Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	- Requiremer
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wi practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medica inclusive and psychologically safe le
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Fellows who have completed resider in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional i serve as role models of excellence, of professionalism, and scholarship. The knowledge, patient care skills, and en- area of practice. Fellowship is an inter- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not ex physicians, the fellowship experienc pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop infrastructure that promotes collabo
Int.B.	Definition of Subspecialty Adult cardiothoracic anesthesiology is devoted to the pre-, intra-, and post- operative care of adult patients undergoing cardiothoracic surgical procedures, catheter-based therapeutic interventions, and diagnostic procedures. Consulting regarding peri-operative management of patients with significant cardiac and thoracic pathology during non-cardiothoracic surgical and interventional care is also a role of physicians in this subspeciality.		Definition of Subspecialty Adult cardiothoracic anesthesiology is construction operative care of adult patients undergo catheter-based therapeutic intervention Consulting regarding peri-operative man cardiac and thoracic pathology during man interventional care is also a role of physic

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nedical education beyond a core who desire to enter more specialized sians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of cation values the strength that a diverse ical care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's sialty is undertaken with appropriate l independence. Faculty members , compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused intensive program of subspecialty t focuses on the multidisciplinary care s often physically, emotionally, and ars in a variety of clinical learning ate medical education and the wells, faculty members, students, and all

any fellowship programs advance sts. While the ability to create new exclusive to fellowship-educated nce expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an porative research.

s devoted to the pre-, intra-, and postgoing cardiothoracic surgical procedures, ons, and diagnostic procedures. nanagement of patients with significant non-cardiothoracic surgical and sysicians in this subspeciality.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Length of Educational Program		
Int.C.	The educational program in adult cardiothoracic anesthesiology must be 12 months in length. (Core)	4.1.	<b>Length of Program</b> The educational program in adult cardic months in length. (Core)
I.	Oversight	Section 1	Section 1: Oversight
<u>-</u>	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 org ultimate financial and academic resp medical education consistent with th
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 n most commonly utilized site of clinic primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	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 fellows.	[None]	Participating Sites A participating site is an organizatior or educational assignments/rotations
l.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.1.a)	The Sponsoring Institution must also sponsor an ACGME-accredited anesthesiology residency. (Core)	1.2.a.	The Sponsoring Institution must also sp anesthesiology residency. (Core)
I.B.1.b)	There must be interaction between the anesthesiology residency and the fellowship that results in coordination of educational, clinical, and scholarly activities. (Core)	1.2.b.	There must be interaction between the a fellowship that results in coordination of activities. (Core)
I.B.1.b).(1)	The fellowship must not compromise the clinical experience and the number of cases available to the residents in the anesthesiology residency. (Core)	1.2.b.1.	The fellowship must not compromise the cases available to the residents in the a
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 age and each participating site that gover program and the participating site pr
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
l.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
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 clinic at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is acco site, in collaboration with the program

ent Language
liothoracic anesthesiology must be 12
rganization or entity that assumes the ponsibility for a program of graduate the ACGME Institutional Requirements.
not a rotation site for the program, the
ical activity for the program is the
y one ACGME-accredited Sponsoring
on providing educational experiences ns for fellows.
ponsoring Institution, must designate a
sponsor an ACGME-accredited
e anesthesiology residency and the
of educational, clinical, and scholarly
or outcoalional, oinneal, and conclarly
the clinical experience and the number of anesthesiology residency. (Core)
greement (PLA) between the program
erns the relationship between the
providing a required assignment. (Core)
every 10 years. (Core)
designated institutional official (DIO).
ical learning and working environment

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

Roman Numeral Requirement Number	Poquiroment Language	Reformatted Requirement Number	Deminent
I.B.4.	Requirement Language           The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	Requiremen The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	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 fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program must have access to the following resources:	1.8.a.	The program must have access to the fo
I.D.1.a).(1)	intensive care units (ICUs) for both surgical and non-surgical cardiothoracic patients; (Core)	1.8.a.1.	intensive care units (ICUs) for both surgi patients; (Core)
I.D.1.a).(2)	an emergency department in which cardiothoracic patients are managed 24 hours a day; (Core)	1.8.a.2.	an emergency department in which card hours a day; (Core)
I.D.1.a).(3)	operating rooms equipped for the management of cardiothoracic patients; (Core)	1.8.a.3.	operating rooms equipped for the manage (Core)
I.D.1.a).(4)	a post-anesthesia care area equipped for the management of cardiothoracic patients and located near the operating room suite; (Core)	1.8.a.4.	a post-anesthesia care area equipped for patients and located near the operating
I.D.1.a).(5)	monitoring and advanced life support equipment representative of current levels of technology; (Core)	1.8.a.5.	monitoring and advanced life support eq of technology; (Core)
I.D.1.a).(6)	laboratories, available at all times, that provide prompt results, including blood chemistries, blood gas and acid base analysis, oxygen saturation, hematocrit/hemoglobin, and coagulation function; (Core)	1.8.a.6.	laboratories, available at all times, that p chemistries, blood gas and acid base an hematocrit/hemoglobin, and coagulation
I.D.1.a).(7)	facilities, available at all times, to provide prompt, non-invasive and invasive diagnostic and therapeutic cardiothoracic procedures, including echocardiography, cardiac stress testing, cardiac catheterization, electrophysiological testing and therapeutic intervention, cardiopulmonary scanning procedures, and pulmonary function testing; and, (Core)	1.8.a.7.	facilities, available at all times, to provide diagnostic and therapeutic cardiothoraci echocardiography, cardiac stress testing electrophysiological testing and therapeu scanning procedures, and pulmonary fur
I.D.1.a).(8)	facilities and equipment for research in cardiothoracic anesthesiology. (Core)	1.8.a.8.	facilities and equipment for research in c
I.D.1.b)	The number and diversity of patients available to the program must support the inpatient and outpatient experience required for each fellow. (Core)	1.8.b.	The number and diversity of patients available inpatient and outpatient experience requ
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate

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

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

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

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

following resources:

rgical and non-surgical cardiothoracic

rdiothoracic patients are managed 24

agement of cardiothoracic patients;

for the management of cardiothoracic g room suite; (Core)

equipment representative of current levels

t provide prompt results, including blood analysis, oxygen saturation, on function; (Core)

ide prompt, non-invasive and invasive acic procedures, including ng, cardiac catheterization,

peutic intervention, cardiopulmonary

function testing; and, (Core)

a cardiothoracic anesthesiology. (Core)

vailable to the program must support the quired for each fellow. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with dis Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to se appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perse
I.E.	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 fellows' education. (Core)	1.11.	The presence of other learners and or but not limited to residents from othe and advanced practice providers, mu appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the o 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 a authority and accountability for the o with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in proprogram director's licensure and clin
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applica must be provided with support adequ based upon its size and configuration

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

opriate to the participating site; and,

isabilities consistent with the pre)

