

1 **ACGME Program Requirements for Graduate Medical Education**
2 **in Cytopathology**
3

4 **Common Program Requirements are in BOLD**

5 *Proposed general requirements for all Pathology fellowships are in ITALICS*
6 *[for tracking during the revision process]*
7

8 Effective: July 2004
9

10 **Introduction**
11

12 **Int.A. Residency and fellowship programs are essential dimensions of the**
13 **transformation of the medical student to the independent practitioner along**
14 **the continuum of medical education. They are physically, emotionally, and**
15 **intellectually demanding, and require longitudinally-concentrated effort on**
16 **the part of the resident or fellow.**
17

18 **The specialty education of physicians to practice independently is**
19 **experiential, and necessarily occurs within the context of the health care**
20 **delivery system. Developing the skills, knowledge, and attitudes leading to**
21 **proficiency in all the domains of clinical competency requires the resident**
22 **and fellow physician to assume personal responsibility for the care of**
23 **individual patients. For the resident and fellow, the essential learning**
24 **activity is interaction with patients under the guidance and supervision of**
25 **faculty members who give value, context, and meaning to those**
26 **interactions. As residents and fellows gain experience and demonstrate**
27 **growth in their ability to care for patients, they assume roles that permit**
28 **them to exercise those skills with greater independence. This concept—**
29 **graded and progressive responsibility—is one of the core tenets of**
30 **American graduate medical education. Supervision in the setting of**
31 **graduate medical education has the goals of assuring the provision of safe**
32 **and effective care to the individual patient; assuring each resident's and**
33 **fellow's development of the skills, knowledge, and attitudes required to**
34 **enter the unsupervised practice of medicine; and establishing a foundation**
35 **for continued professional growth.**
36
37

38 ~~Int.A. Definition and Scope of the Subspecialty~~
39

40 ~~Int.B. Cytopathology is the subspecialty of pathology concerned with the study and~~
41 ~~diagnosis of human disease manifested in cells. Diagnostic cytopathology~~
42 ~~requires a strong foundation in anatomic pathology.~~
43

44 ~~Int.B. Duration and Scope of Education~~
45

46 ~~Int.B.1. Graduate medical education programs in cytopathology must provide an~~
47 ~~organized educational experience for qualified physicians seeking to~~
48 ~~acquire the competence of a cytopathologist.~~
49

50 ~~Int.B.2. Programs will be accredited to offer one year of organized education in all~~
51 ~~current aspects of cytopathology, including laboratory procedures,~~

52 laboratory management, quality assurance, self-assessment, diagnostic
53 and patient care decision making, and the scientific basis of
54 cytopathology.
55

56 Int.C. The educational program in cytopathology must be 12 months in length.
57

58 **I. Institutions**

59
60 **I.A. Sponsoring Institution**

61
62 **One sponsoring institution must assume ultimate responsibility for the**
63 **program, as described in the Institutional Requirements, and this**
64 **responsibility extends to fellow assignments at all participating sites.**
65

66 **The sponsoring institution and the program must ensure that the program**
67 **director has sufficient protected time and financial support for his or her**
68 **educational and administrative responsibilities to the program.**
69

70 ~~I.A.1. A cytopathology program should be administratively attached to an~~
71 ~~Accreditation Council for Graduate Medical Education (ACGME)-~~
72 ~~accredited residency in anatomic and clinical pathology or anatomic~~
73 ~~pathology.~~
74

75 **I.B. Participating Sites**

76
77 **I.B.1. There must be a program letter of agreement (PLA) between the**
78 **program and each participating site providing a required**
79 **assignment. The PLA must be renewed at least every five years.**
80

81 **The PLA should:**

82
83 **I.B.1.a) identify the faculty who will assume both educational and**
84 **supervisory responsibilities for fellows;**

85
86 **I.B.1.b) specify their responsibilities for teaching, supervision, and**
87 **formal evaluation of fellows, as specified later in this**
88 **document;**

89
90 **I.B.1.c) specify the duration and content of the educational**
91 **experience; and,**

92
93 **I.B.1.d) state the policies and procedures that will govern fellow**
94 **education during the assignment.**

95
96 **I.B.2. The program director must submit any additions or deletions of**
97 **participating sites routinely providing an educational experience,**
98 **required for all fellows, of one month full time equivalent (FTE) or**
99 **more through the Accreditation Council for Graduate Medical**
100 **Education (ACGME) Accreditation Data System (ADS).**
101

