



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Critical Care Medicine
(Internal Medicine)**

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ACGME International Specialty Program Requirements for Graduate Medical Education in Critical Care Medicine (Internal Medicine)

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Critical care medicine is the internal medicine subspecialty that focuses on ~~concerned with~~ the diagnosis, management, and prevention of complications in patients who are severely ill and who usually require intensive monitoring and/or organ system support.

Int. II. Duration of Education

Int. II.A. The educational program in critical care medicine must be 24 or 36 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. A fellowship in critical care medicine must function as an integral part of an ACGME-I-accredited residency in internal medicine.

I.A.2. ~~Located at the primary clinical site, there should be at least three ACGME-I accredited subspecialty programs from among the following internal medicine disciplines: cardiovascular disease; gastroenterology; infectious diseases; nephrology; or pulmonary disease.~~

I.A.3. The Sponsoring Institution should also sponsor an ACGME-I-accredited residency program in general surgery.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. The program director must be responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction.

II.A.1.a) Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and

modified.

II.A.1.b) The program director should provide access to timely confidential counseling and psychological support services to fellows.

II.A.2. The program director must:

II.A.2.a) ensure that fellows' service responsibilities are limited to patients for whom the teaching service has diagnostic and therapeutic responsibility; and,

II.A.2.b) participate in academic societies and in educational programs designed to enhance educational and administrative skills.

II.B. Faculty

II.B.1. In addition to the program director, each program must have at least two core faculty members.

II.B.1.a) Core faculty members must be active clinicians with knowledge of, experience with, and commitment to critical care medicine as a discipline.

II.B.1.b) In addition to the responsibilities of all individual faculty members, the core faculty members and the program director must be responsible for the planning, implementation, monitoring, and evaluation of fellows' clinical and research education.

II.B.1.c) At least one core faculty member must:

II.B.1.c).(1) be knowledgeable in evaluation and assessment of the ACGME-I Competencies; and,

II.B.1.c).(2) spend significant time in the evaluation of fellows, including direct observation of fellows with patients.

II.B.2. Board-certified or equivalent clinical faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, oncology, and pulmonary disease must participate in the education of fellows.

II.B.3. Faculty members from anesthesiology, cardiovascular surgery, emergency medicine, neurology, neurological surgery, obstetrics and gynecology, orthopaedic surgery, surgery, thoracic surgery, urology, and vascular surgery should be available to participate in the education of fellows.

II.C. Other Program Personnel

II.C.1. ~~There must be services available from other health care professionals, including dietitians, language interpreters, nurses, occupational therapists, physical therapists, and social workers.~~

105	II.C.1.	Personnel must include nurses and technicians skilled in critical care instrumentation, respiratory function, and laboratory medicine.
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108	II.C.2.	There must be appropriate and timely consultation from other specialties.
109		
110	II.D.	Resources
111		
112	II.D.1.	There must be space and equipment for the program, including meeting rooms, examination rooms, computers, visual and other educational aids, and work/study space. The program, in partnership with its Sponsoring Institution, must provide the broad range of facilities and clinical support services necessary to provide comprehensive and timely care of adult patients, including; (moved from below)
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114		
115		
116		
117		
118		
119	II.D.1.a)	an active open-heart surgery program;
120		
121	II.D.1.b)	an active emergency service;
122		
123	II.D.1.c)	post-operative care and respiratory care services;
124		
125	II.D.1.d)	nutritional support services;
126		
127	II.D.1.e)	equipment necessary to care for critically ill patients, <u>to include bronchoscopy equipment;</u>
128		
129		
130	II.D.1.f)	<u>equipment, expertise, and personnel to provide both continuous and intermittent renal replacement therapy in the critical care units; and,</u>
131		
132		
133		
134	II.D.1.g)	critical care unit(s), located in a designated area within the hospital, and constructed and designed specifically for the care of critically ill patients.
135		
136		
137		
138	II.D.1.g).(1)	Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit (SICU), and a coronary intensive care unit (CICU).
139		
140		
141		
142		
143	II.D.1.g).(2)	The MICU or its equivalent must be at the primary clinical site and should be the focus of a teaching service.
144		
145	II.D.1.g).(3)	There must be an average daily census of at least five patients per fellow during assignments to critical care units.
146		
147		
148	II.D.2.	Other services should be available, including anesthesiology, laboratory medicine, and radiology.
149		
150		
151	II.D.2.	Inpatient and outpatient systems must be in place to prevent fellows from performing routine clerical functions, such as scheduling tests and appointments, and retrieving records and letters.
152		
153		
154		
155	II.D.3.	Adequate facilities to support the educational program must be in place.
156		

