



NOTE: This information is accurate as of **March 20, 2020**.
The ACGME continues to evaluate the COVID-19 pandemic situation on an ongoing basis, and updates will be issued as the situation changes and more information emerges.
Please review the latest updates on the ACGME website at www.acgme.org and www.acgme.org/COVID-19.

March 27, 2020

Dear Emergency Medicine Community,

The members of the Review Committee for Emergency Medicine, want to recognize the difficult and critical work that the specialty is doing now. Each of us is touched by the COVID-19 pandemic in our own unique ways, and the physician members of the Review Committee share your concerns about their own safety, the safety of their families, and the safety of their own residents and fellows. All of these concerns are tightly adhered to the commitment of emergency physicians to our patients and their families.

The Review Committee wants you to focus on your patients and the safety of your residents and fellows. As you know, the ACGME has dramatically modified its current accreditation processes to allow you to do this work. ACGME President and Chief Executive Officer Dr. Thomas Nasca and the ACGME have just posted guidance that will provide you with the tools you need to care for your patients in this time of crisis and to continue to educate and train the residents and fellows in your programs. The ACGME Board of Directors approved the early implementation of new supervision guidelines to facilitate telemedicine; we are hopeful that your program can find new ways to take advantage of these changed requirements to facilitate patient care and foster improved safety for resident and fellows. The Review Committee would like to reaffirm the ACGME's highest priorities in this time of crisis:

Institutions and programs remain responsible for upholding ACGME requirements to ensure patient safety and resident/fellow safety and well-being. Areas of importance given the current situation include:

1. Work Hour Requirements

The ACGME Common Program Requirements in Section VI.F. addressing work hours remain unchanged. Safety of patients and residents/fellows is the ACGME's highest priority, and it is vital all residents and fellows receive adequate rest between clinical duties. Violations of the work hour limitations have been associated with an increase in medical errors, needle sticks, and other adverse events that might lead to lapses in infection control, slips in this

area could increase risks for both patients and residents/fellows. Emergency medicine has always been particularly mindful of adequate rest between duty periods. As work intensity and stress increase during this time, we would like you to pay particular attention to your work schedules.

2. Adequate Resources and Training

Any resident, fellow, and faculty member providing care to patients potentially infected with COVID-19 must be fully trained in treatment and infection control protocols and procedures adopted by their local health care setting (e.g., personal protective equipment [PPE]). Clinical learning environments must provide adequate resources, facilities, and training to properly recognize and care for these patients, including the need to take a complete travel and exposure history in patients presenting with signs and symptoms associated with COVID-19. This can be especially challenging with the ever-changing recommendations.

3. Adequate Supervision

Any resident or fellow who provides care to patients will do so under the appropriate supervision for the clinical circumstance and the level of education of the resident/fellow. Faculty members are expected to have been trained in the treatment and infection control protocols and procedures adopted by their local health care settings. Sponsoring Institutions and programs should continue to monitor the CDC website.

We have received a few specific questions, so in addition to the new ACGME guidance, here are some additional comments from the Review Committee to help guide you:

1. The ACGME and the Review Committee do not promulgate graduation requirements. The program director, with support from the program's Clinical Competency Committee (CCC), retains sole authority to determine if an individual resident or fellow has successfully completed the program and is prepared to enter independent practice. The decision that a resident can graduate is up to the program director with input from the CCC.
2. The program director is responsible for creating a required curriculum, defining required procedures and tasks, and mapping an individual resident's/fellow's progress throughout the program. While each program has its own unique curriculum, programs may need to alter their curriculum in this time of crisis. The program director can and should alter the curriculum as needed. The ACGME's new guidelines provide additional guidance on this matter too.

The Review Committee would like to remind program directors that you have substantial latitude in the way you meet the Program Requirements. During times like this, you will likely not be operating as you would normally, but we would encourage you to be innovative.

If you do find that you need to substantially alter your program to meet changing environments, you can report this in the Accreditation Data System (ADS). Please feel free to contact us directly as you would normally, or send an email to em@acgme.org.

We will continue to provide updates and clarifications as needed. Please, take care of yourself, your families, and your clinical care teams. We all need to be supportive of each other. The members of the Review Committee would like to provide all the support we can. Please stay in touch.