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

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

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

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

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

tor resides with the Review Committee.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
	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 mu and support specified below for adminis support for program leadership must be additional support may be for the progra program director and one or more asso (Core)
	Number of Approved Fellow Positions: 1-3   Minimum Support Required (FTE) for the Program Director: 0.1   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.025   Total Minimum Program Leadership Support: 0.125 Number of Approved Fellow Positions: 4-6   Minimum Support Required (FTE) for the Program Director: 0.15   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.05   Total Minimum Program Leadership		Number of Approved Fellow Positions: for the Program Director: 0.1   Minimur Program Leadership in Aggregate: 0.02 Support: 0.125 Number of Approved Fellow Positions: for the Program Director: 0.15   Minimu Program Leadership in Aggregate: 0.05
	Support: 0.2 Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1   Total Minimum Program Leadership Support: 0.3 Number of Approved Fellow Positions: 10-14   Minimum Support Required (FTE)		Support: 0.2 Number of Approved Fellow Positions: for the Program Director: 0.2   Minimum Program Leadership in Aggregate: 0.1   Support: 0.3 Number of Approved Fellow Positions:
II.A.2.a)	for the Program Director: 0.2   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.15   Total Minimum Program Leadership Support: 0.35 Number of Approved Fellow Positions: 15 and over   Minimum Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2   Total Minimum Program Leadership Support: 0.4	2.3.a.	(FTE) for the Program Director: 0.2   M (FTE) for Program Leadership in Aggre Leadership Support: 0.35 Number of Approved Fellow Positions: (FTE) for the Program Director: 0.2   M (FTE) for Program Leadership in Aggre Leadership Support: 0.4
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revi
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revi
	must include current certification in the specialty for which they are the program director by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess for which they are the program direct Anesthesiology or by the American Os subspecialty qualifications that are a (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program member board of the American Board of certifying board of the American Osteop there is no ABMS or AOA board that off

nust be provided with the dedicated time histration of the program. Additional be provided as specified below. This gram director only or divided among the sociate (or assistant) program directors.

s: 1-3 | Minimum Support Required (FTE) um Additional Support Required (FTE) for 025 | Total Minimum Program Leadership

s: 4-6 | Minimum Support Required (FTE) num Additional Support Required (FTE) for 05 | Total Minimum Program Leadership

s: 7-9 | Minimum Support Required (FTE) um Additional Support Required (FTE) for 1 | Total Minimum Program Leadership

s: 10-14 | Minimum Support Required Minimum Additional Support Required regate: 0.15 | Total Minimum Program

s: 15 and over | Minimum Support Required Minimum Additional Support Required regate: 0.2 | Total Minimum Program

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s subspecialty expertise and view Committee. (Core)

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s subspecialty expertise and view Committee. (Core)

s current certification in the specialty ector by the American Board of Osteopathic Board of Anesthesiology, or acceptable to the Review Committee.

n Requirements deem certification by a d of Medical Specialties (ABMS) or a opathic Association (AOA) acceptable, offers certification in this subspecialty]

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.3.c)	must include current appointment as a member of the anesthesiology faculty at the primary clinical site; (Core)	2.4.b.	The program director must have current anesthesiology faculty at the primary clir
II.A.3.d)	must include completion of an adult cardiothoracic anesthesiology fellowship, or at least five years of participation in a clinical adult cardiothoracic anesthesiology fellowship as a faculty member; (Core)	2.4.c.	The program director must demonstrate anesthesiology fellowship, or at least five cardiothoracic anesthesiology fellowship
II.A.3.e)	must include current certification in advanced peri-operative transesophageal echocardiography (TEE) by the National Board of Echocardiography (NBE); (Core)	2.4.d.	The program director must have current transesophageal echocardiography (TER Echocardiography (NBE). (Core)
II.A.3.e).(1)	The program director must demonstrate participation in the NBE's Maintenance of Certification in Echocardiography (MOCE) process. (Core)	2.4.d.1.	The program director must demonstrate of Certification in Echocardiography (MC
II.A.3.f)	must include demonstration of ongoing academic achievements appropriate to the subspecialty, including publications, the development of educational programs, or the conduct of research; (Core)	2.4.e.	The program director must demonstrate appropriate to the subspecialty, including educational programs, or the conduct of
II.A.3.g)	must include devotion of at least 50 percent of the program director's clinical, educational, administrative, and academic time to adult cardiothoracic anesthesiology; and, (Core)	2.4.f.	The program director must devote at lea clinical, educational, administrative, and anesthesiology. (Core)
II.A.3.h)	must include privileges to perform peri-operative TEE. (Core)	2.4.g.	The program director must have privileg
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1) II.A.4.a).(2)	be a role model of professionalism; (Core)design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.a. 2.5.b.	The program director must be a role r The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
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)		The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G

nt appointment as a member of the clinical site. (Core)

te completion of an adult cardiothoracic ive years of participation in a clinical adult ip as a faculty member. (Core)

nt certification in advanced peri-operative EE) by the National Board of

te participation in the NBE's Maintenance 10CE) process. (Core)

te ongoing academic achievements ing publications, the development of of research. (Core)

east 50 percent of the program director's and academic time to adult cardiothoracic

eges to perform peri-operative TEE. (Core)

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

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ter and maintain a learning g the fellows in each of the ACGME

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

e authority to remove fellows from ning environments that do not meet

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure th Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
Ш.В.	<ul> <li>Faculty</li> <li>Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients.</li> <li>Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.</li> <li>Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.</li> </ul>		Faculty Faculty members are a foundational of education – faculty members teach fe Faculty members provide an importa- and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the priod development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, far medical education system, improve to population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	In addition to the program director, at least two faculty members must have certification in advanced peri-operative TEE by the NBE. (Core)	2.6.a.	In addition to the program director, at lea certification in advanced peri-operative

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

the program's compliance with the nd procedures related to grievances action is taken to suspend or dismiss, ntment of a fellow. (Core)

the program's compliance with the non-

gn a non-competition guarantee or

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

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

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

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

of faculty members with competence to Core)

least two faculty members must have e TEE by the NBE. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.1.b)	The faculty must include at least one individual who is certified in critical care medicine through a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) and who practices in an ICU that cares for adult cardiothoracic surgical patients. (Core)	2.6.b.	The faculty must include at least one inc medicine through a member board of th (ABMS) or a certifying board of the Ame and who practices in an ICU that cares (Core)
II.B.1.c)	The faculty must include at least one physician member certified in cardiology through the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. (Core)	2.6.c.	The faculty must include at least one ph through the American Board of Internal Board of Internal Medicine. (Core)
II.B.1.d)	The faculty must include at least one physician member certified in cardiothoracic surgery through the American Board of Surgery or the American Osteopathic Board of Surgery. (Core)	2.6.d.	The faculty must include at least one ph cardiothoracic surgery through the Ame Osteopathic Board of Surgery. (Core)
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Meml Subspecialty physician faculty memb the specialty by the American Board Osteopathic Board of Anesthesiology, acceptable to the Review Committee.
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F member board of the American Board o certifying board of the American Osteop there is no ABMS or AOA board that off

ndividual who is certified in critical care the American Board of Medical Specialties nerican Osteopathic Association (AOA) s for adult cardiothoracic surgical patients.

