**New Application: Critical Care Medicine**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR.I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | YES  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR.I.D.1.a).(1)] | YES  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | YES  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.d)] (Limit response to 300 words) |
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Indicate if the following will be present at the primary clinical site.

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| Medical intensive care unit (MICU) or its equivalent [PR I.D.1.c).(7).(b)] | YES  NO |
| Timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units [PR I.D.1.b).(3)] | YES  NO |
| Computed tomography (CT) imaging, including CT angiography [PR I.D.1.b).(4)] | YES  NO |

Will the following facilities/laboratories/services be available for fellows’ education?

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| Supporting laboratory that provides complete and prompt laboratory evaluation and reliable and timely return of test results [PR I.D.1.b).(5)] | YES  NO |
| An active open heart surgery program [PR I.D.1.c).(1)] | YES  NO |
| Active emergency service [PR I.D.1.c).(2)] | YES  NO |
| Postoperative care and respiratory care services [PR I.D.1.c).(3)] | YES  NO |
| Nutritional support services [PR I.D.1.c).(4)] | YES  NO |
| Equipment necessary to care for critical ill patients, including bronchoscopy equipment [PR I.D.1.c).(5)] | YES  NO |
| Equipment, expertise and personnel to provide continuous and intermittent renal replacement therapy in the CCU(s) [PR I.D.1.c).(6)] | YES  NO |
| Surgical intensive care unit (SICU) [PR I.D.1.c).(7).(a)] | YES  NO |
| Coronary intensive care unit (CICU) [PR I.D.1.c).(7).(a)] | YES  NO |
| Facilities for the care of patients with: | |
| acute myocardial infarction [PR I.D.1.b)] | YES  NO |
| severe trauma [PR I.D.1.b)] | YES  NO |
| shock [PR I.D.1.b)] | YES  NO |
| recent open-heart surgery [PR I.D.1.b)] | YES  NO |
| recent major thoracic or abdominal surgery [PR I.D.1.b)] | YES  NO |
| severe neurologic and neurosurgical conditions [PR I.D.1.b)] | YES  NO |
| Other services: | |
| Anesthesiology [PR I.D.1.b).(1)] | YES  NO |
| Laboratory medicine [PR I.D.1.b).(1)] | YES  NO |
| Radiology [PR I.D.1.b).(1)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Faculty**

Will the program have ABIM- or AOBIM-subspecialty certified clinical faculty members in the following areas participating in the program? [PR II.B.3.c).(1)]

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| Cardiology | YES  NO |
| Gastroenterology | YES  NO |
| Hematology | YES  NO |
| Infectious Disease | YES  NO |
| Medical Oncology | YES  NO |
| Nephrology | YES  NO |
| Pulmonary Disease | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will faculty members from the following disciplines be available to participate in the education of the fellows? [PR II.B.3.c).(2)]

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| Anesthesiology | YES  NO |
| Cardiovascular Surgery | YES  NO |
| Emergency Medicine | YES  NO |
| Neurological Surgery | YES  NO |
| Obstetrics and Gynecology | YES  NO |
| Orthopaedic Surgery | YES  NO |
| Thoracic Surgery | YES  NO |
| Urology | YES  NO |
| Vascular Surgery | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**educational program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the evaluation and management of patients with the following?