- 102 **II. Program Personnel and Resources**
 103
 104 **II.A. Program Director**
 105
 106 **II.A.1. There must be a single program director with authority and**
 107 **accountability for the operation of the program. The sponsoring**
 108 **institution’s GMEC must approve a change in program director.**
 109 **After approval, the program director must submit this change to the**
 110 **ACGME via the ADS.**
 111
 112 **II.A.2. Qualifications of the program director must include:**
 113
 114 **II.A.2.a) requisite specialty expertise and documented educational**
 115 **and administrative experience acceptable to the Review**
 116 **Committee;**
 117
 118 **II.A.2.b) current certification in the subspecialty by the American**
 119 **Board of Pathology (ABP), or subspecialty qualifications that**
 120 **are acceptable to the Review Committee;**
 121
 122 **II.A.2.b).(1)** *If the program director is not certified in the subspecialty by*
 123 *the ABP, at least one full-time faculty member must be*
 124 *certified in the subspecialty.*
 125
 126 **II.A.2.c) current medical licensure and appropriate medical staff**
 127 **appointment; and,**
 128
 129 **II.A.2.d)** *at least three years of active participation as a specialist in*
 130 *cytopathology following completion of the most recent graduate*
 131 *medical education program.*
 132
 133 **II.A.2.e)** ~~licensure to practice medicine in the state where the sponsoring~~
 134 ~~institution is located.~~
 135
 136 **II.A.3. The program director must administer and maintain an educational**
 137 **environment conducive to educating the fellows in each of the**
 138 **ACGME competency areas. The program director must:**
 139
 140 **II.A.3.a) prepare and submit all information required and requested by**
 141 **the ACGME;**
 142
 143 **II.A.3.b) be familiar with and oversee compliance with ACGME and**
 144 **Review Committee policies and procedures as outlined in the**
 145 **ACGME Manual of Policies and Procedures;**
 146
 147 **II.A.3.c) obtain review and approval of the sponsoring institution’s**
 148 **GMEC/DIO before submitting to the ACGME information or**
 149 **requests for the following:**
 150
 151 **II.A.3.c).(1) all applications for ACGME accreditation of new**

- 152 programs;
- 153
- 154 **II.A.3.c).(2)** changes in fellow complement;
- 155
- 156 **II.A.3.c).(3)** major changes in program structure or length of
- 157 training;
- 158
- 159 **II.A.3.c).(4)** progress reports requested by the Review Committee;
- 160
- 161 **II.A.3.c).(5)** responses to all proposed adverse actions;
- 162
- 163 **II.A.3.c).(6)** requests for increases or any change to fellow duty
- 164 hours;
- 165
- 166 **II.A.3.c).(7)** voluntary withdrawals of ACGME-accredited
- 167 programs;
- 168
- 169 **II.A.3.c).(8)** requests for appeal of an adverse action; and,
- 170
- 171 **II.A.3.c).(9)** appeal presentations to a Board of Appeal or the
- 172 ACGME.
- 173
- 174 **II.A.3.d)** obtain DIO review and co-signature on all program
- 175 information forms, as well as any correspondence or
- 176 document submitted to the ACGME that addresses:
- 177
- 178 **II.A.3.d).(1)** program citations, and/or
- 179
- 180 **II.A.3.d).(2)** request for changes in the program that would have
- 181 significant impact, including financial, on the program
- 182 or institution.
- 183
- 184 **II.A.3.e)** prepare and implement a supervision policy that specifies fellow
- 185 and faculty lines of responsibility; and,
- 186
- 187 **II.A.3.f)** devote at least 35% of his or her time to clinical work with fellows,
- 188 teaching, and fellowship-related administration.
- 189
- 190 ~~II.A.4. must ensure that fellows learn to perform fine needle aspirations (FNA)~~
- 191 ~~on living patients and provide rapid evaluation of these specimens. The~~
- 192 ~~program director must ensure that fellows perform an adequate number~~
- 193 ~~of fine needle aspirations procedures to develop competence in the~~
- 194 ~~performance of this procedure. These should include FNAs of the thyroid~~
- 195 ~~gland, head and neck, breast, and other superficial soft tissue masses.~~
- 196 ~~The program director must ensure that fellows maintain a log of the~~
- 197 ~~procedures they perform.~~
- 198
- 199 **II.B. Faculty**
- 200
- 201 **II.B.1. There must be a sufficient number of faculty with documented**

