci
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
IV.D.3.a)	Fellow(s) must demonstrate scholarship by one or more of the following annually: (Core)	4.15.	•peer-reviewed funding or publication. (
			<b>Fellow Scholarly Activity</b> Fellow(s) must demonstrate scholarship annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
			•participation in development of curricul
			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
			•non-peer reviewed publications;
			<ul> <li>publication or presentation of case rep national professional and scientific soci</li> </ul>
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
IV.D.3.a).(1)	participation in quality improvement and/or patient safety projects and/or publications; (Detail)	4.15.	•peer-reviewed funding or publication. (

hip by one or more of the following

and/or patient safety projects and/or

ular materials;

al committees, or other activities related to

eports or clinical series at local, regional, or ociety meetings;

view articles in peer-reviewed journals, or

(Core)

hip by one or more of the following

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ular materials;

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eports or clinical series at local, regional, or ociety meetings;

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Requirement Number		Requirement Number	Kequitemet
			<b>Fellow Scholarly Activity</b> Fellow(s) must demonstrate scholarship annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
			•participation in development of curricul
			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
			•non-peer reviewed publications;
			<ul> <li>publication or presentation of case rep national professional and scientific soci</li> </ul>
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
IV.D.3.a).(2)	participation in development of curricular materials; (Detail)	4.15.	•peer-reviewed funding or publication. (
			Fellow Scholarly Activity Fellow(s) must demonstrate scholarshij annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
			•participation in development of curricul
			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
			•non-peer reviewed publications;
			<ul> <li>publication or presentation of case rep national professional and scientific soci</li> </ul>
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
	participation in local, regional, national committees, or other activities related to educational organizations; (Detail)	4.15.	•peer-reviewed funding or publication. (

hip by one or more of the following

and/or patient safety projects and/or

ular materials;

al committees, or other activities related to

eports or clinical series at local, regional, or ociety meetings;

view articles in peer-reviewed journals, or

(Core)

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		Requirement Number	Kequitemet
			Fellow Scholarly Activity Fellow(s) must demonstrate scholarship annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
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			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
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			<ul> <li>publication or presentation of case rep national professional and scientific soci</li> </ul>
			•publication of original research or revie chapters in textbooks; or,
IV.D.3.a).(4)	non-peer reviewed publications; (Detail)	4.15.	•peer-reviewed funding or publication. (
			<b>Fellow Scholarly Activity</b> Fellow(s) must demonstrate scholarshij annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
			•participation in development of curricul
			<ul> <li>participation in local, regional, national educational organizations;</li> </ul>
			•non-peer reviewed publications;
			<ul> <li>publication or presentation of case rep national professional and scientific soci</li> </ul>
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
IV.D.3.a).(5)	publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; (Detail)	4.15.	•peer-reviewed funding or publication. (

hip by one or more of the following

and/or patient safety projects and/or

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eports or clinical series at local, regional, or ociety meetings;

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(Core)

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			<b>Fellow Scholarly Activity</b> Fellow(s) must demonstrate scholarship annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
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			•participation in local, regional, national educational organizations;
			•non-peer reviewed publications;
			•publication or presentation of case repondent in the professional and scientific socio
			<ul> <li>publication of original research or revie chapters in textbooks; or,</li> </ul>
IV.D.3.a).(6)	publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or, (Detail)	4.15.	•peer-reviewed funding or publication. (
			<b>Fellow Scholarly Activity</b> Fellow(s) must demonstrate scholarship annually:
			<ul> <li>participation in quality improvement an publications;</li> </ul>
			<ul> <li>participation in development of curricul</li> </ul>
			•participation in local, regional, national educational organizations;
			•non-peer reviewed publications;
			•publication or presentation of case rep national professional and scientific soci
			•publication of original research or revie chapters in textbooks; or,
IV.D.3.a).(7)	peer-reviewed funding or publication. (Detail)	4.15.	•peer-reviewed funding or publication. (
	Evaluation	Section 5	Section 5: Evaluation

hip by one or more of the following

and/or patient safety projects and/or

ular materials;

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eports or clinical series at local, regional, or ociety meetings;

view articles in peer-reviewed journals, or

(Core)

