

# ACGME Program Requirements for Graduate Medical Education in Neurotology

*Common Program Requirements are in BOLD*

*Effective: July 1, 2007*

## Introduction

### Int.A, Definition and Scope of the Specialty

Int.A.1. The neurotology lateral skull base surgery program will provide advanced education, beyond that afforded in otolaryngology residency, in the diagnosis and management of disorders of the temporal bone, lateral skull base, and related anatomical structures. Surgery of the lateral skull base involving the mesial aspect of the dura or intradural structure requires the joint effort of a neurotology and neurological surgery team. A 24-month educational program will ensure that concentrated time is available for the neurotology fellow to develop advanced diagnostic expertise and advanced medical and surgical management skills in neurotology. These skills include care of the diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g., vestibular nerve section and joint neurosurgical-neurotological resection of intradural VIII nerve tumors), and lateral skull base, including the occipital bone, sphenoid bone, and temporal bone. This advanced education is required so that the neurotology fellow may develop expertise with extradural skull base approaches in collaboration with neurological surgery. The postoperative care of lateral skull base surgery patients requires the joint management of both neurological surgery and neurotology. This advanced education is also necessary for fellows to gain expertise in the joint collaborative management of patients undergoing lateral skull base surgery. The program will also permit exposure to new research opportunities and time to explore new research ideas.

### Int.B. Duration and Scope of Education

- Int.B.1. The duration of the program is 24 months, all of which must be spent at participating sites approved by the residency Review Committee.
- Int.B.2. Admission to the program is contingent on completion of a residency program in otolaryngology accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
- Int.B.3. The program must provide structured clinical opportunities for fellows to develop advanced skills in neurotology and lateral skull base surgery, including exposure to intracranial approaches.
- Int.B.4. A sufficient volume and variety of cases must be available to ensure adequate inpatient and outpatient experience for each neurotology fellow.
- Int.B.5. Each neurotology fellow must prepare documentation of surgical experience as both assistant surgeon and surgeon in middle cranial fossa, posterior cranial

fossa, and lateral skull base surgical procedures for the treatment of disorders of the auditory and vestibular system; facial nerve disorders; and congenital inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex, occipital bone, sphenoid bone, and related structures.

Int.B.6. The diagnosis and medical, surgical and rehabilitative management of congenital, traumatic, inflammatory, degenerative, neoplastic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.

Int.B.7. Fellows must have experiences in audiometric testing, including auditory brainstem responses and otoacoustic emissions, as well as vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures.

## **I. Institutions**

### **I.A. Sponsoring Institution**

**One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites.**

**The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.**

I.A.1. The neurotology program must be associated with an ACGME-accredited otolaryngology program. Fellow experiences in related specialties such as physical medicine and rehabilitation, neurology, neurological surgery, neuroradiology, and neuropathology must be offered by the sponsoring institution.

### **I.B. Participating Sites**

**I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.**

**The PLA should:**

**I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;**

**I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;**

**I.B.1.c) specify the duration and content of the educational experience; and,**

**I.B.1.d) state the policies and procedures that will govern fellow education during the assignment.**

**I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).**

**I.B.2.a) The Review Committee must approve the addition and deletion of all participating sites.**

## **II. Program Personnel and Resources**

### **II.A. Program Director**

**II.A.1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.**

**II.A.2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.**

**II.A.3. Qualifications of the program director must include:**

**II.A.3.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;**

**II.A.3.b) current certification in the specialty by the American Board of Otolaryngology and be certified in the subspecialty of neurotology, or specialty qualifications that are acceptable to the Review Committee; and,**

**II.A.3.c) current medical licensure and appropriate medical staff appointment.**

**II.A.3.d) licensure to practice medicine in the state where the sponsoring institution is located.**

**II.A.4. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. The program director must:**

**II.A.4.a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;**

- II.A.4.b)** approve a local director at each participating site who is accountable for fellow education;
- II.A.4.c)** approve the selection of program faculty as appropriate;
- II.A.4.d)** evaluate program faculty and approve the continued participation of program faculty based on evaluation;
- II.A.4.e)** monitor fellow supervision at all participating sites;
- II.A.4.f)** prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program fellow updates to the ADS, and ensure that the information submitted is accurate and complete;
- II.A.4.g)** provide each fellow with documented semiannual evaluation of performance with feedback;
- II.A.4.h)** ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;
- II.A.4.i)** provide verification of fellowship education for all fellows, including those who leave the program prior to completion;
- II.A.4.j)** implement policies and procedures consistent with the institutional and program requirements for fellow duty hours and the working environment, including moonlighting, and, to that end, must:
  - II.A.4.j).(1)** distribute these policies and procedures to the fellows and faculty;
  - II.A.4.j).(2)** monitor fellow duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
  - II.A.4.j).(3)** adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,
  - II.A.4.j).(4)** if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- II.A.4.k)** monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;