bhysician member certified in cardiology Al Medicine or the American Osteopathic

physician member certified in herican Board of Surgery or the American

els of professionalism. (Core)

commitment to the delivery of safe,
 net, patient-centered care. (Core)
 a strong interest in the education of
 nt time to the educational program to

g responsibilities. (Core)

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

#### nbers

nbers must have current certification in d of Anesthesiology or the American y, or possess qualifications judged e. (Core)

n Requirements deem certification by a of Medical Specialties (ABMS) or a opathic Association (AOA) acceptable, offers certification in this subspecialty]

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.B.3.b).(2)	have completed an adult cardiothoracic anesthesiology fellowship or have comparable fellowship education or post-residency experience in adult cardiothoracic anesthesiology. (Core)	2.9.b.	Subspecialty physician faculty members cardiothoracic anesthesiology fellowship education or post-residency experience (Core)
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, c acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	There must be at least three core program faculty members, including the program director. (Core)	2.10.b.	There must be at least three core progra program director. (Core)
II.B.4.c)	For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. (Core)	2.10.c.	For programs with four or more fellows, one fellow must be maintained. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	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)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)

ers must have completed an adult hip or have comparable fellowship ce in adult cardiothoracic anesthesiology.

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

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

ne annual ACGME Faculty Survey.

gram faculty members, including the

s, a ratio of at least one faculty member to

tor. (Core)

tor. (Core) provided with dedicated time and n of the program based upon its size

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Number			Kequitemet
	The program coordinator(s) must be provided with support equal to a dedicated		The program coordinator(s) must be pro
	minimum of 20 percent FTE for administration of the program. Additional		minimum of 20 percent FTE for adminis
	administrative support must be provided based on the program size as follows: (Core)		administrative support must be provided (Core)
	Number of Approved Fellow Positions: 2   Minimum FTE Coordinator(s)		Number of Approved Fellow Positions: 2
	Required : 0.22 Number of Approved Fellow Positions: 3   Minimum FTE Coordinator(s) Required : 0.24		Required : 0.22 Number of Approved Fellow Positions: 3 Required : 0.24
	Number of Approved Fellow Positions: 4   Minimum FTE Coordinator(s) Required : 0.26		Number of Approved Fellow Positions: 4 Required : 0.26
	Number of Approved Fellow Positions: 5   Minimum FTE Coordinator(s) Required : 0.28		Number of Approved Fellow Positions: Required : 0.28
	Number of Approved Fellow Positions: 6   Minimum FTE Coordinator(s) Required : 0.30		Number of Approved Fellow Positions: ( Required : 0.30
	Number of Approved Fellow Positions: 7   Minimum FTE Coordinator(s) Required : 0.32		Number of Approved Fellow Positions: Required : 0.32
	Number of Approved Fellow Positions: 8   Minimum FTE Coordinator(s) Required : 0.34		Number of Approved Fellow Positions: 8 Required : 0.34
	Number of Approved Fellow Positions: 9   Minimum FTE Coordinator(s) Required : 0.36		Number of Approved Fellow Positions: Required : 0.36
	Number of Approved Fellow Positions: 10   Minimum FTE Coordinator(s) Required : 0.38		Number of Approved Fellow Positions: Required : 0.38
	Number of Approved Fellow Positions: 11   Minimum FTE Coordinator(s) Required : 0.4		Number of Approved Fellow Positions: Required : 0.4
	Number of Approved Fellow Positions: 12   Minimum FTE Coordinator(s) Required : 0.42		Number of Approved Fellow Positions: Required : 0.42
I.C.2.a)		2.11.b.	
	Number of Approved Fellow Positions: 13   Minimum FTE Coordinator(s) Required : 0.44		Number of Approved Fellow Positions: Required : 0.44
	Number of Approved Fellow Positions: 14   Minimum FTE Coordinator(s) Required : 0.46		Number of Approved Fellow Positions: Required : 0.46
	Number of Approved Fellow Positions: 15   Minimum FTE Coordinator(s) Required : 0.48		Number of Approved Fellow Positions: Required : 0.48
	Number of Approved Fellow Positions: 16   Minimum FTE Coordinator(s) Required : 0.50		Number of Approved Fellow Positions: Required : 0.50
II.C.2.a) -	Number of Approved Fellow Positions: >16   Minimum FTE Coordinator(s)		Number of Approved Fellow Positions:
(Continued)	Required : Additional 0.02 FTE per fellow	2.11.b (Continued)	Required : Additional 0.02 FTE per fello
	Other Program Personnel		Other Brogram Bergannel
	The program, in partnership with its Sponsoring Institution, must jointly		Other Program Personnel The program, in partnership with its
	ensure the availability of necessary personnel for the effective		ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core

provided with support equal to a dedicated histration of the program. Additional led based on the program size as follows:

- : 2 | Minimum FTE Coordinator(s)
- 3 | Minimum FTE Coordinator(s)
- 4 | Minimum FTE Coordinator(s)
- 5 | Minimum FTE Coordinator(s)
- 6 | Minimum FTE Coordinator(s)
- : 7 | Minimum FTE Coordinator(s)
- 8 | Minimum FTE Coordinator(s)
- : 9 | Minimum FTE Coordinator(s)
- 10 | Minimum FTE Coordinator(s)
- 11 | Minimum FTE Coordinator(s)
- : 12 | Minimum FTE Coordinator(s)
- : 13 | Minimum FTE Coordinator(s)
- 14 | Minimum FTE Coordinator(s)
- 15 | Minimum FTE Coordinator(s)
- 16 | Minimum FTE Coordinator(s)
- : >16 | Minimum FTE Coordinator(s) Ilow

#### s Sponsoring Institution, must jointly / personnel for the effective re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.D.1.	Individuals with special training and/or experience in adult cardiovascular disease, including clinical cardiac electrophysiology, cardiac and non-cardiac thoracic surgery, general vascular surgery, congenital heart disease, pulmonary diseases, transthoracic echocardiography, point-of-care testing, blood banking, and mechanical support of circulation must be available for the education of fellows. (Core)	2.12.a.	Individuals with special training and/or edisease, including clinical cardiac electric thoracic surgery, general vascular surged diseases, transthoracic echocardiograph and mechanical support of circulation methologies. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
ш а 4	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada (Core)		All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana
III.A.1. III.A.1.a)	in Canada. (Core) Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2. 3.2.a.	program located in Canada. (Core) Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a residency program in anesthesiology that satisfies the requirements in III.A.1. (Core)		Prior to appointment in the program, fell a residency program in anesthesiology t (Core)
III.A.1.c)	Fellow Eligibility Exception         The Review Committee for Anesthesiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Anesthesic exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, b additional qualifications and conditio
	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and,		evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations
III.A.1.c).(1).(a) III.A.1.c).(1).(b)	(Core) review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.a. 3.2.b.1.b.	(Core) review and approval of the applicant' GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)

experience in adult cardiovascular etrophysiology, cardiac and non-cardiac gery, congenital heart disease, pulmonary phy, point-of-care testing, blood banking, must be available for the education of

## ip Programs

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

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

ellows must have successfully completed / that satisfies the requirements in 3.2.

