

YALE-NEW HAVEN MEDICAL CENTER (YNHMC)

POLICIES AND PROCEDURES

Subject: Educational Resources Committed to Critical Care

Policy # I.009

Effective Date: June 12, 2006

Distribution: Accredited and GMEC Approved Programs

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Revision Date:

Introduction:

YNHMC recognizes that Critical Care is a multidisciplinary activity. The ACGME mandates that there be an institutional policy governing the educational resources committed to critical care programs. This is intended to assure cooperation of all involved disciplines and to provide a high level of education to all of the disciplines. The Office of GME, the Designated Institutional Official (DIO) and the GMEC are responsible for coordinating interdisciplinary requirements. The ACGME accredits and YNHMC sponsors Critical Care training programs in Internal Medicine, Pediatrics, Surgery and Anesthesiology. Other core training programs receive training in critical care areas including Anesthesiology, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Neonatal-Perinatal Medicine, Emergency Medicine, Neurosurgery, Neurology, Thoracic Surgery, and General Surgery. Thus, a policy is established to define institutional responsibility for the coordination of interdisciplinary educational requirements of trainees, and to ensure compliance with the specific institutional and program requirements.

Policy:

1. The Critical Care program directors are expected to work in a cooperative fashion.
2. The DIO and the GMEC will monitor the educational resources of each of the programs through the annual report of the Program Director, the annual resident survey from the Office of GME, and the Internal Review process.
3. If imbalances appear to have arisen in the distribution and utilization of resources, the DIO will meet with the relevant Program Directors to affirm and assess the perceived imbalances and to recommend possible corrective action if affirmed.
4. The DIO will report these findings to the GMEC so that recommendations can then be forwarded to the appropriate institutional officials.
5. The GMEC will discuss at least annually the distribution of resources to critical care training programs, and the use of these resources by other training programs.
6. Any request for an increase in resident/fellow complement by any critical care program, or for the establishment of a new critical care program, must be evaluated for the potential impact on compliance with institutional and RRC-specific requirements of all the programs using that resource.