

**Partners® Educational Resource Table**

**Implications of the Revisions to ACGME’s Common Program Requirements (2017)**

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| Educational Element | Specific Requirements | Institutional Resources |
| *Patient Safety* | * Provide formal educational activities that promote patient safety-related goals, tools, and techniques * Participate as team members in real and/or simulated interprofessional clinical site-sponsored patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions * Integrated into and actively participating in the implementation of interdisciplinary clinical quality improvement at participating sites to address issues identified by investigators * Receive training in how to disclose patient safety events to patients and families | Increased time devoted by faculty members to patient safety  Faculty development:   * Patient safety principles * reporting, investigation and follow-up of adverse events and near misses * disclosure of adverse events |
| *Quality Improvement* | * Receive training and experience in quality improvement processes, including and understanding of health care disparities * Receive specialty-specific data on quality metrics and benchmarks related to their patient populations * Participate in interprofessional quality improvement activities, including activities aimed at reducing health care disparities | Increased time devoted by faculty members to quality improvement  Faculty development:   * Quality improvement processes, including understanding health care disparities * Use of specialty-specific data on quality metrics and benchmarks and how this should be taught to resident/fellows |
| *Supervision* | * Program director must evaluate each resident/fellow’s abilities based on specific criteria, guided by Milestones. * Each program must set guidelines for circumstances and events in which resident/fellows must communicate with the supervising faculty | Policy development assistance for program leadership:   * Developing specific criteria, guided by Milestones, for evaluating resident/fellows * Guidelines for circumstances and events in which resident/fellows must communicate with the supervising faculty |
| *Professionalism* | * Educate resident/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients * Ensure a culture of professionalism that supports patient safety and personal responsibility * Demonstrate responsiveness to patient needs that supersedes self-interest | Faculty development:   * Professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients * Components of a culture of professionalism that supports patient safety and personal responsibility |
| *Well-Being* | * Provide opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours * Educate faculty and resident/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions * Provide access to appropriate tools for self-screening * Provide access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. * Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities | Additional resources may be required, particularly with regard to:   * minimization of non-physician obligations, * administrative support, and * access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.   Faculty development:   * Identification of symptoms of burnout, depression and substance abuse * Appropriate tools for self-screening   Policy development assistance for program leadership:   * Coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities |
| *Fatigue Mitigation* | * Educate all faculty and resident/fellows to recognize the signs of fatigue and sleep deprivation * Educate all faculty and resident/fellows in alertness management and fatigue mitigation processes * Ensure continuity of patient care, consistent with the program’s policy and procedures, in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue * Provide adequate sleep facilities and safe transportation options for resident/fellows who may be too fatigued to safely return home | Faculty development:   * Signs of fatigue and sleep deprivation * Alertness management and fatigue mitigation processes   Policy development assistance for program leadership:   * Coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue |
| *Clinical Responsibilities* | * Clinical responsibilities for each resident/fellow must be based on PGY level, patient safety, resident/fellow ability, severity and complexity of patient illness/condition, and available support services | Program Director time/resources to ensure that this is truly happening |
| *Teamwork* | * Provide care for patient in an environment that maximizes communication | Monitoring by program/institution:   * Implementing fully electronic medical health record * Ensuring all EMH’s “talk” to each other or there is easy access to all systems   Faculty development:   * Exploring TeamSTEPPS or Team building skills   Policy development assistance for program leadership:   * Encourage, enforce and expect that anyone within the team can say something at any time and feel comfortable to ask questions or question decisions without the fear of retaliation |
| *Transitions in Care* | * Design clinical assignments to optimize transitions in care, including safety, frequency, and structure * Ensure and monitor, with their Sponsoring Institution, effective, structured hand-over processes to facilitate both continuity of care and patient safety * Ensure that resident/fellows are competent in the handover process * Maintain and communicate schedule of attending physicians and resident/fellows currently responsible for care * Ensure continuity of patient care, consistent with program’s policy and procedures, in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness | Monitoring by program/institution:   * Consistency in Handover processes * Resident/fellow competence in handover process   Policy development assistance for program leadership:   * Coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness |
| *Clinical Experience and Education*  *(Formerly known as Duty Hours)* | * Limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting * Design an effective program structure that is configured to provide resident/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being * Schedule for a minimum of one day in seven free of clinical work and education (when averaged over 4 weeks. At-home call cannot be assigned on these free days. * Clinical and educational work periods for resident/fellows must not exceed 24 hours of continuous scheduled clinical assignments * Resident/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call * Night float must occur within the context of the 80-hour, and one-day-off-in-seven requirements * Resident/fellows must be scheduled for in-house call no more frequently than every 3rd night (when averaged over a four-week period) | Policy development assistance for program leadership:   * Guidelines for adhering to new clinical experience and education requirements |

**Suggested Best Practices:**

1. **Include** in your AIR report to ensure that the needed resources to implement these changes are discussed and included in your planning for the next academic year
2. **Bring** to GMEC in order to discuss the institutional infrastructure that will need to be in place to support the programs as they implement these changes
3. **Provide** to program leadership as a “snapshot of the changes” as they plan for the next academic year