**ACGME Program Requirements for Graduate Medical Education
in Adult Cardiothoracic Anesthesiology
Summary and Impact of Major Requirement Revisions**

Requirement #: **Int.B.**

Requirement Revision (significant change only):

Int.B.

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.

Adult cardiothoracic anesthesiology is devoted to the pre-operative, intra-operative, and post-operative care of adult patients undergoing cardiothoracic surgery and related invasive procedures.

The majority of the clinical education involves caring for patients in the operating room, other anesthetizing locations, and intensive care units, and includes experience providing anesthesia for cardiac, non-cardiac thoracic, and intrathoracic vascular surgical procedures, as well as for non-operative diagnostic and interventional cardiac and thoracic procedures.

1. Describe the Review Committee's rationale for this revision:
   The Review Committee updated its definition of the subspecialty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **I.D.1.a).(9)**

Requirement Revision (significant change only):

I.D.1.a).(9)   [The program must have access to the following resources:] prompt, reliable systems for communication and interaction with supervisory physicians. (Core)

1. Describe the Review Committee's rationale for this revision:

This requirement was deleted as it is redundant; supervision is addressed in Section VI.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **II.A.2.a)**

Requirement Revision (significant change only):

II.A.2.a)   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)

Number of Approved Fellow Positions	Minimum Support Required (FTE) for the Program Director	Minimum Additional Support Required (FTE) for Program Leadership in Aggregate	Total Minimum Program Leadership Support
1-3	0.1	0.025	0.125
4-6	0.15	0.05	0.2
7-9	0.2	0.1	0.3
10-14	0.2	0.15	0.35
15 and over	0.2	0.2	0.4

Number of Approved Fellow Positions	Minimum FTE
~~1-2~~	~~0.1~~
~~3~~	~~0.125~~
~~4~~	~~0.15~~
~~5~~	~~0.175~~
~~>5~~	~~0.2~~

1. Describe the Review Committee's rationale for this revision:
   The Review Committee has received a number of concerns related to insufficient dedicated time for the program director and leadership team and so revised this requirement to reflect its expectations.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   It will improve fellow education by providing more protected time for the program director and leadership team.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This could possibly necessitate additional resources, if the program does not currently provide sufficient protected non-clinical administrative time for the program director and/or leadership team.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **II.A.3.d-f)**

Requirement Revision (significant change only):

[Qualifications of the program director:]

II.A.3.d)   must include ~~demonstration of~~ completion of an adult cardiothoracic anesthesiology fellowship, or at least ~~three~~ five years of participation in a clinical adult cardiothoracic anesthesiology fellowship as a faculty member; (Core)

II.A.3.e)   must include current certification in advanced peri-operative transesophageal echocardiography (TEE) by the National Board of 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)

~~II.A.3.f)   must include at least three years of post-fellowship experience in clinical adult cardiothoracic anesthesiology; (Core)~~

1. Describe the Review Committee's rationale for this revision:
   The Review Committee combined II.A.3.f) with II.A.3.d) to clarify the expertise and qualifications required for those physicians who have not completed an adult cardiothoracic anesthesiology fellowship.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **IV.B.1.b).(1).(c)**

Requirement Revision (significant change only):

~~**IV.B.1.b).(1).(c)** Fellows must maintain current certification in advanced cardiac life support.~~ (Core)

1. Describe the Review Committee's rationale for this revision:
   The Review Committee believes that privileging of medical staff members is generally moving away from specific certifications or assessment-based certificate programs. Fellows would have received training in residency for advanced cardiac life support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **IV.B.1.b).(2).(f)**

Requirement Revision (significant change only):

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)

1. Describe the Review Committee's rationale for this revision:
   These procedures are considered essential for this area of practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This revision will ensure fellows are prepared to manage patients undergoing aortic surgery.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **IV.C.3.(a) – IV.C.3.(a).(3)**

Requirement Revision (significant change only):

[The curriculum must include at least six months of clinical anesthesia experience, to include: (Core)]

IV.C.3.a)   cardiac experience, including: (Core)

IV.C.3.a).(1)   a minimum of 100 cardiac surgical procedures with at least 50 requiring CPB. (Core)

IV.C.3.a).(1).(a).   These procedures must include a minimum of ~~25~~30 aortic and/or mitral valve repairs or replacements, to include at least ~~five~~10 mitral repairs or replacements and ~~five~~10 aortic repairs or replacements, with at least 20 requiring CPB~~;~~. (Core)

IV.C.3.a).(3)   These procedures must include a minimum of ~~25~~20 myocardial revascularization procedures with or without CPB.~~;~~ (Core)

1. Describe the Review Committee's rationale for this revision:
   The Review Committee has proposed these additions to ensure fellows receive adequate exposure and demonstrate sufficient competency in each of the above areas.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Resident education and patient care quality will be improved through more specificity of the procedures to be performed.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: **IV.C.7.-IV.C.10.**

Requirement Revision (significant change only):

IV.C.7.	Fellows must perform and/or review interpret a minimum of 300 peri-operative TEE examinations such that they meet NBE requirements for certification in advanced peri-operative TEE. (Core)
IV.C.7.a)	These examinations must include a minimum of 150 examinations that the fellow performs and reviews under supervision. (Core)
IV.C.8.	The curriculum must be designed in order for fellows to demonstrate:
IV.C.8.a)	effective communication skills, including: (Core)
IV.C.8.a).(1)	obtaining informed consent; (Core)
IV.C.8.a).(2)	communicating the patient care and management plan; and, (Core)
IV.C.8.a).(3)	explaining complications/errors and their management to patients and families. (Core)
IV.C.8.b)	skills in preparing and presenting educational material for medical students, graduate medical education staff members, and allied health personnel; and, (Core)
IV.C.8.c)	competence in providing clinical consultations. (Core)
IV.C.9.	The curriculum must be designed in order for fellows to demonstrate:
IV.C.9.a)	compassion, integrity, and respect for others; (Core)
IV.C.9.b)	responsiveness to patient needs; (Core)
IV.C.9.c)	respect for patient privacy and autonomy; (Core)
IV.C.9.d)	accountability to patients, society, and the profession; (Core)

IV.C.9.e)	~~sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and,~~ ~~(Core)~~
IV.C.9.f)	~~compliance with institutional, departmental, and program policies.~~ ~~(Core)~~
IV.C.10.	~~The curriculum must be designed in order for fellows to:~~
IV.C.10.a)	~~work in interprofessional teams to enhance patient safety and improve patient care quality; and,~~ ~~(Core)~~
IV.C.10.b)	~~participate in identifying system errors and implementing potential system solutions.~~ ~~(Core)~~

6. Describe the Review Committee's rationale for this revision:
   IV.C.6. was updated to include specific numbers to enter in the ACGME Case Log System; the specific numbers required remain unchanged. IV.C.7. and IV.C.8. were deleted from the July 1, 2023 Common Program Requirements (Fellowship version) as subcompetencies for Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Systems-based Practice. These subcompetencies were deleted because they should be acquired during residency and demonstrated throughout independent practice. Excluding them here aligns with that revision and will allow programs to focus instead on developing subspecialty-specific subcompetencies.

7. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

8. How will the proposed requirement or revision impact continuity of patient care?
   n/a

9. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

10. How will the proposed revision impact other accredited programs?
    n/a