

1 **ACGME Program Requirements for Graduate Medical Education**
2 **in Forensic 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 Subspecialty~~
38

39 **Int.B. Forensic pathology is the application of the principles of medicine and pathology**
40 **to the study of sudden, unexpected, suspicious, and violent death in order to**
41 **determine the mechanisms, cause, and manner of death.**
42

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

45 **Int.C. *The educational program in forensic pathology is one year in length must be 12***
46 ***months in length.***
47

48 **I. Institutions**
49

50 **I.A. Sponsoring Institution**
51

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

55
56 **The sponsoring institution and the program must ensure that the program**
57 **director has sufficient protected time and financial support for his or her**
58 **educational and administrative responsibilities to the program.**

59
60 ~~I.A.1. A forensic pathology program should be administratively attached to an~~
61 ~~Accreditation Council for Graduate Medical Education~~
62 ~~(ACGME)-accredited residency in anatomic and clinical pathology or~~
63 ~~anatomic pathology.~~

64
65 **I.B. Participating Sites**

66
67 **I.B.1. There must be a program letter of agreement (PLA) between the**
68 **program and each participating site providing a required**
69 **assignment. The PLA must be renewed at least every five years.**

70
71 **The PLA should:**

72
73 **I.B.1.a) identify the faculty who will assume both educational and**
74 **supervisory responsibilities for fellows;**

75
76 **I.B.1.b) specify their responsibilities for teaching, supervision, and**
77 **formal evaluation of fellows, as specified later in this**
78 **document;**

79
80 **I.B.1.c) specify the duration and content of the educational**
81 **experience; and,**

82
83 **I.B.1.d) state the policies and procedures that will govern fellow**
84 **education during the assignment.**

85
86 **I.B.2. The program director must submit any additions or deletions of**
87 **participating sites routinely providing an educational experience,**
88 **required for all fellows, of one month full time equivalent (FTE) or**
89 **more through the Accreditation Council for Graduate Medical**
90 **Education (ACGME) Accreditation Data System (ADS).**

91
92 **II. Program Personnel and Resources**

93
94 **II.A. Program Director**

95
96 **II.A.1. There must be a single program director with authority and**
97 **accountability for the operation of the program. The sponsoring**
98 **institution's GMEC must approve a change in program director.**
99 **After approval, the program director must submit this change to the**
100 **ACGME via the ADS.**

101

- 102 **II.A.2.** **Qualifications of the program director must include:**
103
104 **II.A.2.a)** **requisite specialty expertise and documented educational**
105 **and administrative experience acceptable to the Review**
106 **Committee;**
107
108 **II.A.2.b)** **current certification in the subspecialty by the American**
109 **Board of Pathology (ABP), or subspecialty qualifications that**
110 **are acceptable to the Review Committee;**
111
112 **II.A.2.c)** **current medical licensure and appropriate medical staff**
113 **appointment; and,**
114
115 **II.A.2.d)** *at least three years of active participation as a specialist in*
116 *forensic pathology following completion of the most recent*
117 *graduate medical education program.*
118
119 **II.A.2.e)** ~~licensure to practice medicine in the state where the program's~~
120 ~~jurisdiction is located.~~
121
122 **II.A.3.** **The program director must administer and maintain an educational**
123 **environment conducive to educating the fellows in each of the**
124 **ACGME competency areas. The program director must:**
125
126 **II.A.3.a)** **prepare and submit all information required and requested by**
127 **the ACGME;**
128
129 **II.A.3.b)** **be familiar with and oversee compliance with ACGME and**
130 **Review Committee policies and procedures as outlined in the**
131 **ACGME Manual of Policies and Procedures;**
132
133 **II.A.3.c)** **obtain review and approval of the sponsoring institution's**
134 **GMEC/DIO before submitting to the ACGME information or**
135 **requests for the following:**
136
137 **II.A.3.c).(1)** **all applications for ACGME accreditation of new**
138 **programs;**
139
140 **II.A.3.c).(2)** **changes in fellow complement;**
141
142 **II.A.3.c).(3)** **major changes in program structure or length of**
143 **training;**
144
145 **II.A.3.c).(4)** **progress reports requested by the Review Committee;**
146
147 **II.A.3.c).(5)** **responses to all proposed adverse actions;**
148
149 **II.A.3.c).(6)** **requests for increases or any change to fellow duty**
150 **hours;**
151