- 202 **qualifications to instruct and supervise all fellows.**
203 **II.B.2. The faculty must devote sufficient time to the educational program**
204 **to fulfill their supervisory and teaching responsibilities and**
205 **demonstrate a strong interest in the education of fellows.**
206
207 **II.B.2.a) The faculty must, in aggregate, devote at least 20 hours per week**
208 **to fellowship-related clinical work and teaching.**
209
210 **II.B.3. The physician faculty must have current certification in the**
211 **subspecialty by the American Board of Pathology, or possess**
212 **qualifications acceptable to the Review Committee.**
213
214 **II.B.3.a) Physician faculty members who are not currently certified in**
215 **cytopathology must have either completed a fellowship or have**
216 **three years of practice experience in the subspecialty.**
217
218 **II.B.4. The physician faculty must possess current medical licensure and**
219 **appropriate medical staff appointment.**
220
221 **II.C. Other Program Personnel**
222
223 **The institution and the program must jointly ensure the availability of all**
224 **necessary professional, technical, and clerical personnel for the effective**
225 **administration of the program.**
226
227 **II.C.1. There must be secretarial and qualified laboratory technical personnel to**
228 **support the clinical, teaching, educational, and research activities of the**
229 **fellowship.**
230
231 **II.D. Resources**
232
233 **The institution and the program must jointly ensure the availability of**
234 **adequate resources for fellow education, as defined in the specialty**
235 **program requirements.**
236
237 **II.D.1. There must be office space, meeting rooms, and laboratory space to**
238 **support teaching, educational, and research activities.**
239
240 **II.D.2. Clinical material related to the subspecialty area of the fellowship must be**
241 **provided.**
242
243 **II.D.2.a) Clinical material must be indexed so as to permit retrieval of**
244 **archived records by specified organ and/or diagnosis in a timely**
245 **manner.**
246
247 **II.D.2.b) The program must provide access to New patient clinical**
248 **specimens must include a large volume and variety of**
249 **cytopathology material that includes gynecologic, non-**
250 **gynecologic, and fine needle aspiration (FNA) samples. ~~The~~**
251 **~~material and files must be organized to permit appropriate~~**

252 retrieval. There must be mechanisms to facilitate correlation with
253 other diagnostic studies.

254
255 II.D.3. Laboratories should be equipped to perform all tests required for the
256 education of fellows.

257
258 II.D.3.a) This must include: equipment for processing gynecologic and non-
259 gynecologic specimens; microscopes, including multi-headed
260 microscopes; and computers with access to hospital and
261 laboratory information systems and the Internet.

262
263 II.D.4. The program must provide access to updated teaching materials and
264 glass slide study sets, including the correlating histology, for a variety of
265 anatomic sites and specimen types, including cervical cytology, fluids
266 (respiratory, urinary, cerebrospinal, and body), and a variety of FNA sites.

267
268 II.D.5. ~~The institutions and laboratories participating in the program must be~~
269 ~~appropriately accredited and/or licensed.~~

270
271 II.D.6. ~~Fellows must have adequate material and exposure for all types of~~
272 ~~cytologic specimens, including gynecologic, non-gynecologic, and~~
273 ~~aspirate material.~~

274
275 **II.E. Medical Information Access**
276
277 **Fellows must have ready access to specialty-specific and other appropriate**
278 **reference material in print or electronic format. Electronic medical literature**
279 **databases with search capabilities should be available.**

280
281 **III. Fellow Appointments**
282
283 **III.A. Eligibility Criteria**
284
285 **Each fellow must successfully complete an ACGME-accredited specialty**
286 **program and/or meet other eligibility criteria as specified by the Review**
287 **Committee. The program must document that each fellow has met the**
288 **eligibility criteria.**

289
290 III.A.1. ~~Prior to enrollment in a cytopathology program, fellows should have~~
291 ~~completed at least two years of training in an ACGME-accredited~~
292 ~~pathology residency, which must include at least 18 months of anatomic~~
293 ~~pathology or 18 months of clinical pathology. Prior to appointment in the~~
294 ~~program, fellows should have completed two years of a pathology~~
295 ~~residency accredited by the ACGME or the Royal College of Physicians~~
296 ~~and Surgeons of Canada (RCPSC), or have certification in anatomic~~
297 ~~pathology and clinical pathology or in anatomic pathology.~~

298
299 **III.B. Number of Fellows**
300
301 **The program director may not appoint more fellows than approved by the**

302 Review Committee, unless otherwise stated in the specialty-specific
303 requirements. The program's educational resources must be adequate to
304 support the number of fellows appointed to the program.

305
306 III.B.1. The education of other learners must not dilute the educational
307 experience of the program's fellows.