- 157 II.D.3.a) ~~The Sponsoring Institution must provide the broad range of~~
158 ~~facilities and clinical support services required to provide~~
159 ~~comprehensive care of adult patients.~~
160
- 161 II.D.4.a) ~~Fellows must have access to a lounge facility during assigned duty~~
162 ~~hours.~~
163
- 164 II.D.4.b) ~~When fellows are in the hospital, assigned night duty, or called in~~
165 ~~from home, they must be provided with a secure space for their~~
166 ~~belongings.~~
167
- 168 II.D.3. There must be facilities to care for patients with acute myocardial
169 infarction, severe trauma, shock, recent open-heart surgery, recent major
170 thoracic or abdominal surgery, and severe neurologic and neurosurgical
171 conditions.
172
- 173 II.D.4. The following laboratory and diagnostic services must be available at the
174 primary clinical site:
175
- 176 II.D.4.a) timely bedside imaging services for patients in the critical care
177 units, including portable chest x-ray, bedside ultrasound, and
178 echocardiogram; and,
179
- 180 II.D.4.b) computed tomography (CT) imaging, including CT angiography.
181
- 182 II.D.5. A supporting laboratory that provides complete and prompt laboratory
183 evaluation must be available at the primary clinical site or at a
184 participating site to allow reliable and timely return of laboratory test
185 results.
186
- 187 II.D.6. Access to an electronic health record should be provided.
188
- 189 II.D.7. Patient Population
190
- 191 II.D.7.a) ~~The patient population must have a variety of clinical problems and~~
192 ~~stages of diseases.~~
193
- 194 III.D.7.a).(1) ~~Because critical care medicine is multidisciplinary in~~
195 ~~nature, the program must provide opportunities to manage~~
196 ~~adult patients with a wide variety of serious illnesses and~~
197 ~~injuries requiring treatment in a critical care setting.~~
198
- 199 III.D.7.b) ~~There must be patients of each gender, with a broad age range,~~
200 ~~including geriatric patients.~~
- 201 III.D.7.c) ~~A sufficient number of patients must be available to enable each~~
202 ~~fellow to achieve the required educational outcomes.~~
203
- 204 **III. Fellow Appointment**
205
- 206 **III.D. Eligibility Criteria**
207
- 208 III.D.1. To be eligible for appointment at the F2 level, fellows must have