- 152 **II.A.3.c).(7)** **voluntary withdrawals of ACGME-accredited**
 153 **programs;**
 154
 155 **II.A.3.c).(8)** **requests for appeal of an adverse action; and,**
 156
 157 **II.A.3.c).(9)** **appeal presentations to a Board of Appeal or the**
 158 **ACGME.**
 159
 160 **II.A.3.d)** **obtain DIO review and co-signature on all program**
 161 **information forms, as well as any correspondence or**
 162 **document submitted to the ACGME that addresses:**
 163
 164 **II.A.3.d).(1)** **program citations, and/or**
 165
 166 **II.A.3.d).(2)** **request for changes in the program that would have**
 167 **significant impact, including financial, on the program**
 168 **or institution.**
 169
 170 **II.A.3.e)** prepare and implement a supervision policy that specifies fellow
 171 and faculty lines of responsibility; and,
 172
 173 **II.A.3.f)** devote at least 35% of his or her time to clinical work with fellows,
 174 teaching, and fellowship-related administration.
 175
 176 ~~**II.A.4.** *If the program director is not certified, the teaching staff must include the*~~
 177 ~~*subspecialty by the American Board of Pathology, then at least one*~~
 178 ~~*faculty member certified by the American Board of Pathology in forensic*~~
 179 ~~*pathology must be certified in the subspecialty.*~~
 180
 181 **II.B. Faculty**
 182
 183 **II.B.1. There must be a sufficient number of faculty with documented**
 184 **qualifications to instruct and supervise all fellows.**
 185
 186 **II.B.1.a)** Including the program director, the teaching staff physician faculty
 187 must include at least two full-time forensic pathologists who are
 188 certified by the ABP (including the program director.)
 189
 190 **II.B.1.b)** Programs that offer training for with two or more fellows residents
 191 must have a senior staff of qualified forensic pathologists that
 192 number at least one more additional faculty member than the
 193 number of approved fellowship positions.
 194
 195 **II.B.1.b).(1)** These faculty members must be ABP-certified forensic
 196 pathologists with at least three years of active participation
 197 in forensic pathology.
 198
 199 **II.B.2. The faculty must devote sufficient time to the educational program**
 200 **to fulfill their supervisory and teaching responsibilities and**
 201 **demonstrate a strong interest in the education of fellows.**

- 202
203 II.B.2.a) The faculty must, in aggregate, devote at least 20 hours per week
204 to fellowship-related clinical work and teaching.
205
- 206 **II.B.3.** **The physician faculty must have current certification in the**
207 **subspecialty by the American Board of Pathology, or possess**
208 **qualifications acceptable to the Review Committee.**
209
- 210 **II.B.4.** **The physician faculty must possess current medical licensure and**
211 **appropriate medical staff appointment.**
212
- 213 **II.C. Other Program Personnel**
214
- 215 **The institution and the program must jointly ensure the availability of all**
216 **necessary professional, technical, and clerical personnel for the effective**
217 **administration of the program.**
218
- 219 II.C.1. There must be secretarial and laboratory technical personnel to support
220 the clinical, teaching, educational, and research activities of the
221 fellowship.
222
- 223 **II.D. Resources**
224
- 225 **The institution and the program must jointly ensure the availability of**
226 **adequate resources for fellow education, as defined in the specialty**
227 **program requirements.**
228
- 229 II.D.1. There must be office space, meeting rooms, and laboratory space to
230 support teaching, educational, and research activities.
231
- 232 II.D.2. Clinical material related to the subspecialty area of the fellowship must be
233 provided.
234
- 235 II.D.2.a) Clinical material must be indexed to permit retrieval of archived
236 records by specified organ and/or diagnosis in a timely manner.
237
- 238 II.D.2.b) The program must provide Clinical material must be derived from
239 a wide variety of case types for examination by the fellow
240 including: blunt force trauma; sharp force injury; firearms injury;
241 transportation-related fatalities; water-related deaths, asphyxial
242 injuries; temperature and electrical injuries; suspected child and
243 elder abuse; drug and toxin-related fatalities; sudden workplace
244 fatalities, unexpected natural deaths; and deaths associated with
245 advanced decomposition.
246
- 247 ~~II.D.3. Approximately 500 medicolegal autopsies should be conducted in an~~
248 ~~approved program each year. Of these, 100 or more should be in cases~~
249 ~~in which death is due to the immediate (within 24 hours) and direct effects~~
250 ~~of physical or chemical injury.~~
251