308
309 **IV. Educational Program**

310
311 **IV.A. The curriculum must contain the following educational components:**

312
313 **IV.A.1. Skills and competencies the fellow will be able to demonstrate at the**
314 **conclusion of the program. The program must distribute these skills**
315 **and competencies to fellows and faculty annually, in either written**
316 **or electronic form. These skills and competencies should be**
317 **reviewed by the fellow at the start of each rotation;**

318
319 **IV.A.2. ACGME Competencies**

320
321 **The program must integrate the following ACGME competencies**
322 **into the curriculum:**

323
324 **IV.A.2.a) Patient Care**

325
326 **Fellows must be able to provide patient care that is**
327 **compassionate, appropriate, and effective for the treatment of**
328 **health problems and the promotion of health. Fellows:**

329
330 **IV.A.2.a).(1) must demonstrate competence in performing specimen**
331 **development knowledge and skills in the techniques of**
332 **screening, specimen collection, and cytopreparation,**
333 **(including thin layer liquid-based preparation);**
334 **management, quality assurance, and informatics.**

335
336 **IV.A.2.a).(2) The fellow should understand must demonstrate**
337 **competence in the application of additional diagnostic**
338 **adjuncts, such as including flow cytometric analysis,**
339 **immunocytochemistry, and molecular testing; in situ**
340 **hybridization, hormone receptor assessment, cytogenetic**
341 **testing, and other new immunological and molecular**
342 **techniques as they become applicable to the study of cells;**
343 **the performance of these techniques, however, is not an**
344 **on-site requirement;**

345
346 **IV.A.2.a).(3) must focus on diagnosis, pathogenesis, clinical correlation,**
347 **consultative skills, and prognostic significance throughout**
348 **the program must demonstrate competence in performing**
349 **FNA procedures in a variety of organ sites;**

350
351 **IV.A.2.a).(3).(a) Fellows should demonstrate competence in**

352 obtaining cellular diagnostic material, defined as
353 well-preserved material that is ultimately diagnosed
354 as malignant by cytologic sampling.

355
356 IV.A.2.a).(3).(b) Fellows must document all FNA procedures they
357 perform using the ACGME Case Log System.

358
359 IV.A.2.a).(4) must demonstrate competence in immediate assessment
360 of image-guided FNA specimens from a variety of organ
361 sites as demonstrated by the degree of agreement
362 between immediate evaluation and final diagnosis; and,

363
364 ~~IV.A.2.a).(5) must be instructed and involved in correlating cytologic~~
365 ~~and histopathologic specimens;~~

366
367 IV.A.2.a).(6) ~~must demonstrate a satisfactory level of diagnostic~~
368 ~~proficiency; competence and the ability to provide~~
369 ~~appropriate and effective consultation in the context of~~
370 ~~pathology services.~~

371
372 IV.A.2.a).(6).(a) Fellows must evaluate at least 2000 cytology
373 specimens, to include at least 500 gynecologic
374 specimens, 500 non-gynecologic specimens, and
375 500 FNAs, and these must represent a variety of
376 organs and significant pathology.

377
378 **IV.A.2.b) Medical Knowledge**

379
380 **Fellows must demonstrate knowledge of established and**
381 **evolving biomedical, clinical, epidemiological and social-**
382 **behavioral sciences, as well as the application of this**
383 **knowledge to patient care. Fellows:**

384
385 IV.A.2.b).(1) must demonstrate knowledge of pathogenesis, diagnostic
386 techniques, and prognostic factors for disease processes
387 commonly sampled by cytologic methods; and,

388
389 IV.A.2.b).(2) must demonstrate knowledge of cervical cancer screening,
390 cervical cancer screening follow-up guidelines, and
391 laboratory regulations related to cytopathology tests.

392
393 ~~IV.A.2.b).(3) must have educational opportunities to support training.~~
394 ~~These should include, but not be limited to:~~

395
396 ~~IV.A.2.b).(3).(a) regularly scheduled lectures, seminars, and~~
397 ~~conferences with clinical services;~~

