Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number		Requirement Number	Kequiremen
	Definition of Graduate Medical Education		Definition of Graduate Medical Educa
	Graduate medical education is the crucial step of professional		Graduate medical education is the cru
	development between medical school and autonomous clinical practice. It		development between medical schoo
	is in this vital phase of the continuum of medical education that residents		is in this vital phase of the continuum
	learn to provide optimal patient care under the supervision of faculty		learn to provide optimal patient care of
	members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.		members who not only instruct, but s compassion, cultural sensitivity, prof
	Graduate medical education transforms medical students into physician		Graduate medical education transform
	scholars who care for the patient, patient's family, and a diverse		scholars who care for the patient, pat
	community; create and integrate new knowledge into practice; and		community; create and integrate new educate future generations of physici
	educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many		patterns established during graduate
Int.A.	years later.	[None]	years later.
	Graduate medical education has as a core tenet the graded authority and		Graduate medical education has as a
	responsibility for patient care. The care of patients is undertaken with		responsibility for patient care. The ca
	appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and		appropriate faculty supervision and c residents to attain the knowledge, ski
	empathy required for autonomous practice. Graduate medical education		empathy required for autonomous pra
	develops physicians who focus on excellence in delivery of safe,		develops physicians who focus on ex
	equitable, affordable, quality care; and the health of the populations they		equitable, affordable, quality care; and
	serve. Graduate medical education values the strength that a diverse		serve. Graduate medical education va
	group of physicians brings to medical care, and the importance of		group of physicians brings to medica
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe lea
	Graduate medical education occurs in clinical settings that establish the		Graduate medical education occurs in
	foundation for practice-based and lifelong learning. The professional		foundation for practice-based and life
	development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic		development of the physician, begun through faculty modeling of the effact
	environment that emphasizes joy in curiosity, problem-solving, academic		environment that emphasizes joy in c
	rigor, and discovery. This transformation is often physically, emotionally,		rigor, and discovery. This transformation
	and intellectually demanding and occurs in a variety of clinical learning		and intellectually demanding and occ
	environments committed to graduate medical education and the well-		environments committed to graduate
Int.A. (Continued)	being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	being of patients, residents, fellows, f members of the health care team.
	Definition of Specialty		members of the nearth care team.
			Definition of Specialty
	Vascular surgery is the surgical specialty involving diseases of the arterial,		Vascular surgery is the surgical specialty
	venous, and lymphatic circulatory systems, exclusive of those circulatory		venous, and lymphatic circulatory system
	vessels intrinsic to the heart and intracranial vessels. Specialists in this		vessels intrinsic to the heart and intracra
	discipline demonstrate the knowledge, skills, and understanding of the medical		discipline demonstrate the knowledge, s
Int.B.	science relative to the vascular system, as well as mature technical skills and surgical judgment.	[None]	science relative to the vascular system, a surgical judgment.
		[inone]	

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crucial step of professional ool and autonomous clinical practice. It im of medical education that residents e under the supervision of faculty t serve as role models of excellence, ofessionalism, and scholarship.

orms medical students into physician atient's family, and a diverse w knowledge into practice; and icians to serve the public. Practice te medical education persist many

a core tenet the graded authority and care of patients is undertaken with conditional independence, allowing kills, attitudes, judgment, and practice. Graduate medical education excellence in delivery of safe, and the health of the populations they values the strength that a diverse cal care, and the importance of learning environments.

in clinical settings that establish the ifelong learning. The professional in in medical school, continues incement of self-interest in a humanistic ocuriosity, problem-solving, academic nation is often physically, emotionally, ccurs in a variety of clinical learning te medical education and the wellte, faculty members, students, and all

Ity involving diseases of the arterial, ems, exclusive of those circulatory ranial vessels. Specialists in this skills, and understanding of the medical n, as well as mature technical skills and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Length of Educational Program		
Int.C.	The educational program in vascular surgery for integrated programs must be 60 months in length. (Core)	4.1.	<b>Length of Program</b> The educational program in vascular sur 60 months in length. (Core)
l.	Oversight	Section 1	Section 1: Oversight
	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.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education, consistent with th Requirements.
I.A.	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]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. (Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[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)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agree and each participating site that gover 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 eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must to by the program director as the site dir resident education at that site, in colla (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, 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 residents, of one month full tim the ACGME's Accreditation Data Syst
I.B.5.	Participating sites should be geographically proximate to the primary clinical site to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular and documented basis at a central location. (Core)	1.6.a.	Participating sites should be geographica to allow all residents to attend joint confe morbidity and mortality reviews on a regu location. (Core)
I.B.5.a)	Geographically remote participating sites must provide audiovisual access to conferences and lectures at the central location or document provision of an equivalent educational program of lectures and conferences. (Core)	1.6.b.	Geographically remote participating sites conferences and lectures at the central le equivalent educational program of lecture

urgery for integrated programs must be

ganization or entity that assumes the ponsibility for a program of graduate the ACGME Institutional

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

consoring Institution, must designate a

greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)

every 10 years. (Core)

lesignated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated director, who is accountable for Illaboration with the program director.

any additions or deletions of ng an educational experience, required ime equivalent (FTE) or more through stem (ADS). (Core)

ically proximate to the primary clinical site offerences, basic science lectures, and egular and documented basis at a central

tes must provide audiovisual access to I location or document provision of an ures and conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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, fellows (if		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusiv
I.C.	present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	present), faculty members, senior adr other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	These resources must include:	[None]	
I.D.1.a).(1)	a common office space for residents that includes a sufficient number of computers and adequate workspace at the primary clinical site; (Core)	1.8.a.	These resources must include a common includes a sufficient number of computer primary clinical site. (Core)
I.D.1.a).(2)	software resources for production of presentations, manuscripts, and portfolios; and, (Core)	1.8.b.	These resources must include software presentations, manuscripts, and portfolic
I.D.1.a).(3)	online radiographic and laboratory reporting systems at the primary clinical site and all participating sites. (Core)	1.8.c.	These resources must include online rac systems at the primary clinical site and a
I.D.1.b)	The facility used to provide residents with experience in interpretation of non- invasive vascular laboratory testing must be accredited by a recognized organization that would allow residency graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	1.8.d.	The facility used to provide residents with invasive vascular laboratory testing must organization that would allow residency of eligibility for specialty board certification.
I.D.1.b).(1)	The laboratory must be currently accredited in extracranial cerebrovascular, peripheral arterial and peripheral venous testing, and must provide substantial experience in abdominal and visceral vascular imaging. (Detail)	1.8.d.1.	The laboratory must be currently accreding peripheral arterial and peripheral venous experience in abdominal and visceral va
I.D.1.c)	An accredited vascular surgery program must be conducted in an institution(s) that can document a sufficient breadth of patient care that routinely cares for patients with a broad spectrum of vascular diseases and conditions. (Core)	1.8.e.	An accredited vascular surgery program that can document a sufficient breadth o patients with a broad spectrum of vascul
I.D.1.d)	In addition, these institutions must include facilities and staff members for a variety of other services that provide a critical role in the care of patients with vascular conditions, including cardiovascular services, critical care services, general surgery services, nephrology services, neurology services, and radiology services. (Core)	1.8.f.	In addition, these institutions must includ variety of other services that provide a co vascular conditions, including cardiovasc general surgery services, nephrology services. radiology services. (Core)
I.D.1.e)	The institutional volume and variety of open and endovascular operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each resident in the program. (Core)	1.8.g.	The institutional volume and variety of op experience must be adequate to ensure complex cases (as determined by the Re the program. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working resident 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 residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria
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

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Sponsoring Institution, must engage riven, ongoing, systematic recruitment sive workforce of residents, fellows (if dministrative GME staff members, and mic community. (Core)