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view articles in peer-reviewed journals, or

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Roman Numeral		Reformatted	
Requirement Number	Requirement Language	<b>Requirement Number</b>	Requiremen
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
	Fellows' performance evaluations must be documented at least every two		Fellows' performance evaluations must
V.A.1.a).(1)	months. (Core)	5.1.f.	months. (Core)
V.A.1.a).(2)	Rotations exceeding two months in duration must have a mid-rotation evaluation. (Core)	5.1.g.	Rotations exceeding two months in dura evaluation. (Core)
V.A.1.a).(3)	Semiannual assessment must include a review of case volume, breadth, and complexity, and must ensure that fellows are maintaining the required written records. (Core)	5.1.h.	Semiannual assessment must include a complexity, and must ensure that fellows records. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the subspecia (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

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y members, peers, patients, self, and and, (Core)

ical Competency Committee for its formance and improvement toward

nee, with input from the Clinical t with and review with each fellow their n of performance, including progress estones. (Core)

nee, with input from the Clinical lop plans for fellows failing to licies and procedures. (Core)

mance must be accessible for review

a final evaluation for each fellow upon

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Requirement Number	Requirement Language	Requirement Number	-
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mu- are able to engage in autonomous pr program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee m director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competend members, at least one of whom is a c be faculty members from the same pu health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)

a final evaluation for each fellow upon

es, and when applicable the nust be used as tools to ensure fellows practice upon completion of the

part of the fellow's permanent record nust be accessible for review by the nal policy. (Core)

t the fellow has demonstrated the eccessary to enter autonomous practice.

with the fellow upon completion of the

must be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

ee must determine each fellow's bspecialty-specific Milestones. (Core) ee must meet prior to the fellows' semiprogram director regarding each

to evaluate each faculty member's ucational program at least annually.

to evaluate each faculty member's ucational program at least annually.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		This evaluation must include a review teaching abilities, engagement with the in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
N O			Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least one and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the the fellows, and be submitted to the D

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core)

n, confidential evaluations by the

back on their evaluations at least

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the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

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the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

must be composed of at least two one of whom is a core faculty member,

ponsibilities must include review of the Id progress toward meeting them.

oonsibilities must include guiding luding development of new goals,

oonsibilities must include review of the entify strengths, challenges, d to the program's mission and aims.

e should consider the outcomes from , aggregate fellow and faculty written her relevant data in its assessment of

must evaluate the program's mission ovement, and threats. (Core)

cluding the action plan, must be ne members of the teaching faculty and e DIO. (Core)

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Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educ seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wr the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in s graduates over the time period speci an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)

# ent Language Self-Study and submit it to the DIO.

*ication is to educate physicians who n. One measure of the effectiveness of mate pass rate.* 

*urage all eligible program graduates to ered by the applicable American Board ober board or American Osteopathic* 

MS member board and/or AOA written exam, in the preceding three as rate of those taking the examination an the bottom fifth percentile of tcome)

MS member board and/or AOA written exam, in the preceding six years, of those taking the examination for the oottom fifth percentile of programs in

MS member board and/or AOA oral exam, in the preceding three years, of those taking the examination for the pottom fifth percentile of programs in

MS member board and/or AOA oral exam, in the preceding six years, of those taking the examination for the oottom fifth percentile of programs in

n 5.6. – 5.6.c., any program whose cified in the requirement have achieved let this requirement, no matter the bass rate in that subspecialty.

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Requirement Number	Requirement Language	Requirement Number	Requiremen
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	560	Programs must report, in ADS, board cohort of board-eligible fellows that g
v.c.s.i)	conort of board-engible fellows that graduated seven years earlier. (Core)	5.6.e.	conort of board-engible renows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in the environment that emphasizes the follows the follows and the follows are the follows and the follows are
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
N/I	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section C	•Commitment to the well-being of the members, and all members of the hea
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective		Culture of Safety A culture of safety requires continuou
	organization has formal mechanisms to assess the knowledge, skills, and		a willingness to transparently deal wi
VI.A.1.a).(1)	attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute

# rd certification status annually for the t graduated seven years earlier. (Core)

#### ng Environment

the context of a learning and working blowing principles:

y of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

ne students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement.

and fellows must actively participate in Ite to a culture of safety. (Core)

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•		•	
	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and		Patient Safety Events Reporting, investigation, and follow-u
	unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based		unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst
VI.A.1.a).(2)	<i>changes to ameliorate patient safety vulnerabilities.</i> Residents, fellows, faculty members, and other clinical staff members	[None]	changes to ameliorate patient safety
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p

*y-up of safety events, near misses, and anisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based y vulnerabilities.* 

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

s, and other clinical staff members formation of their institution's patient

embers in real and/or simulated fety and quality improvement activities, er activities that include analysis, as ation of actions. (Core)

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremer
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is a the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is a the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon to the supervision of all patient care.
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that to place for all fellows is based on each as well as patient complexity and accu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow super- authority and responsibility, the prog classification of supervision.

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it relates re.

ate medical education provides safe res each fellow's development of the quired to enter the unsupervised res a foundation for continued

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it relates re.

ate medical education provides safe res each fellow's development of the quired to enter the unsupervised tes a foundation for continued

inform each patient of their respective oviding direct patient care. (Core) to fellows, faculty members, other and patients. (Core)

at the appropriate level of supervision in ch fellow's level of training and ability, cuity. Supervision may be exercised opropriate to the situation. (Core)

ervision while providing for graded ogram must use the following

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			Direct Supervision
			The supervising physician is physica
VI.A.2.b).(1)	Direct Supervision:	6.7.	key portions of the patient interaction
	the companying a busician is a busically present with the follow during the		Direct Supervision
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician is physica key portions of the patient interaction
VI.A.2.0).(1).(a)		0.7.	
	Indirect Supervision: the supervising physician is not providing physical		Indirect Supervision
	or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct		The supervising physician is not prov or audio supervision but is immediate
VI.A.2.b).(2)	supervision.	[None]	guidance and is available to provide a
		[]	Oversight
	Oversight – the supervising physician is available to provide review of		The supervising physician is availabl
VI.A.2.b).(3)	procedures/encounters with feedback provided after care is delivered.	[None]	procedures/encounters with feedback
	The program must define when physical presence of a supervising		The program must define when physi
VI.A.2.c)	physician is required. (Core)	6.8.	physician is required. (Core)
	The privilege of pressure of the site and recommissibility conditional		The privilege of pressource of the privilege of the privi
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each		The privilege of progressive authority independence, and a supervisory role
	fellow must be assigned by the program director and faculty members.		fellow must be assigned by the progr
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate e
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Mileste
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to fellows based on the needs of the patient and the skills		portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisor
	in recognition of their progress toward independence, based on the needs		in recognition of their progress towar
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the in
	Decrement and avoidable of far size material and such in which		Drawnen much oct muidelings for sim
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of t
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the		Faculty supervision assignments must the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care authority
•		v. i i.	

cally present with the fellow during the on.

cally present with the fellow during the on.

oviding physical or concurrent visual ately available to the fellow for e appropriate direct supervision.

ble to provide review of ock provided after care is delivered. vsical presence of a supervising

ity and responsibility, conditional ble in patient care delegated to each gram director and faculty members.

e each fellow's abilities based on stones. (Core)

pervising physicians must delegate n the needs of the patient and the skills

ory role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail)

ircumstances and events in which supervising faculty member(s). (Core)

<sup>t</sup> their scope of authority, and the own is permitted to act with conditional

nust be of sufficient duration to assess llow and to delegate to the fellow the chority and responsibility. (Core)

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<b>Requirement Number</b>	r Requirement Language	<b>Requirement Number</b>	Requiremen
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	The leave in the stines of the present
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the progra excessive reliance on fellows to fulfil
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the prograce care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the progra meaning that each fellow finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must depersonal role in the safety and welfar including the ability to report unsafe
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)

Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation o provide the care required by their

Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation provide the care required by their

ram must be accomplished without fill non-physician obligations. (Core) ram must ensure manageable patient

ram must include efforts to enhance the he experience of being a physician, ents, providing administrative support, nce and flexibility, and enhancing

ip with the Sponsoring Institution, must m that supports patient safety and

demonstrate an understanding of their fare of patients entrusted to their care, fe conditions and safety events. (Core)

