ACGME Program Requirements for Graduate Medical Education in Endocrinology, Diabetes and Metabolism (Internal Medicine)

Common Program Requirements are in BOLD

General Subspecialty Requirements are ITALICIZED

Effective: July 1, 2012

Introduction

Int.A. Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Int.B. ~~Subspecialty programs must~~ Endocrinology, diabetes, and metabolism fellowships provide advanced ~~training~~ education to allow ~~the~~ a fellow to acquire competency in the subspecialty with sufficient expertise to act as an independent consultant.

Int.C. ~~An~~ The educational program ~~accredited fellowship~~ in endocrinology, diabetes and metabolism must ~~provide~~ be 24 months ~~of supervised graduate medical education~~ in length.

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 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. An endocrinology, diabetes and metabolism fellowship must function as an integral part of an ACGME-accredited residency ~~program~~ in internal medicine.

I.A.2. *The sponsoring institution must:*

I.A.2.a) establish the endocrinology, diabetes and metabolism fellowship within a department of internal medicine or an administrative unit whose primary mission is the advancement of internal medicine subspecialty education and patient care; and,

I.A.2.b) *provide ~~ensure~~ the program director with adequate support for the administrative activities of the ~~internal medicine subspecialty program~~ fellowship.*

I.A.2.b).(1) *The program director must not be required to generate clinical or other income to provide this administrative support.*

I.A.2.b).(2) *~~It is suggested~~ This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program.*

I.A.3. *The sponsoring institution and participating sites must:*

I.A.3.a) *demonstrate that there is a culture of continuous quality improvement in the areas of patient care, patient safety, and education;*

I.A.3.b) *demonstrate a commitment to quality patient-centered care and safety, education ~~research~~ and scholarship sufficient to support the fellowship ~~program~~; and,*

I.A.3.c) *share appropriate inpatient and outpatient faculty performance data with the program director.*

I.A.3.d) *~~provide fellow compensation, and benefits, faculty, facilities, and resources for education~~*, clinical care, *~~and research required for accreditation;~~*

I.A.3.e) *~~notify the Review Committee within 60 days of changes in institutional governance, affiliation, or resources that affect the educational program as outlined in the Institutional Requirements; and~~*

I.A.3.f) *~~provide fellowship positions in each training program that do not number than the number of accredited training in the program;~~*

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).

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.a).(1) The program director must have at least five years of participation as an active faculty member in an ACGME-accredited internal medicine residency or endocrinology,

153 diabetes, and metabolism fellowship program.
154
155 **II.A.3.b)** **current certification in the subspecialty by the American**
156 **Board of** Internal Medicine (ABIM)**, or specialty qualifications**
157 **acceptable to the Review Committee; and**
158
159 II.A.3.b).(1) The Review Committee only accepts current ABIM
160 certification in endocrinology, diabetes and metabolism.
161
162 **II.A.3.c)** **current medical licensure and appropriate medical staff**
163 **appointment.**
164
165 **II.A.4.** **The program director must administer and maintain an educational**
166 **environment conducive to educating the fellows in each of the**
167 **ACGME competency areas. The program director must:**
168
169 **II.A.4.a)** **oversee and ensure the quality of didactic and clinical**
170 **education in all sites that participate in the program;**
171
172 **II.A.4.b)** **approve a local director at each participating site who is**
173 **accountable for fellow education;**
174
175 **II.A.4.c)** **approve the selection of program faculty as appropriate;**
176
177 **II.A.4.d)** **evaluate program faculty and approve the continued**
178 **participation of program faculty based on evaluation;**
179
180 **II.A.4.e)** **monitor fellow supervision at all participating sites;**
181
182 **II.A.4.f)** **prepare and submit all information required and requested by**
183 **the ACGME, including but not limited to the program**
184 **information forms and annual program fellow updates to the**
185 **ADS, and ensure that the information submitted is accurate**
186 **and complete;**
187
188 **II.A.4.g)** **provide each fellow with documented semiannual evaluation**
189 **of performance with feedback;**
190
191 **II.A.4.h)** **ensure compliance with grievance and due process**
192 **procedures, as set forth in the Institutional Requirements and**
193 **implemented by the sponsoring institution;**
194
195 **II.A.4.i)** **provide verification of fellowship education for all fellows,**
196 **including those who leave the program prior to completion;**
197
198 **II.A.4.j)** **implement policies and procedures consistent with the**
199 **institutional and program requirements for fellow duty hours**
200 **and the working environment, including moonlighting, and, to**
201 **that end, must:**
202

203 **II.A.4.j).(1)** **distribute these policies and procedures to the fellows**
204 **and faculty;**
205
206 **II.A.4.j).(2)** **monitor fellow duty hours, according to sponsoring**
207 **institutional policies, with a frequency sufficient to**
208 **ensure compliance with ACGME requirements;**
209
210 **II.A.4.j).(3)** **adjust schedules as necessary to mitigate excessive**
211 **service demands and/or fatigue; and**
212
213 **II.A.4.j).(4)** **if applicable, monitor the demands of at-home call and**
214 **adjust schedules as necessary to mitigate excessive**
215 **service demands and/or fatigue.**
216
217 **II.A.4.k)** **monitor the need for and ensure the provision of back up**
218 **support systems when patient care responsibilities are**
219 **unusually difficult or prolonged;**
220
221 **II.A.4.l)** **comply with the sponsoring institution's written policies and**
222 **procedures, including those specified in Institutional**
223 **Requirements, for selection, evaluation and promotion of**
224 **fellows, disciplinary action, and supervision of fellows;**
225
226 **II.A.4.m)** **be familiar with and comply with ACGME and Review**
227 **Committee policies and procedures as outlined in the ACGME**
228 **Manual of Policies and Procedures;**
229
230 **II.A.4.n)** **obtain review and approval of the sponsoring institution's**
231 **GMEC/DIO before submitting to the ACGME information or**
232 **requests for the following:**
233
234 **II.A.4.n).(1)** **all applications for ACGME accreditation of new**
235 **programs;**
236
237 **II.A.4.n).(2)** **changes in fellow complement;**
238
239 **II.A.4.n).(3)** **major changes in program structure or length of**
240 **training;**
241
242 **II.A.4.n).(4)** **progress reports requested by the Review Committee;**
243
244 **II.A.4.n).(5)** **responses to all proposed adverse actions;**
245
246 **II.A.4.n).(6)** **requests for increases or any change to fellow duty**
247 **hours;**
248
249 **II.A.4.n).(7)** **voluntary withdrawals of ACGME-accredited**
250 **programs;**
251
252 **II.A.4.n).(8)** **requests for appeal of an adverse action;**