252 II.D.4. ~~The institution or office should conduct approximately 300 additional~~
253 ~~autopsies for each additional fellowship position requested.~~

254
255 II.D.5. ~~Adequate facilities and competent personnel shall~~ Facilities, competent
256 personnel, and consultative services should be available and properly
257 utilized for the conduct of all bacteriologic-microbiology, neuropathology,
258 radiology, ophthalmic pathology, pediatric pathology, biochemical,
259 toxicology, firearms, trace evidence, physical anthropology, odontology,
260 and other scientific studies as may be needed to ensure complete
261 postmortem investigation.

262
263 II.D.5.a) ~~When such support services facilities and personnel are not~~
264 housed available at the primary clinical site medicolegal facility,
265 they should be available and accessible to the fellows at suitable
266 accredited laboratories or institutions.

267
268 **II.E. Medical Information Access**

269
270 **Fellows must have ready access to specialty-specific and other appropriate**
271 **reference material in print or electronic format. Electronic medical literature**
272 **databases with search capabilities should be available.**

273
274 **III. Fellow Appointments**

275
276 **III.A. Eligibility Criteria**

277
278 **Each fellow must successfully complete an ACGME-accredited specialty**
279 **program and/or meet other eligibility criteria as specified by the Review**
280 **Committee. The program must document that each fellow has met the**
281 **eligibility criteria.**

282
283 *III.A.1. Prior to appointment in the program, fellows should have completed two*
284 *years of a pathology residency accredited by the ACGME or the Royal*
285 *College of Physicians and Surgeons of Canada (RCPSC), or possess*
286 *certification in anatomic and clinical pathology, or certification in either*
287 *anatomic pathology or clinical pathology.*

288
289 **III.B. Number of Fellows**

290
291 **The program director may not appoint more fellows than approved by the**
292 **Review Committee, unless otherwise stated in the specialty-specific**
293 **requirements. The program's educational resources must be adequate to**
294 **support the number of fellows appointed to the program.**

295
296 *III.B.1. The education of other learners must not dilute the educational*
297 *experience of the program's fellows.*

298
299 **IV. Educational Program**

300
301 **IV.A. The curriculum must contain the following educational components:**

302
303 **IV.A.1. Skills and competencies the fellow will be able to demonstrate at the**
304 **conclusion of the program. The program must distribute these skills**
305 **and competencies to fellows and faculty annually, in either written**
306 **or electronic form. These skills and competencies should be**
307 **reviewed by the fellow at the start of each rotation;**
308

309 **IV.A.2. ACGME Competencies**

310
311 **The program must integrate the following ACGME competencies**
312 **into the curriculum:**
313

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

315
316 **Fellows must be able to provide patient care that is**
317 **compassionate, appropriate, and effective for the treatment of**
318 **health problems and the promotion of health. Fellows:**
319

320 IV.A.2.a).(1) must demonstrate competence in performing autopsies;

321
322 IV.A.2.a).(1).(a) Each fellow should perform at least 200 and not
323 more than 300 autopsies in a year of approved
324 training during the 12-month program.

325
326 IV.A.2.a).(1).(b) Competence must include: At least 200 of the
327 cases must be complete autopsies that include
328 active participation in:

329
330 IV.A.2.a).(1).(b).(i) review of review of the medical history and
331 circumstances of death;

332
333 IV.A.2.a).(1).(b).(ii) external examination of the body;

334
335 IV.A.2.a).(1).(b).(iii) photographic documentation of injuries and
336 disease processes;

337
338 IV.A.2.a).(1).(b).(iv) gross dissection;

339
340 IV.A.2.a).(1).(b).(v) review of review of microscopic and
341 laboratory findings;

342
343 IV.A.2.a).(1).(b).(vi) preparation of preparation of written
344 descriptions of the gross and microscopic
345 findings;

346
347 IV.A.2.a).(1).(b).(vii) development of development of an opinion
348 regarding the immediate, intermediate, and
349 underlying (proximate) cause(s) of death;
350 and,

351
352 IV.A.2.a).(1).(b).(viii) review of review of the autopsy report with a

353 member of the faculty-teaching staff.