- II.A.4.l)** comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of fellows, disciplinary action, and supervision of fellows;
- II.A.4.m)** be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
- II.A.4.n)** obtain review and approval of the sponsoring institution's GMCC/DIO before submitting to the ACGME information or requests for the following:
- II.A.4.n).(1)** all applications for ACGME accreditation of new programs;
- II.A.4.n).(2)** changes in fellow complement;
- II.A.4.n).(3)** major changes in program structure or length of training;
- II.A.4.n).(4)** progress reports requested by the Review Committee;
- II.A.4.n).(5)** responses to all proposed adverse actions;
- II.A.4.n).(6)** requests for increases or any change to fellow duty hours;
- II.A.4.n).(7)** voluntary withdrawals of ACGME-accredited programs;
- II.A.4.n).(8)** requests for appeal of an adverse action;
- II.A.4.n).(9)** appeal presentations to a Board of Appeal or the ACGME; and,
- II.A.4.n).(10)** proposals to ACGME for approval of innovative educational approaches.
- II.A.4.o)** obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
- II.A.4.o).(1)** program citations, and/or
- II.A.4.o).(2)** request for changes in the program that would have significant impact, including financial, on the program or institution.
- II.A.4.p)** maintain a record of neurotology operative cases performed by the service and by each neurotology fellow. These records must

be reviewed annually by the program director with the fellow as a part of the director's responsibility for evaluation of the balanced progress of each fellow and of the program's curriculum. These data must be submitted to the Review Committee at the time of the program review; and,

- II.A.4.q) in addition to combined educational conferences with the other disciplines listed in IV.B.2.a, emphasize cooperative diagnostic efforts among neurological surgeons, surgical team approaches to operative therapy with neurosurgeons, and combined approaches to rehabilitative efforts with physical medicine and rehabilitation.

## **II.B. Faculty**

- II.B.1. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location.**

**The faculty must:**

- II.B.1.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows, and**

- II.B.1.b) administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas.**

- II.B.2. The physician faculty must have current certification in the specialty by the American Board of Otolaryngology, or possess qualifications acceptable to the Review Committee.**

- II.B.2.a) There must be at least one neurotology faculty member in addition to the program director.

- II.B.2.b) Program faculty must be responsible to the patient and the neurotology fellow. In the event that a neurotologist plans an operation in which the dura may be entered, neurological consultation will be obtained to determine whether a joint surgical effort by both neurotology and neurosurgery is required.

- II.B.2.c) Because advanced neurotology is multidisciplinary in nature and because interactions with peers from related disciplines contribute to the quality of education, the faculty from related disciplines such as neurology, neurological surgery, audiology, neuron-ophthalmology, neuroradiology, and neuropathology should participate in the program. Close interaction with physical medicine and neurologic rehabilitation in particular is highly desirable.

**II.B.3. The physician faculty must possess current medical licensure and appropriate medical staff appointment.**

**II.B.4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.**

**II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.**

**II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.**

**II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:**

**II.B.5.b).(1) peer-reviewed funding;**

**II.B.5.b).(2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;**

**II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,**

**II.B.5.b).(4) participation in national committees or educational organizations.**

**II.B.5.c) Faculty should encourage and support fellows in scholarly activities.**

## **II.C. Other Program Personnel**

**The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.**

## **II.D. Resources**

**The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements.**

**II.D.1. Additional educational resources for the program in neurotology are required. These include a temporal bone dissection laboratory; testing facilities for complete auditory and vestibular evaluation that include facilities for intracranial nerve monitoring; other diagnostic, therapeutic, and research facilities deemed appropriate.**

## **II.E. Medical Information Access**

**Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature**

**databases with search capabilities should be available.**

### **III. Fellow Appointments**

#### **III.A. Eligibility Criteria**

**The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.**

#### **III.B. Number of Fellows**

**The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of fellows appointed to the program.**

III.B.1. One neurotology fellow should be enrolled each year. A program without a fellow for more than two successive years will be administratively withdrawn. The Review Committee will develop an annual fellow reporting system to ensure that ACGME procedures are followed in this respect.