# siology will allow the following

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the following ions: (Core)

and fellowship selection committee of ne program, based on prior training and is of training in the core specialty; and,

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoi Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is of and innovation in graduate medical 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 wl
	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community		It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that prop tools, and techniques. (Core)

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

#### llowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence by following standards for patient care and established guidelines and procedures for patient safety, error reduction, and improved patient outcomes; (Core)	4.4.a.	Fellows must demonstrate competence I and established guidelines and procedur and improved patient outcomes. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in: (Core)	[None]	
IV.B.1.b).(1).(b).(i)	pre-operative patient evaluation and optimization of clinical status prior to the cardiothoracic procedure; (Core)	4.4.b.	Fellows must demonstrate competence i optimization of clinical status prior to the
IV.B.1.b).(1).(b).(ii)	interpretation of cardiovascular and pulmonary diagnostic test data; (Core)	4.4.c.	Fellows must demonstrate competence i pulmonary diagnostic test data. (Core)
IV.B.1.b).(1).(b).(iii)	hemodynamic and respiratory monitoring; and, (Core)	4.4.d.	Fellows must demonstrate competence i monitoring. (Core)
IV.B.1.b).(1).(b).(iv)	pharmacological and mechanical hemodynamic support. (Core)	4.4.e.	Fellows must demonstrate competence i hemodynamic support. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in providing anesthesia care for patients undergoing cardiac surgery with and without extracorporeal circulation. (Core)	4.5.a.	Fellows must demonstrate competence i undergoing cardiac surgery with and with
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in providing anesthesia care for patients undergoing thoracic surgery, including operations on the lung, esophagus, and thoracic aorta. (Core)	4.5.b.	Fellows must demonstrate competence i undergoing thoracic surgery, including o thoracic aorta. (Core)
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in advanced-level peri-operative TEE. (Core)	4.5.c.	Fellows must demonstrate competence i (Core)
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in their ability to independently manage intra-aortic balloon counterpulsation and be actively involved in the management of mechanical circulatory support devices. (Core)	4.5.d.	Fellows must demonstrate competence i intra-aortic balloon counterpulsation and of mechanical circulatory support devices

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the he focus in fellowship is on nd medical knowledge, as well as quired in residency.

## GME Competencies into the curriculum.

#### nalism

tment to professionalism and an re)

re and Procedural Skills (Part A) ient care that is patient- and family-, appropriate, and effective for the le promotion of health. (Core)

e by following standards for patient care lures for patient safety, error reduction,

e in pre-operative patient evaluation and ne cardiothoracic procedure. (Core)

e in interpretation of cardiovascular and

e in hemodynamic and respiratory

e in pharmacological and mechanical

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

e in providing anesthesia care for patients vithout extracorporeal circulation. (Core) e in providing anesthesia care for patients operations on the lung, esophagus, and

e in advanced-level peri-operative TEE.

e in their ability to independently manage nd be actively involved in the management ces. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(e)	Fellows must demonstrate competence in transitions of circulatory support. (Core)	4.5.e.	Fellows must demonstrate competence (Core)
IV.B.1.b).(2).(f)	Fellows must demonstrate competence in managing patients undergoing aortic surgery, including neuro and spinal cord protection and coagulopathy. (Core)	4.5.f.	Fellows must demonstrate competence surgery, including neuro and spinal cord
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of how cardiothoracic diseases affect the administration of anesthesia and life support to adult cardiothoracic patients, including: (Core)	4.6.a.	Fellows must demonstrate knowledge of administration of anesthesia and life sup including: (Core)
IV.B.1.c).(1).(a)	embryological development of the cardiothoracic structures; (Core)	4.6.a.1.	embryological development of the cardio
IV.B.1.c).(1).(b)	pathophysiology, pharmacology, and clinical management of patients with cardiac disease, to include cardiomyopathy, heart failure, cardiac tamponade, ischemic heart disease, acquired and congenital valvular heart disease, congenital heart disease, electrophysiologic disturbances, and neoplastic and infectious cardiac diseases; (Core)	4.6.a.2.	pathophysiology, pharmacology, and clir cardiac disease, to include cardiomyopa ischemic heart disease, acquired and co congenital heart disease, electrophysiolo infectious cardiac diseases; (Core)
IV.B.1.c).(1).(c)	pathophysiology, pharmacology, and clinical management of patients with respiratory disease, to include pleural, bronchopulmonary, neoplastic, infectious, and inflammatory diseases; (Core)	4.6.a.3.	pathophysiology, pharmacology, and clir respiratory disease, to include pleural, b and inflammatory diseases; (Core)
IV.B.1.c).(1).(d)	pathophysiology, pharmacology, and clinical management of patients with thoracic vascular, tracheal, esophageal, and mediastinal diseases, to include infectious, neoplastic, and inflammatory processes; (Core)	4.6.a.4.	pathophysiology, pharmacology, and clir thoracic vascular, tracheal, esophageal, infectious, neoplastic, and inflammatory
IV.B.1.c).(1).(e)	non-invasive cardiovascular evaluation, to include electrocardiography, transthoracic echocardiography, TEE, stress testing, and cardiovascular imaging; (Core)	4.6.a.5.	non-invasive cardiovascular evaluation, transthoracic echocardiography, TEE, st imaging; (Core)
IV.B.1.c).(1).(f)	cardiac catheterization procedures and diagnostic interpretation, to include invasive cardiac catheterization procedures, including angioplasty, stenting, and transcatheter laser and mechanical ablations; (Core)	4.6.a.6.	cardiac catheterization procedures and c invasive cardiac catheterization procedu transcatheter laser and mechanical abla
IV.B.1.c).(1).(g)	non-invasive pulmonary evaluation, to include pulmonary function tests, blood gas and acid-base analysis, oximetry, capnography, and pulmonary imaging; (Core)	4.6.a.7.	non-invasive pulmonary evaluation, to in gas and acid-base analysis, oximetry, ca (Core)
IV.B.1.c).(1).(h)	pre-anesthetic evaluation and preparation of adult cardiothoracic patients; (Core)	4.6.a.8.	pre-anesthetic evaluation and preparation (Core)
IV.B.1.c).(1).(i)	peri-anesthetic monitoring, both non-invasive and invasive (intra-arterial, central venous, pulmonary artery, mixed venous saturation, cardiac output); (Core)	4.6.a.9.	peri-anesthetic monitoring, both non-inva venous, pulmonary artery, mixed venous
IV.B.1.c).(1).(j)	pharmacokinetics and pharmacodynamics of medications prescribed for medical management of adult cardiothoracic patients; (Core)	4.6.a.10.	pharmacokinetics and pharmacodynamic management of adult cardiothoracic pati
IV.B.1.c).(1).(k)	pharmacokinetics and pharmacodynamics of anesthetic medications prescribed for cardiothoracic patients; (Core)	4.6.a.11.	pharmacokinetics and pharmacodynamic for cardiothoracic patients; (Core)
IV.B.1.c).(1).(I)	pharmacokinetics and pharmacodynamics of medications prescribed for management of hemodynamic instability; (Core)	4.6.a.12.	pharmacokinetics and pharmacodynamic management of hemodynamic instability

e in transitions of circulatory support.