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

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

non office space for residents that ters and adequate workspace at the

e resources for production of lios. (Core)

adiographic and laboratory reporting all participating sites. (Core)

vith experience in interpretation of nonust be accredited by a recognized y graduates to fulfill the requirements of on. (Core)

dited in extracranial cerebrovascular, us testing, and must provide substantial /ascular imaging. (Detail)

m must be conducted in an institution(s) of patient care that routinely cares for ular diseases and conditions. (Core)

ude facilities and staff members for a critical role in the care of patients with scular services, critical care services, services, neurology services, and

open and endovascular operative re a sufficient number and distribution of Review Committee) for each resident in

Sponsoring Institution, must ensure ng environments that promote

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rest facilities available and accessible riate for safe patient care; (Core)

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

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<b>Requirement Number</b>	Requirement Language	Requirement Number	Requiremen
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 residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d Sponsoring Institution's policy. (Core
I.D.3.	Residents must have ready access to specialty-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.	Residents must have ready access to appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mus appointed residents' education. (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 an authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's 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 GMEC m director and must verify the program appointment. (Core)
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.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain co stability. (Core)
II.A.1.b).(1)	The term of appointment must be for the length of the program plus one year. (Detail)	2.3.a.	The term of appointment must be for the (Detail)
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)	2.4.	The program director and, as applical must be provided with support adeque based upon its size and configuration

priate to the participating site; and,

disabilities consistent with the re)

to specialty-specific and other int or electronic format. This must Il literature databases with full text

# sonnel

other health care personnel, including, ner programs, subspecialty fellows, nust not negatively impact the pre)

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

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

must approve a change in program n director's licensure and clinical

tor resides with the Review Committee.

ention of the program director for a continuity of leadership and program

he length of the program plus one year.

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

		Requiremen
At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director must and support specified below for administ support for program leadership must be additional support may be for the progra program director and one or more assoc (Core)
Number of Approved Resident Positions: 1-6   Minimum Support Required (FTE) for the Program Director: 0.20   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a		Number of Approved Resident Positions (FTE) for the Program Director: 0.20   M (FTE) for Program Leadership in Aggreg
Number of Approved Resident Positions: 7-10   Minimum Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a		Number of Approved Resident Positions (FTE) for the Program Director: 0.30   N (FTE) for Program Leadership in Aggreg
Number of Approved Resident Positions: 11-20   Minimum Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.10		Number of Approved Resident Positions (FTE) for the Program Director: 0.30   M (FTE) for Program Leadership in Aggreg
Number of Approved Resident Positions: 21 or greater   Minimum Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.20	2.4.a.	Number of Approved Resident Positions Required (FTE) for the Program Director Required (FTE) for Program Leadership
surgery program must be provided support for administration of the programs		Program directors who oversee both an surgery program must be provided supp based on the total number of approved p
Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
must include current certification in the specialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or specialty qualifications that are acceptable to the Review Committee; and. (Core)	2.5.a.	The program director must possess c for which they are the program director (ABS) or by the American Osteopathic specialty qualifications that are accep (Core)
must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstra
Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)	2.6.	Program Director Responsibilities The program director must have responsibility for: administration and activity; resident recruitment and sele residents, and disciplinary action; sup education in the context of patient car
	additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Resident Positions: 1-6   Minimum Support Required (FTE) for the Program Director: 0.20   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Mdditional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Mdditional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Leadership in Aggregate: 0.10 Number of Approved Resident Positions: 21 or greater   Minimum Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.20 Program directors who oversee both an independent and an integrated vascular surgery program must be provided support for administration of the programs based on the total number of approved positions across both programs. (Core) Qualifications of the program director: must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core) must include current certification in the specialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or specialty qualifications that are acceptable to the Review Committee; and, (Core) Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of	additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)         Number of Approved Resident Positions: 1-6   Minimum Support Required (FTE) for the Program Director: 0.20   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for the Program Director: 0.30   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.20       2.4.a.         Program directors who oversee both an independent and an integrated vascular surgery program must be provided support for administration of the programs based on the total number of approved positions across both programs. (Core)       2.4.b.         Qualifications of the program director:       2.5.         must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; and, (Core)       2.5.         must include current certification in the specialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or specialty qualifications t

ust be provided with the dedicated time istration of the program. Additional e provided as specified below. This ram director only or divided among the ociate (or assistant) program directors.

ns: 1-6 | Minimum Support Required Minimum Additional Support Required egate: n/a

ns: 7-10 | Minimum Support Required Minimum Additional Support Required egate: n/a

ns: 11-20 | Minimum Support Required Minimum Additional Support Required egate: 0.10

ns: 21 or greater | Minimum Support or: 0.30 | Minimum Additional Support ip in Aggregate: 0.20

n independent and an integrated vascular oport for administration of the programs d positions across both programs. (Core)

#### tor

specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

#### tor

specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

current certification in the specialty ctor by the American Board of Surgery nic Board of Surgery (AOBS), or eptable to the Review Committee.

#### trate ongoing clinical activity. (Core)

### ponsibility, authority, and

nd operations; teaching and scholarly election, evaluation, and promotion of supervision of residents; and resident care. (Core)

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Requirement Number		Requirement Number	Requirement
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role n
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)	2.6.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the missio
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer environment conducive to educating t Competency domains. (Core)
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)	2.6.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the a supervising interactions and/or learni 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)	2.6.f.	The program director must submit acc required and requested by the DIO, GI
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a which residents have the opportunity mistreatment, and provide feedback in appropriate, without fear of intimidation
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, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when action not to promote or renew the appointment
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)		The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sig restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must document residents within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's request
II.A.4.a).(12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)	2.6.1.	The program director must provide ap interview with information related to t relevant specialty board examination(

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the residents in each of the ACGME

e authority to approve or remove aculty members at all participating core faculty members, and must

valuate candidates prior to approval.

authority to remove residents from ning environments that do not meet )

CCURATE and COMPLETE INFORMATION GMEC, and ACGME. (Core)

a learning and working environment in ty to raise concerns, report t in a confidential manner as ation or retaliation. (Core)

he program's compliance with the d procedures related to grievances ction is taken to suspend or dismiss, or tment of a resident. (Core)

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

ign a non-competition guarantee or

nt verification of education for all ion of or departure from the program.

verification of an individual resident's est, within 30 days. (Core)

applicants who are offered an the applicant's eligibility for the n(s). (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents 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 graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational e education – faculty members teach re 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 c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa graduate medical education system, fa and the population.
II.B.	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, residents, 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 residents and themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They red the patients, residents, community, a provide appropriate levels of supervis Faculty members create an effective of 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 residents. (Core)	2.7.	There must be a sufficient number of instruct and supervise all residents. (
II.B.1.a) <b>II.B.2.</b>	The members of the physician faculty must reflect sufficient diversity of interest and capability to represent the many facets of vascular surgery. (Detail) <b>Faculty members must:</b>	2.7.a.	The members of the physician faculty me and capability to represent the many fac
II.D.Z.	Faculty members must.	[None]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty members must be role models
-	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a residents, including devoting sufficien fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administer and environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
-	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating he (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside

I element of graduate medical residents how to care for patients. fant bridge allowing residents to grow ing that patients receive the highest is for future generations of physicians imitment to excellence in teaching and idedication to lifelong learning. ide and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the in improve the health of the individual

nts receive the level of care expected ecognize and respond to the needs of and institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the residents and

of faculty members with competence to . (Core)

must reflect sufficient diversity of interest acets of vascular surgery. (Detail)

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

e a strong interest in the education of ient time to the educational program to g responsibilities. (Core)

and maintain an educational g residents. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

