**Continued Accreditation Application: Critical Care Medicine (Internal Medicine)**

**Review Committee-International**

401 N. Michigan Ave. • Chicago, IL 60611 • United States • +1.312.755.7042 • www.acgme-i.org

**Submission for continued accreditation:** This Advanced Specialty PIF is for programs applying for **continued Accreditation Only** and is used in conjunction with the Accreditation Data System.

All sections of the form applicable to the program must be completed in order to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide an estimate of last year’s numbers. If any requested information is not available, an explanation must be given and it should be so indicated in the appropriate place on the form. Once the forms are complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official of the sponsoring institution, who will submit the application electronically.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Critical Care Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org).

For questions regarding the form’s content, e-mail [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

For Questions regarding ADS, e-mail [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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|  |
| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |  |
| --- | --- |
| * + - 1. What is the length, in months, of the educational program? | Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in internal medicine? YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Are programs in the following ACGME-I-accredited subspecialties be at the primary clinical site?
2. Cardiovascular disease YES NO
3. Gastroenterology YES NO
4. Infectious disease YES NO
5. Nephrology YES NO
6. Pulmonary disease YES NO
7. Does the Sponsoring Institution sponsor an ACGME-I-accredited residency in general surgery?

YES NO

Explain if ‘NO’. (Limit 250 words)

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**program personnel and resources**

**Program Director**

1. How does the program director monitor fellow stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction? (Limit 400 words)

|  |
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1. Does the program director:
2. provide fellows access to timely confidential counseling and psychological support?

YES NO

1. monitor and modify situations that demand excessive service? YES NO
2. monitor and modify situations that consistently produce undesirable stress on fellows?

YES NO

1. ensure that fellows’ service responsibilities are limited to patients for whom the teaching service has diagnostic and therapeutic responsibility? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How does the program director participate in academic societies and educational programs designed to enhance his or her educational and administrative skills? (Limit 300 words)

|  |
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**Faculty**

1. List the core faculty members.

|  |  |
| --- | --- |
| Core Faculty Member Name | Title |
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1. Do the core faculty members listed above
2. have knowledge of critical care medicine? YES NO
3. have experience in critical care medicine? YES NO
4. be committed to critical care medicine as a discipline? YES NO
5. be responsible for planning the curriculum? YES NO
6. be responsible for implementing the curriculum? YES NO
7. be responsible for monitoring the curriculum? YES NO
8. be responsible for evaluating the clinical and research education? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How does the program ensure that at least 50 percent of the core faculty members demonstrate productivity in scholarship, including peer-reviewed funding, publication of original research, review articles, editorials or case reports in peer-reviewed journals, or chapters in textbooks? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. Which of the core faculty members are knowledgeable in evaluation and assessment of the ACGME-I competencies? (Limit 250 words)

|  |
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| Click here to enter text. |

1. Which of the core faculty members spend significant time evaluating fellows, including direct observation of fellows with patients? (Limit 250 words)

|  |
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1. List the board-certified (or equivalent) faculty members in the following disciplines who participate in the education of fellows. Note that to be equivalent to American Board of Medical Specialties (ABMS) board certification, the certification must be conferred by an independent third party that uses predetermined pass criteria and specific criteria for entry into the examination process.

|  |  |  |
| --- | --- | --- |
| **Specialty** | **Faculty Member Name** | **Board Certification** |
| Cardiology |  |  |
| Gastroenterology |  |  |
| Hematology |  |  |
| Infectious disease |  |  |
| Nephrology |  |  |
| Oncology |  |  |
| Pulmonary disease |  |  |

1. Are faculty members from the following specialties available to participate in the education of fellows?
2. anesthesiology YES NO
3. cardiovascular surgery YES NO
4. emergency medicine YES NO
5. neurology YES NO
6. neurological surgery YES NO
7. obstetrics and gynecology YES NO
8. orthopaedic surgery YES NO
9. surgery YES NO
10. thoracic surgery YES NO
11. urology YES NO
12. vascular surgery YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Other Program Personnel**

1. Are services from the following health care professionals available?
2. dietitians YES NO
3. language interpreters YES NO
4. nurses YES NO
5. occupational therapists YES NO
6. physical therapists YES NO
7. social workers YES NO
8. nurses or technicians skilled in critical care instrumentation YES NO
9. nurses or technicians skilled in respiratory function YES NO
10. nurses or technicians skilled in laboratory medicine YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How does the program ensure appropriate and timely consultation from other specialties?  
   (Limit 300 words)

|  |
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| Click here to enter text. |

**Resources**

* + 1. Using the number assigned to each participating site in the Foundational PIF in the Accreditation Data System (ADS), check the appropriate box to indicate the resources provided at each of the participating sites. *Note that Site #1 is the primary clinical site.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participating Site Number in ADS | Meeting Rooms | | Examination Rooms | | Computer | | Visual aids and Other Education  Resources | | Work/ Study Space | | Lounge Facility | | Secure Place for Fellows’ Belongings | |
| YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Site #1 *Primary clinical site* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site #2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site #3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site #4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Site #5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

If additional sites are used, describe the resources available at each site.

