

ACGME Guidance Statement on Ebola Virus Infection and Resident/ Fellow Training in the United States

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The Ebola virus, a major threat to the health of person in several African countries, is now present in the United States. Individuals with Ebola first entered the U.S. when health care workers who were infected in Africa were subsequently transported to specific U.S. health care facilities for tertiary care. In September 2014, the U.S. had its first case of an individual with newly-diagnosed Ebola in Texas, with subsequent infection of (as of this date) two health care professionals. Authorities predict that the Ebola virus will represent an important public health concern in the U.S. for some time.

In response to the emergence of Ebola in the U.S., recognizing that residents and fellows are extensively engaged in provision of direct patient care in diverse settings across the country, the ACGME provides the following guidance about the conduct of graduate medical education in the circumstances of the clinical care of patients potentially infected with the Ebola virus.

ACGME expects that residents and fellows be both aware of, and able to appropriately respond to, this viral disease. They must understand the expected type of patient care contact and the patient care they might provide in the context of their respective specialty educational programs. ACGME also expects that sponsoring institutions and their hospital, medical center, and ambulatory care sites to provide residents, fellows, faculty, and other staff with adequate resources, facilities, and training to properly recognize and care for these patients.

The ACGME expects all residents, fellows, and their faculty to address the clinical care needs of the patients they serve. In accomplishing this goal, the ACGME expects that the graduate education community and the health care systems use the following guidance as they address the care needs of the American public. The ACGME expects that:

- all residents and fellows in the U.S. know the basic signs and symptoms of patients with Ebola infections and the correct protocols in all care settings.
- additional knowledge, training, and skill around Ebola prevention, surveillance, diagnosis, and treatment, together with adequate protective resources, will be provided to residents and fellows based on the type of specialty care they provide, and the likelihood of contact with infected individuals in all settings in which residents and fellows provide clinical care.
- all residents, fellows, and faculty along with other health care professionals and staff will be trained in the care of patients with Ebola according to the protocols and procedures adopted by their local health care settings.

- At the current time there are very few physicians who have had experience treating patients with Ebola, and who have expertise in managing the unique treatment and infection control protocols and procedures required. In this context the ACGME expects that:
 - any resident or fellow and faculty member providing care to patients infected with Ebola will be fully trained in treatment and infection control protocols and procedures adopted by their local health care setting, and
 - any resident or fellow who provides care to patients will do so under the direct supervision of faculty members who have been trained in the treatment and infection control protocols and procedures adopted by their local health care settings.

At this time, the ACGME believes that its current institutional and residency program standards are consistent with the needs for both patient and provider safety in the U.S. The ACGME will continue to monitor the status of the presence and impact of the Ebola virus in the U.S., and may issue additional guidance in the future.