#### I)

health inequities, and patient safety;

dents' well-being; and, (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.2.f).(4)	in patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	in patient care based on their practice efforts. (Detail)
II.B.3.	Faculty Qualifications	2.9.	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)	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Surgery or to Surgery, or possess qualifications jud Committee. (Core)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a si supervision of residents and must de entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	In addition to the program director, there must be a minimum of four board- certified vascular surgeons and one board-certified general surgeon designated as core faculty members. (Core)	2.11.b.	In addition to the program director, there certified vascular surgeons and one boa as core faculty members. (Core)
II.B.4.c)	For programs with 10 or more approved residency positions, there must be, in addition to the program director, a minimum of one core faculty member for each approved position. (Core)	2.11.c.	For programs with 10 or more approved addition to the program director, a minim each approved position. (Core)
II.B.4.c).(1)	The majority of those core faculty members must be board-certified vascular surgeons. (Core)	2.11.c.1.	The majority of those core faculty memb surgeons. (Core)
II.B.4.c).(2)	There must be a minimum of one board-certified general surgeon designated as a core faculty member. (Core)	2.11.c.2.	There must be a minimum of one board- a core faculty member. (Core)
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.12.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program:		At a minimum, the program coordinator time and support specified below for adr
	Number of Approved Resident Positions: 1-6   Minimum FTE: 0.50 Number of Approved Resident Positions: 7-10   Minimum FTE: 0.70	0.10 h	Number of Approved Resident Positions Number of Approved Resident Positions
II.C.2.a)	Number of Approved Resident Positions: 11-15   Minimum FTE: 0.80	2.12.b.	Number of Approved Resident Positions

ice-based learning and improvement

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

ave current certification in the specialty or the American Osteopathic Board of udged acceptable to the Review

significant role in the education and devote a significant portion of their nd/or administration, and must, as a , evaluate, and provide formative

## ete the annual ACGME Faculty Survey.

ere must be a minimum of four boardoard-certified general surgeon designated

ed residency positions, there must be, in nimum of one core faculty member for

mbers must be board-certified vascular

rd-certified general surgeon designated as

### tor. (Core)

#### tor. (Core)

provided with dedicated time and n of the program based upon its size

or must be provided with the dedicated administration of the program:

ns: 1-6 | Minimum FTE: 0.50 ns: 7-10 | Minimum FTE: 0.70 ns: 11-15 | Minimum FTE: 0.80

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	Requirement
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)	2.13.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
III.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)
	graduation from a medical school outside of the United States, and		graduation from a medical school out meeting one of the following addition: • holding a currently valid certificate f Foreign Medical Graduates (ECFMG) [ • holding a full and unrestricted licens States licensing jurisdiction in which
III.A.1.b)	meeting one of the following additional qualifications: (Core)	3.2.b.	located. (Core)
			graduation from a medical school out meeting one of the following addition
			• holding a currently valid certificate f Foreign Medical Graduates (ECFMG)
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	<ul> <li>holding a full and unrestricted licens</li> <li>States licensing jurisdiction in which</li> <li>located. (Core)</li> </ul>
			graduation from a medical school out meeting one of the following addition
			<ul> <li>holding a currently valid certificate f</li> <li>Foreign Medical Graduates (ECFMG)</li> </ul>
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	<ul> <li>holding a full and unrestricted licens</li> <li>States licensing jurisdiction in which located. (Core)</li> </ul>

Sponsoring Institution, must jointly personnel for the effective e)

ollowing qualifications to be eligible edited program: (Core)

ollowing qualifications to be eligible edited program: (Core)

the United States, accredited by the cation (LCME) or graduation from a the United States, accredited by the Commission on Osteopathic College

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for ) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for ) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for ) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.A.2.	or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)		or transfer into ACGME-accredited re completed in ACGME-accredited residency programs, Royal College of (RCPSC)-accredited or College of Far accredited residency programs locate programs with ACGME International ( Accreditation. (Core)
III.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive ve competency in the required clinical fi ACGME-I Milestones evaluations from matriculation. (Core)
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoir the Review Committee. (Core)
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident, matriculation. (Core)
III.C.1.	Resident transfers into an integrated vascular surgery program must be approved in advance by the Review Committee. (Core)	3.5.a.	Resident transfers into an integrated vas approved in advance by the Review Con
III.C.2.	To be eligible for transfer at the PGY-2 level, residents must have satisfactorily completed a minimum of one year in an ACGME-accredited program in surgery, integrated vascular surgery, or integrated thoracic surgery. (Core)	3.5.b.	To be eligible for transfer at the PGY-2 le completed a minimum of one year in an integrated vascular surgery, or integrated
III.C.3.	To be eligible for transfer at the PGY-3 level, residents must have satisfactorily completed a minimum of two years in an ACGME-accredited integrated vascular surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated thoracic surgery and a minimum of one year in an ACGME-accredited integrated thoracic surgery program. (Core)	3.5.c.	To be eligible for transfer at the PGY-3 le completed a minimum of two years in an surgery program, or a combination of a r accredited program in surgery or integra one year in an ACGME-accredited integr
III.C.4.	To be eligible for transfer at the PGY-4 level, residents must have satisfactorily completed a minimum of three years in an ACGME-accredited integrated vascular surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated thoracic surgery and a minimum of two years in an ACGME-accredited Integrated Vascular Surgery program. (Core)	3.5.d.	To be eligible for transfer at the PGY-4 le completed a minimum of three years in a vascular surgery program, or a combinat ACGME-accredited program in surgery of minimum of two years in an ACGME-acc program. (Core)

residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ated in Canada, or in residency I (ACGME-I) Advanced Specialty

verification of each resident's level of field using ACGME, CanMEDS, or om the prior training program upon

pint more residents than approved by

# on of previous educational experiences d performance evaluation prior to nt, and Milestones evaluations upon

ascular surgery program must be ommittee. (Core)

2 level, residents must have satisfactorily n ACGME-accredited program in surgery, ted thoracic surgery. (Core)

B level, residents must have satisfactorily an ACGME-accredited integrated vascular a minimum of one year in an ACGMErated thoracic surgery and a minimum of egrated vascular surgery program. (Core)

l level, residents must have satisfactorily n an ACGME-accredited integrated nation of a minimum of one year in an y or integrated thoracic surgery and a accredited Integrated Vascular Surgery

Roman Numeral		Reformatted	
<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 o and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
N.4	It is recognized 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		It is recognized programs may place of 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
IV.	<i>community health.</i> Educational Components	Section 4	<i>community health.</i> Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	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, residents, 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, residents, and faculty mer
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
IV.A.3.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)	4.2.c.	delineation of resident responsibilitie responsibility for patient managemen
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Residents must be provided with prot 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)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each specialty.
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACGN
IV.B.1.	curriculum: Professionalism	[None]	ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compete

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

port the development of who provide compassionate care.

e 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

### lowing educational components:

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

tives for each educational experience trajectory to autonomous practice. d, and available to residents and

ies for patient care, progressive ent, and graded supervision; (Core) c activities; and, (Core)

otected time to participate in core

omote patient safety-related goals,

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each specialty. The developmental ncies are articulated through the

GME Competencies into the curriculum.

alism mitment to professionalism and an re)

etence in:

