

1 **ACGME Program Requirements for Graduate Medical Education**  
2 **in Chemical Pathology**  
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 ~~Int.A. Definition and Scope of the Specialty~~  
38

39 **Int.B. Chemical pathology is the practice of pathology devoted primarily to the use of**  
40 **biochemical and molecular techniques in the laboratory diagnosis and**  
41 **management of human disease. Chemical pathologists ~~should be capable of~~**  
42 **~~advising~~ advise clinicians on the selection and interpretation of clinical chemistry**  
43 **tests, and ~~be~~ are capable of managing and directing a clinical chemistry**  
44 **laboratory.**  
45

46 ~~Int.C. The length of training is one year. Fellows must complete an Accreditation~~  
47 ~~Council for Graduate Medical Education (ACGME)-accredited residency in~~  
48 ~~Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical~~  
49 ~~Pathology to be eligible for the fellowship. The educational program in chemical~~  
50 ~~pathology must be 12 months in length.~~  
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## **I. Institutions**

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

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

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

~~I.A.1. The sponsoring institution should also sponsor an ACGME-accredited program in Anatomic and Clinical Pathology~~

### **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 GMC must approve a change in program director. After approval, the program director must submit this change to the**

- 102 **ACGME via the ADS.**  
103
- 104 **II.A.2. Qualifications of the program director must include:**  
105
- 106 **II.A.2.a) requisite specialty expertise and documented educational**  
107 **and administrative experience acceptable to the Review**  
108 **Committee;**  
109
- 110 **II.A.2.b) current certification in the subspecialty by the American**  
111 **Board of Pathology (ABP), or subspecialty qualifications that**  
112 **are acceptable to the Review Committee;**  
113
- 114 **II.A.2.b).(1)** A program director who not currently certified in the  
115 subspecialty by the ABP must be a physician certified in a  
116 specialty by the American Board of Medical Specialties  
117 (ABMS), or in a subspecialty either anatomic and clinical  
118 pathology, or clinical pathology, and either 1) be certified  
119 by the American Board of Clinical Chemistry, or 2) have at  
120 least 10 years of active participation as a specialist in  
121 clinical chemistry following completion of his or her most  
122 recent graduate medical education program, and be a  
123 recognized leader in the subspecialty.  
124
- 125 **II.A.2.c) current medical licensure and appropriate medical staff**  
126 **appointment; and,**  
127
- 128 **II.A.2.d)** ~~If the program director is not certified, the teaching staff must~~  
129 ~~include at least one faculty member with certification in chemical~~  
130 ~~pathology.~~  
131
- 132 **II.A.2.e)** *at least three years of active participation as a specialist in*  
133 *chemical pathology following completion of the most recent*  
134 *graduate medical education program.*  
135
- 136 **II.A.2.f)** ~~licensure to practice medicine in the state where the sponsoring~~  
137 ~~institution is located~~  
138
- 139 **II.A.3. The program director must administer and maintain an educational**  
140 **environment conducive to educating the fellows in each of the**  
141 **ACGME competency areas. The program director must:**  
142
- 143 **II.A.3.a) prepare and submit all information required and requested by**  
144 **the ACGME;**  
145
- 146 **II.A.3.b) be familiar with and oversee compliance with ACGME and**  
147 **Review Committee policies and procedures as outlined in the**  
148 **ACGME Manual of Policies and Procedures;**  
149
- 150 **II.A.3.c) obtain review and approval of the sponsoring institution's**  
151 **GMEC/DIO before submitting to the ACGME information or**