e in managing patients undergoing aortic rd protection and coagulopathy. (Core)

#### nowledge

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

of how cardiothoracic diseases affect the upport to adult cardiothoracic patients,

#### diothoracic structures; (Core)

clinical management of patients with bathy, heart failure, cardiac tamponade, congenital valvular heart disease, ologic disturbances, and neoplastic and

clinical management of patients with bronchopulmonary, neoplastic, infectious,

clinical management of patients with al, and mediastinal diseases, to include ry processes; (Core)

n, to include electrocardiography, stress testing, and cardiovascular

d diagnostic interpretation, to include dures, including angioplasty, stenting, and lations; (Core)

include pulmonary function tests, blood capnography, and pulmonary imaging;

tion of adult cardiothoracic patients;

vasive and invasive (intra-arterial, central us saturation, cardiac output); (Core)

nics of medications prescribed for medical atients; (Core)

mics of anesthetic medications prescribed

nics of medications prescribed for ity; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	extracorporeal circulation, to include myocardial preservation; effects of		extracorporeal circulation, to include my
	cardiopulmonary bypass (CPB) on pharmacokinetics and pharmacodynamics;		cardiopulmonary bypass (CPB) on phan
	cardiothoracic, respiratory, neurological, metabolic, endocrine, hematological,		cardiothoracic, respiratory, neurological,
	renal, and thermoregulatory effects of CPB; and coagulation/anticoagulation		renal, and thermoregulatory effects of C
IV.B.1.c).(1).(m)	before, during, and after CPB; (Core)	4.6.a.13.	before, during, and after CPB; (Core)
IV.B.1.c).(1).(n)	inotropes, chromotropes, vasoconstrictors, and vasodilators; (Core)	4.6.a.14.	inotropes, chromotropes, vasoconstricto
	circulatory assist devices, to include intra-aortic balloon pumps, left and right		circulatory assist devices, to include intra
IV.B.1.c).(1).(o)	ventricular assist devices, and extracorporeal membrane oxygenation (ECMO); (Core)	4.6.a.15.	ventricular assist devices, and extracorp (Core)
IV.B.1.c).(1).(0)	cardiac implantable electronic device insertion and modes of action; (Core)	4.6.a.16.	cardiac implantable electronic device ins
τν.Β.τ.ς).(τ).(ρ)		4.0.a.10.	
	cardiac surgical procedures, to include minimally invasive myocardial revascularization; valve repair and replacement; pericardial, neoplastic		cardiac surgical procedures, to include n revascularization; valve repair and repla
IV.B.1.c).(1).(q)	procedures; and heart and lung transplantation; (Core)	4.6.a.17.	procedures; and heart and lung transpla
······································			· • · ·
	thoracic aortic surgery, to include ascending, transverse, and descending aortic surgery with circulatory arrest; CPB employing low flow and or retrograde		thoracic aortic surgery, to include ascene surgery with circulatory arrest; CPB emp
	perfusion; lumbar drain indications and management; and spinal cord protection,		perfusion; lumbar drain indications and r
IV.B.1.c).(1).(r)	including cerebral spinal fluid (CSF) drainage; (Core)	4.6.a.18.	protection, including cerebral spinal fluid
,,,,,,,	esophageal surgery, to include varices, neoplastic, colon interposition, foreign		esophageal surgery, to include varices,
IV.B.1.c).(1).(s)	body, stricture, and tracheoesophageal fistula; (Core)	4.6.a.19.	body, stricture, and tracheoesophageal f
	pulmonary surgery, to include segmentectomy (open, video-assisted, or robotic),		pulmonary surgery, to include segmente
	thoracoscopic or open, lung reduction, bronchopulmonary lavage, one-lung		thoracoscopic or open, lung reduction, b
	ventilation, lobectomy, pneumonectomy and bronchoscopy, including		ventilation, lobectomy, pneumonectomy
IV.B.1.c).(1).(t)	endoscopic, fiberoptic, rigid, laser resection; (Core)	4.6.a.20.	endoscopic, fiberoptic, rigid, laser resect
IV.B.1.c).(1).(u)	post-anesthetic critical care of adult cardiothoracic surgical patients; (Core)	4.6.a.21.	post-anesthetic critical care of adult card
	peri-operative ventilator management, to include intra-operative anesthetics, and		peri-operative ventilator management, to
IV.B.1.c).(1).(v)	critical care unit ventilators and techniques; (Core)	4.6.a.22.	and critical care unit ventilators and tech
IV.B.1.c).(1).(w)	pain management of adult cardiothoracic surgical patients; (Core)	4.6.a.23.	pain management of adult cardiothoracion
IV.B.1.c).(1).(x)	quality assurance/improvement; and, (Core)	4.6.a.24.	quality assurance/improvement; and, (C
IV.B.1.c).(1).(y)	ethical and legal issues, and practice management. (Core)	4.6.a.25.	ethical and legal issues, and practice ma
	Practice-based Learning and Improvement		
			ACGME Competencies – Practice-Bas
	Fellows must demonstrate the ability to investigate and evaluate their care		Fellows must demonstrate the ability
	of patients, to appraise and assimilate scientific evidence, and to		of patients, to appraise and assimilate
	continuously improve patient care based on constant self-evaluation and		continuously improve patient care ba
IV.B.1.d)	lifelong learning. (Core)	4.7.	lifelong learning. (Core)
l	Interpersonal and Communication Skills		
			ACGME Competencies – Interpersona
l	Fellows must demonstrate interpersonal and communication skills that		Fellows must demonstrate interperso
	result in the effective exchange of information and collaboration with	4.0	result in the effective exchange of info
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	patients, their families, and health pro
	Systems-based Practice		
			ACGME Competencies – Systems-Ba
	Fellows must demonstrate an awareness of and responsiveness to the		Fellows must demonstrate an awaren
	larger context and system of health care, including the structural and		larger context and system of health c
	social determinants of health, as well as the ability to call effectively on	4.0	social determinants of health, as well
IV.B.1.f)	other resources to provide optimal health care. (Core)	4.9.	other resources to provide optimal he

nyocardial preservation; effects of armacokinetics and pharmacodynamics; al, metabolic, endocrine, hematological, CPB; and coagulation/anticoagulation

tors, and vasodilators; (Core)

tra-aortic balloon pumps, left and right rporeal membrane oxygenation (ECMO);

nsertion and modes of action; (Core)

e minimally invasive myocardial lacement; pericardial, neoplastic lantation; (Core)

ending, transverse, and descending aortic nploying low flow and or retrograde d management; and spinal cord uid (CSF) drainage; (Core)

s, neoplastic, colon interposition, foreign Il fistula; (Core)

ntectomy (open, video-assisted, or robotic), , bronchopulmonary lavage, one-lung ny and bronchoscopy, including ection; (Core)

rdiothoracic surgical patients; (Core)

to include intra-operative anesthetics, chniques; (Core)

cic surgical patients; (Core)