209		completed a two- or three-year ACGME-I-accredited internal medicine
210		subspecialty fellowship program, or another internal medicine
211		subspecialty program acceptable to the Sponsoring Institution's
212		Graduate Medical Education Committee.
213		
214	III.D.1.a)	Fellows who are appointed at the F2 level will automatically satisfy
215		the requirement for 12 months of elective experience or scholarly
216		activity.
217	III.D.2.	To be eligible for appointment at the F1 level, fellows should have
218		completed an ACGME-I-accredited residency program in emergency
219		medicine or internal medicine, or another emergency medicine or
220		internal medicine residency program acceptable to the Sponsoring
221		Institution's Graduate Medical Education Committee.
222		
223	III.D.2.a)	Fellows who have completed an emergency medicine program
224		should have completed at least six months of direct patient care
225		experience in internal medicine, of which at least three months
226		must have been in a MICU.
227		
228	III.E.	Number of Fellows
229		
230		See International Foundational Requirements, Section III.B.
231		
232	IV.	Specialty-Specific Educational Program
233		
234	IV.A.	ACGME-I Competencies
235	IV.A.1.	The program must integrate the following ACGME-I Competencies into
236		the curriculum.
237	IV.A.1.a)	Professionalism
238		
239	IV.A.1.a).(1)	Fellows must demonstrate a commitment to
240		professionalism and an adherence to ethical principles.
241		Fellows must demonstrate:
242		
243	IV.A.1.a).(1).(a)	high standards of ethical behavior, including
244		maintaining appropriate professional boundaries
245		and relationships with other physicians and health
246		care team members and avoiding conflicts of
247		interest.
248		
249	IV.A.1.b)	Patient Care and Procedural Skills
250		
251	IV.A.1.b).(1)	Fellows must provide patient care that is compassionate,
252		appropriate, and effective for the treatment of health
253		problems and the promotion of health. Fellows must
254		demonstrate competence in:
255		
256	IV.A.1.b).(1).(a)	providing care <u>in a variety of health care</u>
257		<u>settings, including inpatient and ambulatory</u>
258		<u>settings; the practice of health promotion,</u>

259		disease prevention, diagnosis, care, and
260		treatment of patients of each gender, from
261		adolescence to old age, during health and all
262		stages of illness; and,
263	IV.A.1.b).(1).(b)	caring for patients <u>with whom they have limited or no</u>
264		<u>physical contact, through the use of telemedicine;</u>
265	IV.A.1.b).(1).(c)	<u>using critical thinking and evidence-based tools; and,</u>
266	IV.A.1.b).(1).(d)	<u>using population-based data.</u>
267		
268	IV.A.1.b).(2)	<u>Fellows must demonstrate competence in prevention the</u>
269		<u>evaluation and management of patients with:</u>
270		
271	IV.A.1.b).(2).(a)	acute lung injury, including radiation,
272		inhalation, and trauma;
273		
274	IV.A.1.b).(2).(b)	acute metabolic disturbances, including
275		overdosages and intoxication syndromes;
276		
277	IV.A.1.b).(2).(c)	anaphylaxis and acute allergic reactions in the
278		critical care unit;
279		
280	IV.A.1.b).(2).(d)	cardiovascular diseases in the critical care unit;
281		
282	IV.A.1.b).(2).(e)	circulatory failure;
283		
284	IV.A.1.b).(2).(f)	end-of-life issues and palliative care;
285		
286	IV.A.1.b).(2).(g)	hypertensive emergencies;
287		
288	IV.A.1.b).(2).(h)	immunosuppressed conditions in the critical care
289		unit;
290		
291	IV.A.1.b).(2).(i)	metabolic, nutritional, and endocrine effects of
292		critical illness, <u>and</u> hematologic and coagulation
293		disorders associated with critical illness;
294		
295	IV.A.1.b).(2).(j)	multi-organ system failure;
296	IV.A.1.b).(2).(k)	peri-operative critical illnesses, including those
297		requiring hemodynamic and ventilatory support;
298		
299	IV.A.1.b).(2).(l)	renal disorders in the critical care unit, including
300		electrolyte and acid-base disturbance and acute
301		renal failure;
302		
303	IV.A.1.b).(2).(m)	respiratory failure, including acute respiratory
304		distress syndrome, acute and chronic respiratory
305		failure in obstructive lung diseases, and
306		neuromuscular respiratory drive disorders;
307		

