

New ACGME Common Program Requirements – *Effective July 1, 2011*

Alertness & Fatigue	VI.C	<p>Programs must educate all faculty and residents to recognize signs of fatigue and sleep deprivation; and, adopt fatigue mitigation processes</p> <ol style="list-style-type: none"> 1. Programs must have back up processes to ensure continuity of patient care in the event a resident is unable to perform patient care duties 2. Institution must provide sleep facilities and/or safe transportation options for residents
Clinical Responsibilities	VI.E	<p>Must be based on PGY level, patient safety, resident education, severity and complexity of patient. Further specified by Review Committees.</p>
Professionalism, Personal Responsibility & Patient Safety	VI.A.4	<p>Program learning objectives must be accomplished through an appropriate blend of supervised patient care, clinical teaching, and didactic educational events; and not be compromised by excessive reliance on residents to fulfill non-physician service obligations.</p>
	VI.A.5	<p>The PD and Institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty must demonstrate:</p> <p style="padding-left: 40px;">Assurance of the safety and welfare of patients entrusted to their care; provision of patient and family-centered care; assurance of fitness for duty; professional and personal time management; recognition of impairment, including illness and fatigue in self and others; attention to lifelong learning; monitor patient care performance improvement indicators; honest and accurate reporting of duty hours, patient outcomes, and clinical experience data; and responsiveness to patient needs that supersedes self interest</p>
	VI.A.6	<p>and responsiveness to patient needs that supersedes self interest</p>
Quality Improvement	VI.A.3	<p>PD must ensure all residents actively participate in interdisciplinary clinical QI and patient safety programs; report outcomes and document how affected patient safety.</p>
Supervision	VI.D	<ol style="list-style-type: none"> 1. Each patient must have an attending physician who is ultimately responsible for that patient's care. This information should be available to residents, faculty and patients. Residents and attendings should inform patients of <u>their role</u> in the patient's care. 2. Programs must demonstrate appropriate levels of supervision for all residents who care for patients. 3. PD evaluate resident's ability (re: progressive responsibility) based on specialty specific criteria guided by national standards-based criteria, when available. 4. Programs must set guidelines when residents must communicate with supervising faculty re: transfer of patient to ICU or end-of-life decisions; residents must know limits/scope of authority, and the circumstances when permitted to act with conditional independence. 5. Definitions of Supervision: <ol style="list-style-type: none"> A. Direct – supervising physician physically present with resident and patient B. Indirect with direct supervision immediately available – within confines of site of patient and immediately available to provide direct supervision C. Indirect with direct supervision available - not physically present but immediately available via phone and available to provide direct supervision D. Oversight – available to provide review of procedures/encounters with feedback after care is delivered 6. PGY 1 must have either direct or indirect with direct supervision immediately available
Transitions of Care	VI.B	<p>Programs must design schedules to minimize the number of transitions in patient care</p> <ol style="list-style-type: none"> 1. Institution and programs must ensure and monitor documented effective, structured hand-over processes to facilitate continuity of care and patient safety 2. Programs must ensure resident competence in communicating with team members in hand-over processes 3. Institution must ensure availability of schedules that inform all members of the health care team of attendings/residents responsible for each patient's care
Teamwork	VI.F	<p>Residents must care for patients in an environment that maximizes effective communication Must include opportunities to be members of effective interdisciplinary teams</p>