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| Acute lung injury, including radiation, inhalation, and trauma [PR IV.B.1.b).(1).(a).(i)] | YES  NO |
| Acute metabolic disturbances, including over dosages and intoxication syndromes [PR IV.B.1.b).(1).(a).(ii)] | YES  NO |
| Anaphylaxis and acute allergic reactions in the critical care unit [PR IV.B.1.b).(1).(a).(iii)] | YES  NO |
| Cardiovascular diseases in the critical care unit [PR IV.B.1.b).(1).(a).(iv)] | YES  NO |
| Circulatory failure [PR IV.B.1.b).(1).(a).(v)] | YES  NO |
| End-of-life issues and palliative care [PR IV.B.1.b).(1).(a).(vi)] | YES  NO |
| Hypertensive emergencies [PR IV.B.1.b).(1).(a).(vii)] | YES  NO |
| Immunosuppressed conditions in the critical care unit [PR IV.B.1.b).(1).(a).(viii)] | YES  NO |
| Hematologic and coagulation disorders associated with critical illness [PR IV.B.1.b).(1).(a).(ix)] | YES  NO |
| Metabolic, nutritional, and endocrine effects of critical illnesses [PR IV.B.1.b).(1).(a).(ix)] | YES  NO |
| Multi-organ system failure [PR IV.B.1.b).(1).(a).(x)] | YES  NO |
| Perioperative management of critically ill patients [PR IV.B.1.b).(1).(a).(xi)] | YES  NO |
| Perioperative critically-ill patients, including hemodynamic and ventilatory support [PR IV.B.1.b).(1).(a).(xi)] | YES  NO |
| Renal disorders in the critical care unit, including electrolyte and acid-base disorders [PR IV.B.1.b).(1).(a).(xii)] | YES  NO |
| Acute and chronic respiratory failure [PR IV.B.1.b).(1).(a).(xiii)] | YES  NO |
| Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders [PRs IV.B.1.b).(1).(a).(xiii)] | YES  NO |
| Sepsis and sepsis syndrome [PR IV.B.1.b).(1).(a).(xiv)] | YES  NO |
| Severe organ dysfunction resulting in critical illness to include disorders of the gastrointestinal, neurologic, endocrine, hematologic, musculoskeletal, and immune systems as well as infections and malignancies [PR IV.B.1.b).(1).(a).(xv)] | YES  NO |
| Shock Syndromes [PR IV.B.1.b).(1).(a).(xv).(a)] | YES  NO |

Will fellows demonstrate competence in the ability to: [PR IV.B.1.b).(2).(a).(i) – (ii)]

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | YES  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | YES  NO |

Will fellows demonstrate competence in the following procedural and technical skills?

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| In interpreting data derived from various bedside devices commonly employed to monitor patients [PR IV.B.1.b).(2).(b)] | YES  NO |
| Airway management [PR IV.B.1.b).(2).(c).(i)] | YES  NO |
| Initiation and maintenance of ventilatory support [PR IV.B.1.b).(2).(c).(ii).(a)] | YES  NO |
| Respiratory care techniques [PR IV.B.1.b).(2).(c).(ii).(b)] | YES  NO |
| Liberation from mechanical ventilatory support, including terminal extubation [PR IV.B.1.b).(2).(c).(ii).(c)] | YES  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry [PR IV.B.1.b).(2).(c).(iii)] | YES  NO |
| Therapeutic flexible fiber-optic bronchoscopy procedures limited to indications for therapeutic removal of airway secretions, diagnostic aspiration of airway secretions or lavaged fluid, or airway management [PR IV.B.1.b).(2).(c).(iv)] | YES  NO |
| Diagnostic and therapeutic procedures, including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related procedures  [PR IV.B.1.b).(2).(c).(v)] | YES  NO |
| Placement and management of chest tubes and pleural drainage systems [PR IV.B.1.b).(2).(c).(vi)] | YES  NO |
| Operation of bedside hemodynamic monitoring systems [PR IV.B.1.b).(2).(c).(vii)] | YES  NO |
| Emergency cardioversion [PR IV.B.1.b).(2).(c).(viii)] | YES  NO |
| Interpretation of intracranial pressure monitoring [PR IV.B.1.b).(2).(c).(ix)] | YES  NO |
| Nutritional support [PR IV.B.1.b).(2).(c).(x)] | YES  NO |
| Technical and procedural skills of critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters [PR IV.B.1.b).(2).(c).(xi)] | YES  NO |
| Use of transcutaneous pacemakers [PR IV.B.1.b).(2).(c).(xii)] | YES  NO |
| Use of paralytic agents and sedative and analgesic drugs in the critical care unit [PR IV.B.1.b).(2).(c).(xiii)] | YES  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.12.] | YES  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.13.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Medical Knowledge**

Will fellows demonstrate sufficient knowledge of the following content areas?