253
254 **II.A.4.n).(9)** **appeal presentations to a Board of Appeal or the**
255 **ACGME; and**
256
257 **II.A.4.n).(10)** **proposals to ACGME for approval of innovative**
258 **educational approaches.**
259
260 **II.A.4.o)** **obtain DIO review and co-signature on all program**
261 **information forms, as well as any correspondence or**
262 **document submitted to the ACGME that addresses:**
263
264 **II.A.4.o).(1)** **program citations; and/or**
265
266 **II.A.4.o).(2)** **request for changes in the program that would have**
267 **significant impact, including financial, on the program**
268 **or institution.**
269
270 *II.A.4.p)* *be responsible for monitoring fellow stress, including mental or*
271 *emotional conditions inhibiting performance or learning, and drug-*
272 *or alcohol-related dysfunction;*
273
274 II.A.4.p).(1) *~~Both~~ The program director ~~and faculty~~ should provide*
275 *access to ~~be sensitive to the need for~~ timely ~~provision of~~*
276 *confidential counseling and psychological support services*
277 *to fellows.*
278
279 II.A.4.p).(2) *Situations that demand excessive service or that*
280 *consistently produce undesirable stress on fellows must be*
281 *evaluated and modified.*
282
283 *II.A.4.p).(3)* *ensure that fellows' service responsibilities are limited to*
284 *patients for whom the teaching service has diagnostic and*
285 *therapeutic responsibility.*
286
287 *II.A.4.q)* *dedicate an average of 20 hours per week of his or her*
288 *professional effort to the ~~internal medicine subspecialty program~~*
289 *fellowship, including ~~with sufficient~~ time for administration of the*
290 *program~~. and receive institutional support for that administrative~~*
291 *~~time.~~;*
292
293 *II.A.4.r)* *participate in academic societies and in educational programs*
294 *designed to enhance his or her educational and administrative*
295 *skills;*
296
297 *II.A.4.s)* *have a reporting relationship with the program director of the*
298 *internal medicine residency program to ensure compliance with*
299 *~~the~~ ACGME accreditation standards; and,*
300
301 *II.A.4.t)* *be available ~~located~~ at the primary ~~principal~~ clinical site.*
302
303 **II.B.** **Faculty**

304
305 **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.**
308
309 **The faculty must:**
310
311 **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**
314
315 **II.B.1.b)** **administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas.**
318
319 **II.B.2.** **The physician faculty must have current certification in the subspecialty by the American Board of** Internal Medicine**, or possess qualifications acceptable by the Review Committee.**
322
323 **II.B.3.** **The physician faculty must possess current medical licensure and appropriate medical staff appointment.**
325
326 **II.B.4.** **The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.**
328
329 **II.B.5.** **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.**
331
332 **II.B.5.a)** **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.**
334
335 **II.B.5.b)** **Some members of the faculty should also demonstrate scholarship by one or more of the following:**
337
338 **II.B.5.b).(1)** **peer-reviewed funding;**
339
340 **II.B.5.b).(2)** **publication of original research or review articles in peer-reviewed journals or chapters in textbooks;**
342
343 **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**
346
347 **II.B.5.b).(4)** **participation in national committees or educational organizations.**
349
350 **II.B.5.c)** **Faculty should encourage and support fellows in scholarly activities.**
352
353 II.B.6. *The physician faculty must meet professional standards of ethical*

behavior.

II.B.7. Key Clinical Faculty

In addition to the program director, each program must have at least one ~~two~~ Key Clinical Faculty (KCF). KCF are attending physicians who dedicate, on average, 10 hours per week throughout the year to the ~~training~~ program. For programs with more than three fellows, ~~enrolled during the accredited portion of the training program, a ratio of KCF to fellows of at least 1:~~ there must be at least one KCF for every 1.5 fellows. ~~must be maintained.~~

II.B.7.a) Key Clinical Faculty Qualifications

II.B.7.a).(1) KCF must be active clinicians with ~~broad~~ knowledge of, experience with, and commitment to endocrinology, diabetes and metabolism as a discipline.

II.B.7.a).(2) KCF must have current ABIM certification in endocrinology, diabetes and metabolism.

II.B.7.b) Key Clinical Faculty Responsibilities

II.B.7.b).(1) In addition to the responsibilities of all individual faculty members, the KCF ~~with~~ and the program director are responsible for the planning, implementation, monitoring and evaluation of the fellows' clinical and research education ~~training~~.

II.B.7.b).(2) ~~The majority of~~ At least 50% of the KCF must demonstrate evidence of productivity in ~~the~~ scholarship, specifically, peer-reviewed funding; publication of original research, review articles, editorial, or case reports in peer-reviewed journals; or chapters in textbooks. ~~as defined in II.B.5.b.(1), or (2) above.~~

II.B.7.b).(3) At least one of the KCF must:

II.B.7.b).(3).(a) be knowledgeable in the evaluation and assessment of the ACGME competencies; and,

II.B.7.b).(3).(b) spend significant time in the evaluation of fellows, including the direct observation of fellows with patients.

II.B.7.b).(4) Appointment of one KCF to be an associate program director is suggested.

II.B.8. *~~All~~ Clinical faculty members should participate in ~~prescribed~~ faculty development programs designed to enhance the effectiveness of their teaching.*

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 the program.