354

355 IV.A.2.a).(2)

must demonstrate competence in performing external examinations on cases that do not require an autopsy, including documenting pertinent findings and collecting appropriate biological samples;

356

357 IV.A.2.a).(3)

~~should make~~demonstrate competence in making decisions about acceptance of accepting cases, performing or not performing an autopsy, and issues pertaining to tissue and organ donations; and, and determination of manner of death;

360

361 IV.A.2.a).(4)

~~must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.~~

362

363

364

365 IV.A.2.a).(5)

must demonstrate competence in methods of death certification.

366

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IV.A.2.b)

Medical Knowledge

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IV.A.2.b).(1)

must demonstrate expertise in their knowledge of:

IV.A.2.b).(1).(a)

general principles of a medicolegal autopsy and biosafety;

IV.A.2.b).(1).(b)

statutory basis for medicolegal death investigation systems and requirements to serve as medical examiner or coroner or forensic pathologist;

IV.A.2.b).(1).(c)

interaction of the medicolegal death investigation system with the criminal and civil legal systems and with public health and safety agencies;

IV.A.2.b).(1).(d)

court standards on the admissibility of forensic techniques and expert testimony;

IV.A.2.b).(1).(e)

the three core elements of a medicolegal autopsy: scene/death investigation, autopsy, and toxicology;

IV.A.2.b).(1).(f)

common injury patterns seen in blunt force trauma, sharp force injury, firearms injury, transportation-related fatalities, asphyxial injuries, temperature and electrical injuries, and suspected child and elder abuse;

- 404
 405 IV.A.2.b).(1).(g) common postmortem changes, including
 406 decomposition patterns;
 407
 408 IV.A.2.b).(1).(h) the causes and autopsy findings in cases of
 409 sudden, unexpected natural deaths;
 410
 411 IV.A.2.b).(1).(i) proper documentation in medicolegal autopsies,
 412 including evidence recognition, collection,
 413 preservation, transport, storage, analysis, and
 414 chain-of-custody; and,
 415
 416 IV.A.2.b).(1).(j) the basic disciplines of forensic science and their
 417 relevance to death investigation systems.
 418

419 **IV.A.2.c)**

Practice-based Learning and Improvement

420
 421 **Fellows are expected to develop skills and habits to be able**
 422 **to meet the following goals:**
 423

424 **IV.A.2.c).(1)**

systematically analyze practice using quality
improvement methods, and implement changes with
the goal of practice improvement; and,

428 **IV.A.2.c).(2)**

locate, appraise, and assimilate evidence from
scientific studies related to their patients' health
problems.

432 **IV.A.2.d)**

Interpersonal and Communication Skills

433
 434 **Fellows must demonstrate interpersonal and communication**
 435 **skills that result in the effective exchange of information and**
 436 **collaboration with patients, their families, and health**
 437 **professionals.**

439 IV.A.2.d).(1)

Fellow must demonstrate professional interactions in
providing consultations to families, the public, and other
health care providers.

443 IV.A.2.d).(2)

Fellows should demonstrate competence in obtaining
consultations from forensic odontologists, anthropologists,
entomologists, psychologists/psychiatrists, radiologists,
pediatricians, and toxicologists.

