

Partners[®] Educational Resource Table
Implications of the Revisions to ACGME's Common Program Requirements (2017)

Educational Element	Specific Requirements	Institutional Resources
<i>Patient Safety</i>	<ul style="list-style-type: none"> • 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 	<p>Increased time devoted by faculty members to patient safety</p> <p>Faculty development:</p> <ul style="list-style-type: none"> • Patient safety principles • reporting, investigation and follow-up of adverse events and near misses • disclosure of adverse events
<i>Quality Improvement</i>	<ul style="list-style-type: none"> • 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 	<p>Increased time devoted by faculty members to quality improvement</p> <p>Faculty development:</p> <ul style="list-style-type: none"> • 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
<i>Supervision</i>	<ul style="list-style-type: none"> • 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 	<p>Policy development assistance for program leadership:</p> <ul style="list-style-type: none"> • 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
<i>Professionalism</i>	<ul style="list-style-type: none"> • 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 	<p>Faculty development:</p> <ul style="list-style-type: none"> • 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
<i>Well-Being</i>	<ul style="list-style-type: none"> • 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. 	<p>Additional resources may be required, particularly with regard to:</p> <ul style="list-style-type: none"> • 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. <p>Faculty development:</p> <ul style="list-style-type: none"> • Identification of symptoms of burnout, depression and substance abuse

	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Appropriate tools for self-screening <p>Policy development assistance for program leadership:</p> <ul style="list-style-type: none"> Coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities
<i>Fatigue Mitigation</i>	<ul style="list-style-type: none"> 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 	<p>Faculty development:</p> <ul style="list-style-type: none"> Signs of fatigue and sleep deprivation Alertness management and fatigue mitigation processes <p>Policy development assistance for program leadership:</p> <ul style="list-style-type: none"> Coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue
<i>Clinical Responsibilities</i>	<ul style="list-style-type: none"> 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 	<p>Program Director time/resources to ensure that this is truly happening</p>
<i>Teamwork</i>	<ul style="list-style-type: none"> Provide care for patient in an environment that maximizes communication 	<p>Monitoring by program/institution:</p> <ul style="list-style-type: none"> Implementing fully electronic medical health record Ensuring all EMH's "talk" to each other or there is easy access to all systems <p>Faculty development:</p> <ul style="list-style-type: none"> Exploring TeamSTEPS or Team building skills <p>Policy development assistance for program leadership:</p> <ul style="list-style-type: none"> 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
<i>Transitions in Care</i>	<ul style="list-style-type: none"> 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 	<p>Monitoring by program/institution:</p> <ul style="list-style-type: none"> Consistency in Handover processes Resident/fellow competence in handover process <p>Policy development assistance for program leadership:</p> <ul style="list-style-type: none"> 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
<i>Clinical Experience and Education (Formerly known as Duty Hours)</i>	<ul style="list-style-type: none"> 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 	<p>Policy development assistance for program leadership:</p> <ul style="list-style-type: none"> Guidelines for adhering to new clinical experience and education requirements

- 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)

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