398
399 ~~IV.A.2.b).(3).(b) study sets of usual and unusual cases.~~

400
401 **IV.A.2.c) Practice-based Learning and Improvement**

402

403 **Fellows are expected to develop skills and habits to be able**
404 **to meet the following goals:**
405
406 **IV.A.2.c).(1)** **systematically analyze practice using quality**
407 **improvement methods, and implement changes with**
408 **the goal of practice improvement;**
409
410 **IV.A.2.c).(2)** **locate, appraise, and assimilate evidence from**
411 **scientific studies related to their patients' health**
412 **problems;**
413
414 **IV.A.2.c).(3)** demonstrate competence in laboratory management and
415 use of quality assurance/improvement methods, including
416 cytologic-histologic correlations; and,
417
418 **IV.A.2.c).(4)** demonstrate competence in using computers and
419 laboratory information systems for cytopathology reporting,
420 data management, and quality control/assurance.
421
422 **IV.A.2.d)** **Interpersonal and Communication Skills**
423
424 **Fellows must demonstrate interpersonal and communication**
425 **skills that result in the effective exchange of information and**
426 **collaboration with patients, their families, and health**
427 **professionals.**
428
429 **IV.A.2.d).(1)** Fellows must demonstrate competence in providing
430 appropriate and effective consultations to other physicians
431 and health professionals, both intra- and inter-
432 departmental.
433
434 **IV.A.2.d).(1).(a)** Consultations should include providing medical
435 advice on diagnosis and management of organ
436 sites and diseases sampled by cytologic methods.
437
438 **IV.A.2.e)** **Professionalism**
439
440 **Fellows must demonstrate a commitment to carrying out**
441 **professional responsibilities and an adherence to ethical**
442 **principles.**
443
444 **IV.A.2.f)** **Systems-based Practice**
445
446 **Fellows must demonstrate an awareness of and**
447 **responsiveness to the larger context and system of health**
448 **care, as well as the ability to call effectively on other**
449 **resources in the system to provide optimal health care.**
450
451 **IV.A.2.f).(1)** Fellows must demonstrate the ability to participate in
452 identifying system errors and implementing potential

- 453 systems solutions.
- 454
- 455 IV.A.3. Curriculum Organization and Fellow Experiences
- 456
- 457 IV.A.3.a) Fellows' clinical experience should be augmented through didactic
 458 sessions, review of the medical literature in the subspecialty area,
 459 and use of study sets of unusual cases.
- 460
- 461 IV.A.3.b) The didactic curriculum must include teaching conferences in
 462 cytopathology, journal clubs, and joint conferences with the
 463 Pathology Department, as well as with clinical services involved in
 464 the diagnosis and management of patient care utilizing
 465 cytopathology.
- 466
- 467 IV.A.3.b).(1) Fellows should participate in conferences, on average, at
 468 least once per month, and should give a minimum of two
 469 presentations per year, including formal presentations
 470 (tumor boards, journal clubs, educational conferences).
- 471
- 472 IV.A.3.c) Fellows should participate in laboratory inspections.
- 473
- 474 **IV.B. Fellows' Scholarly Activities**
- 475
- 476 IV.B.1. Each fellow should participate in scholarly activity, including at least one
 477 of the following:
- 478
- 479 IV.B.1.a) research;
- 480
- 481 IV.B.1.b) evidence-based presentations at journal club or meetings (local,
 482 regional, or national); or,
- 483
- 484 IV.B.1.c) preparation/submission of articles for peer-reviewed publications.
- 485
- 486 **V. Evaluation**
- 487
- 488 **V.A. Fellow Evaluation**
- 489
- 490 **V.A.1. Formative Evaluation**
- 491
- 492 **V.A.1.a)** **The faculty must evaluate fellow performance in a timely**
 493 **manner.**
- 494
- 495 **V.A.1.b)** **The program must:**
- 496
- 497 **V.A.1.b).(1)** **provide objective assessments of competence in**
 498 **patient care, medical knowledge, practice-based**
 499 **learning and improvement, interpersonal and**
 500 **communication skills, professionalism, and systems-**
 501 **based practice;**
- 502

- 503 V.A.1.b).(2) use multiple evaluators (e.g., faculty, peers, patients,
504 self, and other professional staff); and,
505
- 506 V.A.1.b).(3) provide each fellow with documented semiannual
507 evaluation of performance with feedback.
508
- 509 V.A.1.c) The evaluations of fellow performance must be accessible for
510 review by the fellow, in accordance with institutional policy.
511
- 512 V.A.2. Summative Evaluation
513
- 514 The program director must provide a summative evaluation for each
515 fellow upon completion of the program. This evaluation must
516 become part of the fellow's permanent record maintained by the
517 institution, and must be accessible for review by the fellow in
518 accordance with institutional policy. This evaluation must:
519
- 520 V.A.2.a) document the fellow's performance during their education,
521 and
522
- 523 V.A.2.b) verify that the fellow has demonstrated sufficient competence
524 to enter practice without direct supervision.
525
- 526 V.B. Faculty Evaluation
527
- 528 V.B.1. At least annually, the program must evaluate faculty performance as
529 it relates to the educational program.
530
- 531 V.B.2. These evaluations should include a review of the faculty's clinical
532 teaching abilities, commitment to the educational program, clinical
533 knowledge, professionalism, and scholarly activities.
534
- 535 V.C. Program Evaluation and Improvement
536
- 537 V.C.1. The program must document formal, systematic evaluation of the
538 curriculum at least annually. The program must monitor and track
539 each of the following areas:
540
- 541 V.C.1.a) fellow performance, and
542
- 543 V.C.1.b) faculty development
544
- 545 V.C.2. If deficiencies are found, the program should prepare a written plan
546 of action to document initiatives to improve performance in the
547 areas listed in section V.C.1. The action plan should be reviewed
548 and approved by the teaching faculty and documented in meeting
549 minutes.
550
- 551 V.C.3. 60 percent of the program's graduates from the preceding five years
552 taking the ABP certifying examination for cytopathology for the first time