308	IV.A.1.b).(2).(n)	sepsis and sepsis syndrome; and,
309		
310	IV.A.1.b).(2).(o)	severe organ dysfunction resulting in critical illness,
311		including:
312		
313	IV.A.1.b).(2).(o).(i)	disorders of the endocrine, gastrointestinal,
314		hematologic, immune, musculoskeletal, and
315		neurologic systems, as well as infections
316		and malignancies; and,
317		
318	IV.A.1.b).(2).(o).(ii)	shock syndromes.
319		
320	IV.A.1.b).(3)	<u>Fellows must be able to perform all medical, diagnostic, and</u>
321		<u>surgical procedures considered essential to the subspecialty,</u>
322		<u>including:</u>
323	IV.A.1.b).(3).(a)	<u>performing diagnostic and therapeutic procedures</u>
324		<u>relevant to their individual specific planned career path,</u>
325		<u>to include:</u>
326	IV.A.1.b).(3).(a).(i)	airway management;
327	IV.A.1.b).(3).(a).(ii)	diagnostic and therapeutic procedures,
328		to include paracentesis, lumbar
329		puncture, thoracentesis, endotracheal
330		intubation, and related procedures;
331	IV.A.1.b).(3).(a).(iii)	emergency cardioversion;
332	IV.A.1.b).(3).(a).(iv)	operation of bedside hemodynamic monitoring
333		systems;
334		
335	IV.A.1.b).(3).(a).(iv).(a)	Each fellow must perform a
336		minimum of 50 such procedures.
337		
338	IV.A.1.b).(3).(a).(v)	use <u>placement and management</u> of chest
339		tubes and <u>pleural</u> drainage systems;
340		
341	IV.A.1.b).(3).(a).(vi)	<u>technical and procedural skills of critical care</u>
342		<u>ultrasound, including image acquisition, image</u>
343		<u>interpretation at the point of care, and use of</u>
344		<u>ultrasound to place intravascular and</u>
345		<u>intracavitary tubes and catheters;</u>
346		
347	IV.A.1.b).(3).(a).(vii)	insertion of arterial, central venous, and
348		pulmonary artery balloon flotation catheters;
349		
350	IV.A.1.b).(3).(a).(vii)	therapeutic flexible fiber-optic
351		bronchoscopy procedures limited to
352		indications for therapeutic removal of
353		airway secretions, diagnostic aspiration
354		of airway secretions or lavaged fluid, or
355		airway management;

356		
357	IV.A.1.b).(3).(a).(viii)	use of a variety of positive pressure
358		ventilatory modes, to include:
359		
360	IV.A.1.b).(3).(a).(viii).(a)	initiation, maintenance, and weaning
361		off of ventilatory support;
362		
363	IV.A.1.b).(3).(a).(viii).(b)	respiratory care techniques; and,
364		
365	IV.A.1.b).(3).(a).(viii).(c)	withdrawal of mechanical ventilatory
366		support.
367		
368	IV.A.1.b).(3).(a).(ix)	use of reservoir masks and continuous positive
369		airway pressure masks for delivery of
370		supplemental oxygen, humidifiers, nebulizers,
371		and incentive spirometry; and,
372		
373		use of ultrasound techniques to perform
374		thoracentesis and place intravascular and
375		intracavitary tubes and catheters;
376		
377	IV.A.1.b).(3).(a).(x)	use of transcutaneous pacemakers.
378		
379	IV.A.1.b).(3).(b)	<u>treating their patient's conditions with practices that are</u>
380		<u>patient-centered, safe, scientifically based, effective,</u>
381		<u>timely, and cost-effective, to include use of:</u>
382	IV.A.1.b).(3).(b).(i)	nutritional support; and,
383	IV.A.1.b).(3).(b).(ii)	<u>paralytic agents and sedative and analgesic</u>
384		<u>drugs in the critical care unit.</u>
385	IV.A.1. b).(3).(c)	<u>using diagnostic and/or imaging studies relevant to the</u>
386		<u>care of the patient, to include:</u>
387		
388	IV.A.1.b).(3).(c).(i)	interpretation of data derived from various
389		bedside devices commonly employed to
390		monitor patients; and,
391	IV.A.1.b).(3).(c).(ii)	interpretation of intracranial pressure
392		monitoring.
393		
394	IV.A.1.c)	Medical Knowledge
395		
396	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and
397		evolving biomedical clinical, epidemiological, and social-
398		behavioral sciences as well as the application of this
399		knowledge to patient care. Fellows must demonstrate
400		knowledge of:
401		
402	IV.A.1.c).(1).(a)	the scientific method of problem solving and
403		evidence-based decision making;
404		