- 152 requests for the following:
- 153
- 154 **II.A.3.c).(1)** all applications for ACGME accreditation of new
- 155 programs;
- 156
- 157 **II.A.3.c).(2)** changes in fellow complement;
- 158
- 159 **II.A.3.c).(3)** major changes in program structure or length of
- 160 training;
- 161
- 162 **II.A.3.c).(4)** progress reports requested by the Review Committee;
- 163
- 164 **II.A.3.c).(5)** responses to all proposed adverse actions;
- 165
- 166 **II.A.3.c).(6)** requests for increases or any change to fellow duty
- 167 hours;
- 168
- 169 **II.A.3.c).(7)** voluntary withdrawals of ACGME-accredited
- 170 programs;
- 171
- 172 **II.A.3.c).(8)** requests for appeal of an adverse action; and,
- 173
- 174 **II.A.3.c).(9)** appeal presentations to a Board of Appeal or the
- 175 ACGME.
- 176
- 177 **II.A.3.d)** obtain DIO review and co-signature on all program
- 178 information forms, as well as any correspondence or
- 179 document submitted to the ACGME that addresses:
- 180
- 181 **II.A.3.d).(1)** program citations, and/or
- 182
- 183 **II.A.3.d).(2)** request for changes in the program that would have
- 184 significant impact, including financial, on the program
- 185 or institution.
- 186
- 187 **II.A.3.e)** prepare and implement a supervision policy that specifies fellow
- 188 and faculty lines of responsibility;
- 189
- 190 **II.A.3.f)** devote at least 35% of his or her time to clinical work with fellows,
- 191 teaching, and fellowship-related administration.
- 192
- 193 **II.B. Faculty**
- 194
- 195 **II.B.1. There must be a sufficient number of faculty with documented**
- 196 **qualifications to instruct and supervise all fellows.**
- 197
- 198 **II.B.1.a)** *If the program director is not certified, the teaching staff must*
- 199 *include at least one faculty member certified by the American*
- 200 *Board of Pathology in chemical pathology.*
- 201

- 202 **II.B.2.** The faculty must devote sufficient time to the educational program  
203 to fulfill their supervisory and teaching responsibilities and  
204 demonstrate a strong interest in the education of fellows.  
205
- 206 II.B.2.a) The faculty must, in aggregate, devote at least 20 hours per week  
207 to fellowship-related clinical work and teaching.  
208
- 209 **II.B.3.** The physician faculty must have current certification in the  
210 subspecialty by the American Board of Pathology, or possess  
211 qualifications acceptable to the Review Committee.  
212
- 213 **II.B.4.** The physician faculty must possess current medical licensure and  
214 appropriate medical staff appointment.  
215
- 216 **II.C.** Other Program Personnel  
217
- 218 The institution and the program must jointly ensure the availability of all  
219 necessary professional, technical, and clerical personnel for the effective  
220 administration of the program.  
221
- 222 II.C.1. There must be secretarial and qualified laboratory technical personnel to  
223 support the clinical, teaching, educational, and research activities of the  
224 fellowship.  
225
- 226 **II.D.** Resources  
227
- 228 The institution and the program must jointly ensure the availability of  
229 adequate resources for fellow education, as defined in the specialty  
230 program requirements.  
231
- 232 II.D.1. There must be office space, meeting rooms, and laboratory space to  
233 support teaching, educational, and research activities.  
234
- 235 II.D.1.a) Each fellow should have his or her own desk with computer and  
236 Internet access.  
237
- 238 II.D.2. Clinical material related to the subspecialty area of the fellowship must be  
239 provided.  
240
- 241 II.D.2.a) Clinical material must be indexed so as to permit retrieval of  
242 archived records by specified organ and/or diagnosis in a timely  
243 manner.  
244
- 245 II.D.3. Laboratories should be equipped to perform all tests required for the  
246 education of fellows.  
247
- 248 II.D.4. Sponsoring institutions must provide the necessary clinical material to  
249 support experience at a sufficient level for the trainee to acquire the  
250 competency of a specialist in chemical pathology.  
251

252 ~~II.D.5. Program laboratories must have sufficient office and work space for both~~  
253 ~~laboratory personnel and program trainees.~~

254  
255 ~~II.D.6. The laboratories in all participating sites should have adequate and~~  
256 ~~modern equipment and facilities, sufficient personnel, and appropriate~~  
257 ~~policies and procedures for the performance of all laboratory aspects of~~  
258 ~~chemical pathology.~~

259  
260 **II.E. Medical Information Access**

261  
262 **Fellows must have ready access to specialty-specific and other appropriate**  
263 **reference material in print or electronic format. Electronic medical literature**  
264 **databases with search capabilities should be available.**