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other t, abuse, or coercion of students,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	Well-Being <i>Psychological, emotional, and physical well-being are critical in the</i> <i>development of the competent, caring, and resilient physician and require</i> <i>proactive attention to life inside and outside of medicine. Well-being</i> <i>requires that physicians retain the joy in medicine while managing their</i> <i>own real-life stresses. Self-care and responsibility to support other</i> <i>members of the health care team are important components of</i> <i>professionalism; they are also skills that must be modeled, learned, and</i> <i>nurtured in the context of other aspects of fellowship training.</i>		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect
VI.C.	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	Fellows and faculty members are at re Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)		6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)		6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2) VI.C.1.d).(3)		6.13.d.2. 6.13.d.3.	recognition of these symptoms in the care; and, (Core) access to appropriate tools for self-se

Sponsoring Institutions, should have a d faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being ioy in medicine while managing their d responsibility to support other re important components of s that must be modeled, learned, and bects of fellowship training.

risk for burnout and depression. Sponsoring Institutions, have the -being as other aspects of resident mbers of the health care team share each other. A positive culture in a Is constructive behaviors, and attitudes needed to thrive throughout

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

nity to attend medical, mental health, Iding those scheduled during their

mbers in:

urnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek appropriate

screening. (Core)

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Requirement Number		Requirement Number	
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
<b>1</b> // <b>0</b> / - <b>1</b>	counseling, and treatment, including access to urgent and emergent care	0.40	counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (C
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for felle
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure	6.4.4.5	The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of
	These policies must be implemented without fear of negative		These policies must be implemented
VI.C.2.b)	consequences for the fellow who is or was unable to provide the clinical	6.14.b.	consequences for the fellow who is o
v1.0.2.0j	work. (Core)	U. 14.D.	work. (Core)
			Fatigue Mitigation Programs must educate all fellows an
			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows an
	the signs of fatigue and sleep deprivation, alertness management, and		the signs of fatigue and sleep depriva
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	adequate sleep facilities and safe transportation options for fellows who		adequate sleep facilities and safe trar
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
			Clinical Responsibilities
	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each f
	patient safety, fellow ability, severity and complexity of patient		patient safety, fellow ability, severity a
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo
	The work of the caregiver team must be assigned to team members based on		The work of the caregiver team must be
VI.E.1.a)	each member's level of education, experience, and competence. (Core)	6.17.a.	each member's level of education, exper
vi		0. 17.a.	
	As fellows progress through levels of increasing competence and responsibility,		As fellows progress through levels of inc
VI.E.1.b)	work assignments must keep pace with their advancement. (Core)	6.17.b.	work assignments must keep pace with
			· · ·
	The program should ensure that the workload associated with optimal clinical		The program should ensure that the wor
	care of surgical patients is a continuum from the moment of admission to the		care of surgical patients is a continuum f
VI.E.1.c)	point of discharge. (Detail)	6.17.c.	point of discharge. (Detail)

fordable mental health assessment, g access to urgent and emergent care (Core)

ellows may be unable to attend work, illness, family emergencies, and e. Each program must allow an ellows unable to perform their patient

d procedures in place to ensure e continuity of patient care. (Core) d without fear of negative

or was unable to provide the clinical

and faculty members in recognition of vation, alertness management, and I)

and faculty members in recognition of vation, alertness management, and I)

Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)

n fellow must be based on PGY level, y and complexity of patient port services. (Core)

be assigned to team members based on berience, and competence. (Core)

ncreasing competence and responsibility, h their advancement. (Core)