405	IV.A.1.c).(1).(b)	the basic sciences, with particular emphasis on
406		biochemistry and physiology, including cell and
407		molecular biology and immunology, as they relate to
408		critical care medicine;
409		
410	IV.A.1.c).(1).(c)	the ethical, economic, and legal aspects of critical
411		illness;
412		
413	IV.A.1.c).(1).(d)	the psychosocial and emotional effects of critical
414		illness on patients and their patients' families;
415		
416	IV.A.1.c).(1).(e)	the recognition and management of patients
417		critically ill from disasters, including those caused by
418		chemical and biological agent inhalation and
419		trauma;
420		
421	IV.A.1.c).(1).(f)	detection and prevention of iatrogenic and
422		nosocomial problems in critical care medicine; and,
423		
424	IV.A.1.c).(1).(g)	monitoring and supervising special services,
425		including <u>respiratory care units</u> , and respiratory care
426		techniques and services.
427	IV.A.1.c).(2).	<u>Fellows must demonstrate knowledge of the indications,</u>
428		<u>contraindications, and complications of placement of arterial,</u>
429		<u>central venous, and pulmonary artery balloon flotation</u>
430		<u>catheters.</u>
431		
432	IV.A.1.c).(3).	<u>Fellows must demonstrate sufficient knowledge specific to</u>
433		<u>the subspecialty of critical care medicine, including:</u>
434	IV.A.1.c).(3).(a)	<u>application of technology appropriate for the</u>
435		<u>clinical context, to include evolving technologies;</u>
436	IV.A.1.c).(3).(b)	indications, contraindications, limitations,
437		complications, techniques, and interpretation of
438		results of those diagnostic and therapeutic
439		procedures integral to the discipline, including the
440		appropriate indication for and use of screening
441		tests/procedures, to include:
442	IV.A.1.c).(3).(b).(i).	imaging techniques commonly employed in
443		the evaluation of patients with critical
444		illness, including <u>ultrasound technical and</u>
445		<u>procedural use of ultrasound, and</u>
446		<u>interpretation of ultrasound images at the</u>
447		<u>point of care for medical decision making;</u>
448		
449	IV.A.1.c).(3).(b).(ii).	pericardiocentesis;
450		
451	IV.A.1.c).(3).(b).(iii)	placement of percutaneous tracheostomies;
452		and,
453		

454	IV.A.1.c).(1).(a).(iii)	screening tests and procedures; and,
455		
456	IV.A.1.c).(3).(b).(iv)	renal replacement therapy.
457	IV.A.1.c).(3).(c)	<u>pharmacotherapeutic and non-pharmacotherapeutic</u>
458		<u>treatment of the broad spectrum of medical</u>
459		<u>conditions and clinical disorders, to include:</u>
460	IV.A.1.c).(3).(c).(i)	pharmacokinetics, pharmacodynamics, and
461		drug metabolism and excretion in critical
462		illness; and,
463	IV.A.1.c).(3).(c).(ii)	use of paralytic agents and sedative and
464		analgesic drugs in the critical care unit.
465		
466	IV.A.1.d)	Practice-Based Learning and Improvement
467	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and
468		evaluate their care of patients, to appraise and assimilate
469		scientific evidence, and to continuously improve patient
470		care based on constant self-evaluation and lifelong
471		learning. Fellows must develop skills and habits to meet
472		the following goal:
473		
474	IV.A.1.d).(1).(a)	obtain procedure-specific informed consent by
475		competently educating patients about rationale,
476		technique, and complications of procedures.
477	IV.A.1.e)	Interpersonal and Communication Skills
478	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication
479		skills that result in the effective exchange of information and
480		collaboration with patients, their patients' families, and health
481		professionals.
482		
483	IV.A.1.f)	Systems-Based Practice
484		
485	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
486		responsiveness to the larger context and system of health
487		care, including the social determinates of health, as well as
488		the ability to call effectively on other resources in the
489		system to produce optimal care. Fellows must:
490		
491	IV.A.1.f).(1).(a)	participate in quality improvement and patient safety
492		activities in the intensive care unit (ICU); and,
493		
494	IV.A.1.f).(1).(a)	acquire skills required to organize, administer,
495		and direct a critical care unit.
496		
497	IV.B.	Regularly Scheduled Educational Activities
498		
499	IV.B.1.	The core curriculum <u>educational program</u> must include a didactic
500		program <u>instruction</u> based on the core knowledge content in critical