265  
266 **III. Fellow Appointments**

267  
268 **III.A. Eligibility Criteria**

269  
270 **Each fellow must successfully complete an ACGME-accredited specialty**  
271 **program and/or meet other eligibility criteria as specified by the Review**  
272 **Committee. The program must document that each fellow has met the**  
273 **eligibility criteria.**

274  
275 ~~III.A.1. Fellows must have completed at least two years of training in an ACGME~~  
276 ~~accredited pathology residency, which must include at least 18 months of~~  
277 ~~clinical pathology, prior to admission to the program. Prior to appointment~~  
278 ~~in the program, fellows should have completed two years of a pathology~~  
279 ~~residency accredited by the ACGME or the Royal College of Physicians~~  
280 ~~and Surgeons of Canada (RCPCS), or have certification in anatomic~~  
281 ~~pathology and clinical pathology, or in clinical pathology. or have~~  
282 ~~certification in a specialty by a member board of the ABMS.~~

283  
284 **III.B. Number of Fellows**

285  
286 **The program director may not appoint more fellows than approved by the**  
287 **Review Committee, unless otherwise stated in the specialty-specific**  
288 **requirements. The program's educational resources must be adequate to**  
289 **support the number of fellows appointed to the program.**

290  
291 ~~III.B.1. The education of other learners must not dilute the educational~~  
292 ~~experience of the program's fellows.~~

293  
294 **IV. Educational Program**

295  
296 **IV.A. The curriculum must contain the following educational components:**

297  
298 **IV.A.1. Skills and competencies the fellow will be able to demonstrate at the**  
299 **conclusion of the program. The program must distribute these skills**  
300 **and competencies to fellows and faculty annually, in either written**  
301 **or electronic form. These skills and competencies should be**

302 reviewed by the fellow at the start of each rotation;

303

304 **IV.A.2. ACGME Competencies**

305

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

308

309 **IV.A.2.a) Patient Care**

310

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

314

315 IV.A.2.a).(1) must have instruction and experience in clinical laboratory  
316 consultation and interpretation of data in the areas of  
317 electrolytes and acid-base, protein markers, lipids, renal  
318 function, hepatic function, gastro-intestinal function,  
319 cardiac function, therapeutic drug monitoring & toxicology,  
320 autoimmune disease, endocrinology, and metabolic  
321 diseases;

322

323 IV.A.2.a).(2) must demonstrate competence in advising clinicians on the  
324 selection, instrumentation and methodology, and  
325 interpretation of clinical chemistry tests (as they apply to all  
326 body systems), including tests sent to a reference  
327 laboratory facility; and,

328

329 IV.A.2.a).(2).(a) These must include: electrolytes and acid base  
330 enzymes and other proteins; lipids; hormones;  
331 therapeutic drug monitoring; toxicology; tumor  
332 markers; function tests, infectious disease markers  
333 (including hepatitis testing); metabolites associated  
334 with metabolic diseases; and autoimmune disease  
335 markers.

336

337 IV.A.2.a).(3) must demonstrate competence in managing and directing  
338 a clinical chemistry laboratory, including:

339

340 IV.A.2.a).(3).(a) selecting and using appropriate statistical tests;

341

342 IV.A.2.a).(3).(b) selecting and developing new clinical chemistry  
343 tests;

344

345 IV.A.2.a).(3).(c) evaluating and selecting new equipment;

346

347 IV.A.2.a).(3).(d) using quality assurance procedures;

348

349 IV.A.2.a).(3).(e) adhering to safety, federal and state regulations;  
350 and,

351

352 IV.A.2.a).(3).(f) using informatics.

353  
354 IV.A.2.a).(4) must acquire the competency of a specialist in chemical  
355 pathology. The analytical repertoire of the laboratory must  
356 be distributed satisfactorily within the various categories  
357 and subdivisions of chemical pathology to provide  
358 experience at a sufficient level;

359  
360 IV.A.2.a).(5) must have clinical training in relation to chemical  
361 pathology, including the use and interpretation of chemical  
362 analyses in clinical diagnosis and management;

363  
364 IV.A.2.a).(6) must develop knowledge and skills relating to analytical  
365 chemical pathology, both basic and applied.