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	
			ACGME Competencies – Professional
			Residents must demonstrate a comm
			adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autono
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
	respect and responsiveness to diverse patient populations, including but		respect and responsiveness to divers
	not limited to diversity in gender, age, culture, race, religion, disabilities,		not limited to diversity in gender, age
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	national origin, socioeconomic status
	ability to recognize and develop a plan for one's own personal and		ability to recognize and develop a pla
IV.B.1.a).(1).(g)	professional well-being; and, (Core)	4.3.g.	professional well-being; and, (Core)
$(\mathbf{N}, \mathbf{D}, \mathbf{d}, \mathbf{c})$	appropriately disclosing and addressing conflict or duality of interest.	4.2 h	appropriately disclosing and address
IV.B.1.a).(1).(h) IV.B.1.b)	(Core) Patient Care and Procedural Skills	4.3.h.	(Core)
IV.D.1.0)	Patient Care and Procedural Skins	[None]	
	Desidents must be able to unsuide notions care that is notions, and family		ACGME Competencies – Patient Care
	Residents must be able to provide patient care that is patient- and family-		Residents must be able to provide pa
IV.B.1.b).(1)	centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	centered, compassionate, equitable, a treatment of health problems and the
14.0.1.0).(1)		4.4.	Residents must demonstrate manual de
IV.B.1.b).(1).(a)	Residents must demonstrate manual dexterity appropriate for their educational levels. (Core)	4.4.a.	levels. (Core)
TV.D.T.D).(T).(d)	Residents must develop and execute patient care plans appropriate for their	т.т.а.	Residents must develop and execute pa
IV.B.1.b).(1).(b)	educational levels. (Core)	4.4.b.	educational levels. (Core)
/ / / /			ACGME Competencies – Patient Care
	Residents must be able to perform all medical, diagnostic, and surgical		Residents must be able to perform all
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	procedures considered essential for t
	Residents must develop competence in performing operative procedures in the		Residents must develop competence in
IV.B.1.b).(2).(a)	following list of defined categories:	4.5.a.	following list of defined categories:
IV.B.1.b).(2).(a).(i)	abdominal; (Core)	4.5.a.1.	abdominal; (Core)
IV.B.1.b).(2).(a).(ii)	cerebrovascular; (Core)	4.5.a.2.	cerebrovascular; (Core)
IV.B.1.b).(2).(a).(iii)	complex; (Core)	4.5.a.3.	complex; (Core)
IV.B.1.b).(2).(a).(iv)	endovascular aneurysm repair; (Core)	4.5.a.4.	endovascular aneurysm repair; (Core)
IV.B.1.b).(2).(a).(v)	endovascular diagnostic; (Core)	4.5.a.5.	endovascular diagnostic; (Core)
IV.B.1.b).(2).(a).(vi)	endovascular therapeutic; and, (Core)	4.5.a.6.	endovascular therapeutic; and, (Core)
IV.B.1.b).(2).(a).(vii)	peripheral. (Core)	4.5.a.7.	peripheral. (Core)
	Residents must develop competence in patient management, including		Residents must develop competence in
	determining an appropriate diagnosis and operative plan, providing pre-		determining an appropriate diagnosis an
IV.B.1.b).(2).(b)	operative care, and directing post-operative care. (Core)	4.5.b.	operative care, and directing post-operation
	Residents must develop competence in assessing the vascular portion of		Residents must develop competence in
	angiography, computed tomography (CT) scanning, magnetic resonance		angiography, computed tomography (CT
IV.B.1.b).(2).(c)	imaging (MRI), and magnetic resonance angiogram (MRA) images. (Core)	4.5.c.	imaging (MRI), and magnetic resonance
	Residents must demonstrate the ability to accurately interpret non-invasive		Residents must demonstrate the ability t
IV.B.1.b).(2).(d)	vascular laboratory studies. (Core)	4.5.d.	vascular laboratory studies. (Core)

alism mitment to professionalism and an re)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core)

and the profession; (Core)

rse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core) lan for one's own personal and

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ssing conflict or duality of interest.

# re and Procedural Skills (Part A)

batient care that is patient- and family-, appropriate, and effective for the ne promotion of health. (Core)

lexterity appropriate for their educational

patient care plans appropriate for their

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

n performing operative procedures in the

in patient management, including and operative plan, providing prerative care. (Core)

in assessing the vascular portion of CT) scanning, magnetic resonance ce angiogram (MRA) images. (Core)

y to accurately interpret non-invasive

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(d).(i)	This experience must include the range and number of non-invasive studies that would allow graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	4.5.d.1.	This experience must include the range would allow graduates to fulfill the require certification. (Core)
IV.B.1.c)	Medical Knowledge Residents 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 Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate knowledge of anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions. (Core)	4.6.a.	Residents must demonstrate knowledge microbiology, physiology, and pathology diagnosis, and treatment of vascular les
IV.B.1.c).(2)	Residents must demonstrate knowledge of the methods and techniques of angiography, CT scanning, MRI, MRA, and other vascular imaging modalities. (Core)	4.6.b.	Residents must demonstrate knowledge angiography, CT scanning, MRI, MRA, a (Core)
IV.B.1.c).(3)	Residents must demonstrate knowledge of the roles of different specialists and other health care professionals in overall patient management. (Core)	4.6.c.	Residents must demonstrate knowledge other health care professionals in overal
IV.B.1.d)	Practice-based Learning and Improvement Residents 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 Residents must demonstrate the abili care of patients, to appraise and assis continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	Posidente must demonstrate compet
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competed deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate competer improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate competer appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate competer practice using quality improvement n reducing health care disparities, and of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate competer formative evaluation into daily practice
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate compete assimilating evidence from scientific health problems. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Residents 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 Residents must demonstrate interper result in the effective exchange of inf patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in:	[None]	

ge and number of non-invasive studies that uirements of eligibility for specialty board

# nowledge

ledge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

ge of anatomy, biology, embryology, gy as they relate to the pathophysiology, esions. (Core)

ge of the methods and techniques of A, and other vascular imaging modalities.

ge of the roles of different specialists and rall patient management. (Core)

Based Learning and Improvement bility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

etence in identifying strengths, owledge and expertise. (Core) etence in setting learning and

etence in identifying and performing re)

etence in systematically analyzing t methods, including activities aimed at id implementing changes with the goal

etence in incorporating feedback and stice. (Core)

etence in locating, appraising, and ic studies related to their patients'

onal and Communication Skills personal and communication skills that nformation and collaboration with professionals. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each		Residents must demonstrate compete with patients and patients' families, as of socioeconomic circumstances, cul capabilities, learning to engage interp
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	provide appropriate care to each patie
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compete with physicians, other health professi (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competer member or leader of a health care tea
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competer families, students, other residents, an
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competer to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate competer timely, and legible health care records
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communicate to partner with them to assess their ca appropriate, end-of-life goals. (Core)
IV.B.1.f)	Systems-Based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Bas Residents must demonstrate an awar larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1)	Residents must demonstrate competence in:	4.5. [None]	other resources to provide optimal ne
	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate competer health care delivery settings and system specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate competer across the health care continuum and specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate compete care and optimal patient care systems
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate competer system errors and implementing poter
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; (Core)	4.9.e.	Residents must demonstrate competer of value, equity, cost awareness, delive analysis in patient and/or population-
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate competer finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compete that promote patient safety and disclo simulated). <sup>(Detail)</sup>

etence in communicating effectively as appropriate, across a broad range ultural backgrounds, and language rpretive services as required to tient. <sup>(Core)</sup>

etence in communicating effectively sionals, and health-related agencies.

etence in working effectively as a eam or other professional group. (Core) etence in educating patients, patients' and other health professionals. (Core)

etence in acting in a consultative role essionals. (Core)

etence in maintaining comprehensive, ds, if applicable. (Core)

te with patients and patients' families care goals, including, when

ased Practice

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

etence in working effectively in various stems relevant to their clinical

etence in coordinating patient care nd beyond as relevant to their clinical

etence in advocating for quality patient ns. (Core)

etence in participating in identifying tential systems solutions. (Core)

etence in incorporating considerations livery and payment, and risk-benefit n-based care as appropriate. (Core) etence in understanding health care

Il patients' health decisions. (Core)

etence in using tools and techniques closure of patient safety events (real or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)
			Curriculum Organization and Resident Experiences
			4.10. Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory contin These educational experiences include an appropriate blend of superv patient care responsibilities, clinical teaching, and didactic educationa events. (Core)
			4.11. Didactic and Clinical Experiences Residents must be provided with protected time to participate in core didactic activities. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory contin These educational experiences include an appropriate blend of superv patient care responsibilities, clinical teaching, and didactic educationa events. (Core)
IV.C.1.a)	Residents' clinical rotations must be a minimum of four weeks in duration. (Core)	4.10.a.	Residents' clinical rotations must be a minimum of four weeks in duration. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)
IV.C.3.	The following conferences must exist:	4.11.a.	The following conferences must exist:
IV.C.3.a)	a review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant; (Detail)	4.11.a.1.	a review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant; (Detail)
IV.C.3.b)	a course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery, as well as the technological advances that relate to vascular surgery and the care of patients with vascular diseases; (Detail)	4.11.a.2.	a course or a structured series of conferences to ensure coverage of the bas and clinical sciences fundamental to vascular surgery, as well as the technological advances that relate to vascular surgery and the care of patier with vascular diseases; (Detail)
IV.C.3.c)	regular organized clinical teaching; and, (Detail)	4.11.a.3.	regular organized clinical teaching; and, (Detail)
IV.C.3.d)	a regular review of recent literature in a journal club format. (Detail)	4.11.a.4.	a regular review of recent literature in a journal club format. (Detail)
IV.C.4.	Residents must actively participate in the planning and presentation of required conferences. (Core)	4.11.b.	Residents must actively participate in the planning and presentation of requi conferences. (Core)
IV.C.4.a)	Each resident must attend at least 75 percent of all required conferences. (Detail)	4.11.b.1.	Each resident must attend at least 75 percent of all required conferences. (Detail)