501		care medicine.
502	IV.B.1.b)	<u>Fellows must have a sufficient number of didactic sessions to</u>
503		<u>ensure fellow-fellow and fellow-and-faculty member interaction.</u>
504		
505	IV.B.2.	The program must ensure that <u>afford each</u> fellows have an
506		opportunity to review topics <u>all knowledge content</u> covered in from
507		conferences that the fellow was unable to <u>they could not</u> attend.
508	IV.B.3.	Fellows must participate in clinical case conferences, journal clubs,
509		research conferences, and morbidity and mortality or quality improvement
510		conferences.
511		
512	IV.B.4.	All core conferences must have at least one faculty member present
513		and must be scheduled to ensure peer-peer and peer-faculty
514		member interaction.
515		
516	IV.B.5.	Patient based teaching must include direct interaction between
517		fellows and faculty members, bedside teaching, discussion of
518		pathophysiology, and the use of current evidence in diagnostic and
519		therapeutic decisions.
520		
521	IV.B.6.	Patient based teaching must be conducted:
522		
523	IV.B.6.c)	formally conducted on all inpatient, outpatient, and
524		consultative services; and,
525	IV.B.6.d)	conducted with a frequency and duration that ensures a
526		meaningful and continuous teaching relationship between the
527		assigned supervising faculty member(s) and fellows.
528	IV.B.5.	Fellows must receive instruction in practice management relevant to
529		critical care medicine.
530		
531	IV.C.	Clinical Experiences
532	IV.C.1.	<u>Assignment of rotations must be structured to minimize the frequency of</u>
533		<u>rotational transitions, and rotations must be of sufficient length to provide a</u>
534		<u>quality educational experience, defined by continuity of patient care, ongoing</u>
535		<u>supervision, longitudinal relationships with faculty members, and meaningful</u>
536		<u>assessment and feedback.</u>
537	IV.C.2.	<u>Rotations must be structured to allow fellows to function as a part of an</u>
538		<u>effective interprofessional team that works together toward the shared goals</u>
539		<u>of patient safety and quality improvement.</u>
540	IV.C.3.	<u>Rotations must be structured to minimize conflicting inpatient</u>
541		<u>responsibilities.</u>
542	IV.C.4.	<u>The program must provide opportunities to manage adult patients with a</u>
543		<u>wide variety of serious illnesses and injuries requiring treatment in a critical</u>
544		<u>care setting.</u>