366  
367 **IV.A.2.b) Medical Knowledge**

368  
369 **Fellows must demonstrate knowledge of established and**  
370 **evolving biomedical, clinical, epidemiological and social-**  
371 **behavioral sciences, as well as the application of this**  
372 **knowledge to patient care. Fellows:**

373  
374 IV.A.2.b).(1) must demonstrate expertise in all areas of chemical  
375 pathology necessary to achieve competence in patient  
376 care.

377  
378 IV.A.2.b).(2) When tests are sent to a reference laboratory facility, the  
379 fellow should understand the methods used to perform the  
380 assays and the interpretation of test results have a broad  
381 education in chemical pathology through didactic  
382 instruction and practical experience.

383  
384 **IV.A.2.c) Practice-based Learning and Improvement**

385  
386 **Fellows are expected to develop skills and habits to be able**  
387 **to meet the following goals:**

388  
389 **IV.A.2.c).(1) systematically analyze practice using quality**  
390 **improvement methods, and implement changes with**  
391 **the goal of practice improvement; and,**

392  
393 **IV.A.2.c).(2) locate, appraise, and assimilate evidence from**  
394 **scientific studies related to their patients' health**  
395 **problems.**

396  
397 **IV.A.2.d) Interpersonal and Communication Skills**

398  
399 **Fellows must demonstrate interpersonal and communication**  
400 **skills that result in the effective exchange of information and**  
401 **collaboration with patients, their families, and health**  
402 **professionals.**

403		
404	IV.A.2.d).(1)	<u>Fellows must demonstrate competence in providing appropriate and effective consultations to other physicians and health professionals, both intra- and inter-departmental.</u>
405		
406		
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408		
409	IV.A.2.d).(1).(a)	<u>Consultations should include providing medical advice on the diagnosis and management of chemical pathology issues.</u>
410		
411		
412		
413	<b>IV.A.2.e)</b>	<b>Professionalism</b>
414		
415		<b>Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</b>
416		
417		
418		
419	<b>IV.A.2.f)</b>	<b>Systems-based Practice</b>
420		
421		<b>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.</b>
422		
423		
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425		
426	IV.A.2.f).(1)	<u>The program must provide structured instruction and experience in the administration, management, and direction of a chemical pathology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital data systems.</u>
427		
428		
429		
430		
431		
432	IV.A.3.	<u>Curriculum Organization and Fellow Experiences</u>
433		
434	IV.A.3.a)	<u>Fellows' clinical experience should be augmented through didactic sessions, review of the medical literature in the subspecialty area, and use of study sets of unusual cases.</u>
435		
436		
437		
438	IV.A.3.b)	The program must provide structured instruction and experience in the administration, management, and direction of a chemical pathology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital data systems.
439		
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442		
443	IV.A.3.c)	<u>The didactic curriculum must include teaching conferences in chemical pathology, journal clubs, and joint conferences with the pathology department, as well as with clinical services involved in the diagnosis and management of patient care utilizing chemical pathology.</u>
444		
445		
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448		
449	IV.A.3.c).(1)	<u>Fellows should participate in conferences, on average, at least once per month, and should give a minimum of two presentations per year.</u>
450		
451		
452		
453	IV.A.3.c).(2)	<u>Didactic topics must include review of the current and most</u>

454 cost-effective methods of determination for all chemical  
455 pathology tests.

456  
457 **IV.B. Fellows' Scholarly Activities**

458  
459 IV.B.1. Each fellow should participate in scholarly activity, including at least one  
460 of the following:

461  
462 IV.B.1.a) research;

463  
464 IV.B.1.b) evidence-based presentations at journal club or meetings (local,  
465 regional, or national); or,

466  
467 IV.B.1.c) preparation/submission of articles for peer-reviewed publications.