II.C.1. *There must be services available from other health care professionals, including dietitians, language interpreters, nurses, occupational therapists, physical therapists, and social workers.*

II.C.2. There must be a close working relationship with dietary and/or nutrition services, as well as with specialists in nephrology, neurology, neurological surgery, obstetrics and gynecology, ophthalmology, pediatrics, podiatry, surgery, and urology.

II.C.3. *There must be ~~ensure the availability of~~ appropriate and timely consultation from other specialties.*

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. *Space and Equipment*

There must be space and equipment for the ~~educational~~ program, ~~i~~including meeting rooms, ~~classrooms,~~ examination rooms, computers, visual and other educational aids, and work/study space.

II.D.2. *Facilities*

II.D.2.a) Inpatient and outpatient systems must be in place to prevent fellows from performing routine clerical functions, including scheduling tests and appointments, and retrieving records and letters.

II.D.2.b) The sponsoring institution must provide the broad range of facilities and clinical support services required to provide comprehensive care of adult patients. ~~Fellows must have clinical experiences in efficient, effective ambulatory and inpatient care settings.~~

II.D.2.c) Fellows must have access to a lounge facility during assigned duty hours.

II.D.2.d) When fellows are ~~assigned night duty~~ in the hospital, assigned night duty, or called in from home, they must be provided with ~~on-call facilities that are convenient and that afford privacy, safety, and a restful environment with~~ a secure space for their

456 *belongings*.
457
458 II.D.3. Laboratory and Imaging Services
459
460 II.D.3.a) There must be a complete biochemistry laboratory and facilities
461 for hormone immunoassays.
462
463 II.D.3.b) There must be access to karyotyping and immunohistologic
464 studies.
465
466 II.D.3.c) Imaging services must include nuclear, ultrasound, and radiologic
467 facilities, including bone density.
468
469 II.D.4. *Medical Records*
470
471 *Access to an electronic health record should be provided. In the absence*
472 *of an existing electronic health record, institutions must demonstrate*
473 *institutional commitment to its development and progress toward its*
474 *implementation.*
475
476 II.D.5. Patient Population
477
478 II.D.5.a) The patient population must have a variety of clinical problems
479 and stages of diseases.
480
481 *II.D.5.b) There must be patients of each ~~both sexes~~ gender, with a broad*
482 *age range, including geriatric patients.*
483
484 *II.D.5.c) A sufficient number of patients must be available to enable ~~ensure~~*
485 *~~adequate inpatient and ambulatory experience for~~ each fellow to*
486 *achieve the required educational outcomes.*
487
488 **II.E. Medical Information Access**
489
490 **Fellows must have ready access to specialty-specific and other appropriate**
491 **reference material in print or electronic format. Electronic medical literature**
492 **databases with search capabilities should be available.**
493
494 **III. Fellow Appointments**
495
496 **III.A. Eligibility Criteria**
497
498 **The program director must comply with the criteria for fellow eligibility as**
499 **specified in the Institutional Requirements.**
500
501 III.A.1. *Prior to appointment in the fellowship ~~program~~, fellows should have*
502 *completed an ACGME-accredited internal medicine ~~education~~ program.*
503
504 III.A.2. *Fellows from non-ACGME-accredited internal medicine ~~education~~*
505 *programs must have at least three years of internal medicine education*
506 *prior to starting the fellowship.*

III.A.3. *The program director must inform ~~non-ACGME~~ ~~trained~~ applicants from non-ACGME-accredited programs, prior to appointment and in writing, of the ABIM policies and procedures that ~~may~~ will affect ~~the fellow's~~ their eligibility for ABIM certification.*

III.A.4. *When averaged over any five-year period, a minimum of 75% of fellows in each ~~subspecialty training~~ program must be graduates of an ACGME-accredited internal medicine ~~training~~ program~~. Non-ACGME internal medicine trained fellows must have at least three years of internal medicine training prior to starting fellowship~~.*

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. *The ~~minimum~~ number of available fellow positions in the ~~training~~ program must be at least one per year ~~not be less than the number of accredited training years in the program~~.*

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, residents 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.

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.3.a) *The core curriculum must include a didactic program based upon the core knowledge content in the subspecialty area.*

IV.A.3.a).(1) *The program must afford each fellow an opportunity to review topics covered in conferences that he or she was unable to attend.*

IV.A.3.a).(2) *Fellows must participate in clinical case conferences, journal clubs, research conferences, and morbidity and mortality or quality improvement conferences.*

IV.A.3.a).(3) *All core conferences must have at least one faculty member present, and must be scheduled as to ensure peer-peer and peer-faculty interaction.*

IV.A.3.b) *Patient-based teaching must include direct interaction between fellows and ~~attendings~~ faculty members, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. The teaching must be:*

IV.A.3.b).(1) *formally conducted on all inpatient, outpatient, and consultative services; and,*

IV.A.3.b).(2) *conducted with a frequency and duration ~~sufficient to~~ that ensures a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) ~~teaching attending~~ and fellows.*

IV.A.3.c) *Fellows must receive instruction in practice management relevant to endocrinology, diabetes, and metabolism.*

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.**

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:

608
609 *IV.A.5.a).(1)* *must demonstrate competence in the practice of health*
610 *promotion, disease prevention, diagnosis, care, and*
611 *treatment of ~~men and women~~ patients of each gender,*
612 *from adolescence to old age, during health and all stages*
613 *of illness;*
614
615 IV.A.5.a).(2) ~~must have formal instruction, clinical experience, and~~ must
616 demonstrate competence in the ~~prevention,~~ evaluation and
617 management of hormonal problems including diseases,
618 infections, neoplasms and other causes of dysfunction of
619 the following endocrine organs:
620
621 IV.A.5.a).(2).(a) adrenal cortex and medulla;
622
623 IV.A.5.a).(2).(b) hypothalamus and pituitary;
624
625 IV.A.5.a).(2).(c) ovaries and testes;
626
627 IV.A.5.a).(2).(d) pancreatic islets;
628
629 IV.A.5.a).(2).(e) parathyroid; and,
630
631 IV.A.5.a).(2).(f) thyroid.
632
633 IV.A.5.a).(3) ~~must have formal instruction, clinical experience, and~~ must
634 demonstrate competence in the ~~evaluation and~~
635 ~~management of~~ care of patients with type-1 and type-2
636 diabetes, including:
637
638 IV.A.5.a).(3).(a) diabetes detection and management during
639 pregnancy;
640
641 IV.A.5.a).(3).(b) evaluation and management of acute, life-
642 threatening complications of hyper- and hypo-
643 glycemia;
644
645 IV.A.5.a).(3).(c) evaluation and management of intensive insulin
646 therapy in critical care and surgical patients;
647
648 IV.A.5.a).(3).(d) intensive management of glycemic control in the
649 ambulatory setting;
650
651 IV.A.5.a).(3).(e) long term goals, counseling, education, and
652 monitoring;
653
654 IV.A.5.a).(3).(f) multidisciplinary diabetes education and treatment
655 program; and,
656
657 IV.A.5.a).(3).(g) prevention and surveillance of microvascular and
658 macrovascular complications.