545	IV.C.4.a)	A minimum of 12 months must be devoted to clinical experiences.
546	IV.C.4.b)	At least six months must be devoted to the care of critically ill
547		medical patients (i.e., MICU/CICU or equivalent).
548		
549	IV.C.4.b).(1)	This experience may be reduced up to three months by
550		equivalent (month for month) <u>ICU-intensive care unit</u>
551		experience completed during a previous two- or three-year
552		<u>Accreditation Council for Graduate Medical Education-</u> or
553		ACGME-I-accredited internal medicine subspecialty
554		fellowship program.
555		
556	IV.C.4.c)	At least three months must be devoted to the care of critically ill
557		non-medical patients.
558		
559	IV.C.4.c).(1)	This experience should consist of at least one month of
560		direct patient care activity, with the remainder being fulfilled
561		with either consultative activities or with direct care of such
562		patients.
563		
564	IV.C.4.d)	At least 12 additional months must be devoted to appropriate
565		<u>clinical or</u> elective experiences or scholarly activity.
566		
567	IV.C.5.	Fellows must be informed of the clinical outcomes of their patients who
568		are discharged from the critical care units.
569		
570	IV.C.6.	Fellows must have clinical experience in the evaluation and
571		management of patients:
572		
573	IV.C.6.a)	after discharge from the critical care unit;
574		
575	IV.C.6.b)	with critical obstetric and gynecologic disorders;
576		
577	IV.C.6.c)	with neurosurgical emergencies; and,
578		
579	IV.C.6.e)	with trauma.
580		
581	IV.C.7.	Procedures and Technical Skills Fellows should must have clinical
582		experience in the placement of <u>managing patients with percutaneous</u>
583		tracheostomies, <u>including their specific complications.</u>
584		
585	IV.C.1.h).(1)	Faculty members must teach and supervise the fellows in
586		the performance and interpretation of procedures.
587		
588	IV.C.1.h).(1)	Procedures must be documented in each fellow's
589		record, giving indications, outcomes, diagnoses, and
590		supervisor(s).
591		
592	IV.C.8.	Fellows must have experience in the role of critical care medicine
593		consultant in the inpatient setting.
594	<u>IV.C.9.</u>	<u>The program must provide educational experiences in team-based</u>
595		<u>care that allow fellows to interact with and learn from other health</u>

596		<u>care professionals.</u>
597	IV.C.10.	<u>The educational program must provide fellows with elective experiences</u>
598		<u>relevant to their future practice or to further skill/competence development.</u>
599	IV.C.11.	<u>Fellows must participate in training using simulation.</u>
600		
601	IV.D.	Scholarly Activity
602		
603	IV.D.1.	Fellows' Scholarly Activity
604	IV.D.1.a)	While in the program, each fellow must complete at least one of
605		the following scholarly activities: participation in grand rounds;
606		poster presentations; workshops; quality improvement
607		presentations; podium presentations; grant leadership; non-peer-
608		reviewed print/electronic resources; articles or publications; book
609		chapters; textbooks; webinars; service on professional committees;
610		or service as a journal reviewer, journal editorial board member, or
611		editor.
612		
613	IV.D.2.	Faculty Scholarly Activity
614		See International Foundational Requirements, Section IV.D.2.
615		
616	V.	Evaluation
617		
618		See International Foundational Requirements, Section V.
619		
620	VI.	The Learning and Working Environment
621		
622	VI.A.	Principles
623		
624		See International Foundational Requirements, Section VI.A.
625		
626	VI.B.	Patient Safety
627		
628		See International Foundational Requirements, Section VI.B.
629		
630	VI.C.	Quality Improvement
631		
632		See International Foundational Requirements, Section VI.C.
633		
634	VI.D.	Supervision and Accountability
635		
636	VI.D.1.	Direct supervision of procedures performed by each fellow must occur
637		until competence has been acquired and documented by the program
638		director.
639		
640	VI.E.	Professionalism
641		
642	VI.F.	See International Foundational Requirements, Section VI.E.
643		
644	VI.G.	Well-Being

645		
646		See International Foundational Requirements, Section VI.F.
647		
648	VI.H.	Fatigue
649		
650	VI.I.	See International Foundational Requirements, Section VI.G.
651		
652	VI.J.	Transitions of Care
653		
654		See International Foundational Requirements, Section VI.H.
655		
656	VI.K.	Clinical Experience and Education
657		
658		See International Foundational Requirements, Section VI.I.
659		
660	VI.L.	On-Call Activities
661		
662		See International Foundational Requirements, Section VI.J.