468  
469 **V. Evaluation**

470  
471 **V.A. Fellow Evaluation**

472  
473 **V.A.1. Formative Evaluation**

474  
475 **V.A.1.a) The faculty must evaluate fellow performance in a timely**  
476 **manner.**

477  
478 **V.A.1.b) The program must:**

479  
480 **V.A.1.b).(1) provide objective assessments of competence in**  
481 **patient care, medical knowledge, practice-based**  
482 **learning and improvement, interpersonal and**  
483 **communication skills, professionalism, and systems-**  
484 **based practice;**

485  
486 **V.A.1.b).(2) use multiple evaluators (e.g., faculty, peers, patients,**  
487 **self, and other professional staff); and,**

488  
489 **V.A.1.b).(3) provide each fellow with documented semiannual**  
490 **evaluation of performance with feedback.**

491  
492 **V.A.1.c) The evaluations of fellow performance must be accessible for**  
493 **review by the fellow, in accordance with institutional policy.**

494  
495 **V.A.2. Summative Evaluation**

496  
497 **The program director must provide a summative evaluation for each**  
498 **fellow upon completion of the program. This evaluation must**  
499 **become part of the fellow's permanent record maintained by the**  
500 **institution, and must be accessible for review by the fellow in**  
501 **accordance with institutional policy. This evaluation must:**

502  
503 **V.A.2.a) document the fellow's performance during their education,**

- 504 and  
505  
506 **V.A.2.b)** verify that the fellow has demonstrated sufficient competence  
507 to enter practice without direct supervision.  
508  
509 **V.B. Faculty Evaluation**  
510  
511 **V.B.1.** At least annually, the program must evaluate faculty performance as  
512 it relates to the educational program.  
513  
514 **V.B.2.** These evaluations should include a review of the faculty's clinical  
515 teaching abilities, commitment to the educational program, clinical  
516 knowledge, professionalism, and scholarly activities.  
517  
518 **V.C. Program Evaluation and Improvement**  
519  
520 **V.C.1.** The program must document formal, systematic evaluation of the  
521 curriculum at least annually. The program must monitor and track  
522 each of the following areas:  
523  
524 **V.C.1.a)** fellow performance, and  
525  
526 **V.C.1.b)** faculty development.  
527  
528 **V.C.2.** If deficiencies are found, the program should prepare a written plan  
529 of action to document initiatives to improve performance in the  
530 areas listed in section V.C.1. The action plan should be reviewed  
531 and approved by the teaching faculty and documented in meeting  
532 minutes.  
533  
534 **V.C.3.** 60 percent of the program's graduates from the preceding five years  
535 taking the ABP certifying examination for chemical pathology for the first  
536 time must pass.  
537  
538 **VI. Fellow Duty Hours in the Learning and Working Environment**  
539  
540 **VI.A. Professionalism, Personal Responsibility, and Patient Safety**  
541  
542 **VI.A.1.** Programs and sponsoring institutions must educate fellows and  
543 faculty members concerning the professional responsibilities of  
544 physicians to appear for duty appropriately rested and fit to provide  
545 the services required by their patients.  
546  
547 **VI.A.2.** The program must be committed to and responsible for promoting  
548 patient safety and fellow well-being in a supportive educational  
549 environment.  
550  
551 **VI.A.3.** The program director must ensure that fellows are integrated and  
552 actively participate in interdisciplinary clinical quality improvement  
553 and patient safety programs.