IV.A.5.a).(4) ~~must have formal instruction, clinical experience, and~~ must demonstrate competence in the ~~evaluation and management of multifactorial disorders associated with hormonal regulation including~~ care of patients with~~, including~~:

IV.A.5.a).(4).(a) ~~patients with~~ calcium, phosphorus, and magnesium imbalances;

IV.A.5.a).(4).(b) ~~patients with~~ disorders of bone and mineral metabolism, with particular emphasis on the diagnosis and management of osteoporosis;

IV.A.5.a).(4).(c) ~~patients with~~ disorders of fluid, electrolyte, and acid-base metabolism;

IV.A.5.a).(4).(d) ~~patients with~~ gonadal disorders; and,

IV.A.5.a).(4).(e) ~~patients with~~ nutritional disorders of obesity, anorexia nervosa, and bulimia.

IV.A.5.a).(5) must demonstrate competence in the performance of the following:

IV.A.5.a).(5).(a) diagnosis and management of ectopic hormone production;

IV.A.5.a).(5).(b) diagnosis and management of lipid and lipoprotein disorders;

IV.A.5.a).(5).(c) genetic screening and counseling for endocrine and metabolic disorders;

IV.A.5.a).(5).(d) interpretation of hormone assays;

IV.A.5.a).(5).(e) interpretation of laboratory studies, including the effects of non-endocrine disorders on these studies;

IV.A.5.a).(5).(f) interpretation of radiologic studies for diagnosis and treatment of endocrine and metabolic diseases, including:

IV.A.5.a).(5).(f).(i) computed tomography;

IV.A.5.a).(5).(f).(ii) magnetic resonance imaging;

IV.A.5.a).(5).(f).(iii) quantification of bone density;

IV.A.5.a).(5).(f).(iv) radionuclide localization of endocrine tissue;

and,

IV.A.5.a).(5).(f).(v) ultrasonography of the soft tissues of the neck.

IV.A.5.a).(5).(g) parenteral nutrition support;

IV.A.5.a).(5).(h) performance and interpretation of stimulation and suppression tests; and,

IV.A.5.a).(5).(i) ~~must demonstrate competence in the performance~~ thyroid biopsy.

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 demonstrate knowledge of the scientific method of problem solving, and evidence-based decision making;* ~~commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values~~

IV.A.5.b).(2) *must ~~develop~~ demonstrate knowledge ~~understanding~~ of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures;*

IV.A.5.b).(3) must demonstrate knowledge of:

IV.A.5.b).(3).(a) basic laboratory techniques, including quality control, quality assurance, and proficiency standards;

IV.A.5.b).(3).(b) biochemistry and physiology, including cell and molecular biology, as they relate to endocrinology, diabetes, and metabolism;

IV.A.5.b).(3).(c) ~~must demonstrate knowledge of~~ developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation;

IV.A.5.b).(3).(d) endocrine adaptations and maladaptations to systemic diseases;

IV.A.5.b).(3).(e) endocrine aspects of psychiatric diseases;

761 IV.A.5.b).(3).(f) ~~must demonstrate knowledge of~~ endocrine
762 physiology and pathophysiology in systemic
763 diseases and principles of hormone action;
764
765 IV.A.5.b).(3).(g) ~~must demonstrate knowledge of~~ genetics as it
766 relates to endocrine diseases;
767
768 IV.A.5.b).(3).(h) ~~must demonstrate knowledge of~~ pathogenesis and
769 epidemiology of diabetes mellitus;
770
771 IV.A.5.b).(3).(i) ~~must demonstrate knowledge of~~ signal transduction
772 pathways and biology of hormone receptors; and,
773
774 IV.A.5.b).(3).(j) ~~must demonstrate knowledge of~~ whole organ and
775 islet cell pancreatic transplantation.
776
777 ~~IV.A.5.b).(3).(k) performance of endocrine clinical laboratory and~~
778 ~~radionuclide studies and~~
779
780 **IV.A.5.c) Practice-based Learning and Improvement**
781
782 **Fellows must demonstrate the ability to investigate and**
783 **evaluate their care of patients, to appraise and assimilate**
784 **scientific evidence, and to continuously improve patient care**
785 **based on constant self-evaluation and life-long learning.**
786 **Fellows are expected to develop skills and habits to be able**
787 **to meet the following goals:**
788
789 **IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's**
790 **knowledge and expertise;**
791
792 **IV.A.5.c).(2) set learning and improvement goals;**
793
794 **IV.A.5.c).(3) identify and perform appropriate learning activities;**
795
796 **IV.A.5.c).(4) systematically analyze practice, using quality**
797 **improvement methods, and implement changes with**
798 **the goal of practice improvement;**
799
800 **IV.A.5.c).(5) incorporate formative evaluation feedback into daily**
801 **practice;**
802
803 **IV.A.5.c).(6) locate, appraise, and assimilate evidence from**
804 **scientific studies related to their patients' health**
805 **problems;**
806
807 **IV.A.5.c).(7) use information technology to optimize learning;**
808
809 **IV.A.5.c).(8) participate in the education of patients, families,**
810 **students, fellows and other health professionals;**

811
812 IV.A.5.c).(9) *obtain procedure-specific informed consent by competently educating patients about rationale, technique, and complications of procedures; and,*

816 IV.A.5.c).(10) ~~Fellows must acquire knowledge of and skill~~ demonstrate competence in educating patients about the rationale, technique, and complications of thyroid biopsy.

