

Curricula, Duration, and Program Standards for Training Programs

ACGME-accredited ACCM training programs are one year in length. Some programs are two-year programs, but the additional year is not ACGME accredited. Institutions that have an ACGME-accredited ACCM training program must also have ACGME-accredited core residencies in anesthesiology, general surgery, and internal medicine. The program guidelines require that nine months of a 12-month ACCM fellowship be in an ICU providing direct care to critically ill patients. The remainder of the fellowship may be in clinical activities or research relevant to critical care medicine.

The educational goals for emergency physicians entering ACCM fellowships are to assure competency in all realms of critical care medicine including the care of trauma and surgically-related conditions. The length of training for emergency physicians in ACCM is a minimum of two years. This is different than that of an anesthesiologist (one year).

Given the frequency of trauma and surgical conditions that are encountered in the ACCM fellowship, an early and substantial knowledge regarding surgical disease is required. There is a desire for this to occur in a manner similar to (but not necessarily identical to) the approach by the ABS and RRC-Surgery. Prior to entry into an SCC fellowship, the Emergency Medicine physician must complete a modified advanced preliminary year of training. The intention is for the physician to be in an intermediate-to-advanced role as a trainee (e.g., a non-operating 3rd, 4th- or 5th-year surgery resident). This is expressed in the following ACGME requirement:

III.A.1.a) Fellows who have completed an emergency medicine residency must also complete one preparatory year as an advanced preliminary resident in surgery at the institution where they will enroll in the surgical critical care medicine fellowship. The content of this year should be defined jointly by the program directors of the surgery program and the surgical critical care medicine program. It must include clinical experience in the foundations of surgery and the management of complex surgical conditions.

The content of this year should include the following areas:

III.A.1.a).(1) pre-operative evaluation, including respiratory, cardiovascular, and nutritional evaluation;

III.A.1.a).(2) pre-operative and post-operative care of surgical patients, including outpatient follow-up care;

III.A.1.a).(3) advanced care of injured patients;

III.A.1.a).(4) care of patients requiring abdominal, breast, head and neck, endocrine, transplant, cardiac, thoracic, vascular, and neurosurgical operations;

III.A.1.a).(5) management of complex wounds; and,

III.A.1.a).(6) minor operative procedures related to critical care medicine, such as venous access, tube thoracostomy, and tracheostomy.

Though both SCC training and ACCM training for emergency physicians are 24 months, the structure is slightly different. This does not prohibit an early surgical emphasis that covers the afore-listed content. In fact, it is assumed that this content will be emphasized early (the first 6 months) in the ACCM experience.

One requirement that would readily accomplish the acquisition of knowledge and skills required for the evaluation and care of the surgical patient would be to “front-end load” core training in surgically-based rotations. To that end, in the first six months of an ACCM fellowship there should be three months of rotations that have a surgical emphasis such as any combination of the following: trauma surgery; acute care surgery; emergency surgery; or an equivalent experience.

An additional consideration to assure the sufficient acquisition of knowledge, skills, and experience in the care of surgical disease is to have a robust aggregate educational exposure to surgical conditions. To accomplish this, ACCM fellowships should have at least 12 months (or rotations) that involve surgical patients. The three additional months of surgical emphasis would count towards this as would any months in the surgical or combined medical-surgical critical care unit. Other rotations could also count, such as a pediatric intensive care rotation, because pre- and post-operative children would be treated. Finally, rotations such as infectious disease (ID) might be included or excluded depending on the nature of the ID population. If a rotation included a sufficient number of surgical patients,

it would be included. Despite this emphasis on surgical disease, the emergency physician would still have ample opportunity to garner additional CCM experience in pulmonary medicine and bronchoscopy, coronary care and echocardiography, infectious disease, nephrology, and neurologic disorders. In addition, Anesthesiology rotations with pre-operative and peri-operative activities could be considered.

Research electives should be limited to a total of no more than two rotations (two months) during the 24 months fellowship.

Finally, most ACGME-accredited ACCM fellowships are 12 months in duration. Programs must receive prospective approval from the ABA before any trainees accepted into the two year anesthesiology critical care medicine fellowship can qualify for certification under the training pathway. The grandfathering provision will be available for four years beginning July 1, 2013. A physician seeking certification under the grandfathering pathway must complete both training and a practice component to be considered for certification.

The pathway to qualify for the ACCM certification examination for physicians trained in Emergency Medicine is a minimum of five years in duration. This requires that graduating Emergency Medicine residents who have successfully completed a three-year or four-year residency to:

- (1) complete a 12 month ACGME-accredited ACCM fellowship as well as an additional 12 months in the same fellowship setting, but the 2nd year must be approved by the ABA; **or**
- (2) prospectively complete a two-year ABA-approved fellowship which incorporates the above requirements.