- 554  
555 **VI.A.4.**                   **The learning objectives of the program must:**  
556
- 557 **VI.A.4.a)**                   **be accomplished through an appropriate blend of supervised**  
558 **patient care responsibilities, clinical teaching, and didactic**  
559 **educational events; and,**  
560
- 561 **VI.A.4.b)**                   **not be compromised by excessive reliance on fellows to fulfill**  
562 **non-physician service obligations.**  
563
- 564 **VI.A.5.**                   **The program director and sponsoring institution must ensure a**  
565 **culture of professionalism that supports patient safety and personal**  
566 **responsibility. Fellows and faculty members must demonstrate an**  
567 **understanding and acceptance of their personal role in the**  
568 **following:**  
569
- 570 **VI.A.5.a)**                   **assurance of the safety and welfare of patients entrusted to**  
571 **their care;**  
572
- 573 **VI.A.5.b)**                   **provision of patient- and family-centered care;**  
574
- 575 **VI.A.5.c)**                   **assurance of their fitness for duty;**  
576
- 577 **VI.A.5.d)**                   **management of their time before, during, and after clinical**  
578 **assignments;**  
579
- 580 **VI.A.5.e)**                   **recognition of impairment, including illness and fatigue, in**  
581 **themselves and in their peers;**  
582
- 583 **VI.A.5.f)**                   **attention to lifelong learning;**  
584
- 585 **VI.A.5.g)**                   **the monitoring of their patient care performance improvement**  
586 **indicators; and,**  
587
- 588 **VI.A.5.h)**                   **honest and accurate reporting of duty hours, patient**  
589 **outcomes, and clinical experience data.**  
590
- 591 **VI.A.6.**                   **All fellows and faculty members must demonstrate responsiveness**  
592 **to patient needs that supersedes self-interest. Physicians must**  
593 **recognize that under certain circumstances, the best interests of the**  
594 **patient may be served by transitioning that patient’s care to another**  
595 **qualified and rested provider.**  
596
- 597 **VI.B.**                   **Transitions of Care**  
598
- 599 **VI.B.1.**                   **Programs must design clinical assignments to minimize the number**  
600 **of transitions in patient care.**  
601
- 602 **VI.B.2.**                   **Sponsoring institutions and programs must ensure and monitor**  
603 **effective, structured hand-over processes to facilitate both**

- 604 continuity of care and patient safety.  
605
- 606 **VI.B.3.** Programs must ensure that fellows are competent in communicating  
607 with team members in the hand-over process.  
608
- 609 **VI.B.4.** The sponsoring institution must ensure the availability of schedules  
610 that inform all members of the health care team of attending  
611 physicians and fellows currently responsible for each patient's care.  
612
- 613 **VI.C.** Alertness Management/Fatigue Mitigation  
614
- 615 **VI.C.1.** The program must:
- 616
- 617 **VI.C.1.a)** educate all faculty members and fellows to recognize the  
618 signs of fatigue and sleep deprivation;  
619
- 620 **VI.C.1.b)** educate all faculty members and fellows in alertness  
621 management and fatigue mitigation processes; and,  
622
- 623 **VI.C.1.c)** adopt fatigue mitigation processes to manage the potential  
624 negative effects of fatigue on patient care and learning, such  
625 as naps or back-up call schedules.  
626
- 627 **VI.C.2.** Each program must have a process to ensure continuity of patient  
628 care in the event that a fellow may be unable to perform his/her  
629 patient care duties.  
630
- 631 **VI.C.3.** The sponsoring institution must provide adequate sleep facilities  
632 and/or safe transportation options for fellows who may be too  
633 fatigued to safely return home.  
634
- 635 **VI.D.** Supervision of Fellows  
636
- 637 **VI.D.1.** In the clinical learning environment, each patient must have an  
638 identifiable, appropriately-credentialed and privileged attending  
639 physician (or licensed independent practitioner as approved by each  
640 Review Committee) who is ultimately responsible for that patient's  
641 care.  
642
- 643 **VI.D.1.a)** This information should be available to fellows, faculty  
644 members, and patients.  
645
- 646 **VI.D.1.b)** Fellows and faculty members should inform patients of their  
647 respective roles in each patient's care.  
648
- 649 **VI.D.2.** The program must demonstrate that the appropriate level of  
650 supervision is in place for all fellows who care for patients.  
651
- 652 Supervision may be exercised through a variety of methods. Some  
653 activities require the physical presence of the supervising faculty

654 member. For many aspects of patient care, the supervising  
655 physician may be a more advanced fellow. Other portions of care  
656 provided by the fellow can be adequately supervised by the  
657 immediate availability of the supervising faculty member or fellow  
658 physician, either in the institution, or by means of telephonic and/or  
659 electronic modalities. In some circumstances, supervision may  
660 include post-hoc review of fellow-delivered care with feedback as to  
661 the appropriateness of that care.