553 must pass.

554

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

556

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

558

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

563

564 **VI.A.2. The program must be committed to and responsible for promoting**
565 **patient safety and fellow well-being in a supportive educational**
566 **environment.**

567

568 **VI.A.3. The program director must ensure that fellows are integrated and**
569 **actively participate in interdisciplinary clinical quality improvement**
570 **and patient safety programs.**

571

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

573

574 **VI.A.4.a) be accomplished through an appropriate blend of supervised**
575 **patient care responsibilities, clinical teaching, and didactic**
576 **educational events; and,**

577

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

580

581 **VI.A.5. The program director and sponsoring institution must ensure a**
582 **culture of professionalism that supports patient safety and personal**
583 **responsibility. Fellows and faculty members must demonstrate an**
584 **understanding and acceptance of their personal role in the**
585 **following:**

586

587 **VI.A.5.a) assurance of the safety and welfare of patients entrusted to**
588 **their care;**

589

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

591

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

593

594 **VI.A.5.d) management of their time before, during, and after clinical**
595 **assignments;**

596

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

599

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

601

602 **VI.A.5.g) the monitoring of their patient care performance improvement**

- 603 indicators; and,
604
605 **VI.A.5.h) honest and accurate reporting of duty hours, patient**
606 **outcomes, and clinical experience data.**
607
608 **VI.A.6. All fellows and faculty members must demonstrate responsiveness**
609 **to patient needs that supersedes self-interest. Physicians must**
610 **recognize that under certain circumstances, the best interests of the**
611 **patient may be served by transitioning that patient’s care to another**
612 **qualified and rested provider.**
613
614 **VI.B. Transitions of Care**
615
616 **VI.B.1. Programs must design clinical assignments to minimize the number**
617 **of transitions in patient care.**
618
619 **VI.B.2. Sponsoring institutions and programs must ensure and monitor**
620 **effective, structured hand-over processes to facilitate both**
621 **continuity of care and patient safety.**
622
623 **VI.B.3. Programs must ensure that fellows are competent in communicating**
624 **with team members in the hand-over process.**
625
626 **VI.B.4. The sponsoring institution must ensure the availability of schedules**
627 **that inform all members of the health care team of attending**
628 **physicians and fellows currently responsible for each patient’s care.**
629
630 **VI.C. Alertness Management/Fatigue Mitigation**
631
632 **VI.C.1. The program must:**
633
634 **VI.C.1.a) educate all faculty members and fellows to recognize the**
635 **signs of fatigue and sleep deprivation;**
636
637 **VI.C.1.b) educate all faculty members and fellows in alertness**
638 **management and fatigue mitigation processes; and,**
639
640 **VI.C.1.c) adopt fatigue mitigation processes to manage the potential**
641 **negative effects of fatigue on patient care and learning, such**
642 **as naps or back-up call schedules.**
643
644 **VI.C.2. Each program must have a process to ensure continuity of patient**
645 **care in the event that a fellow may be unable to perform his/her**
646 **patient care duties.**
647
648 **VI.C.3. The sponsoring institution must provide adequate sleep facilities**
649 **and/or safe transportation options for fellows who may be too**
650 **fatigued to safely return home.**
651
652 **VI.D. Supervision of Fellows**

653

654 **VI.D.1.** In the clinical learning environment, each patient must have an

655 identifiable, appropriately-credentialed and privileged attending

656 physician (or licensed independent practitioner as approved by each

657 Review Committee) who is ultimately responsible for that patient’s

658 care.

659

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

661 members, and patients.

662

663 **VI.D.1.b)** Fellows and faculty members should inform patients of their

664 respective roles in each patient’s care.

665

666 **VI.D.2.** The program must demonstrate that the appropriate level of

667 supervision is in place for all fellows who care for patients.