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

822 **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:**

827 **IV.A.5.d).(1)** **communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**

831 **IV.A.5.d).(2)** **communicate effectively with physicians, other health professionals, and health related agencies;**

834 **IV.A.5.d).(3)** **work effectively as a member or leader of a health care team or other professional group;**

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

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

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

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

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

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

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

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

858 **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.e).(6) *high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members, and avoiding conflicts of interest; and,*

IV.A.5.e).(7) *a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.*

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.A.6. Curriculum Organization and Fellow Experiences

IV.A.6.a) A minimum of 12 months must be devoted to clinical experience.

IV.A.6.b) *Fellows must participate in training using simulation.*

IV.A.6.c) Experience with Continuity Ambulatory Patients

Fellows must have continuity ambulatory clinic experience ~~to develop a continuous healing relationship with patients for whom they provide endocrinology, diabetes and metabolism care. This continuity experience should~~ that exposes ~~fellows~~ them to the

911 breadth and depth of endocrinology, diabetes, and metabolism.
912
913 IV.A.6.c).(1) ~~Overall~~ This experience should average one half-day each
914 week.
915
916 IV.A.6.c).(1).(a) The program must include a minimum of two half-
917 days of ambulatory care per week, ~~as~~ averaged
918 over the two years of ~~training~~ education, which
919 includes the continuity ambulatory experience.
920
921 IV.A.6.c).(1).(b) Three half-days of ambulatory care per week is
922 suggested.
923
924 IV.A.6.c).(2) ~~Overall~~ This experience must include an appropriate
925 distribution of patients of each ~~both~~ gender and a diversity
926 of ages, which~~. This~~ should be accomplished ~~by~~ through
927 either:
928
929 IV.A.6.c).(2).(a) a continuity clinic which provides fellows the
930 opportunity to learn the course of disease; or,
931
932 IV.A.6.c).(2).(b) selected blocks of at least six months which
933 address specific areas of endocrine disease.
934
935 IV.A.6.c).(3) Each fellow should, on average, be responsible for four to
936 eight patients during each half-day session.
937
938 IV.A.6.c).(4) The continuing patient care experience should not be
939 interrupted by more than one month, excluding a fellow's
940 vacation.
941
942 IV.A.6.c).(5) Continuity patients should not be limited to one disease
943 type, but should expose fellows to patients with a broad
944 variety and stage of disease.
945
946 IV.A.6.c).(6) ~~It is suggested that~~ Fellows should be informed of the
947 status of their continuity patients when ~~they~~ such patients
948 are hospitalized, as clinically appropriate. ~~so the fellows~~
949 ~~can make appropriate arrangements to maintain continuity~~
950 ~~of care.~~
951
952 IV.A.6.d) Procedures and Technical Skills
953
954 *IV.A.6.d).(1)* *Direct ~~faculty~~ supervision of procedures performed by each*
955 *fellow must occur until proficiency has been acquired and*
956 *documented by the program director.*
957
958 IV.A.6.d).(2) ~~A skilled preceptor~~ Faculty members must ~~be available to~~
959 teach and supervise the fellows in the performance and
960 interpretation of ~~these~~ procedures,~~. Procedures~~ which
961 must be documented in each fellow's record, including

indications, outcomes, diagnoses, and supervisor(s).

IV.A.6.e) ~~The~~ Fellows must have experience ~~be given opportunities to function~~ in the role of an endocrinology consultant in both the inpatient and outpatient settings.

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) The majority of fellows must demonstrate evidence of ~~recent research productivity~~ scholarship conducted during the fellowship through one or more of the following:

IV.B.2.a).(1) publication of articles, book chapters, abstracts or case reports in peer-reviewed journals;

IV.B.2.a).(2) publication of peer-reviewed performance improvement or education research;

IV.B.2.a).(3) peer-reviewed funding; or,

IV.B.2.a).(4) peer-reviewed abstracts presented at regional, state or national specialty meetings.

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

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.a).(1) The faculty must discuss this evaluation with ~~the~~ each fellow at the completion of ~~the~~ each assignment.

V.A.1.a).(2) Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed.

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).(1).(a) *Patient Care*

The program must assess the fellow in data gathering, clinical reasoning, patient management and procedures in both the inpatient and outpatient setting. This assessment must involve direct observation of fellow-patient encounters.

V.A.1.b).(1).(a).(i) *Each program must define ~~a standard~~ criteria for ~~proficiency~~ competence for all required and elective procedures.*

V.A.1.b).(1).(a).(ii) *The record of evaluation must include the fellow's logbook or an equivalent method to demonstrate that each fellow has achieved competence in the performance of required procedures.*

V.A.1.b).(1).(b) *Medical Knowledge*

The program must use an objective formative assessment method. The same formative assessment method must be administered at least twice during the program.

V.A.1.b).(1).(c) *Practice-based Learning and Improvement*

The program must use performance data to assess the fellow in:

V.A.1.b).(1).(c).(i) *application of evidence to patient care;*

V.A.1.b).(1).(c).(ii) *practice improvement;*

V.A.1.b).(1).(c).(iii) *teaching skills involving peers and patients; and,*

V.A.1.b).(1).(c).(iv) *scholarship.*

V.A.1.b).(1).(d) *Interpersonal and Communication Skills*

The program must use both direct observation and multi-source evaluation, including patients, peers