orkload associated with optimal clinical n from the moment of admission to the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.E.1.d)	During the residency education process, surgical teams should be made up of attending surgeons, residents at various PG levels, medical students (when appropriate), and other health care providers. (Detail)	6.17.d.	During the residency education process attending surgeons, residents at various appropriate), and other health care prov
VI.E. I.U)		0.17.0.	
	Teamwork		<b>T</b>
	Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in		Teamwork Fellows must care for patients in an e communication and promotes safe, in
VI.E.2.	the subspecialty and larger health system. (Core)	6.18.	the subspecialty and larger health sys
VI.E.2.a)	As a member of an interprofessional team, fellows should demonstrate an unwavering mutual respect for the respective skills and contributions of team members, and a shared commitment to the process of patient care. (Detail)	6.18.a.	As a member of an interprofessional tea unwavering mutual respect for the respe members, and a shared commitment to t
VI.E.2.b)	Fellows should collaborate with fellow surgical residents, and especially with faculty, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Detail)	6.18.b.	Fellows should collaborate with fellow su faculty, other physicians outside of their care providers, to best formulate treatme patient population. (Detail)
VI.E.2.c)	Fellows must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, fellows must learn and utilize the established methods for handing off remaining tasks to another member of the fellow team so that patient care is not compromised. (Core)		Fellows must assume personal responsi are assigned (or which they voluntarily a must be completed in the hours assigned learn and utilize the established methods another member of the fellow team so th (Core)
VI.E.2.d)	Lines of authority must be defined by programs, and all fellows must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Core)	6.18.d.	Lines of authority must be defined by pro working knowledge of these expected re care and patient safety. (Core)
			Transitions of Care
VI.E.3.	Transitions of Care	6.19.	Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.

es, surgical teams should be made up of us PG levels, medical students (when pviders. (Detail)

#### environment that maximizes interprofessional, team-based care in system. (Core)

eam, fellows should demonstrate an pective skills and contributions of team o the process of patient care. (Detail)

surgical residents, and especially with ir specialty, and non-traditional health ment plans for an increasingly diverse

nsibility to complete all tasks to which they v assume) in a timely fashion. These tasks ned, or, if that is not possible, fellows must ods for handing off remaining tasks to that patient care is not compromised.

programs, and all fellows must have a reporting relationships to maximize quality

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both *y*. (Core)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremer
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows a team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience of opportunities for rest and personal a
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours hours per week, averaged over a four house clinical and educational activity and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off I education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Worl Fellows should have eight hours off l education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time mapatient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)

ent Language are competent in communicating with ess. (Outcome)

Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.

icational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

rk and Education f between scheduled clinical work and

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s free of clinical work and education e)

inimum of one day in seven free of n (when averaged over four weeks). Atnese free days. (Core)

ion Period Length ds for fellows must not exceed 24 ical assignments. (Core)

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may be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Surgery will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Surgery will i the 80-hour limit to the fellows' work wee
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con- seven requirements. (Core)

Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single ive humanistic attention to the needs of ttend unique educational events.

#### • Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single ive humanistic attention to the needs of ttend unique educational events.

ducation must be counted toward the

ation-specific exceptions for up to 10 and educational work hours to und educational rationale.

II not consider requests for exceptions to eek.

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core)

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) d external moonlighting (as defined in st be counted toward the 80-hour

ontext of the 80-hour and one-day-off-in-

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.6.a)	Any rotation that requires fellows to work nights in succession is considered a night float rotation, and the total time on nights must be counted toward the maximum hours of clinical and educational work per week for each fellow. (Core)	6.26.a.	Any rotation that requires fellows to wor night float rotation, and the total time on maximum hours of clinical and educatio (Core)
VI.F.6.b) VI.F.6.c) VI.F.6.d)	There can be no more than four months of night float per year. (Core)	6.26.b. 6.26.c. 6.26.d.	Night float rotations must not exceed tw in succession for rotations with night shi There can be no more than four months There must be at least two months betw
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequence Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

ork nights in succession is considered a on nights must be counted toward the tional work per week for each fellow.

two months in succession, or three months shifts alternating with day shifts. (Core) hs of night float per year. (Core) etween each night float rotation. (Core)

#### ncy

nouse call no more frequently than every four-week period). (Core)

es by fellows on at-home call must count (Iy limit. The frequency of at-home call is i limitation, but must satisfy the ree of clinical work and education, when

es by fellows on at-home call must count (Iy limit. The frequency of at-home call is limitation, but must satisfy the ree of clinical work and education, when

ent or taxing as to preclude rest or fellow. (Core)