III.B.2. A program may not graduate more fellows in any given year than are approved by the Review Committee unless prior approval has been received.

#### **III.C. Fellow Transfers**

III.C.1. **Before accepting a fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring fellow.**

III.C.2. **A program director must provide timely verification of fellowship education and summative performance evaluations for fellows who leave the program prior to completion.**

#### **III.D. Appointment of Fellows and Other Learners**

**The presence of other learners (including, but not limited to, fellows from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed fellows' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.**

III.D.1. Lines of responsibility must be clearly delineated between neurotology fellows and otolaryngology fellows in the areas of training, clinical responsibilities, and duration of training. Such information must be supplied to the Review Committee at the time of the review and survey.

#### **IV. Educational Program**

**IV.A. The curriculum must contain the following educational components:**

**IV.A.1. Overall educational goals for the program, which the program must distribute to fellows and faculty annually;**

**IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty annually, in either written or electronic form. These should be reviewed by the fellow at the start of each rotation;**

**IV.A.3. Regularly scheduled didactic sessions;**

**IV.A.4. Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and,**

**IV.A.5. ACGME Competencies**

**The program must integrate the following ACGME competencies into the curriculum:**

**IV.A.5.a) Patient Care**

**Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:**

**IV.A.5.a).(1)** must have graduated responsibility for patients in both inpatient and outpatient environments. Direct surgical experience in all procedures must be documented. The experience must include neurotology and lateral skull base surgery techniques, with intracranial exposures performed jointly with neurosurgery;

**IV.A.5.a).(2)** must gain diagnostic expertise, and develop medical and surgical management strategies, including intracranial exposure, as well as the postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction;

**IV.A.5.a).(3)** must have experience in the habilitation and rehabilitation of the vertiginous patient and the treatment of intracranial and intratemporal facial nerve disorders;

**IV.A.5.a).(4)** will participate in a multidisciplinary surgical team managing disorders of the temporal bone, cerebellopontine

angle, lateral skull base, and related structures. Members of the team should include audiologists, electrophysiologists, head and neck surgeons, neurologists, neuroradiologists, neurological surgeons, neuro-ophthalmologists, neuropathologists, neurotologists, and physiatrists; and,

IV.A.5.a).(5) will have training in advanced surgical techniques to manage diseases and disorders of the auditory and vestibular systems; the extradural skull base, including the sphenoid bone; the temporal bone. These techniques must include reconstructive repair of deficits in these areas.

**IV.A.5.b) Medical Knowledge**

**Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:**

IV.A.5.b).(1) must have a comprehensive and well-organized course of study in neurotology that must provide each resident with progressive responsibility managing patients, in both inpatient and outpatient environments;

IV.A.5.b).(2) should have education beyond the otolaryngology residency in the basic sciences related to neurotology, including allergy and immunology, audiology and rehabilitative audiology, genetics, neuroanatomy, neurophysiology, neuropathology, neuropharmacology, neuro-ophthalmology, physical medicine and rehabilitation, temporal bone histopathology, and vestibular pathophysiology. The course of study must reflect the following content areas:

IV.A.5.b).(2).(a) Neurophysiology, neuropathophysiology, and the diagnosis and therapy of advanced neurotologic disorders, including advanced audiologic and vestibular testing; the evaluation of cranial nerves and related structures; the interpretation of imaging techniques of the temporal bone and lateral skull base; and the electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII;

IV.A.5.b).(2).(b) Vestibular rehabilitation;

IV.A.5.b).(2).(c) Auditory and speech rehabilitation of the hearing-impaired; and,

IV.A.5.b).(2).(d) The management and rehabilitation of extradural cranial nerve defects and those defined in the

definition and description of the specialty.

**IV.A.5.c) Practice-based Learning and Improvement**

**Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Fellows are expected to develop skills and habits to be able to meet the following goals:**

- IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's knowledge and expertise;**
- IV.A.5.c).(2) set learning and improvement goals;**
- IV.A.5.c).(3) identify and perform appropriate learning activities;**
- IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**
- IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice;**
- IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**
- IV.A.5.c).(7) use information technology to optimize learning; and,**
- IV.A.5.c).(8) participate in the education of patients, families, students, fellows and other health professionals.**

**IV.A.5.d) Interpersonal and Communication Skills**

**Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to:**

- IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
- IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies;**
- IV.A.5.d).(3) work effectively as a member or leader of a health care team or other professional group;**