1064 *and non-physician team members, to assess fellow performance in:*
1065
1066
1067 *V.A.1.b).(1).(d).(i)* *communication with patient and family;*
1068
1069 *V.A.1.b).(1).(d).(ii)* *teamwork;*
1070
1071 *V.A.1.b).(1).(d).(iii)* *communication with peers, including transitions in care; and,*
1072
1073
1074 *V.A.1.b).(1).(d).(iv)* *record keeping.*
1075
1076 *V.A.1.b).(1).(e)* *Professionalism*
1077
1078 *The program must use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's:*
1079
1080
1081
1082 *V.A.1.b).(1).(e).(i)* *honesty and integrity;*
1083
1084 *V.A.1.b).(1).(e).(ii)* *ability to meet professional responsibilities;*
1085
1086 *V.A.1.b).(1).(e).(iii)* *ability to maintain appropriate professional relationships with patients and colleagues; and,*
1087
1088
1089
1090 *V.A.1.b).(1).(e).(iv)* *commitment to self-improvement.*
1091
1092 *V.A.1.b).(1).(f)* *Systems-based Practice*
1093
1094 *The program must use multi-source evaluation, including peers, and non-physician team members, to assess each fellow's:*
1095
1096
1097
1098 *V.A.1.b).(1).(f).(i)* *ability to provide care coordination, including transition of care;*
1099
1100
1101 *V.A.1.b).(1).(f).(ii)* *ability to work in interdisciplinary teams;*
1102
1103 *V.A.1.b).(1).(f).(iii)* *advocacy for quality of care; and,*
1104
1105 *V.A.1.b).(1).(f).(iv)* *ability to identify system problems and participate in improvement activities.*
1106
1107
1108 **V.A.1.b).(2)** **use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);**
1109
1110
1111 **V.A.1.b).(3)** **document progressive fellow performance improvement appropriate to educational level; and**
1112
1113
1114 **V.A.1.b).(4)** **provide each fellow with documented semiannual**

1115 **evaluation of performance with feedback.**
1116
1117 V.A.1.b).(4).(a) *Fellows' performance in continuity clinic must be*
1118 *reviewed with them verbally and in writing at least*
1119 *semiannually.*
1120
1121 **V.A.1.c) The evaluations of fellow performance must be accessible for**
1122 **review by the fellow, in accordance with institutional policy.**
1123
1124 **V.A.2. Summative Evaluation**
1125
1126 **The program director must provide a summative evaluation for each**
1127 **fellow upon completion of the program. This evaluation must**
1128 **become part of the fellow's permanent record maintained by the**
1129 **institution, and must be accessible for review by the fellow in**
1130 **accordance with institutional policy. This evaluation must:**
1131
1132 **V.A.2.a) document the fellow's performance during the final period of**
1133 **education; and**
1134
1135 **V.A.2.b) verify that the fellow has demonstrated sufficient competence**
1136 **to enter practice without direct supervision.**
1137
1138 **V.B. Faculty Evaluation**
1139
1140 **V.B.1. At least annually, the program must evaluate faculty performance as**
1141 **it relates to the educational program.**
1142
1143 **V.B.2. These evaluations should include a review of faculty's clinical**
1144 **teaching abilities, commitment to the educational program, clinical**
1145 **knowledge, professionalism, and scholarly activities.**
1146
1147 **V.B.3. This evaluation must include at least annual written confidential**
1148 **evaluations by fellows.**
1149
1150 *V.B.3.a) ~~In addition,~~ Fellows must have the opportunity to provide*
1151 *confidential written evaluations of each supervising faculty*
1152 *member at the end of ~~a~~ each rotation.*
1153
1154 *V.B.3.b) ~~The program director must be reviewed~~ These evaluations must*
1155 *be reviewed with each ~~attending~~ faculty member annually.*
1156
1157 **V.C. Program Evaluation and Improvement**
1158
1159 **V.C.1. The program must document formal, systematic evaluation of the**
1160 **curriculum at least annually. The program must monitor and track**
1161 **each of the following areas:**
1162
1163 **V.C.1.a) fellow performance;**
1164

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.c).(1) *At least 80% of program's graduating fellows from ~~those eligible to take an ABIM subspecialty certifying examination upon completion of their training for~~ the most recently defined five year period who are eligible should ~~must have~~ taken ~~an~~ the ABIM ~~subspecialty~~ certifying examination. ~~(Note: Five-year rolling pass rate for first time takers of the ABIM certifying examination will be examined at each program review).~~*

V.C.1.c).(2) *At least 80% of a program's graduates taking the ABIM certifying examination for the first time during the most recently defined five year period should pass.*

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

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

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.1.d).(3) *At least 80% of the entering fellows should have completed the program when averaged over a five-year period.*

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.**

V.C.3. *Representative program personnel, at a minimum to include the program director, representative faculty, and one fellow, must review program goals and objectives, and the effectiveness with which they are achieved.*

VI. Fellow Duty Hours in the Learning and Working Environment

VI.A. Professionalism, Personal Responsibility, and Patient Safety

VI.A.1. **Programs and sponsoring institutions must educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.**

1215

1216 **VI.A.2.** **The program must be committed to and responsible for promoting**
1217 **patient safety and fellow well-being in a supportive educational**
1218 **environment.**
1219

1220 **VI.A.3.** **The program director must ensure that fellows are integrated and**
1221 **actively participate in interdisciplinary clinical quality improvement**
1222 **and patient safety programs.**
1223

1224 **VI.A.4.** **The learning objectives of the program must:**
1225

1226 **VI.A.4.a)** **be accomplished through an appropriate blend of supervised**
1227 **patient care responsibilities, clinical teaching, and didactic**
1228 **educational events; and,**
1229

1230 **VI.A.4.b)** **not be compromised by excessive reliance on fellows to fulfill**
1231 **non-physician service obligations.**
1232

1233 ~~*VI.A.4.b).(1)*~~ ~~*Fellows' service responsibilities must be limited to patients*~~
1234 ~~*for whom the teaching service has diagnostic and*~~
1235 ~~*therapeutic responsibility.*~~
1236

1237 **VI.A.5.** **The program director and institution must ensure a culture of**
1238 **professionalism that supports patient safety and personal**
1239 **responsibility. Fellows and faculty members must demonstrate an**
1240 **understanding and acceptance of their personal role in the**
1241 **following:**
1242