448 **IV.A.2.e)**

Professionalism

449
 450 **Fellows must demonstrate a commitment to carrying out**
 451 **professional responsibilities and an adherence to ethical**
 452 **principles.**
 453

- 454 **IV.A.2.f) Systems-based Practice**
455
456 **Fellows must demonstrate an awareness of and**
457 **responsiveness to the larger context and system of health**
458 **care, as well as the ability to call effectively on other**
459 **resources in the system to provide optimal health care.**
460
461 **IV.A.3. Curriculum Organization and Fellow Experiences**
462
463 **IV.A.3.a)** Fellows must devote four to eight weeks exclusively to laboratory
464 experience in toxicology, physical anthropology, and components
465 of the crime laboratory, ~~such as~~ including firearms, serology, and
466 trace evidence.
467
468 **IV.A.3.b)** Fellow experiences must include:
469
470 **IV.A.3.b).(1)** scene investigations, including examination of a body
471 before it has been disturbed;
472
473 **IV.A.3.b).(2)** ~~should perform autopsies on~~ for cases that are likely to
474 result in criminal prosecution or civil litigation; and,
475
476 **IV.A.3.b).(2).(a)** ~~and it is highly desirable for~~ It is strongly suggested
477 that fellows have opportunities to participate in the
478 legal follow-up of cases if they occur during the
479 course of ~~their year of training~~ the fellowship.
480
481 **IV.A.3.b).(3)** ~~Should~~ accompanying staff pathologists when they testify
482 in court and give depositions.
483
484 **IV.A.3.c)** Fellows' clinical experience should be augmented through didactic
485 sessions, review of the medical literature in the subspecialty area,
486 and use of study sets of unusual cases.
487
488 **IV.A.3.d)** Fellows must ~~should~~ keep a log of their experiences, to include
489 autopsies, external examinations, crime scene visits, and
490 opportunities to observe or provide court testimony.
491
492 **IV.A.3.e)** ~~must have opportunity to assume increasing responsibility as they~~
493 ~~progress through the program.~~
494
495 **IV.B. Fellows' Scholarly Activities**
496
497 **IV.B.1.** Each fellow should participate in scholarly activity, including at least one
498 of the following:
499
500 **IV.B.1.a)** research;
501
502 **IV.B.1.b)** evidence-based presentations at journal club or meetings (local,
503 regional, or national); or,
504

- 505 IV.B.1.c) preparation/submission of articles for peer-reviewed publications.
506
507 **V. Evaluation**
508
509 **V.A. Fellow Evaluation**
510
511 **V.A.1. Formative Evaluation**
512
513 **V.A.2. The faculty must evaluate fellow performance in a timely manner.**
514
515 V.A.2.a) Assessment should include the ~~periodic~~ quarterly review of the log
516 of fellow experience in autopsies, external examinations, crime
517 scene visits, and the observation and/or provision of court
518 testimony.
519
520 **V.A.3. The program must:**
521
522 **V.A.3.a) provide objective assessments of competence in patient**
523 **care, medical knowledge, practice-based learning and**
524 **improvement, interpersonal and communication skills,**
525 **professionalism, and systems-based practice;**
526
527 **V.A.3.b) use multiple evaluators (e.g., faculty, peers, patients, self, and**
528 **other professional staff); and,**
529
530 **V.A.3.c) provide each fellow with documented semiannual evaluation**
531 **of performance with feedback.**
532
533 **V.A.4. The evaluations of fellow performance must be accessible for review**
534 **by the fellow, in accordance with institutional policy.**
535
536 **V.A.5. Summative Evaluation**
537
538 **The program director must provide a summative evaluation for each**
539 **fellow upon completion of the program. This evaluation must**
540 **become part of the fellow's permanent record maintained by the**
541 **institution, and must be accessible for review by the fellow in**
542 **accordance with institutional policy. This evaluation must:**
543
544 **V.A.5.a) document the fellow's performance during their education,**
545 **and**
546
547 **V.A.5.b) verify that the fellow has demonstrated sufficient competence**
548 **to enter practice without direct supervision.**
549
550 **V.B. Faculty Evaluation**
551
552 **V.B.1. At least annually, the program must evaluate faculty performance as**
553 **it relates to the educational program.**
554

