

ACGME Update

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Susan G. Marshall, MD
Vice-Chair of Education
Department of Pediatrics



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Preamble: The Learning and Working Environment

Residency and Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:

- ▶ Excellence in the safety and quality of care rendered to patients by residents today.
- ▶ Excellence in the safety and quality of care rendered to patients by today's residents in their future practice.
- ▶ Excellence in professionalism through faculty modeling.
- ▶ Commitment to the well-being of the residents, fellows, faculty members, students and all members of the health care team.

The Learning and Working Environment (cont'd)

- ▶ Excellence in professionalism through faculty modeling of:
 - The effacement of self-interest in a humanistic environment that supports the professional development of physicians.
 - The joy in curiosity, problem-solving, intellectual rigor, and discovery.

The Learning and Working Environment (cont'd)

- ▶ The preamble emphasizes excellence in the quality of care provided to patients by residents and fellows today and in their future practice.
- ▶ The requirements that follow are designed to support this excellence in patient care.
- ▶ [Link to Clinical Learning Environment Review \(CLER\) Site Visits.](#)

ACGME CLER Program

- ▶ CLER (Clinical Learning Environment Review)
- ▶ Site Visits
- ▶ Six Area of Focus
 - Patient Safety
 - Health Care Quality (with focus on health care disparities)
 - Supervision
 - Transitions in Care
 - Duty hours/fatigue management and mitigation
 - Professionalism

Requirement Revisions

- a) Patient Safety
- b) Quality Improvement
- c) Supervision
- d) Well-Being
- e) Maximum Hours of Clinical and Educational Work per Week
- f) Pediatric Program Director FTE

Patient Safety

- ▶ The program, its leadership, faculty, residents and fellows must actively participate in patient safety systems and culture and team-based care.
- ▶ Formal educational activities.

Quality Improvement

- ▶ Residents, fellows, and faculty should receive:
 - Education, training, and experience in quality improvement processes, including an understanding of health care disparities.
 - Specialty-specific data on quality metrics and benchmarks related to their patient populations.
 - Opportunity to participate in interprofessional quality improvement activities, including activities aimed at reducing health care disparities.

Supervision

The program must demonstrate that the appropriate level of supervision is in place for all residents and fellows based on each trainee's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods appropriate to the situation.

Well-Being

The Program and Sponsoring Institution must educate faculty members, residents, and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents, fellows, and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

Well-Being (cont'd)

The addition of requirements that support resident, fellow, and faculty well-being emphasize the need for programs and institutions to prioritize well-being and recognize that physicians are at increased risk for burnout and depression. The incorporation of these requirements is an important element in addressing this issue.

Well-Being (cont'd)

- ▶ Residents and Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- ▶ There are circumstances in which residents and fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies.
- ▶ Each program must have a policy and procedures in place that ensure coverage of patient care in the event that a resident or fellow may be unable to perform their patient care responsibilities.



Maximum Hours of Clinical & Educational Work per Week

Clinical and educational work hours (previously duty hours) must be 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.

Maximum Hours of Clinical & Educational Work per Week (cont'd)

Programs not previously accounting for work done from home (call from home) will now be required to do so.



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Maximum Hours of Clinical & Educational Work per Week (cont'd)

Moonlighting must not interfere with the ability of the resident or fellow to achieve the goals and objectives of the educational program, and must not interfere with the trainee's fitness for work nor compromise patient safety.



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Maximum Hours of Clinical & Educational Work per Week (cont'd)

The program must be designed with a structure that is configured to provide residents and fellows with clinical experience and educational opportunities, as well as time away from the program.

Maximum Hours of Clinical & Educational Work per Week (cont'd)

Clinical and educational work periods for residents and fellows must not exceed 24 hours of continuous scheduled clinical assignments.

Maximum Hours of Clinical & Educational Work per Week (cont'd)

In unusual circumstances, after handing off all patients to the team responsible for their continuing care, residents and fellows may remain beyond their 24+ up to four-hour period of responsibilities to continue to provide care to a single patient. Justifications for such extensions are limited to reasons of continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Maximum Hours of Clinical & Educational Work per Week (cont'd)

Another justification is to attend educational events on the resident's or fellow's own initiative. These additional hours of care or education will be counted toward the 80-hour weekly limit.



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Maximum Hours of Clinical & Educational Work per Week (cont'd)

- ▶ At Home Call
- ▶ Time spent in the hospital or at home performing clinical responsibilities by residents or fellows on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks.

Changes in FTE Requirements for Program Leadership in Pediatrics

Program leadership, including the program director and associate program director(s), must be provided with a minimum combined total of 20–35% full time equivalent (FTE) protected time for the administration of the program (not including scholarly activity), depending on size of the program, as follows:

Program Size	% FTE Required
0-3 fellows	20%
4-6 fellows	25%
7-9 fellows	30%
≥ 10 fellows	35%