1243 **VI.A.5.a)** **assurance of the safety and welfare of patients entrusted to**
1244 **their care;**
1245

1246 **VI.A.5.b)** **provision of patient- and family-centered care;**
1247

1248 **VI.A.5.c)** **assurance of their fitness for duty;**
1249

1250 **VI.A.5.d)** **management of their time before, during, and after clinical**
1251 **assignments;**
1252

1253 **VI.A.5.e)** **recognition of impairment, including illness and fatigue, in**
1254 **themselves and in their peers;**
1255

1256 **VI.A.5.f)** **attention to lifelong learning;**
1257

1258 **VI.A.5.g)** **the monitoring of their patient care performance improvement**
1259 **indicators; and,**
1260

1261 **VI.A.5.h)** **honest and accurate reporting of duty hours, patient**
1262 **outcomes, and clinical experience data.**
1263

1264 **VI.A.6.** **All fellows and faculty members must demonstrate responsiveness**

1265 **to patient needs that supersedes self-interest. Physicians must**
1266 **recognize that under certain circumstances, the best interests of the**
1267 **patient may be served by transitioning that patient's care to another**
1268 **qualified and rested provider.**
1269
1270 **VI.B. Transitions of Care**
1271
1272 **VI.B.1. Programs must design clinical assignments to minimize the number**
1273 **of transitions in patient care.**
1274
1275 **VI.B.2. Sponsoring institutions and programs must ensure and monitor**
1276 **effective, structured hand-over processes to facilitate both**
1277 **continuity of care and patient safety.**
1278
1279 **VI.B.3. Programs must ensure that fellows are competent in communicating**
1280 **with team members in the hand-over process.**
1281
1282 **VI.B.4. The sponsoring institution must ensure the availability of schedules**
1283 **that inform all members of the health care team of attending**
1284 **physicians and fellows currently responsible for each patient's care.**
1285
1286 **VI.C. Alertness Management/Fatigue Mitigation**
1287
1288 **VI.C.1. The program must:**
1289
1290 **VI.C.1.a) educate all faculty members and fellows to recognize the**
1291 **signs of fatigue and sleep deprivation;**
1292
1293 **VI.C.1.b) educate all faculty members and fellows in alertness**
1294 **management and fatigue mitigation processes; and,**
1295
1296 **VI.C.1.c) adopt fatigue mitigation processes to manage the potential**
1297 **negative effects of fatigue on patient care and learning, such**
1298 **as naps or back-up call schedules.**
1299
1300 **VI.C.2. Each program must have a process to ensure continuity of patient**
1301 **care in the event that a fellow may be unable to perform his/her**
1302 **patient care duties.**
1303
1304 **VI.C.3. The sponsoring institution must provide adequate sleep facilities**
1305 **and/or safe transportation options for fellows who may be too**
1306 **fatigued to safely return home.**
1307
1308 **VI.D. Supervision of Fellows**
1309
1310 **VI.D.1. In the clinical learning environment, each patient must have an**
1311 **identifiable, appropriately-credentialed and privileged attending**
1312 **physician (or licensed independent practitioner as approved by each**
1313 **Review Committee) who is ultimately responsible for that patient's**
1314 **care.**

VI.D.1.a) **This information should be available to fellows, faculty members, and patients.**

VI.D.1.b) **Fellows and faculty members should inform patients of their respective roles in each patient's care.**

VI.D.2. **The program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients.**

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care.

VI.D.3. **Levels of Supervision**

To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision:

VI.D.3.a) **Direct Supervision – the supervising physician is physically present with the fellow and patient.**

VI.D.3.b) **Indirect Supervision:**

VI.D.3.b).(1) **with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.**

VI.D.3.b).(2) **with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.**

VI.D.3.c) **Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.**

VI.D.4. **The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to**

1365 **each fellow must be assigned by the program director and faculty**
1366 **members.**
1367
1368 **VI.D.4.a)** **The program director must evaluate each fellow's abilities**
1369 **based on specific criteria. When available, evaluation should**
1370 **be guided by specific national standards-based criteria.**
1371
1372 **VI.D.4.b)** **Faculty members functioning as supervising physicians**
1373 **should delegate portions of care to fellows, based on the**
1374 **needs of the patient and the skills of the fellows.**
1375
1376 **VI.D.4.c)** **Senior residents or fellows should serve in a supervisory role**
1377 **of junior residents in recognition of their progress toward**
1378 **independence, based on the needs of each patient and the**
1379 **skills of the individual resident or fellow.**
1380
1381 **VI.D.5.** **Programs must set guidelines for circumstances and events in**
1382 **which fellows must communicate with appropriate supervising**
1383 **faculty members, such as the transfer of a patient to an intensive**
1384 **care unit, or end-of-life decisions.**
1385
1386 **VI.D.5.a)** **Each fellow must know the limits of his/her scope of**
1387 **authority, and the circumstances under which he/she is**
1388 **permitted to act with conditional independence.**
1389
1390 **VI.D.5.a).(1)** **In particular, PGY-1 residents should be supervised**
1391 **either directly or indirectly with direct supervision**
1392 **immediately available.**
1393
1394 **VI.D.6.** **Faculty supervision assignments should be of sufficient duration to**
1395 **assess the knowledge and skills of each fellow and delegate to**
1396 **him/her the appropriate level of patient care authority and**
1397 **responsibility.**
1398
1399 **VI.E.** **Clinical Responsibilities**
1400
1401 **The clinical responsibilities for each fellow must be based on PGY-level,**
1402 **patient safety, fellow education, severity and complexity of patient**
1403 **illness/condition and available support services.**
1404
1405 **VI.F.** **Teamwork**
1406
1407 **Fellows must care for patients in an environment that maximizes effective**
1408 **communication. This must include the opportunity to work as a member of**
1409 **effective interprofessional teams that are appropriate to the delivery of care**
1410 **in the specialty.**
1411
1412 **VI.G.** **Fellow Duty Hours**
1413
1414 **VI.G.1.** **Maximum Hours of Work per Week**