Core)

management. (Core)

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Curriculum Organization and Fellow
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
			4.11. Didactic and Clinical Experience Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow 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)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences include patient care responsibilities, clinical to events. (Core)
IV.C.1.a)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.a.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the sub the signs of substance use disorder.
	The curriculum must include at least six months of clinical anesthesia		The curriculum must include at least six
IV.C.3.	experience, to include: (Core)	4.11.a.	experience. (Core) This must encompass cardiac experienc
IV.C.3.a)	cardiac experience, including: (Core) a minimum of 100 cardiac surgical procedures with at least 50 requiring CPB.	4.11.a.1.	surgical procedures with at least 50 required This must encompass cardiac experience
IV.C.3.a).(1)	(Core) These procedures must include a minimum of 30 aortic and/or mitral valve	4.11.a.1.	surgical procedures with at least 50 requ These procedures must include a minim
IV.C.3.a).(1).(a)	repairs or replacements, to include at least 10 mitral repairs or replacements and 10 aortic repairs or replacements and at least 20 requiring CPB. (Core)	4.11.a.1.a.	repairs or replacements, consisting of at and 10 aortic repairs or replacements ar
IV.C.3.a).(1).(b)	These procedures must include a minimum of 20 myocardial revascularization procedures with or without CPB. (Core)	4.11.a.1.b.	These procedures must include a minim procedures with or without CPB. (Core)
IV.C.3.a).(1).(c)	These procedures must include management of patients undergoing procedures in each of two or more of the following categories: (Core)	4.11.a.1.c.	These procedures must include manage in each of two or more of the following ca
IV.C.3.a).(1).(c).(i)	adult correction/revision of congenital cardiac lesions; (Core)	4.11.a.1.c.1. 4.11.a.1.c.2.	adult correction/revision of congenital ca
IV.C.3.a).(1).(c).(ii)	cardiac and lung transplantation; (Core)	4.11.a.1.C.Z.	cardiac and lung transplantation; (Core)

# ent Language w Experiences

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

# ces

ected time to participate in core

on and experience in pain Ibspecialty, including recognition of r. (Core)

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

red to facilitate learning in a manner that effective interprofessional team that red goals of patient safety and quality

## on and experience in pain Ibspecialty, including recognition of r. (Core)

ix months of clinical anesthesia

nce, including a minimum of 100 cardiac quiring CPB. (Core)

nce, including a minimum of 100 cardiac quiring CPB. (Core)

imum of 30 aortic and/or mitral valve at least 10 mitral repairs or replacements and at least 20 requiring CPB. (Core)

mum of 20 myocardial revascularization

gement of patients undergoing procedures categories: (Core)

cardiac lesions; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	placement of circulatory assist devices including left heart bypass, ventricular		placement of circulatory assist devices
IV.C.3.a).(1).(c).(iii)	assist devices, intra-aortic balloon pumps, and ECMO; and, (Core)	4.11.a.1.c.3.	assist devices, intra-aortic balloon pum
IV.C.3.a).(1).(c).(iv)	electrophysiology procedures requiring general anesthesia. (Core)	4.11.a.1.c.4.	electrophysiology procedures requiring
IV.C.3.b)	thoracic experience, including: (Core)	4.11.a.2.	This must encompass thoracic experien
IV.C.3.b).(1)	anesthetic management of at least 15 patients undergoing non-cardiac thoracic surgery, to include procedures involving airway/lung repair, lung resection (open, and/or video-assisted, or robotic, segmentectomy, lobectomy, and pneumonectomy), and esophageal resection/repair; and, (Core)	4.11.a.2.a.	anesthetic management of at least 15 p surgery, to include procedures involving (open, and/or video-assisted, or robotic pneumonectomy), and esophageal rese
IV.C.3.b).(2)	anesthetic management of at least five patients undergoing endovascular and/or open repair of the thoracic aorta, to include the management of CSF drainage. (Core)	4.11.a.2.b.	anesthetic management of at least five open repair of the thoracic aorta, to inclu (Core)
IV.C.4.	Clinical experience must include direct clinical care of patients and supervisory experience. (Core)	4.11.b.	Clinical experience must include direct o experience. (Core)
IV.C.4.a)	At a minimum, each fellow must perform 35 cases as the primary anesthesia provider under the supervision of a faculty anesthesiologist. (Core)	4.11.b.1.	At a minimum, each fellow must perform provider under the supervision of a facu
IV.C.4.a).(1)	For these 35 cases, the fellow should not be supervising a resident or student. (Core)	4.11.b.1.a.	For these 35 cases, the fellow should no (Core)
IV.C.4.a).(2)	A resident or second fellow may perform a TEE examination under faculty member supervision, but all other aspects of care must be the responsibility of the fellow. (Core)	4.11.b.1.b.	A resident or second fellow may perforn member supervision, but all other aspec the fellow. (Core)
IV.C.4.a).(3)	Supervision of residents and other anesthesia providers by fellows must be under the direct supervision of a faculty anesthesiologist. (Core)	4.11.b.1.c.	Supervision of residents and other anes under the direct supervision of a faculty
IV.C.4.a).(4)	Faculty members must provide feedback to help fellows develop skills in supervision. (Core)	4.11.b.1.d.	Faculty members must provide feedbac supervision. (Core)
IV.C.4.b)	Fellows must have experience with anesthetic management of adult patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures. (Core)	4.11.b.2.	Fellows must have experience with ane cardiac pacemaker and automatic impla surgical treatment of cardiac arrhythmia electrophysiologic diagnostic/therapeuti
IV.C.4.b).(1)	The majority of this experience should be obtained in non-operating room environments to encourage multidisciplinary interaction. (Detail)	4.11.b.2.a.	The majority of this experience should be environments to encourage multidiscipli
IV.C.5.	Each fellow must have at least a one-month experience managing adult cardiothoracic surgical patients in a critical care (ICU) setting. (Core)	4.11.c.	Each fellow must have at least a one-mo cardiothoracic surgical patients in a criti
IV.C.6.	Each fellow must have two clinical elective rotations related to the peri-operative care of cardiothoracic patients, such as mechanical circulatory support, heart failure management, interventional cardiology, advanced cardiac imaging, pediatric cardiac anesthesiology, and cardiac intensive care. (Core)	4.11.d.	Each fellow must have two clinical elect care of cardiothoracic patients, such as failure management, interventional card pediatric cardiac anesthesiology, and ca
IV.C.6.a)	Elective rotations should be at least two weeks in duration. (Detail)	4.11.d.1.	Elective rotations should be at least two
IV.C.6.b)	A research project in cardiothoracic anesthesiology may be substituted for one or two months of clinical elective rotations. (Detail)	4.11.d.2.	A research project in cardiothoracic ane or two months of clinical elective rotation
IV.C.7.	Fellows must perform and/or review a minimum of 300 peri-operative TEE examinations such that they meet NBE requirements for certification in advanced peri-operative TEE. (Core)	4.11.e.	Fellows must perform and/or review a mexaminations such that they meet NBE advanced peri-operative TEE. (Core)
IV.C.7.a)	These examinations must include a minimum of 150 examinations that the fellow performs under supervision. (Core)	4.11.e.1.	These examinations must include a min fellow performs under supervision. (Cor
IV.C.7.b)	Fellows must successfully complete advanced peri-operative echocardiography education. (Core)	4.11.e.2.	Fellows must successfully complete advection. (Core)

s including left heart bypass, ventricular nps, and ECMO; and, (Core)

g general anesthesia. (Core)

ence, including: (Core)

patients undergoing non-cardiac thoracic ng airway/lung repair, lung resection ic, segmentectomy, lobectomy, and section/repair; and, (Core)

e patients undergoing endovascular and/or clude the management of CSF drainage.