662  
663 **VI.D.3. Levels of Supervision**

664  
665 To ensure oversight of fellow supervision and graded authority and  
666 responsibility, the program must use the following classification of  
667 supervision:

668  
669 **VI.D.3.a) Direct Supervision – the supervising physician is physically  
670 present with the fellow and patient.**

671  
672 **VI.D.3.b) Indirect Supervision:**

673  
674 **VI.D.3.b).(1) with direct supervision immediately available – the  
675 supervising physician is physically within the hospital  
676 or other site of patient care, and is immediately  
677 available to provide Direct Supervision.**

678  
679 **VI.D.3.b).(2) with direct supervision available – the supervising  
680 physician is not physically present within the hospital  
681 or other site of patient care, but is immediately  
682 available by means of telephonic and/or electronic  
683 modalities, and is available to provide Direct  
684 Supervision.**

685  
686 **VI.D.3.c) Oversight – the supervising physician is available to provide  
687 review of procedures/encounters with feedback provided  
688 after care is delivered.**

689  
690 **VI.D.4. The privilege of progressive authority and responsibility, conditional  
691 independence, and a supervisory role in patient care delegated to  
692 each fellow must be assigned by the program director and faculty  
693 members.**

694  
695 **VI.D.4.a) The program director must evaluate each fellow’s abilities  
696 based on specific criteria. When available, evaluation should  
697 be guided by specific national standards-based criteria.**

698  
699 **VI.D.4.b) Faculty members functioning as supervising physicians  
700 should delegate portions of care to fellows, based on the  
701 needs of the patient and the skills of the fellows.**

702  
703 **VI.D.4.c) Fellows should serve in a supervisory role of residents or**

704 junior fellows in recognition of their progress toward  
705 independence, based on the needs of each patient and the  
706 skills of the individual fellow.

707  
708 **VI.D.5.** Programs must set guidelines for circumstances and events in  
709 which fellows must communicate with appropriate supervising  
710 faculty members, such as the transfer of a patient to an intensive  
711 care unit, or end-of-life decisions.

712  
713 **VI.D.5.a)** Each fellow must know the limits of his/her scope of  
714 authority, and the circumstances under which he/she is  
715 permitted to act with conditional independence.

716  
717 **VI.D.6.** Faculty supervision assignments should be of sufficient duration to  
718 assess the knowledge and skills of each fellow and delegate to  
719 him/her the appropriate level of patient care authority and  
720 responsibility.

721  
722 **VI.E.** **Clinical Responsibilities**

723  
724 The clinical responsibilities for each fellow must be based on PGY-level,  
725 patient safety, fellow education, severity and complexity of patient  
726 illness/condition and available support services.

727  
728 *[Optimal clinical workload will be further specified by each Review Committee.]*

729  
730 **VI.F.** **Teamwork**

731  
732 Fellows must care for patients in an environment that maximizes effective  
733 communication. This must include the opportunity to work as a member of  
734 effective interprofessional teams that are appropriate to the delivery of care  
735 in the specialty.

736  
737 *[Each Review Committee will define the elements that must be present in each*  
738 *specialty.]*

739  
740 **VI.G.** **Fellow Duty Hours**

741  
742 **VI.G.1.** **Maximum Hours of Work per Week**

743  
744 Duty hours must be limited to 80 hours per week, averaged over a  
745 four-week period, inclusive of all in-house call activities and all  
746 moonlighting.

747  
748 **VI.G.1.a)** **Duty Hour Exceptions**

749  
750 A Review Committee may grant exceptions for up to 10% or a  
751 maximum of 88 hours to individual programs based on a  
752 sound educational rationale.

753

754 **VI.G.1.a).(1)** In preparing a request for an exception the program  
755 director must follow the duty hour exception policy  
756 from the ACGME Manual on Policies and Procedures.  
757

758 **VI.G.1.a).(2)** Prior to submitting the request to the Review  
759 Committee, the program director must obtain approval  
760 of the institution's GMEC and DIO.  
761

762 **VI.G.2.** **Moonlighting**

763

764 **VI.G.2.a)** Moonlighting must not interfere with the ability of the fellow  
765 to achieve the goals and objectives of the educational  
766 program.  
767