1415
1416 **Duty hours must be limited to 80 hours per week, averaged over a**
1417 **four-week period, inclusive of all in-house call activities and all**
1418 **moonlighting.**
1419
1420 **VI.G.1.a)** **Duty Hour Exceptions**
1421
1422 **A Review Committee may grant exceptions for up to 10% or a**
1423 **maximum of 88 hours to individual programs based on a**
1424 **sound educational rationale.**
1425
1426 *The Review Committee for Internal Medicine will not consider*
1427 *requests for exceptions to the 80-hour limit to the fellows' work*
1428 *week.*
1429
1430 **VI.G.1.a).(1)** **In preparing a request for an exception the program**
1431 **director must follow the duty hour exception policy**
1432 **from the ACGME Manual on Policies and Procedures.**
1433
1434 **VI.G.1.a).(2)** **Prior to submitting the request to the Review**
1435 **Committee, the program director must obtain approval**
1436 **of the institution's GMEC and DIO.**
1437
1438 **VI.G.2.** **Moonlighting**
1439
1440 **VI.G.2.a)** **Moonlighting must not interfere with the ability of the fellow**
1441 **to achieve the goals and objectives of the educational**
1442 **program.**
1443
1444 **VI.G.2.b)** **Time spent by fellows in Internal and External Moonlighting**
1445 **(as defined in the ACGME Glossary of Terms) must be**
1446 **counted towards the 80-hour Maximum Weekly Hour Limit.**
1447
1448 **VI.G.2.c)** **PGY-1 residents are not permitted to moonlight.**
1449
1450 **VI.G.3.** **Mandatory Time Free of Duty**
1451
1452 **Fellows must be scheduled for a minimum of one day free of duty**
1453 **every week (when averaged over four weeks). At-home call cannot**
1454 **be assigned on these free days.**
1455
1456 **VI.G.4.** **Maximum Duty Period Length**
1457
1458 **VI.G.4.a)** **Duty periods of PGY-1 residents must not exceed 16 hours in**
1459 **duration.**
1460
1461 **VI.G.4.b)** **Duty periods of PGY-2 residents and above may be**
1462 **scheduled to a maximum of 24 hours of continuous duty in**
1463 **the hospital. Programs must encourage fellows to use**
1464 **alertness management strategies in the context of patient**

1465 **care responsibilities. Strategic napping, especially after 16**
1466 **hours of continuous duty and between the hours of 10:00**
1467 **p.m. and 8:00 a.m., is strongly suggested.**
1468
1469 **VI.G.4.b).(1)** **It is essential for patient safety and fellow education**
1470 **that effective transitions in care occur. Fellows may be**
1471 **allowed to remain on-site in order to accomplish these**
1472 **tasks; however, this period of time must be no longer**
1473 **than an additional four hours.**
1474
1475 **VI.G.4.b).(2)** **Fellows must not be assigned additional clinical**
1476 **responsibilities after 24 hours of continuous in-house**
1477 **duty.**
1478
1479 **VI.G.4.b).(3)** **In unusual circumstances, fellows, on their own**
1480 **initiative, may remain beyond their scheduled period**
1481 **of duty to continue to provide care to a single patient.**
1482 **Justifications for such extensions of duty are limited**
1483 **to reasons of required continuity for a severely ill or**
1484 **unstable patient, academic importance of the events**
1485 **transpiring, or humanistic attention to the needs of a**
1486 **patient or family.**
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1488 **VI.G.4.b).(3).(a)** **Under those circumstances, the fellow must:**
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1490 **VI.G.4.b).(3).(a).(i)** **appropriately hand over the care of all**
1491 **other patients to the team responsible**
1492 **for their continuing care; and,**
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1494 **VI.G.4.b).(3).(a).(ii)** **document the reasons for remaining to**
1495 **care for the patient in question and**
1496 **submit that documentation in every**
1497 **circumstance to the program director.**
1498
1499 **VI.G.4.b).(3).(b)** **The program director must review each**
1500 **submission of additional service, and track**
1501 **both individual fellow and program-wide**
1502 **episodes of additional duty.**
1503
1504 **VI.G.5.** **Minimum Time Off between Scheduled Duty Periods**
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1506 **VI.G.5.a)** **PGY-1 residents should have 10 hours, and must have eight**
1507 **hours, free of duty between scheduled duty periods.**
1508
1509 **VI.G.5.b)** **Intermediate-level residents have 10 hours free of duty, and**
1510 **must have eight hours between scheduled duty periods. They**
1511 **must have at least 14 hours free of duty after 24 hours of in-**
1512 **house duty.**
1513
1514 *Internal medicine subspecialty fellows are considered to be in the*

1515 *final years of education.*
1516
1517 **VI.G.5.c) Residents in the final years of education be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.**
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1521 *Internal medicine subspecialty fellows are considered to be in the final years of education.*
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1524 **VI.G.5.c).(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.**
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1533 **VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by fellows in their final years of education must be monitored by the program director.**
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1539 *VI.G.5.c).(1).(b) In unusual circumstances, fellows may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, must be of the fellows' own initiative, and need not initiate a new 'off-duty period' nor require a change in the scheduled 'off-duty period.'*
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1553 *VI.G.5.c).(1).(c) Under such circumstances, the fellow must appropriately hand over care of all other patients to the team responsible for their continuing care, and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director.*
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1560 *VI.G.5.c).(1).(d) The program director must review each submission of additional service and track both individual fellows' and program-wide episodes of additional duty.*
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1565 **VI.G.6. Maximum Frequency of In-House Night Float**

Fellows must not be scheduled for more than six consecutive nights of night float.

VI.G.7. Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

VI.G.7.a) Internal Medicine ~~residency programs are~~ fellowships must not ~~allowed to~~ average in-house call over a four-week period.

VI.G.8. At-Home Call

VI.G.8.a) Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour 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 duty, when averaged over four weeks.

VI.G.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow.

VI.G.8.b) Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

VII. Innovative Projects

Requests for innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee. In preparing requests, the program director must follow Procedures for Approving Proposals for Innovative Projects located in the ACGME Manual on Policies and Procedures. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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