- 555 **V.B.2.** These evaluations should include a review of the faculty’s clinical
556 teaching abilities, commitment to the educational program, clinical
557 knowledge, professionalism, and scholarly activities.
558
- 559 **V.C.** Program Evaluation and Improvement
560
- 561 **V.C.1.** The program must document formal, systematic evaluation of the
562 curriculum at least annually. The program must monitor and track
563 each of the following areas:
564
- 565 **V.C.1.a)** fellow performance, and
566
- 567 **V.C.1.b)** faculty development
568
- 569 **V.C.2.** If deficiencies are found, the program should prepare a written plan
570 of action to document initiatives to improve performance in the
571 areas listed in section V.C.1. The action plan should be reviewed
572 and approved by the teaching faculty and documented in meeting
573 minutes.
574
- 575 | **V.C.3.** 60 percent of the program’s graduates from the preceding five years
576 taking the ABP certifying examination for forensic pathology for the first
577 time must pass.
578
- 579 **VI.** Fellow Duty Hours in the Learning and Working Environment
580
- 581 **VI.A.** Professionalism, Personal Responsibility, and Patient Safety
582
- 583 **VI.A.1.** Programs and sponsoring institutions must educate fellows and
584 faculty members concerning the professional responsibilities of
585 physicians to appear for duty appropriately rested and fit to provide
586 the services required by their patients.
587
- 588 **VI.A.2.** The program must be committed to and responsible for promoting
589 patient safety and fellow well-being in a supportive educational
590 environment.
591
- 592 **VI.A.3.** The program director must ensure that fellows are integrated and
593 actively participate in interdisciplinary clinical quality improvement
594 and patient safety programs.
595
- 596 **VI.A.4.** The learning objectives of the program must:
597
- 598 **VI.A.4.a)** be accomplished through an appropriate blend of supervised
599 patient care responsibilities, clinical teaching, and didactic
600 educational events; and,
601
- 602 **VI.A.4.b)** not be compromised by excessive reliance on fellows to fulfill
603 non-physician service obligations.
604

- 605 **VI.A.5.** **The program director and sponsoring institution must ensure a**
606 **culture of professionalism that supports patient safety and personal**
607 **responsibility. Fellows and faculty members must demonstrate an**
608 **understanding and acceptance of their personal role in the**
609 **following:**
610
- 611 **VI.A.5.a)** **assurance of the safety and welfare of patients entrusted to**
612 **their care;**
 - 613
 - 614 **VI.A.5.b)** **provision of patient- and family-centered care;**
 - 615
 - 616 **VI.A.5.c)** **assurance of their fitness for duty;**
 - 617
 - 618 **VI.A.5.d)** **management of their time before, during, and after clinical**
619 **assignments;**
 - 620
 - 621 **VI.A.5.e)** **recognition of impairment, including illness and fatigue, in**
622 **themselves and in their peers;**
 - 623
 - 624 **VI.A.5.f)** **attention to lifelong learning;**
 - 625
 - 626 **VI.A.5.g)** **the monitoring of their patient care performance improvement**
627 **indicators; and,**
 - 628
 - 629 **VI.A.5.h)** **honest and accurate reporting of duty hours, patient**
630 **outcomes, and clinical experience data.**
 - 631
- 632 **VI.A.6.** **All fellows and faculty members must demonstrate responsiveness**
633 **to patient needs that supersedes self-interest. Physicians must**
634 **recognize that under certain circumstances, the best interests of the**
635 **patient may be served by transitioning that patient’s care to another**
636 **qualified and rested provider.**
637
- 638 **VI.B.** **Transitions of Care**
639
- 640 **VI.B.1.** **Programs must design clinical assignments to minimize the number**
641 **of transitions in patient care.**
 - 642
 - 643 **VI.B.2.** **Sponsoring institutions and programs must ensure and monitor**
644 **effective, structured hand-over processes to facilitate both**
645 **continuity of care and patient safety.**
 - 646
 - 647 **VI.B.3.** **Programs must ensure that fellows are competent in communicating**
648 **with team members in the hand-over process.**
 - 649
 - 650 **VI.B.4.** **The sponsoring institution must ensure the availability of schedules**
651 **that inform all members of the health care team of attending**
652 **physicians and fellows currently responsible for each patient’s care.**
 - 653
- 654 **VI.C.** **Alertness Management/Fatigue Mitigation**