768 **VI.G.2.b)** Time spent by fellows in Internal and External Moonlighting  
769 (as defined in the ACGME Glossary of Terms) must be  
770 counted towards the 80-hour Maximum Weekly Hour Limit.  
771

772 **VI.G.3.** **Mandatory Time Free of Duty**

773

774 Fellows must be scheduled for a minimum of one day free of duty  
775 every week (when averaged over four weeks). At-home call cannot  
776 be assigned on these free days.  
777

778 **VI.G.4.** **Maximum Duty Period Length**

779

780 Duty periods of fellows may be scheduled to a maximum of 24 hours  
781 of continuous duty in the hospital. Programs must encourage  
782 fellows to use alertness management strategies in the context of  
783 patient care responsibilities. Strategic napping, especially after 16  
784 hours of continuous duty and between the hours of 10:00 p.m. and  
785 8:00 a.m., is strongly suggested.  
786

787 **VI.G.4.a)** It is essential for patient safety and fellow education that  
788 effective transitions in care occur. Fellows may be allowed to  
789 remain on-site in order to accomplish these tasks; however,  
790 this period of time must be no longer than an additional four  
791 hours.  
792

793 **VI.G.4.b)** Fellows must not be assigned additional clinical  
794 responsibilities after 24 hours of continuous in-house duty.  
795

796 **VI.G.4.c)** In unusual circumstances, fellows, on their own initiative,  
797 may remain beyond their scheduled period of duty to  
798 continue to provide care to a single patient. Justifications for  
799 such extensions of duty are limited to reasons of required  
800 continuity for a severely ill or unstable patient, academic  
801 importance of the events transpiring, or humanistic attention  
802 to the needs of a patient or family.  
803

804	<b>VI.G.4.c).(1)</b>	<b>Under those circumstances, the fellow must:</b>
805		
806	<b>VI.G.4.c).(1).(a)</b>	<b>appropriately hand over the care of all other patients to the team responsible for their continuing care; and,</b>
807		
808		
809		
810	<b>VI.G.4.c).(1).(b)</b>	<b>document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.</b>
811		
812		
813		
814		
815	<b>VI.G.4.c).(2)</b>	<b>The program director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty.</b>
816		
817		
818		
819	<b>VI.G.5.</b>	<b>Minimum Time Off between Scheduled Duty Periods</b>
820		
821	<b>VI.G.5.a)</b>	<b>Fellows in the final years of education <i>[as defined by the Review Committee]</i> must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.</b>
822		
823		
824		
825		
826	<b>VI.G.5.a).(1)</b>	<b>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 <i>[as defined by the Review Committee]</i> 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.</b>
827		
828		
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836	<b>VI.G.5.a).(1).(a)</b>	<b>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.</b>
837		
838		
839		
840		
841		
842	<b>VI.G.6.</b>	<b>Maximum Frequency of In-House Night Float</b>
843		
844		<b>Fellows must not be scheduled for more than six consecutive nights of night float.</b>
845		
846		
847		<i>[The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]</i>
848		
849		
850		
851	<b>VI.G.7.</b>	<b>Maximum In-House On-Call Frequency</b>
852		
853		<b>Fellows must be scheduled for in-house call no more frequently than</b>

854 every-third-night (when averaged over a four-week period).  
855  
856 **VI.G.8. At-Home Call**  
857  
858 **VI.G.8.a) Time spent in the hospital by fellows on at-home call must**  
859 **count towards the 80-hour maximum weekly hour limit. The**  
860 **frequency of at-home call is not subject to the every-third-**  
861 **night limitation, but must satisfy the requirement for one-day-**  
862 **in-seven free of duty, when averaged over four weeks.**  
863  
864 **VI.G.8.a).(1) At-home call must not be so frequent or taxing as to**  
865 **preclude rest or reasonable personal time for each**  
866 **fellow.**  
867  
868 **VI.G.8.b) Fellows are permitted to return to the hospital while on at-**  
869 **home call to care for new or established patients. Each**  
870 **episode of this type of care, while it must be included in the**  
871 **80-hour weekly maximum, will not initiate a new “off-duty**  
872 **period”.**  
873  
874 **\*\*\***