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At least 50 percent of the core faculty, in aggregate, must attend program		At least 50 percent of the core faculty, in
IV.C.4.b)	conferences. (Detail)	4.11.b.2.	conferences. (Detail)
IV.C.5.	The curriculum for each resident must include:	[None]	
IV.C.5.a)	18 months of core surgical education experience, which may include: general surgery, cardiac surgery, thoracic surgery, congenital cardiac surgery, cardiothoracic surgery, critical care, urology, gynecology, neurological surgery, plastic surgery, burn surgery, trauma, surgical critical care, pediatric surgery, abdominal and alimentary tract surgery, basic and advanced laparoscopic skills, head and neck and endocrine surgery, surgical oncology, and transplantation; (Core)	4.11.c.	The curriculum for each resident must in education experience, which may include thoracic surgery, congenital cardiac surg care, urology, gynecology, neurological s trauma, surgical critical care, pediatric su surgery, basic and advanced laparoscop surgery, surgical oncology, and transplat
IV.C.5.a).(1)	This experience must include: documented educational experiences in core surgical education, including pre- and post-operative evaluation and care; critical care and trauma management; and basic technical experience in skin and soft tissue, abdomen and alimentary track, airway management, laparoscopic surgery, and thoracic surgery. (Core)	4.11.c.1.	This experience must include: document surgical education, including pre- and po critical care and trauma management; an and soft tissue, abdomen and alimentary laparoscopic surgery, and thoracic surger
	30 months of documented educational experiences concentrated in vascular		The curriculum for each resident must in
IV.C.5.b)	surgery; and, (Core)	4.11.d.	educational experiences concentrated in
	12 months of documented educational experiences that may be a combination		The curriculum for each resident must in
IV.C.5.c)	of: (Core)	4.11.e.	educational experiences that may be a c
	a maximum of six months of vascular surgery-related rotations (e.g., "vascular		a maximum of six months of vascular su
IV.C.5.c).(1)	medicine" cardiology, interventional radiology); (Core)	4.11.e.1.	medicine" cardiology, interventional radio
IV.C.5.c).(2)	a maximum of six months in additional core surgery rotations; (Core)	4.11.e.2.	a maximum of six months in additional c
IV.C.5.c).(3)	a maximum of 12 months of vascular surgery rotations; and, (Core)	4.11.e.3.	a maximum of 12 months of vascular sur
IV.C.5.c).(4)	a maximum of six months of dedicated research experience. (Core)	4.11.e.4.	a maximum of six months of dedicated re
IV.C.6.	The final two years of residency education (i.e., PGY-4 and PGY-5) must occur in the same program. (Core)	4.11.f.	The final two years of residency education in the same program. (Core)
IV.C.7.	Residents must perform a minimum of 500 operations, to include 250 major vascular reconstructive procedures. (Core)	4.11.g.	Residents must perform a minimum of 50 vascular reconstructive procedures. (Con
IV.C.7.a)	Operative experience in excess of 1500 total cases must be justified by the program director. (Core)	4.11.g.1.	Operative experience in excess of 1500 program director. (Core)
IV.C.8.	The curriculum for each resident must include a final year with chief resident responsibility on the vascular surgery service at the primary clinical site or at a participating site. (Core)	4.11.h.	The curriculum for each resident must in responsibility on the vascular surgery se participating site. (Core)
	A vascular surgery fellow and a chief resident in an integrated vascular surgery program may function together on the same service but must not have primary		A vascular surgery fellow and a chief responsible program may function together on the same func
IV.C.8.a)	responsibility for the same patients. (Core)	4.11.h.1.	responsibility for the same patients. (Cor
IV.C.8.b)	A senior resident in an integrated vascular surgery program and a chief resident in a general surgery residency program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.h.2.	A senior resident in an integrated vascul in a general surgery residency program i service but must not have primary respo
IV.C.9.	Resident experiences must include:	[None]	
IV.C.9.a)	primary responsibility for continuity of patient care, including ambulatory care, inpatient care, referral and consultation, and utilization of community resources; (Core)	4.11.i.	Resident experiences must include prima care, including ambulatory care, inpatien utilization of community resources. (Core

in aggregate, must attend program

include 18 months of core surgical ude: general surgery, cardiac surgery, urgery, cardiothoracic surgery, critical al surgery, plastic surgery, burn surgery, surgery, abdominal and alimentary tract opic skills, head and neck and endocrine lantation. <sup>(Core)</sup>

ented educational experiences in core post-operative evaluation and care; and basic technical experience in skin ary track, airway management, gery. (Core)

include 30 months of documented in vascular surgery. (Core)

include 12 months of documented combination of: (Core)

surgery-related rotations (e.g., "vascular diology); (Core)

core surgery rotations; (Core)

urgery rotations; and, (Core)

research experience. (Core)

tion (i.e., PGY-4 and PGY-5) must occur

500 operations, to include 250 major core)

00 total cases must be justified by the

include a final year with chief resident service at the primary clinical site or at a

esident in an integrated vascular surgery same service but must not have primary core)

cular surgery program and a chief resident n may function together on the same ponsibility for the same patients. (Core)

mary responsibility for continuity of patient ent care, referral and consultation, and pre)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.9.b)	progressive senior surgical responsibilities in the total care of vascular surgery patients, including pre-operative evaluation, therapeutic decision-making, operative experience, and post-operative management; (Core)	4.11.j.	Resident experiences must include pro- in the total care of vascular surgery pati- therapeutic decision-making, operative management. (Core)
IV.C.9.c)	participation in providing consultation with faculty member supervision. (Core)	4.11.k.	Resident experiences must include par faculty member supervision. (Core)
IV.C.9.c).(1)	Residents should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. (Detail)	4.11.k.1.	Residents should have clearly defined e residents, medical students, and profes
IV.C.9.c).(1).(a)	Teaching by vascular surgery residents should include correlation of basic biomedical knowledge with the clinical aspects of vascular surgery. (Detail)	4.11.k.2.	Teaching by vascular surgery residents biomedical knowledge with the clinical a
IV.C.9.d)	experience in the application, assessment, and limitations of non-invasive vascular diagnostic techniques; and, (Core)	4.11.I.	Resident experiences must include exp and limitations of non-invasive vascular
IV.C.9.d).(1)	The program must provide didactic and clinical training in non-invasive vascular diagnostic testing and interpretation. (Detail)	4.11.l.1.	The program must provide didactic and diagnostic testing and interpretation. (D
IV.C.9.d).(2)	Such education must not be achieved solely through attendance at off-site review or test preparation courses. (Detail)	4.11.l.2.	Such education must not be achieved s review or test preparation courses. (Det
IV.C.9.e)	experience with outpatient activities. (Detail)	4.11.m.	Resident experiences must include exp
IV.C.9.e).(1)	Residents must devote an average of at least one half-day per week to outpatient activities. (Core)	4.11.m.1.	Residents must devote an average of a outpatient activities. (Core)
IV.C.10.	When justified by experience, senior residents should serve as teaching assistants to more junior residents in vascular or general surgery. (Detail)	4.11.n.	When justified by experience, senior rest assistants to more junior residents in va
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 resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies 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 practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities. S discovery, integration, application, a The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utilit research as the focus for scholarship
		4.40	Program Responsibilities The program must demonstrate evid
IV.D.1. IV.D.1.a)	Program Responsibilities The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13. 4.13.	with its mission(s) and aims. (Core) Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)

ogressive senior surgical responsibilities atients, including pre-operative evaluation, e experience, and post-operative

articipation in providing consultation with

d educational responsibilities for other essional personnel. (Detail)

ts should include correlation of basic I aspects of vascular surgery. (Detail)

xperience in the application, assessment, ar diagnostic techniques. <sup>(Core)</sup>

nd clinical training in non-invasive vascular (Detail)

solely through attendance at off-site etail)

xperience with outpatient activities. (Detail) at least one half-day per week to

esidents should serve as teaching vascular or general surgery. (Detail)

ce. The physician is a humanistic his requires the ability to think critically, by assimilate new knowledge, and hram and faculty must create an sition of such skills through resident Scholarly activities may include and teaching.