- 655
656 **VI.C.1.** **The program must:**
657
- 658 **VI.C.1.a)** **educate all faculty members and fellows to recognize the**
659 **signs of fatigue and sleep deprivation;**
660
- 661 **VI.C.1.b)** **educate all faculty members and fellows in alertness**
662 **management and fatigue mitigation processes; and,**
663
- 664 **VI.C.1.c)** **adopt fatigue mitigation processes to manage the potential**
665 **negative effects of fatigue on patient care and learning, such**
666 **as naps or back-up call schedules.**
667
- 668 **VI.C.2.** **Each program must have a process to ensure continuity of patient**
669 **care in the event that a fellow may be unable to perform his/her**
670 **patient care duties.**
671
- 672 **VI.C.3.** **The sponsoring institution must provide adequate sleep facilities**
673 **and/or safe transportation options for fellows who may be too**
674 **fatigued to safely return home.**
675
- 676 **VI.D.** **Supervision of Fellows**
677
- 678 **VI.D.1.** **In the clinical learning environment, each patient must have an**
679 **identifiable, appropriately-credentialed and privileged attending**
680 **physician (or licensed independent practitioner as approved by each**
681 **Review Committee) who is ultimately responsible for that patient’s**
682 **care.**
683
- 684 **VI.D.1.a)** **This information should be available to fellows, faculty**
685 **members, and patients.**
686
- 687 **VI.D.1.b)** **Fellows and faculty members should inform patients of their**
688 **respective roles in each patient’s care.**
689
- 690 **VI.D.2.** **The program must demonstrate that the appropriate level of**
691 **supervision is in place for all fellows who care for patients.**
692
- 693 **Supervision may be exercised through a variety of methods. Some**
694 **activities require the physical presence of the supervising faculty**
695 **member. For many aspects of patient care, the supervising**
696 **physician may be a more advanced fellow. Other portions of care**
697 **provided by the fellow can be adequately supervised by the**
698 **immediate availability of the supervising faculty member or fellow**
699 **physician, either in the institution, or by means of telephonic and/or**
700 **electronic modalities. In some circumstances, supervision may**
701 **include post-hoc review of fellow-delivered care with feedback as to**
702 **the appropriateness of that care.**
703
- 704 **VI.D.3.** **Levels of Supervision**

705
706 To ensure oversight of fellow supervision and graded authority and
707 responsibility, the program must use the following classification of
708 supervision:

709
710 **VI.D.3.a) Direct Supervision – the supervising physician is physically**
711 **present with the fellow and patient.**

712
713 **VI.D.3.b) Indirect Supervision:**

714
715 **VI.D.3.b).(1) with direct supervision immediately available – the**
716 **supervising physician is physically within the hospital**
717 **or other site of patient care, and is immediately**
718 **available to provide Direct Supervision.**

719
720 **VI.D.3.b).(2) with direct supervision available – the supervising**
721 **physician is not physically present within the hospital**
722 **or other site of patient care, but is immediately**
723 **available by means of telephonic and/or electronic**
724 **modalities, and is available to provide Direct**
725 **Supervision.**

726
727 **VI.D.3.c) Oversight – the supervising physician is available to provide**
728 **review of procedures/encounters with feedback provided**
729 **after care is delivered.**

730
731 **VI.D.4. The privilege of progressive authority and responsibility, conditional**
732 **independence, and a supervisory role in patient care delegated to**
733 **each fellow must be assigned by the program director and faculty**
734 **members.**

735
736 **VI.D.4.a) The program director must evaluate each fellow’s abilities**
737 **based on specific criteria. When available, evaluation should**
738 **be guided by specific national standards-based criteria.**

739
740 **VI.D.4.b) Faculty members functioning as supervising physicians**
741 **should delegate portions of care to fellows, based on the**
742 **needs of the patient and the skills of the fellows.**

743
744 **VI.D.4.c) Fellows should serve in a supervisory role of residents or**
745 **junior fellows in recognition of their progress toward**
746 **independence, based on the needs of each patient and the**
747 **skills of the individual fellow.**

748
749 **VI.D.5. Programs must set guidelines for circumstances and events in**
750 **which fellows must communicate with appropriate supervising**
751 **faculty members, such as the transfer of a patient to an intensive**
752 **care unit, or end-of-life decisions.**

753
754 **VI.D.5.a) Each fellow must know the limits of his/her scope of**

755 authority, and the circumstances under which he/she is
756 permitted to act with conditional independence.
757

