

**Partners® Educational Resource Table**

**Outlining the Implications of the *Proposed* 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

NOTE: The 45-day Review and Comment period for proposed revisions to Section VI of the Common Program Requirements has ended. Comments will be considered when preparing the final proposed requirements for review by the ACGME Board of Directors in February 2017. If approved, the new/revised requirements (Section VI only) will be shared with the graduate medical education community, with an effective date targeted for the 2017-2018 academic year.

**This grid was compiled using the proposed revisions as originally outlined to help facilitate preparation.**