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| Click here to enter text. |

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + 1. Describe how the program ensures that inpatient and outpatient systems are in place to prevent fellows from performing routine clerical functions, such as scheduling tests and appointments and retrieving records and letters. (Limit 300 words)

|  |
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| Click here to enter text. |

* + 1. Describe how the program ensures that the Sponsoring Institution provides a broad range of facilities and clinical support services required to provide comprehensive care of adult patients. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

* + 1. Are facilities available to care for patients with the following?

1. myocardial infarction YES NO
2. severe trauma YES NO
3. shock YES NO
4. recent open heart surgery YES NO
5. recent major thoracic surgery YES NO
6. recent abdominal surgery YES NO
7. severe neurologic conditions YES NO
8. neurosurgical conditions YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + 1. Are the following laboratory and diagnostic services available at the primary clinical site?

1. a supporting laboratory providing complete and prompt laboratory evaluation

YES NO

1. timely bedside imaging services in the critical care units YES NO
2. computed tomography (CT) imaging YES NO
3. CT angiography YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + 1. Are the following support services available?

1. an active open heart surgery program YES NO
2. emergency service YES NO
3. post-operative care services YES NO
4. respiratory care services YES NO
5. nutrition support services YES NO
6. anesthesiology YES NO
7. radiology YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

* + 1. Whether operating in separate locations or in combined facilities, are the following critical care units located in a designated area within the hospital and constructed and designed specifically for the care of critically-ill patients?

1. Medical Intensive Care Unit (MICU) YES NO
2. Surgical Intensive Care Unit (SICU) YES NO
3. Coronary Intensive Care Unit (CICU) YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + 1. Is the MICU or its equivalent at the primary clinical site and serve as the focus of the teaching service?

YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + 1. Using the number assigned to each participating site in the Foundational PIF in ADS, complete the table below indicating the average daily patient census for the most recent 12-month period for each intensive care service at each participating site. *Note that site #1 is the Primary Clinical Site.*

Average daily census for the period from \_\_\_\_\_ to \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participating Site Number in ADS | MICU | | | SICU | | | CICU | | |
| Average Daily Census | % female | % over 65 years | Average Daily Census | % female | % over 65 years | Average Daily Census | % female | % over 65 years |
| Site #1 *Primary clinical site* |  |  |  |  |  |  |  |  |  |
| Site #2 |  |  |  |  |  |  |  |  |  |
| Site #3 |  |  |  |  |  |  |  |  |  |
| Site #4 |  |  |  |  |  |  |  |  |  |
| Site #5 |  |  |  |  |  |  |  |  |  |

If additional sites are used, indicate the average daily patient census for the most recent 12-month period for each intensive care service at each site. (Limit 250 words)

|  |
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| Click here to enter text. |

* + 1. Do fellows have access to an electronic health record at each of the participating sites?

YES NO

If ‘NO,’ explain the commitment to develop an electronic health record. (Limit 250 words)

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| Click here to enter text. |

* + 1. Describe the clinical problems and stages of diseases fellows encounter. (Limit 400 words)

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| Click here to enter text. |

**Eligibility Criteria**

1. Describe how the program ensures that all fellows appointed at the F1 level have completed an ACGME-, ACGME-I-, or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited internal medicine residency program. (Limit 300 words)

|  |
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| Click here to enter text. |

1. Have all fellows who completed an ACGME, ACGME-I, or RCPSC-accredited program in emergency medicine also completed at least six months of direct patient care experience in internal medicine of which three months were in the MICU? YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Describe how the program ensures that all fellows appointed at the F2 level have completed an ACGME-, ACGME-I-, or RCPSC-accredited internal medicine subspecialty program. (Limit 300 words)

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| Click here to enter text. |

1. Does the program consider that fellows appointed at the F2 level satisfy the requirement for 12 months of elective experience or scholarly activity? YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
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| Click here to enter text. |

**Specialty-Specific Educational Program**

**Regularly Scheduled Didactic Sessions**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Does the didactic curriculum include the following?
3. core knowledge content in the subspecialty area YES NO
4. clinical case conferences YES NO
5. journal clubs YES NO
6. research conferences YES NO
7. morbidity and mortality conferences YES NO
8. quality Improvement conferences YES NO
9. at least one faculty member at each session YES NO
10. peer-peer and peer-faculty interaction YES NO
11. practice management relevant to critical care medicine YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Describe how the program ensures that each fellow has an opportunity to review topics covered during conferences that he or she was unable to attend. (Limit 300 words)

|  |
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| Click here to enter text. |

1. Is patient-based teaching provided? YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
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| Click here to enter text. |

If ‘YES’, does the patient-based teaching include the following?

