

**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
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| *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 improvementFaculty 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
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| *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
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| *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
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| *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
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| *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
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| *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
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| *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
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| *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
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**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