clinical care of patients and supervisory

rm 35 cases as the primary anesthesia culty anesthesiologist. (Core)

not be supervising a resident or student.

rm a TEE examination under faculty ects of care must be the responsibility of

esthesia providers by fellows must be Ity anesthesiologist. (Core)

ack to help fellows develop skills in

nesthetic management of adult patients for plantable cardiac defibrillator placement, nias, cardiac catheterization, and cardiac utic procedures. (Core)

be obtained in non-operating room plinary interaction. (Detail)

month experience managing adult itical care (ICU) setting. (Core)

ctive rotations related to the peri-operative as mechanical circulatory support, heart rdiology, advanced cardiac imaging, cardiac intensive care. (Core)

vo weeks in duration. (Detail)

nesthesiology may be substituted for one ions. (Detail)

minimum of 300 peri-operative TEE E requirements for certification in

inimum of 150 examinations that the ore)

dvanced peri-operative echocardiography

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	The program director must ensure that all fellows maintain accurate procedure		The program director must ensure that
IV.C.8.	logs. (Core)	4.11.f.	logs. (Core)
IV.C.9.	The didactic curriculum should include lectures, peer-review case conferences, and/or morbidity and mortality conferences, as well as interdepartmental conferences or departmental grand rounds. (Core)	4.11.g.	The didactic curriculum should include I and/or morbidity and mortality conferen- conferences or departmental grand rout
IV.C.9.a)	Subspecialty conferences, including review of all current complications and deaths, seminars, and clinical and basic science instruction, must be regularly conducted. (Detail)	4.11.g.1.	Subspecialty conferences, including rev deaths, seminars, and clinical and basic conducted. (Detail)
IV.C.9.b)	Fellows must actively participate in the planning and development of these meetings. (Detail)	4.11.g.2.	Fellows must actively participate in the meetings. (Detail)
IV.C.9.c)	Fellows and faculty members should regularly attend all lectures, conferences, seminars, and workshops. (Core)	4.11.g.3.	Fellows and faculty members should re- seminars, and workshops. (Core)
IV.C.9.c).(1)	Faculty members should lead the majority of these sessions. (Detail)	4.11.g.3.a.	Faculty members should lead the major
IV.C.10.	Fellows must attend a minimum of 10 multidisciplinary conferences that are relevant to cardiothoracic anesthesiology, especially in cardiothoracic surgery, cardiovascular medicine, critical care, pediatrics, pulmonary medicine, and vascular surgery. (Core)	4.11.h.	Fellows must attend a minimum of 10 m relevant to cardiothoracic anesthesiolog cardiovascular medicine, critical care, p vascular surgery. (Core)
IV.C.10.a)	Multidisciplinary conferences should include participation from faculty members from cardiology, cardiothoracic surgery, critical care, pediatrics, and pulmonary medicine. (Core)	4.11.h.1.	Multidisciplinary conferences should inc from cardiology, cardiothoracic surgery, medicine. (Core)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evid consistent with its mission(s) and air
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and air

t all fellows maintain accurate procedure

e lectures, peer-review case conferences, nces, as well as interdepartmental unds. (Core)

eview of all current complications and sic science instruction, must be regularly

e planning and development of these

egularly attend all lectures, conferences,

ority of these sessions. (Detail)

multidisciplinary conferences that are ogy, especially in cardiothoracic surgery, pediatrics, pulmonary medicine, and

nclude participation from faculty members y, critical care, pediatrics, and pulmonary

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

ty of fellowships 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 pulation health, and/or teaching, while ilize more classic forms of biomedical hip.

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.D.1.a).(1)	The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)	4.13.b.	The program must provide instruction in and conduct, and the interpretation and
IV.D.1.a).(2)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.13.c.	The faculty must establish and maintain scholarship with an active research com
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.a)	<ul> <li>Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)</li> <li>Research in basic science, education, translational science, patient care, or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>Contribution to professional committees, educational organizations, or editorial boards</li> <li>Innovations in education</li> </ul>	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
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.	The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	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 serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, 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.2.	peer-reviewed publication. (Outcome

in the fundamentals of research design d presentation of data. (Core)

in an environment of inquiry and property (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

### grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

t safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

t safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

ls, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or al editorial board member, or editor;

ie)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity All fellows must conduct or be substanti related to the subspecialty that is suitab
IV.D.3.a)	All fellows must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication. (Core)		<b>Fellow Scholarly Activity</b> All fellows must conduct or be substanti related to the subspecialty that is suitab
IV.D.3.a).(1)	The results of such projects must be disseminated through a variety of means, including publication or presentation at local, regional, national, or international meetings. (Core)	4.15.a.	The results of such projects must be dis including publication or presentation at I meetings. (Core)
IV.D.3.a).(2)	Fellows must have a faculty mentor overseeing their project. (Core)	4.15.b.	Fellows must have a faculty mentor ove
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a).(1)	There must be periodic evaluation of patient care (quality assurance). (Core)	5.1.h.	There must be periodic evaluation of part
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
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 con clinical responsibilities must be evalu at completion. (Core)
	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objection the Competencies and the subspecial (Core)
V.A.1.c)	use multiple evaluators (e.g., faculty members, peers, patients, self, and	J. I.J.	use multiple evaluators (e.g., faculty i
V.A.1.c).(1)	other professional staff members); and, (Core)	5.1.b.1.	other professional staff members); ar
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles

ntially involved in a scholarly project able for publication. (Core)

ntially involved in a scholarly project able for publication. (Core)

isseminated through a variety of means, t local, regional, national, or international

erseeing their project. (Core)

valuation

erve, evaluate, and frequently provide ring each rotation or similar

valuation

erve, evaluate, and frequently provide ring each rotation or similar

valuation

erve, evaluate, and frequently provide ring each rotation or similar

batient care (quality assurance). (Core) the completion of the assignment.

