

Policy on Education Resources for Critical Care Programs

Policy

A training program in critical care must be interdisciplinary. Therefore, the ACGME mandates that an institutional policy be established to cover the educational resources committed to critical care training programs and to ensure cooperation of all involved disciplines.

Procedure

Critical Care training programs can be accessed after primary training in several medical or surgical disciplines. Some of these include anesthesiology, internal medicine, general surgery, urology, obstetrics and gynecology, and neurosurgery.

Critical care training and experience are modified to meet the needs of each trainee based on his or her background and experience and on his or her career goals. Each discipline in this interdisciplinary program must provide the resources necessary to provide comprehensive critical care training to assure the needs of each trainee can be achieved.

There must be evidence of active participation by qualified interdisciplinary faculty with a continuous and meaningful role in the critical care subspecialty training programs. Faculty involved in teaching these subspecialty house staff must possess expertise in the care of critically ill patients. It is recognized that such expertise will often cross specialty boundaries emphasizing the importance of collegial relationships and consultation among the critical care program directors and faculty from other disciplines including, but not limited to, surgery and its specialties, internal medicine and its subspecialties, anesthesiology, pediatrics, obstetrics and gynecology, pathology and radiology.

There must be close interaction between all the core residency programs and the critical care subspecialty programs. Lines of responsibility for the residents and the critical care subspecialty fellow(s) must be clearly defined. The educational program for the critical care subspecialty fellow(s) must not adversely affect the education of the residents, in terms of either experience or patient responsibility.

Each critical care program director is assigned primary responsibility for organizing the educational program for their critical care house staff and for assuring cooperation among all involved disciplines.

The sponsoring institution must coordinate the interdisciplinary requirements. The Designated Institutional Official (DIO) and the GMEC will monitor educational resources committed to the critical care programs through the Annual Program Review, the Internal Review process, and the annual ACGME Survey of Residents as applicable.

If difficulties in the distribution of educational resources committed to critical care training are identified, the DIO will meet with the program director(s) to assess the distribution and to recommend corrective action. The DIO will report these findings through Compliance Subcommittee to the GMEC and other hospital/institutional officials as indicated. The GMEC possesses final authority in assuring cooperation among the disciplines if the conflict is not resolved through the previously described mechanisms.