ty of residencies and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ns may concentrate their scholarly opulation health, and/or teaching, while ilize more classic forms of biomedical nip.

dence of scholarly activities consistent

dence of scholarly activities consistent

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its S adequate resources to facilitate reside scholarly activities. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents scholarly approach to evidence-based
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t • Research in basic science, educatio or population health • Peer-reviewed grants • Quality improvement and/or patient • Systematic reviews, meta-analyses, textbooks, or case reports • Creation of curricula, evaluation too electronic educational materials • Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) • Research in basic science, education, translational science, patient care, or population health • Peer-reviewed grants • Quality improvement and/or patient safety initiatives • Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports • Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials • Contribution to professional committees, educational organizations, or editorial boards • Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t • Research in basic science, educatio or population health • Peer-reviewed grants • Quality improvement and/or patient • Systematic reviews, meta-analyses, textbooks, or case reports • Creation of curricula, evaluation too electronic educational materials • Contribution to professional commit editorial boards • Innovations in education
	The program must demonstrate dissemination of scholarly activity within		<ul> <li>The program must demonstrate disse and external to the program by the for</li> <li>faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)</li> </ul>
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	<ul> <li>peer-reviewed publication. (Outcom</li> </ul>

# ent Language Sponsoring Institution, must allocate ident and faculty involvement in ts' knowledge and practice of the ed patient care. (Core) rams must demonstrate of the following domains: (Core) ion, translational science, patient care, nt safety initiatives s, review articles, chapters in medical ools, didactic educational activities, or nittees, educational organizations, or rams must demonstrate of the following domains: (Core) ion, translational science, patient care, nt safety initiatives s, review articles, chapters in medical ools, didactic educational activities, or nittees, educational organizations, or semination of scholarly activity within following methods: ds, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

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<b>Requirement Number</b>	Requirement Language	Requirement Number	Requiremen
			The program must demonstrate disse and external to the program by the fo
			<ul> <li>faculty participation in grand round improvement presentations, podium</li> </ul>
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or		peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1)	serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	<ul> <li>peer-reviewed publication. (Outcom</li> </ul>
			The program must demonstrate disse and external to the program by the fo
			• faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Outcom
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in scholar
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholar
IV.D.3.a).(1)	Residents must have instruction in critical thinking, design of experiments, and evaluation of data. (Detail)	4.15.a.	Residents must have instruction in critic evaluation of data. (Detail)
IV.D.3.a).(2)	Residents should participate in clinical and/or laboratory research. (Detail)	4.15.b.	Residents should participate in clinical a
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar		Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du
V.A.1.a)	educational assignment. (Core) Evaluation must be documented at the completion of the assignment.	5.1.	educational assignment. (Core) Evaluation must be documented at th
V.A.1.b)	(Core)	5.1.a.	(Core)
	For block rotations of greater than three months in duration, evaluation		For block rotations of greater than the

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semination of scholarly activity within
ollowing methods:
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ids, posters, workshops, quality
n presentations, grant leadership, non-
urces, articles or publications, book
ice on professional committees, or al editorial board member, or editor;
me)
semination of scholarly activity within
ollowing methods:
ids, posters, workshops, quality
n presentations, grant leadership, non-
irces, articles or publications, book
ice on professional committees, or
al editorial board member, or editor;
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arship. (Core)
arship. (Core)
ical thinking, design of experiments, and
and/or laboratory research. (Detail)
Evaluation
erve, evaluate, and frequently provide
luring each rotation or similar
Evaluation
erve, evaluate, and frequently provide
luring each rotation or similar
Evaluation
erve, evaluate, and frequently provide
luring each rotation or similar
the completion of the assignment.

three months in duration, evaluation three months. (Core)

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V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as co clinical responsibilities, must be eval and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objection the Competencies and the specialty-s
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.	The program must use multiple evalu patients, self, and other professional
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progre improvement toward unsupervised pr
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 resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet we their documented semi-annual evaluat progress along the specialty-specific
V.A.1.d).(1).(a)	The semi-annual assessment must include a review of each resident's operative experience to ensure breadth and balance of experience in the surgical care of vascular diseases. (Core)	5.1.c.1.	The semi-annual assessment must inclu experience to ensure breadth and balan vascular diseases. (Core)
V.A.1.d).(1).(a).(i)	The program director must ensure that the operative experience of individual residents in the same program is comparable. (Detail)	5.1.c.2.	The program director must ensure that the residents in the same program is compa
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progr applicable. (Core)
V.A.1.f)	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a).(1)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, and specific Case Logs, must be used as engage in autonomous practice upon
V.A.2.a).(2)	The final evaluation must:	[None]	

ent Language continuity clinic in the context of other aluated at least every three months

tive performance evaluation based on v-specific Milestones. <sup>(Core)</sup>

luators (e.g., faculty members, peers, al staff members). (Core)

rmation to the Clinical Competency ressive resident performance and practice. (Core)

nee, with input from the Clinical with and review with each resident uation of performance, including ic Milestones. (Core)

clude a review of each resident's operative ance of experience in the surgical care of

t the operative experience of individual parable. (Detail)

nee, with input from the Clinical st residents in developing italize on their strengths and identify

nee, with input from the Clinical lop plans for residents failing to licies and procedures. (Core) ummative evaluation of each resident

gress to the next year of the program, if

ormance must be accessible for review

on

a final evaluation for each resident Core)

on

a final evaluation for each resident core)

nd when applicable the specialtys tools to ensure residents are able to on completion of the program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	become part of the resident's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the resident in		maintained by the institution, and mus
V.A.2.a).(2).(a)	accordance with institutional policy; (Core)	5.2.b.	resident in accordance with institution
			The final evaluation must verify that the
	verify that the resident has demonstrated the knowledge, skills, and	<b>F O -</b>	knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
	he should with the resident when completion of the pressure (Core)		The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	the program. (Core)
	A Clinical Competency Committee must be encinted by the program		Clinical Competency Committee
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	A Clinical Competency Committee mu director. (Core)
V.A.J.		5.5.	
	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty		At a minimum, the Clinical Competend members of the program faculty, at le
V.A.3.a)	members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	member. (Core)
•	Additional members must be faculty members from the same program or	0.0.0.	Additional members must be faculty r
	other programs, or other health professionals who have extensive contact		other programs, or other health profes
V.A.3.a).(1)	and experience with the program's residents. (Core)	5.3.b.	and experience with the program's re-
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Committee
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	at least semi-annually. (Core)
,,,,	determine each resident's progress on achievement of the specialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the speci
			The Clinical Competency Committee
	meet prior to the residents' semi-annual evaluations and advise the		semi-annual evaluations and advise the
V.A.3.b).(3)	program director regarding each resident's progress. (Core)	5.3.e.	resident's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educa
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with th
V.B.1.a)	in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	in faculty development related to their performance, professionalism, and so
v.D.1.aj	This evaluation must include written, anonymous, and confidential	J.4.a.	This evaluation must include written,
V.B.1.b)	evaluations by the residents. (Core)	5.4.b.	evaluations by the residents. (Core)
1.0.1.0)	Faculty members must receive feedback on their evaluations at least	0.4.0.	Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pla
			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

art of the resident's permanent record nust be accessible for review by the ional policy. (Core)

t the resident has demonstrated the ecessary to enter autonomous practice.

with the resident upon completion of

nust be appointed by the program

ency Committee must include three least one of whom is a core faculty

y members from the same program or fessionals who have extensive contact residents. (Core)

e must review all resident evaluations

e must determine each resident's cialty-specific Milestones. (Core)

e must meet prior to the residents' the program director regarding each

o evaluate each faculty member's cational program at least annually.

o evaluate each faculty member's cational program at least annually.