1. direct interaction between fellows and faculty members YES NO
2. bedside teaching YES NO
3. discussion of pathophysiology YES NO
4. use of current evidence in diagnostic and therapeutic decisions YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Is patient-based teaching conducted on the following?
2. inpatient services YES NO
3. outpatient services YES NO
4. all consultative services YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program ensures that patient-based teaching is conducted with a frequency and duration that ensures a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) and fellows. (Limit 400 words)

|  |
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| Click here to enter text. |

**Clinical Experiences**

* + - 1. Describe how the program ensures that each fellow has a minimum of 12 months devoted to clinical experiences. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Is at least six months devoted to the care of critically-ill medical patients?

YES NO

Note: This experience may be reduced up to three months by an equivalent ICU experience completed during a previous two- or three-year ACGME-I-accredited internal medicine subspecialty fellowship.

Explain if ‘NO’. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Is at least three months devoted to the care of critically-ill non-medical patients?

YES NO

Note: This experience should consist of at least one month of direct patient care with the remainder being fulfilled in either consultative activities or direct care of patients.

Explain if ‘NO’. (Limit 250 words)

|  |
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| Click here to enter text. |

* + - 1. Is at least 12 months devoted to appropriate electives or scholarly activities?

YES NO

Explain if ‘NO’. (Limit 250 words)

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| Click here to enter text. |

* + - 1. Describe how the program ensures that each fellow will participate in training using simulation.

(Limit 300 words)

|  |
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| Click here to enter text. |

* + - 1. Describe how the program ensures that the fellows will be informed of the clinical outcomes of their patients who are discharged from the critical care units. (Limit 300 words)

|  |
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| Click here to enter text. |

* + - 1. Do all fellows have clinical experience in the evaluation and management of patients
         1. with trauma? YES NO
         2. with neurosurgical emergencies? YES NO
         3. with critical obstetric and gynecological disorders? YES NO
         4. after discharge from the critical care unit? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Describe how the program ensures that direct supervision of procedures performed by each fellow will occur until proficiency has been acquired and documented by the program director. (Limit 300 words)

|  |
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| Click here to enter text. |

1. Are procedures documented in each fellow’s record, including indications, outcomes, diagnoses, and supervisor? YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Do all fellows have experience in the role of critical care medicine consultant in the inpatient setting?

YES NO

Explain if ‘NO’. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Do all fellows have clinical experience in the placement of percutaneous tracheostomies?

YES NO

Explain if ‘NO’. (Limit 250 words)

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| Click here to enter text. |

**ACGME-I Competencies**

**Patient Care**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this is evaluated. (Limit 300 words)

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| --- |
| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness?

Describe how this is evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How do fellows demonstrate proficiency in prevention, evaluation, and management of patients with the following?

acute lung injury, including radiation, inhalation and trauma

acute metabolic disturbances, including overdosages and intoxication syndromes

anaphylaxis and acute allergic reactions in the critical care unit

cardiovascular disease in the critical care unit

circulatory failure

end-of-life issues and palliative care

hypertensive emergencies

Provide an example of how proficiency is assessed in four of the seven areas listed. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How do fellows demonstrate proficiency in prevention, evaluation, and management of patients with the following?
2. immunosuppressed conditions in the critical care unit
3. metabolic, nutritional, and endocrine effects of critical illness
4. hematologic and coagulation disorders associated with critical illness
5. multi-system organ failure
6. peri-operative critical illness, including for those patients requiring hemodynamic and ventilator support
7. renal disorders in the critical care unit, including electrolyte and acid-base disturbance and acute renal failure
8. respiratory failure, including acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
9. sepsis and sepsis syndrome

Provide an example of how proficiency is assessed in five of the eight areas listed. (Limit 500 words)

|  |
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| Click here to enter text. |

1. How do fellows demonstrate proficiency in prevention, evaluation, and management of patients with severe organ dysfunction resulting in critical illness, including the following?
2. disorders of the gastrointestinal, neurologic, endocrine, hematologic, musculoskeletal, and immune systems
3. infections
4. malignancies
5. shock syndromes