**IV.A.5.d).(4) act in a consultative role to other physicians and health professionals; and,**

**IV.A.5.d).(5) maintain comprehensive, timely, and legible medical records, if applicable.**

**IV.A.5.e) Professionalism**

**Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate:**

**IV.A.5.e).(1) compassion, integrity, and respect for others;**

**IV.A.5.e).(2) responsiveness to patient needs that supersedes self-interest;**

**IV.A.5.e).(3) respect for patient privacy and autonomy;**

**IV.A.5.e).(4) accountability to patients, society and the profession; and,**

**IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**

**IV.A.5.f) Systems-based Practice**

**Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Fellows are expected to:**

**IV.A.5.f).(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;**

**IV.A.5.f).(2) coordinate patient care within the health care system relevant to their clinical specialty;**

**IV.A.5.f).(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**

**IV.A.5.f).(4) advocate for quality patient care and optimal patient care systems;**

**IV.A.5.f).(5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,**

**IV.A.5.f).(6) participate in identifying system errors and implementing potential systems solutions.**

**IV.B. Fellows' Scholarly Activities**

**IV.B.1. The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.**

**IV.B.2. Fellows should participate in scholarly activity.**

IV.B.2.a) Clinical, basic science, and research conferences and seminars, as well as the review of critical about the subspecialty must be conducted regularly and as scheduled. The neurotology residents must participate in both the planning and conducting conferences. Both the faculty and neurotology residents must attend and participate in multidisciplinary conferences.

IV.B.2.b) The course of study must include research methodology, not to exceed six months, with protected time for the pursuit of scholarly activities and research. The neurotology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases.

IV.B.2.c) It is highly desirable that the residents prepare and submit, at minimum, one paper for publication in a peer-reviewed journal. While the specific content will be related to the particular expertise, interest, and capability of the program faculty and institutional resources, the general goal of the research experience should be maintained.

**IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities.**

**V. Evaluation**

**V.A. Fellow Evaluation**

**V.A.1. Formative Evaluation**

**V.A.1.a) The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.**

**V.A.1.b) The program must:**

**V.A.1.b).(1) provide objective assessments of competence in**

**patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;**

**V.A.1.b).(2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);**

**V.A.1.b).(3) document progressive fellow performance improvement appropriate to educational level; and,**

**V.A.1.b).(4) provide each fellow with documented semiannual evaluation of performance with feedback.**

**V.A.1.c) The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.**

V.A.1.d) The evaluation methods must include observation, assessment, and substantiation of the resident's acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, humanistic qualities as demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.

## **V.A.2. Summative Evaluation**

**The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy. This evaluation must:**

**V.A.2.a) document the fellow's performance during the final period of education, and**

**V.A.2.b) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.**

## **V.B. Faculty Evaluation**

**V.B.1. At least annually, the program must evaluate faculty performance as it relates to the educational program.**

**V.B.2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.**

**V.B.3. This evaluation must include at least annual written confidential evaluations by the fellows.**

**V.C. Program Evaluation and Improvement**

**V.C.1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:**

**V.C.1.a) fellow performance;**

**V.C.1.b) faculty development;**

**V.C.1.c) graduate performance, including performance of program graduates on the certification examination; and,**

**V.C.1.d) program quality. Specifically:**

**V.C.1.d).(1) Fellow s and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and**

**V.C.1.d).(2) The program must use the results of fellows' assessments of the program together with other program evaluation results to improve the program.**

**V.C.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.**

**VI. Fellow Duty Hours in the Learning and Working Environment**

**VI.A. Principles**

**VI.A.1. The program must be committed to and be responsible for promoting patient safety and fellow well-being and to providing a supportive educational environment.**

**VI.A.2. The learning objectives of the program must not be compromised by excessive reliance on fellows to fulfill service obligations.**

**VI.A.3. Didactic and clinical education must have priority in the allotment of fellows' time and energy.**

**VI.A.4. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.**

**VI.B. Supervision of Fellows**

**The program must ensure that qualified faculty provide appropriate supervision of fellows in patient care activities.**

**VI.C. Fatigue**

**Faculty and fellows must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.**

**VI.D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)**

**Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.**

**VI.D.1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**

**VI.D.2. Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.**

**VI.D.3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.**

**VI.E. On-call Activities**

**VI.E.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.**

**VI.E.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.**

**VI.E.3. No new patients may be accepted after 24 hours of continuous duty.**

**VI.E.4. At-home call (or pager call)**

**VI.E.4.a) The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow.**

**VI.E.4.b) Fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.**