758 **VI.D.6. Faculty supervision assignments should be of sufficient duration to**
759 **assess the knowledge and skills of each fellow and delegate to**
760 **him/her the appropriate level of patient care authority and**
761 **responsibility.**
762

763 **VI.E. Clinical Responsibilities**
764
765 **The clinical responsibilities for each fellow must be based on PGY-level,**
766 **patient safety, fellow education, severity and complexity of patient**
767 **illness/condition and available support services.**
768
769 *[Optimal clinical workload will be further specified by each Review Committee.]*
770

771 **VI.F. Teamwork**
772
773 **Fellows must care for patients in an environment that maximizes effective**
774 **communication. This must include the opportunity to work as a member of**
775 **effective interprofessional teams that are appropriate to the delivery of care**
776 **in the specialty.**
777
778 *[Each Review Committee will define the elements that must be present in each*
779 *specialty.]*
780

781 **VI.G. Fellow Duty Hours**
782

783 **VI.G.1. Maximum Hours of Work per Week**
784
785 **Duty hours must be limited to 80 hours per week, averaged over a**
786 **four-week period, inclusive of all in-house call activities and all**
787 **moonlighting.**
788

789 **VI.G.1.a) Duty Hour Exceptions**
790
791 **A Review Committee may grant exceptions for up to 10% or a**
792 **maximum of 88 hours to individual programs based on a**
793 **sound educational rationale.**
794

795 **VI.G.1.a).(1) In preparing a request for an exception the program**
796 **director must follow the duty hour exception policy**
797 **from the ACGME Manual on Policies and Procedures.**
798

799 **VI.G.1.a).(2) Prior to submitting the request to the Review**
800 **Committee, the program director must obtain approval**
801 **of the institution's GMEC and DIO.**
802

803 **VI.G.2. Moonlighting**
804

805 **VI.G.2.a)** Moonlighting must not interfere with the ability of the fellow
806 to achieve the goals and objectives of the educational
807 program.
808

809 **VI.G.2.b)** Time spent by fellows in Internal and External Moonlighting
810 (as defined in the ACGME Glossary of Terms) must be
811 counted towards the 80-hour Maximum Weekly Hour Limit.
812

813 **VI.G.3.** **Mandatory Time Free of Duty**
814
815 **Fellows must be scheduled for a minimum of one day free of duty**
816 **every week (when averaged over four weeks). At-home call cannot**
817 **be assigned on these free days.**
818

819 **VI.G.4.** **Maximum Duty Period Length**
820
821 **Duty periods of fellows may be scheduled to a maximum of 24 hours**
822 **of continuous duty in the hospital. Programs must encourage**
823 **fellows to use alertness management strategies in the context of**
824 **patient care responsibilities. Strategic napping, especially after 16**
825 **hours of continuous duty and between the hours of 10:00 p.m. and**
826 **8:00 a.m., is strongly suggested.**
827

828 **VI.G.4.a)** **It is essential for patient safety and fellow education that**
829 **effective transitions in care occur. Fellows may be allowed to**
830 **remain on-site in order to accomplish these tasks; however,**
831 **this period of time must be no longer than an additional four**
832 **hours.**
833

834 **VI.G.4.b)** **Fellows must not be assigned additional clinical**
835 **responsibilities after 24 hours of continuous in-house duty.**
836

837 **VI.G.4.c)** **In unusual circumstances, fellows, on their own initiative,**
838 **may remain beyond their scheduled period of duty to**
839 **continue to provide care to a single patient. Justifications for**
840 **such extensions of duty are limited to reasons of required**
841 **continuity for a severely ill or unstable patient, academic**
842 **importance of the events transpiring, or humanistic attention**
843 **to the needs of a patient or family.**
844

845 **VI.G.4.c).(1)** **Under those circumstances, the fellow must:**
846

847 **VI.G.4.c).(1).(a)** **appropriately hand over the care of all other**
848 **patients to the team responsible for their**
849 **continuing care; and,**
850

851 **VI.G.4.c).(1).(b)** **document the reasons for remaining to care for**
852 **the patient in question and submit that**
853 **documentation in every circumstance to the**
854 **program director.**

905 **VI.G.8.a).(1)**

906

907

908

909 **VI.G.8.b)**

910

911

912

913

914

915

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow.

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”.