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

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

tive performance evaluation based on ialty-specific Milestones, and must:

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

ical Competency Committee for its formance and improvement toward

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.d).(2)	assist fellows 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 learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designer Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow 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 sur that includes their readiness to progr applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performaby the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a c be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs

nee, with input from the Clinical st fellows in developing individualized strengths and identify areas for

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

ummative evaluation of each fellow gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

I with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to thei performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)

#### ent Language e must meet prior to the

e must meet prior to the fellows' semiprogram 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, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

## ent

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

## ent

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

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

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

ponsibilities must include guiding luding development of new goals,

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	<b>Requirement Number</b>	Requiremer
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee
	prior Annual Program Evaluation(s), aggregate fellow and faculty written		prior Annual Program Evaluation(s),
	evaluations of the program, and other relevant data in its assessment of	5.5.0	evaluations of the program, and othe
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee r and aims, strengths, areas for improv
<u></u>	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, incl
l	distributed to and discussed with the fellows and the members of the		distributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
	The program must participate in a Self-Study and submit it to the DIO.		The program must participate in a Se
V.C.2.	(Core)	5.5.h.	(Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educt seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) memb Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABM certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABM certifying board offer(s) a biennial wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABM certifying board offer(s) an annual or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABM certifying board offer(s) a biennial or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in a graduates over the time period speci- an 80 percent pass rate will have met percentile rank of the program for pa (Outcome)

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

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

cluding the action plan, must be he fellows and the members of the to the DIO. (Core)

Self-Study and submit it to the DIO.

ucation is to educate physicians who on. One measure of the effectiveness of mate pass rate.

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

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

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

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

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

n 5.6. – 5.6.c., any program whose ocified in the requirement have achieved net this requirement, no matter the pass rate in that subspecialty.

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, board
V.C.3.f)	cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	cohort of board-eligible fellows that g
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environm
	Fellowship education must occur in the context of a learning and working		Fellowship education must occur in a
	environment that emphasizes the following principles:		environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of pro
	•Commitment to the well-being of the students, residents, fellows, faculty		•Commitment to the well-being of the
	members, and all members of the health care team		members, and all members of the he
VI.		Section 6	
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]	
	Culture of Safety		
	A sulture of selectivities continuous identification of vulnerabilities and		Culture of Safety
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization		A culture of safety requires continuo a willingness to transparently deal w
	has formal mechanisms to assess the knowledge, skills, and attitudes of		has formal mechanisms to assess th
VI.A.1.a).(1)	its personnel toward safety in order to identify areas for improvement.	[None]	its personnel toward safety in order t
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, a
VI.A.1.a).(1).(a)	patient safety systems and contribute to a culture of safety. (Core)	6.1.	patient safety systems and contribute
	Patient Safety Events		
			Patient Safety Events
	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety,		Reporting, investigation, and follow- unsafe conditions are pivotal mechan
	and are essential for the success of any patient safety program. Feedback		and are essential for the success of a
	and experiential learning are essential to developing true competence in		and experiential learning are essentia
	the ability to identify causes and institute sustainable systems-based		the ability to identify causes and inst
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
			Residents, fellows, faculty members,
	know their responsibilities in reporting patient safety events and unsafe		must know their responsibilities in re
	conditions at the clinical site, including how to report such events; and,	<b>C D</b>	unsafe conditions at the clinical site,
VI.A.1.a).(2).(a).(i)	(Core)	6.2.	(Core)

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

ng Environment

onment in the context of a learning and working following principles:

y of care rendered to patients by

y of care rendered to patients by ice

roviding care for patients

he students, residents, fellows, faculty ealth care team

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

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

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
	Quality Metrics		Quality Metrics
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Access to data is essential to prioritia and evaluating success of improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien Supervision in the setting of graduate
VI.A.2.a)	and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
	Fellows and faculty members must inform each patient of their respective		Fellows and faculty members must in roles in that patient's care when provinformation must be available to fello
VI.A.2.a).(1)	roles in that patient's care when providing direct patient care. (Core)	6.5.	of the health care team, and patie

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

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

tizing activities for care improvement ment efforts. receive data on quality metrics and

populations. (Core)

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

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

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

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

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow 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 available 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 physic 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 fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow'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 Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and 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.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in th fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

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

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

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

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

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

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

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

their scope of authority, and the ow is permitted to act with conditional

Roman Numeral		Defermention	
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern 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 fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
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 fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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

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

ram must include efforts to enhance in the experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

p with the Sponsoring Institution, must n that supports patient safety and

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

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 d faculty regarding unprofessional s for reporting, investigating, and

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
	Well-Being		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the same		Programs, in partnership with their S
	responsibility to address well-being as other aspects of resident		same responsibility to address well-l
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that	0.10.	attention to scheduling, work intensi
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and	0.10.0.	evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
,	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportuni
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	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-s
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fe
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek appropriate

-screening. (Core)

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
	The program must have policies and procedures in place to ensure	C 11 -	The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure
	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical		These policies must be implemented consequences for the fellow who is o
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and the signs of fatigue and sleep deprive fatigue mitigation processes. (Detail)
			Fatigue Mitigation
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who		The program, in partnership with its s adequate sleep facilities and safe tran
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each patient safety, fellow ability, severity illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
	Interprofessional teams may include non-physician health care professionals,	0.10.	Interprofessional teams may include nor
VI.E.2.a)	such as medical assistants, specialized nurses, and technicians. (Detail)	6.18.a.	such as medical assistants, specialized
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assigr patient care, including their safety, fro
			Transitions of Care
	Programs must design clinical assignments to optimize transitions in		Programs must design clinical assigr
VI.E.3.a)	patient care, including their safety, frequency, and structure. (Core)	6.19.	patient care, including their safety, fr
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows at team members in the hand-off proces
	Clinical Experience and Education		
	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable		Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal a
		[]	

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

or was unable to provide the clinical

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

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

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

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

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

on-physician health care professionals, d nurses, and technicians. (Detail)

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

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

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

are competent in communicating with ess. (Outcome)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Worl Fellows should have eight hours off education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off t education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic Maximum Clinical Work and Education Clinical and educational work periods
VI.F.3.a) VI.F.3.a).(1)	hours of continuous scheduled clinical assignments. (Core)Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22. 6.22.a.	hours of continuous scheduled clinic Up to four hours of additional time m patient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80 hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)

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

ork and Education f between scheduled clinical work and

ork and Education f between scheduled clinical work and

s free of clinical work and education e)

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

ion Period Length

ds for fellows must not exceed 24 lical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 lical assignments. (Core)

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

## Exceptions

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

#### Exceptions

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

ducation must be counted toward the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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 Anesthesiology will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Anesthesiolo exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to count toward the 80-hour maximum w home call is not subject to the every-to the requirement for one day in seven when averaged over four weeks. (Core
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities to count toward the 80-hour maximum w home call is not subject to the every-to the requirement for one day in seven when averaged over four weeks. (Core
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fell

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

logy will not consider requests for esidents' work week.

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

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

d external moonlighting (as defined in st be counted toward the 80-hour

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

ncy

ouse call no more frequently than /er a four-week period). (Core)

s by fellows 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)

s by fellows 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 ellow. (Core)