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

n, anonymous, and confidential

back on their evaluations at least

valuations should be incorporated into plans. (Core)

nt

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

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Requirement Language	<b>Requirement Number</b>	Requirement Language
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 the Program E conduct and document the Annual Program Evalu program's continuous improvement process. (Cor
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 resident. (Core)	5.5.a.	The Program Evaluation Committee must be comp program faculty members, at least one of whom is and at least one resident. (Core)
Program Evaluation Committee responsibilities must include:	[None]	
review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities m program's self-determined goals and progress tov
guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities m ongoing program improvement, including develop based upon outcomes. (Core)
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 responsibilities m current operating environment to identify strength opportunities, and threats as related to the progra (Core)
The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident 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 should consid prior Annual Program Evaluation(s), aggregate res evaluations of the program, and other relevant dat the program. (Core)
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 must evaluate and aims, strengths, areas for improvement, and t
The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the act distributed to and discussed with the residents an teaching faculty, and be submitted to the DIO. (Co
		The program must complete a Self-Study and sub
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. The program director should encourage all eligible program graduates to		Board Certification One goal of ACGME-accredited education is to educate and achieve board certification. One measure the educational program is the ultimate pass rate. The program director should encourage all eligible
take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	take the certifying examination offered by the applied of Medical Specialties (ABMS) member board or A Association (AOA) certifying board.
For specialties 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 specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS member board board offer(s) an annual written exam, in the prece program's aggregate pass rate of those taking the time must be higher than the bottom fifth percenti specialty. (Outcome)
For specialties 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 specialty. (Outcome)	5.6.a.	For specialties in which the ABMS member board board offer(s) a biennial written exam, in the prece program's aggregate pass rate of those taking the time must be higher than the bottom fifth percenti specialty. <sup>(Outcome)</sup>
	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) 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 resident. (Core) Program Evaluation Committee responsibilities must include: review of the program's self-determined goals and progress toward meeting them; (Core) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core) The Program Evaluation Committee must evaluate the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program Evaluation. Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core) The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core) The program furceor 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. For specialties in which the ABMS member board and/or AOA certifying board. For specialties in which the ABMS member board and/or AOA certifying board. For specialties in which the ABMS member board and/or AOA certifying board. For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding tire eyaers, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth perc	Requirement Language         Requirement Number           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.           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 resident. (Core)         5.5.           Program Evaluation Committee responsibilities must include:         [None]           review of the program improvement, including development of new goals, based upon outcomes; and, (Core)         5.5.c.           guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)         5.5.d.           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.           The Program Evaluation Committee ensult on the relevant data in its assessment of the program. (Core)         5.5.f.           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 residents and the members of the teaching faculty, and be submitted to the DIO. (Core)         5.5.h.           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 utilimate pass rate.         5.6.               T

**Evaluation Committee to** luation as part of the ore)

mposed of at least two is a core faculty member,

must include review of the oward meeting them. (Core) must include guiding opment of new goals,

must include review of the ths, challenges, ram's mission and aims.

sider the outcomes from resident and faculty written lata in its assessment of

ate the program's mission threats. (Core)

ction plan, must be and the members of the Core) Ibmit it to the DIO. (Core)

educate physicians who ure of the effectiveness of te.

ble program graduates to oplicable American Board American Osteopathic

rd and/or AOA certifying eceding three years, the he examination for the first ntile of programs in that

rd and/or AOA certifying eceding six years, the he examination for the first ntile of programs in that

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.3.c)	For specialties 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 specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. <sup>(Outcome)</sup>
V.C.3.d)	For specialties 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 specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of thos time must be higher than the bottom to specialty. <sup>(Outcome)</sup>
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 specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in the environment that emphasizes the following the fo
	<ul> <li>Excellence in the safety and quality of care rendered to patients by residents today</li> </ul>		• Excellence in the safety and quality residents today
	<ul> <li>Excellence in the safety and quality of care rendered to patients by today's residents in their future practice</li> </ul>		<ul> <li>Excellence in the safety and quality today's residents in their future pract</li> </ul>
	• Excellence in professionalism		• Excellence in professionalism
	<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		• Appreciation for the privilege of cari
VI.	<ul> <li>Commitment to the well-being of the students, residents, faculty members, and all members of the health care team</li> </ul>	Section 6	• Commitment to the well-being of the members, and all members of the heat
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.

nember board and/or AOA certifying in the preceding three years, the lose taking the examination for the first n fifth percentile of programs in that

nember board and/or AOA certifying in the preceding six years, the lose taking the examination for the first n fifth percentile of programs in that

n 5.6.a.-c., any program whose cified in the requirement have achieved et this requirement, no matter the pass rate in that specialty. <sup>(Outcome)</sup>

rd certification status annually for the nat graduated seven years earlier. <sup>(Core)</sup>

### ng Environment

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the context of a learning and working blowing principles:

y of care rendered to patients by

y of care rendered to patients by ctice

aring for patients

he students, residents, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective ns to assess the knowledge, skills, and fety in order to identify areas for

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	
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
	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and 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		Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti-
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 v
VI.A.1.a).(2).(a)	must:	[None]	
	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
	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. <sup>(Core)</sup>
	Residents 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.	Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
	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
	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

ent Language and fellows must actively participate in ite to a culture of safety. (Core)

*t-up of safety events, near misses, and anisms for improving patient safety, 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 ormation of their institution's patient

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

tizing activities for care improvement nent efforts.

st receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and pervision of all patient care.

nte medical education provides safe res each resident's development of the uired to enter the unsupervised es a foundation for continued

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromon
Requirement Number	Requirement Language	Requirement Number	
	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 un the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring In communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident'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 graduate and effective care to patients; ensures skills, knowledge, and attitudes requin practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care 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 residents is based on each resident'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 the place for all residents is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supe authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction.	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be supe the above definition. (Core)
VI.A.2.b).(1).(a).(i).(a)	The program must define those physician tasks for which PGY-1 residents may be supervised indirectly, with direct supervision available, and must define "direct supervision" in the context of the program. (Core)	6.7.a.1.	The program must define those physician be supervised indirectly, with direct supe "direct supervision" in the context of the p
VI.A.2.b).(1).(a).(i).(b)	The program must define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director, and must maintain records of such demonstrations of competence. (Core)	6.7.a.2.	The program must define those physician be supervised directly until they have der the program director, and must maintain competence. (Core)

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and pervision of all patient care.

te medical education provides safe res each resident's development of the uired to enter the unsupervised es a foundation for continued

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

t the appropriate level of supervision in ach resident's level of training and and acuity. Supervision may be ods, as appropriate to the situation.

pervision while providing for graded gram must use the following

ally present with the resident during action.

ally present with the resident during action.

pervised directly, only as described in

ian tasks for which PGY-1 residents may pervision available, and must define e program. (Core)

ian tasks for which PGY-1 residents must demonstrated competence as defined by in records of such demonstrations of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro (Core)
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Mileste
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as super portions of care to residents based of skills of each resident. (Core)
	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should se residents in recognition of their progr the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits or circumstances under which the resid conditional independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resi the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
	Programs, in partnership with their Sponsoring Institutions, must educate residents 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 residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on residents to ful

roviding physical or concurrent visual ately available to the resident for e appropriate direct supervision.

ble to provide review of ack provided after care is delivered. /sical presence of a supervising

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

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

pervising physicians must delegate on the needs of the patient and the

serve in a supervisory role to junior ogress toward independence, based on kills of the individual resident or fellow.