Provide an example of how proficiency is assessed in three of the four areas listed. (Limit 300 words)

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| Click here to enter text. |

1. How is proficiency assessed in interpretation of data derived from various bedside devices commonly employed to monitor patients? (Limit 300 words)

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1. How is proficiency assessed in the following procedural and technical skills:
2. airway management
3. the use of a variety of positive pressure ventilator modes
4. initiation, maintenance and weaning off ventilator support
5. respiratory care techniques
6. withdrawal of mechanical ventilator support
7. use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen
8. humidifiers, nebulizers, and incentive spirometry

Provide an example of how proficiency is assessed in four of the seven areas listed. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How is proficiency assessed in the following procedural and technical skills?
2. therapeutic flexible fiber-optic bronchoscopy procedures limited to indications for therapeutic removal of airway secretions
3. diagnostic aspiration of airway secretions or lavaged fluid or airway management

Provide an example of how proficiency is assessed in each of the areas listed. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How does the program ensure that each fellow performs a minimum of 50 therapeutic flexible fiber-optic bronchoscopy procedures? (Limit 250 words)

|  |
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| Click here to enter text. |

1. How is proficiency assessed in the following diagnostic and therapeutic procedures?
2. paracentesis
3. lumbar puncture
4. thoracentesis
5. endotracheal intubation

Provide an example of how proficiency is assessed in each of the areas listed. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How is proficiency be assessed in the following procedural and technical skills?
2. use of chest tubes and drainage systems
3. insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
4. operation of bedside hemodynamic monitoring systems
5. emergency cardioversion
6. interpretation of intracranial pressure monitoring
7. nutrition support
8. use of ultrasound techniques to perform thoracentesis and place intravascular and intracavity tubes and catheters
9. use of transcutaneous pacemakers

Provide an example of how proficiency is assessed in five of the eight areas listed. (Limit 500 words)

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| Click here to enter text. |

**Medical Knowledge**

1. How do graduating fellows demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how this is evaluated. (Limit 400 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of the scientific method of problem solving and evidence-based decision making? (Limit 300 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indication for and use of screening tests and procedures to include the following?
   1. pericardiocentesis
   2. placement of percutaneous tracheostomies
   3. imaging techniques commonly employed in the evaluation of patients with critical illness, including ultrasound
   4. screening tests and procedures
   5. renal replacement therapy

Provide an example of how proficiency is assessed in three of the five areas listed. (Limit 300 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of the following?
   1. the basic sciences with particular emphasis on biochemistry and physiology, including cell and molecular biology and immunology as they relate to critical care medicine
   2. the ethical, economic, and legal aspects of critical illness
   3. the psychosocial and emotional effects of critical illness on patients and their families
   4. the recognition and management of patients critically ill from disasters, including those caused by chemical and biological agent inhalation and trauma
   5. the use of paralytic agents and sedative and analgesic drugs in the critical care unit
   6. detection and prevention of iatrogenic and nosocomial problems in critical care medicine

Provide an example of how proficiency is assessed in four of the six areas listed. (Limit 400 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of monitoring and supervising special services, including the following?
   1. respiratory care techniques and services
   2. pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness

Provide an example of how proficiency is assessed in each of the areas listed. (Limit 400 words)

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| Click here to enter text. |

**Practice-based Learning and Improvement**

* + - 1. How do graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills are evaluated. (Limit 300 words)

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| Click here to enter text. |

How do graduating fellows demonstrate their ability to obtain procedure-specific informed consent by competently educating patients about rationale technique and complications of procedures?

(Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills are evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and demonstrate high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members and avoiding conflicts of interest?

Describe how these skills are evaluated. (Limit 300 words)

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| Click here to enter text. |

**Systems-based Practice**

1. How do graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills are evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows be evaluated on their ability to participate in quality improvement and patient safety activities in the intensive care unit?

Describe how this skill are evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows be evaluated on their ability to organize, administer, and direct a critical care unit?

Describe how this skill are evaluated. (Limit 300 words)

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| Click here to enter text. |

Appendix A. Formal Didactic Sessions by Academic Year

For each year of the fellowship, please attach (Label: Appendix A) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites attended by fellows using the format below. If attended by fellows from multiple years, list in each year, but provide a full description *only the first time it is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number: Title:

a) Type of Format (e.g., - seminar, conference, discussion groups, etc.)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

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| Y-1  01. Introduction to Critical Care Medicine  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of critical care including approaches to clinical work with minority populations  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance (limit 250 words).

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