➢ For the Faculty
➢ For the Educational Program
➢ Evaluation
➢ Resident Duty Hours in the Learning and Working Environment

COMMON PROGRAM REQUIREMENTS
Faculty

The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents; and, administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.

Faculty, along with the institution, are expected to:

1. Establish and maintain an environment of inquiry and scholarship with an active research component
2. Ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.
3. Ensure the availability of adequate resources for resident education, as defined in the specialty program requirements
4. Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.
The Educational Program

In addition to the Core Competencies discussed earlier, the Educational program must contain the following components:

- Overall educational goals for the program, which the program must make available to residents and faculty.
- Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form.
- Regularly scheduled didactic sessions.
- Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.
Formative Evaluation

➢ The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

The program must:

➢ Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;

➢ Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);

➢ Document progressive resident performance improvement appropriate to educational level; and,

➢ Provide each resident with documented semiannual evaluation of performance with feedback.

➢ The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.
Summative Evaluation

The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. (Core) V.A.3.b) The program director must provide a summative evaluation for each resident upon completion of the program.

The program must:

➢ Become part of the resident’s permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
➢ Document the resident’s performance during the final period of education; and,
➢ Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.
Resident Duty Hours

Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

The learning objectives of the program must:

➢ Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and

➢ Not be compromised by excessive reliance on residents to fulfill non-physician service obligations
Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
Transitions of Care

- Programs must design clinical assignments to minimize the number of transitions in patient care.
- Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- Programs must ensure that residents are competent in communicating with team members in the hand-over process.
- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.
Alertness Management/Fatigue Mitigation

Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

The program must:

➢ Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;

➢ Educate all faculty members and residents in alertness management and fatigue mitigation processes; and,

➢ Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.
Supervision of Residents

➢ In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

➢ This information should be available to residents, faculty members, and patients.

➢ Residents and faculty members should inform patients of their respective roles in each patient’s care.
Levels of Supervision

Direct Supervision
➢ The supervising physician is physically present with the resident and patient.

Indirect Supervision
➢ With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
➢ With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
Clinical Responsibilities and Teamwork

- The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

- Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.
Duty Hours

- Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.
- Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- Residents in the final years of education must be prepared to enter the unsupervised Common Program Requirements NAS 20 practice of medicine and care for patients over irregular or extended periods.
- Residents must not be scheduled for more than six consecutive nights of night float.
In-House and At-Home Call

In-House On-Call
➢ PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At Home Call
➢ Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.
➢ The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
➢ Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
THANK YOU!