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

of their scope of authority, and the ident is permitted to act with ne)

nust be of sufficient duration to assess esident and to delegate to the resident e authority and responsibility. (Core)

Sponsoring Institutions, must educate accrning the professional and ethical ading but not limited to their obligation approvide the care required by their

Sponsoring Institutions, must educate accrning the professional and ethical ading but not limited to their obligation a provide the care required by their

ram must be accomplished without fulfill non-physician obligations. <sup>(Core)</sup>

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident 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 program the meaning that each resident finds physician, including protecting time w administrative support, promoting pro flexibility, and enhancing professiona
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 t personal responsibility. (Core)
VI.B.4.	Residents 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.	Residents and faculty members must their personal role in the safety and w care, including the ability to report un (Core)
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, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents 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 Sp process for education of residents an behavior and a confidential process for addressing such concerns. (Core)
	<ul> <li>Well-Being</li> <li>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.</li> <li>Residents 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 residents with the skills and attitudes needed to thrive</li> </ul>		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 Residents and faculty members are a Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and
VI.C.	<i>throughout their careers.</i> The responsibility of the program, in partnership with the Sponsoring	[None]	<i>throughout their careers.</i> The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include: attention to scheduling, work intensit
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	impacts resident well-being; (Core)

nt Language am must ensure manageable patient

ram must include efforts to enhance s in the experience of being a with patients, providing progressive independence and nal relationships. (Core)

o with the Sponsoring Institution, must I that supports patient safety and

st demonstrate an understanding of welfare of patients entrusted to their unsafe conditions and safety events.

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

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

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their I responsibility to support other e important components of s that must be modeled, learned, and ects of residency training.

at 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 nd attitudes needed to thrive

n partnership with the Sponsoring

ity, and work compression that

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Requirement Number		Requirement Number	•
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage member well-being; and, (Core)
VI.C.1.c).(1)	Residents 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.	Residents must be given the opportur and dental care appointments, includ working hours. (Core)
	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
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)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (0
VI.C.2.	There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which res including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for res care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the resident who is work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depr fatigue mitigation processes. (Detail)
	Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depr fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each r patient safety, resident ability, severit illness/condition, and available suppo
VI.E.1.a)	The workload associated with optimal clinical care of surgical patients is a	6.17.a.	The workload associated with optimal cli continuum from the moment of admissio

d addressing the safety of residents

ge optimal resident and faculty

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

nembers in:

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

emselves and how to seek

screening. (Core)

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

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

d procedures in place to ensure e continuity of patient care. (Core)

d without fear of negative is or was unable to provide the clinical

ts and faculty members in recognition privation, alertness management, and il)

ts and faculty members in recognition privation, alertness management, and il)

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

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

clinical care of surgical patients is a sion to the point of discharge. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	During the residency education process, surgical teams should be made up of attending surgeons, fellows and residents at various PG levels (when appropriate), medical students (when appropriate), and other health care providers. (Core)	6.17.b.	During the residency education process, attending surgeons, fellows and resident appropriate), medical students (when ap providers. (Core)
VI.E.1.c)	The work of the caregiver team should be assigned to team members based on each member's level of education, experience, and competence. (Core)	6.17.c.	The work of the caregiver team should b each member's level of education, exper
VI.E.1.d)	As residents progress through levels of increasing competence and responsibility, it is expected that work assignments will keep pace with their advancement. (Core)	6.17.d.	As residents progress through levels of i responsibility, it is expected that work as advancement. (Core)
	Teamwork Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)	6.18.	Teamwork Residents must care for patients in ar communication and promotes safe, in the specialty and larger health system
VI.E.2.a)	Effective surgical practices must entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Core)	6.18.a.	Effective surgical practices must entail the of complementary skills and attributes (p Success requires both an unwavering m contributions, and a shared commitment
	Residents must collaborate with other surgical residents, with faculty, and other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Core)	6.18.b.	Residents must collaborate with other suppression outside of their specialty, and best formulate treatment plans for an inc (Core)
	Residents 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, residents must learn and utilize the established methods for handing off remaining tasks to another member of the resident team so that patient care is not compromised. (Core)	6.18.c.	Residents must assume personal respor they are assigned (or which they volunta tasks must be completed in the hours as residents must learn and utilize the estal remaining tasks to another member of th not compromised. (Core)
VI.E.2.d)	Lines of authority should be defined by programs, and all residents must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Core)	6.18.d.	Lines of authority should be defined by p working knowledge of these expected re quality care and patient safety. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
	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
	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 Sp and monitor effective, structured han continuity of care and patient safety. (
	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents with team members in the hand-off pr

ents at various PG levels (when appropriate), and other health care

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

f increasing competence and assignments will keep pace with their

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

the involvement of members with a mix (physicians, nurses, and other staff). mutual respect for those skills and nt to the process of patient care. (Core)

surgical residents, with faculty, and other nd non-traditional health care providers, to ncreasingly diverse patient population.

oonsibility to complete all tasks to which atarily assume) in a timely fashion. These assigned, or, if that is not possible, tablished methods for handing off the resident team so that patient care is

programs, and all residents must have a reporting relationships to maximize

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 v. (Core)

ts are competent in communicating process. (Outcome)

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·····	Clinical Experience and Education		Requirement
VI.F.	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents 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 o 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 r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.b)	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Residents must have at least 14 hours after 24 hours of in-house call. (Core)
VI.F.2.c)	Residents 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.	Residents must be scheduled for a m clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio 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 resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effec- resident education. Additional patient assigned to a resident during this tim
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing or resident, on their own initiative, may or clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, 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 or resident, on their own initiative, may or clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)

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

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

ork and Education off between scheduled clinical work

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

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

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

may be used for activities related to fective transitions of care, and/or nt care responsibilities must not be me. (Core)

Exceptions

g off all other responsibilities, a y elect to remain or return to the stances: to continue to provide care to ent; to give humanistic attention to the y; or to attend unique educational

Exceptions

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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)
	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.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Surgery will not accept requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Surgery will r the 80-hour limit to the residents' work w
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	Time spent by residents 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 residents in internal ar in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
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)
VI.F.6.a)	Night float rotations must not exceed two months in succession, or three months in succession for rotations with night shifts alternating with day shifts. (Detail)	6.26.a.	Night float rotations must not exceed two in succession for rotations with night shi
VI.F.6.b)	There can be no more than four months of night float per year. (Detail)	6.26.b.	There can be no more than four months
VI.F.6.c)	There must be at least two months between each night float rotation. (Detail)	6.26.c.	There must be at least two months betw
VI.F.6.d)	The total amount of night float for any resident over a five-year residency must be no more than 15 months (Detail)	6.26.d.	The total amount of night float for any re be no more than 15 months (Detail)
VI.F.6.d).(1)	Any rotation that requires residents to work nights in succession, is considered a night float rotation, and the total time on nights is counted toward the maximum allowable time for each resident over the five-year residency. (Core)	6.26.d.1.	Any rotation that requires residents to we a night float rotation, and the total time of maximum allowable time for each reside
VI.F.7.	Maximum In-House On-Call Frequency Residents 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 Frequenc Residents must be scheduled for in-h every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor

lucation must be counted toward the

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

Il not accept requests for exceptions to week.

h the ability of the resident to achieve cational program, and must not for work nor compromise patient

h the ability of the resident to achieve cational program, and must not for work nor compromise patient

and external moonlighting (as defined nust be counted toward the 80-hour

o moonlight. (Core)

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

wo months in succession, or three months hifts alternating with day shifts. (Detail) hs of night float per year. (Detail) tween each night float rotation. (Detail)

resident over a five-year residency must

work nights in succession, is considered on nights is counted toward the dent over the five-year residency. (Core)

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-house call no more frequently than ver a four-week period). (Core)

s by residents on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, ore)

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Requirement Number	Requirement Language	Requirement Number	Requirement
	Time spent on patient care activities by residents 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)		At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven t when averaged over four weeks. (Core
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)		At-home call must not be so frequent reasonable personal time for each res

s by residents on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, ore)

nt or taxing as to preclude rest or resident. (Core)