668

669 Supervision may be exercised through a variety of methods. Some

670 activities require the physical presence of the supervising faculty

671 member. For many aspects of patient care, the supervising

672 physician may be a more advanced fellow. Other portions of care

673 provided by the fellow can be adequately supervised by the

674 immediate availability of the supervising faculty member or fellow

675 physician, either in the institution, or by means of telephonic and/or

676 electronic modalities. In some circumstances, supervision may

677 include post-hoc review of fellow-delivered care with feedback as to

678 the appropriateness of that care.

679

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

681

682 To ensure oversight of fellow supervision and graded authority and

683 responsibility, the program must use the following classification of

684 supervision:

685

686 **VI.D.3.a)** Direct Supervision – the supervising physician is physically

687 present with the fellow and patient.

688

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

690

691 **VI.D.3.b).(1)** with direct supervision immediately available – the

692 supervising physician is physically within the hospital

693 or other site of patient care, and is immediately

694 available to provide Direct Supervision.

695

696 **VI.D.3.b).(2)** with direct supervision available – the supervising

697 physician is not physically present within the hospital

698 or other site of patient care, but is immediately

699 available by means of telephonic and/or electronic

700 modalities, and is available to provide Direct

701 Supervision.

702

- 703 **VI.D.3.c)** **Oversight – the supervising physician is available to provide**
704 **review of procedures/encounters with feedback provided**
705 **after care is delivered.**
706
- 707 **VI.D.4.** **The privilege of progressive authority and responsibility, conditional**
708 **independence, and a supervisory role in patient care delegated to**
709 **each fellow must be assigned by the program director and faculty**
710 **members.**
711
- 712 **VI.D.4.a)** **The program director must evaluate each fellow’s abilities**
713 **based on specific criteria. When available, evaluation should**
714 **be guided by specific national standards-based criteria.**
715
- 716 **VI.D.4.b)** **Faculty members functioning as supervising physicians**
717 **should delegate portions of care to fellows, based on the**
718 **needs of the patient and the skills of the fellows.**
719
- 720 **VI.D.4.c)** **Fellows should serve in a supervisory role of residents or**
721 **junior fellows in recognition of their progress toward**
722 **independence, based on the needs of each patient and the**
723 **skills of the individual fellow.**
724
- 725 **VI.D.5.** **Programs must set guidelines for circumstances and events in**
726 **which fellows must communicate with appropriate supervising**
727 **faculty members, such as the transfer of a patient to an intensive**
728 **care unit, or end-of-life decisions.**
729
- 730 **VI.D.5.a)** **Each fellow must know the limits of his/her scope of**
731 **authority, and the circumstances under which he/she is**
732 **permitted to act with conditional independence.**
733
- 734 **VI.D.6.** **Faculty supervision assignments should be of sufficient duration to**
735 **assess the knowledge and skills of each fellow and delegate to**
736 **him/her the appropriate level of patient care authority and**
737 **responsibility.**
738
- 739 **VI.E.** **Clinical Responsibilities**
740
- 741 **The clinical responsibilities for each fellow must be based on PGY-level,**
742 **patient safety, fellow education, severity and complexity of patient**
743 **illness/condition and available support services.**
744
- 745 *[Optimal clinical workload will be further specified by each Review Committee.]*
746
- 747 **VI.F.** **Teamwork**
748
- 749 **Fellows must care for patients in an environment that maximizes effective**
750 **communication. This must include the opportunity to work as a member of**
751 **effective interprofessional teams that are appropriate to the delivery of care**
752 **in the specialty.**

753
754 *[Each Review Committee will define the elements that must be present in each*
755 *specialty.]*
756
757 **VI.G. Fellow Duty Hours**
758
759 **VI.G.1. Maximum Hours of Work per Week**
760
761 **Duty hours must be limited to 80 hours per week, averaged over a**
762 **four-week period, inclusive of all in-house call activities and all**
763 **moonlighting.**
764
765 **VI.G.1.a) Duty Hour Exceptions**
766
767 **A Review Committee may grant exceptions for up to 10% or a**
768 **maximum of 88 hours to individual programs based on a**
769 **sound educational rationale.**
770
771 **VI.G.1.a).(1) In preparing a request for an exception the program**
772 **director must follow the duty hour exception policy**
773 **from the ACGME Manual on Policies and Procedures.**
774
775 **VI.G.1.a).(2) Prior to submitting the request to the Review**
776 **Committee, the program director must obtain approval**
777 **of the institution’s GMEC and DIO.**
778
779 **VI.G.2. Moonlighting**
780
781 **VI.G.2.a) Moonlighting must not interfere with the ability of the fellow**
782 **to achieve the goals and objectives of the educational**
783 **program.**
784
785 **VI.G.2.b) Time spent by fellows in Internal and External Moonlighting**
786 **(as defined in the ACGME Glossary of Terms) must be**
787 **counted towards the 80-hour Maximum Weekly Hour Limit.**
788
789 **VI.G.3. Mandatory Time Free of Duty**
790
791 **Fellows must be scheduled for a minimum of one day free of duty**
792 **every week (when averaged over four weeks). At-home call cannot**
793 **be assigned on these free days.**
794
795 **VI.G.4. Maximum Duty Period Length**
796
797 **Duty periods of fellows may be scheduled to a maximum of 24 hours**
798 **of continuous duty in the hospital. Programs must encourage**
799 **fellows to use alertness management strategies in the context of**
800 **patient care responsibilities. Strategic napping, especially after 16**
801 **hours of continuous duty and between the hours of 10:00 p.m. and**
802 **8:00 a.m., is strongly suggested.**

