January 25, 2016

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60654

Dear Dr. Nasca:

Attached please find the comments from the Liaison Committee on Medical Education (LCME) on the Accreditation Council for Graduate Medical Education (ACGME) accreditation requirements for duty hours and the working and learning environment. The LCME appreciates the opportunity to comment, since residents and medical students share the clinical learning environment and its characteristics affect the outcomes of education for both groups. Our comments, therefore, focus on ACGME standards related to how the learning environment serves as a site that supports residents’ professional development as physicians and their roles as both learners and teachers.

The LCME also would be pleased to participate in the planned Resident Duty Hours in the Working and Learning Environment Congress.

Sincerely,

Barbara Barzansky, PhD, MHPE
LCME Co-Secretary

Dan Hunt, MD, MBA
LCME Co-Secretary

cc. John P. Fogarty, MD
LCME Chair

Janet Lindemann, MD, MBA
LCME Chair-elect
COMMENTS FROM THE
LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)
ON THE
ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)
ACCREDITATION REQUIREMENTS
FOR RESIDENT DUTY HOURS AND THE WORKING/LEARNING ENVIRONMENT

The LCME appreciates the opportunity to provide comments as part of the ACGME review of its accreditation requirements on resident duty hours and the working and learning environment. Medical students share the clinical learning environment with residents. The characteristics of the learning environment, therefore, affect the learning outcomes of both groups. These outcomes include the acquisition of the professional behaviors and attributes characteristic of physicians, as well as of knowledge and skills. Our comments will briefly address duty hours, and will concentrate on the learning environment as a shared learning space, where residents often serve as teachers and supervisors of medical students. The relevant LCME elements (i.e., standards) cited in this response are quoted in full in the attachment.

Duty Hours

The LCME expects that medical schools develop and implement policies and procedures regarding the amount of time medical students are required to spend in clinical and educational activities during clerkships (LCME Element 8.8). Most medical schools use the ACGME duty hours requirements (as contained in Common Program Requirements, VI.G) as the basis for their policy.

As demonstration of adherence to Element 8.8, medical schools are expected to have procedures to collect data on medical student duty hours and to address situations where the school’s policy is violated. Medical students may voluntarily exceed the duty hours limits based on their motivation to learn. In such cases, it is important for residents to role models the observance of duty hours so as to reinforce the importance of appropriate rest. Medical students also may be pressured to exceed duty hour limits by attending faculty or residents. While the duty hours requirements expect residents to accurately report their own duty hours (Common Program Requirements, VI.A.6.h), ACGME standards are silent on the residents’ responsibility to adhere to a medical school’s duty hours policy when they are supervising other learners.

The Learning and Working Environment

Residents should be able to work and learn in an environment free of mistreatment and abuse. The LCME believes that maintaining a positive clinical learning environment is a joint responsibility of both the program and the clinical sites where learning occurs (Element 1.4). The ACGME Common Program Requirements (I.B.1) require a program letter of agreement (PLA) between the program and each participating site. The LCME recommends that the PLA include a statement of the joint responsibility of programs and clinical sites to provide an appropriate learning environment, including mechanisms to prevent, identify, and address incidents of mistreatment of residents. In addition, the Institutional Requirements (IV.H.3)
expect the Sponsoring Institution to have policy covering sexual and other forms of harassment. The focus on harassment may be too narrow to cover other forms of mistreatment to which residents may be subject. Therefore an expanded description of the substance of the policy that is required would be helpful.

Medical students are required to have contact with residents in one or more clinical experiences (Element 3.1). In many institutions, residents play a key role as teachers and supervisors of medical students. Even if not in a direct supervisory role, residents contribute to the learning environment for medical students. The LCME standards (Element 9.1) expect that residents be prepared for their roles in teaching and assessment of students. It would be useful to formally include this concept in a central location in ACGME standards. Common Program Requirement VI.A.6 states the expectation that residents and faculty demonstrate an understanding and acceptance of their personal roles in a number of areas. We suggest that the following concept (new item “i”) could be added here or elsewhere as appropriate:

VI.A.6. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

VI.A.6.i) “…teaching and supporting the professional development of peers and medical students.”

Also, the expectation that residents exhibit appropriate behavior towards others, including medical students, should be codified in ACGME requirements. In the AAMC Medical School Graduation Questionnaire (2015 All School Report), about 39% of the almost 14,000 respondents reported that they had personally experienced one or more of a set of behaviors associated with mistreatment, which could include public humiliation or offensive sexist or racist remarks. Of all respondents nationally, 17% indicated that they experienced a resident or intern engaging in one of the behaviors. We suggest, therefore, that the following be added to the expectations for Professionalism (IV.A.5.e in the Common Program Requirements):

Residents are expected to demonstrate:

(6) appropriate behavior toward peers, medical students, and faculty to support an effective learning environment.

In summary, the LCME would be pleased to work with the ACGME in efforts to ensure an appropriate learning environment for both residents and medical students.
Element 8.8 Monitoring Student Workload
The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Element 1.4 Affiliation Agreements
In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum

- The assurance of medical student and faculty access to appropriate resources for medical student education.
- The primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students.
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment. (emphasis added)
- Confirmation of the authority of the department heads of the medical school to ensure faculty and medical student access to appropriate resources for medical student education when those department heads are not also the clinical service chiefs at affiliated institutions.

Element 3.1 Resident Participation in Medical Student Education
Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

Element 9.1 Preparation of Residents and Non-Faculty Instructors
In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents’ and non-
faculty instructors’ teaching and assessment skills, with central monitoring of their participation in those opportunities provided.