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| Pericardiocentesis [PR IV.B.1.c).(1).(a)] | YES  NO |
| Placement of percutaneous tracheostomies [PR IV.B.1.c).(1).(b)] | YES  NO |
| Imaging techniques commonly employed in the evaluation of patients with critical illness, including the technical and procedural use of ultrasound, and interpretation of ultrasound images at the point of care for medical decision making [PR IV.B.1.c).(1).(c)] | YES  NO |
| Screening for tests and procedures [PR IV.B.1.c).(1).(d)] | YES  NO |
| Renal replacement therapy [PR IV.B.1.c).(1).(e)] | YES  NO |
| The indications, contraindications, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters [PR IV.B.1.c).(2)] | YES  NO |
| The basic sciences, with particular emphasis on biochemistry and physiology, including cell and molecular biology and immunology, as they relate to critical care medicine [PR IV.B.1.c).(3).(a)] | YES  NO |
| The ethical, economic, and legal aspects of critical illness [PR IV.B.1.c).(3).(b)] | YES  NO |
| The psychosocial and emotional effects of critical illness on patients and patients’ families [PR IV.B.1.c).(3).(c)] | YES  NO |
| The recognition and management of the critically ill from disasters, including those caused by chemical and biological agents, inhalation, and trauma [PR IV.B.1.c).(3).(d).(i)] | YES  NO |
| Use of paralytic agents and sedative and analgesic drugs in the critical care unit [PR IV.B.1.c).(3).(e)] | YES  NO |
| Detection and prevention of iatrogenic and nosocomial problems in critical care medicine [PR IV.B.1.c).(3).(f)] | YES  NO |
| Monitoring and supervising respiratory care units [PR IV.B.1.c).(3).(g).(i)] | YES  NO |
| Monitoring and supervising respiratory care techniques and services [PR IV.B.1.c).(3).(g).(ii)] | YES  NO |
| Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness [PR IV.B.1.c).(3).(g).(iii)] | YES  NO |

**Practice-Based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems Based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| How many months are devoted to clinical experiences? [PR IV.C.4.] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.11.] | YES  NO |

Explain “NO” response. (Limit response to 250 words)

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| How many months of experience will the fellowship program provide for each fellow in the care of critically ill medical patients (i.e., MICU/CICU or equivalent)? [PR IV.C.4.a)] | # |
| How many months of experience will the fellowship program provide each fellow in the care of critically ill non-medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neuro-intensive Care, or equivalent)? [PR IV.C.4.b)] | # |
| Of the time spent in the care of critically ill non-medical patients, how many months of experience will the fellowship program provide each fellow in direct patient care activity? [PR IV.C.4.b).(1)] | # |
| Of the time spent in the care of critically ill non-medical patients, how many months of experience will the fellowship program provide each fellow in consultative activities? [PR IV.C.4.b).(1)] | # |
| What will be the average daily census per fellow during assignments to critical care units? [PR I.D.1.c).(7).(c)] | # |

Will fellows have clinical experience in the evaluation and management of patients with the following?

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| Trauma [PR IV.C.8.a)] | YES  NO |
| Neurosurgical emergencies [PR IV.C.8.b)] | YES  NO |
| Critical obstetric and gynecologic disorders [PR IV.C.8.c)] | YES  NO |
| After discharge from the critical care unit [PR IV.C.8.d)] | YES  NO |

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| Will fellows have experience in managing patients with tracheostomies, including their specific complications? [PR IV.C.9.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.14.a)] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.14.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | YES  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR IV.C.15.] (Limit response to 300 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.16.] (Limit response to 300 words)

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**Evaluation**

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| Describe the method for assessment of procedural competence. [PR V.A.1.a).(1)] |
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| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

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| Will these faculty evaluations be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR V.B.2.] | YES  NO |