- 803
804 **VI.G.4.a)** It is essential for patient safety and fellow education that
805 effective transitions in care occur. Fellows may be allowed to
806 remain on-site in order to accomplish these tasks; however,
807 this period of time must be no longer than an additional four
808 hours.
- 809
810 **VI.G.4.b)** Fellows must not be assigned additional clinical
811 responsibilities after 24 hours of continuous in-house duty.
812
- 813 **VI.G.4.c)** In unusual circumstances, fellows, on their own initiative,
814 may remain beyond their scheduled period of duty to
815 continue to provide care to a single patient. Justifications for
816 such extensions of duty are limited to reasons of required
817 continuity for a severely ill or unstable patient, academic
818 importance of the events transpiring, or humanistic attention
819 to the needs of a patient or family.
820
- 821 **VI.G.4.c).(1)** Under those circumstances, the fellow must:
822
- 823 **VI.G.4.c).(1).(a)** appropriately hand over the care of all other
824 patients to the team responsible for their
825 continuing care; and,
826
- 827 **VI.G.4.c).(1).(b)** document the reasons for remaining to care for
828 the patient in question and submit that
829 documentation in every circumstance to the
830 program director.
831
- 832 **VI.G.4.c).(2)** The program director must review each submission of
833 additional service, and track both individual fellow and
834 program-wide episodes of additional duty.
835
- 836 **VI.G.5.** **Minimum Time Off between Scheduled Duty Periods**
837
- 838 **VI.G.5.a)** Fellows in the final years of education *[as defined by the*
839 *Review Committee]* must be prepared to enter the
840 unsupervised practice of medicine and care for patients over
841 irregular or extended periods.
842
- 843 **VI.G.5.a).(1)** This preparation must occur within the context of the
844 80-hour, maximum duty period length, and one-day-
845 off-in-seven standards. While it is desirable that
846 fellows in their final years of education have eight
847 hours free of duty between scheduled duty periods,
848 there may be circumstances *[as defined by the Review*
849 *Committee]* when these fellows must stay on duty to
850 care for their patients or return to the hospital with
851 fewer than eight hours free of duty.
852

853 **VI.G.5.a).(1).(a)** **Circumstances of return-to-hospital activities**
854 **with fewer than eight hours away from the**
855 **hospital by fellows in their final years of**
856 **education must be monitored by the program**
857 **director.**

858
859 **VI.G.6. Maximum Frequency of In-House Night Float**

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

862
863 *[The maximum number of consecutive weeks of night float, and maximum*
864 *number of months of night float per year may be further specified by the*
865 *Review Committee.]*

866
867
868 **VI.G.7. Maximum In-House On-Call Frequency**

869
870 **Fellows must be scheduled for in-house call no more frequently than**
871 **every-third-night (when averaged over a four-week period).**

872
873 **VI.G.8. At-Home Call**

874
875 **VI.G.8.a) Time spent in the hospital by fellows on at-home call must**
876 **count towards the 80-hour maximum weekly hour limit. The**
877 **frequency of at-home call is not subject to the every-third-**
878 **night limitation, but must satisfy the requirement for one-day-**
879 **in-seven free of duty, when averaged over four weeks.**

880
881 **VI.G.8.a).(1) At-home call must not be so frequent or taxing as to**
882 **preclude rest or reasonable personal time for each**
883 **fellow.**

884
885 **VI.G.8.b) Fellows are permitted to return to the hospital while on at-**
886 **home call to care for new or established patients. Each**
887 **episode of this type of care, while it must be included in the**
888 **80-hour weekly maximum, will not initiate a new “off-duty**
889 **period”.**

890
891 *******