



## Greetings!

Enclosed you'll find news updates, resources, and highlights of our global efforts to improve health care worldwide.

## New ACGME-I Fellowship Requirements Developed

For a minute, think back to medicine and graduate medical education in January 2010. Now, think about today. What has changed in medical practice? How has technology transformed graduate medical education? How are residents and fellows different, and how should graduate medical education change to adjust to learners' differences?

ACGME-I wants to keep up with these changes, and for that reason, our policies mandate that every 10 years, requirements be reviewed and updated to best meet the needs of current and future residents, fellows, and educators. The current ACGME-I Foundational Requirements for residency and fellowship programs were adopted in January 2010, and will be undergoing review and revision in 2019 with an effective date of 1 July 2020- or 10 years since their initial adoption.

As a first step in the revision process, ACGME-I would like to hear from you. How should the Foundational Requirements be changed? What elements of the requirements are difficult for you to meet? Which elements are unnecessarily burdensome? Which elements prevent you from innovating to meet future health care needs in your country? What is missing from the requirements? How should programs be held to standards that more effectively promote patient safety or help ensure the well-being of residents, fellows, and faculty members?

Please provide feedback on the current Foundational Requirements to help in the revision process. Comments are needed on changes, suggested deletions, the need to clarify language, or which requirements are especially useful. Your comments are important to this process.

Directions and an electronic comment submission form are available on the ACGME-I [website](#). Comments are being accepted for both the current Foundational Requirements for [Residency or Specialty Programs](#) and the Foundational Requirements for [Fellowship or Subspecialty Programs](#). Submit comments by 30 April 2019.

All comments received will be considered by the Review Committee-International as it drafts the revised Foundational Requirements documents. These draft documents will be posted on the ACGME-I website in fall 2019 for a 60-days period of public comment, and again, all comments will be considered in completing the final version of the requirements.

Proposed Advanced Specialty requirements for two new fellowship programs, Child Neurology and Pulmonary Critical Care, have also been developed and are open for comment. The proposed requirements and electronic submission form are available on the ACGME-I Review and Comment [page](#). The deadline for providing comment on the proposed Advanced Specialty requirements is 30 April 2019.

## Questions of the Quarter

Each quarter, this section of the ACGME-I Newsletter answers different questions applicable to all ACGME-I-accredited programs. This quarter's focus is on-call duty hours and how programs can effectively monitor resident and fellow duty hours.

Question 1: How should residents and fellows count duty hours when they are on call?

*For in-house call, all hours count toward the 80-hour limit and must be included in the calculation of duty hours. Both the required 10 hours between all daily duty periods and the continuous on-site duty limit of 24 hours are relevant as well. ACGME-I requirements limit in-house call to no more than every third night, averaged over a four-week period.*

For at-home call, hours spent at home are not counted toward the 80-hour limit, the 10 hours between duty periods, or the 24-hour continuous duty limit. If a resident or fellow is called into the hospital during at-home call, those hours spent at the hospital must be counted toward all duty hour limits.

Program directors should monitor the intensity and workload resulting from at-home call through periodic assessment of the frequency of residents and fellows being called into the hospital, and the length and intensity of the in-house activities during scheduled at-home call. It is also recommended that residents' and fellows' days off not be scheduled post-call.

Question 2: What is the best way for a program director to monitor resident or fellow duty hours?

*First, the program director should develop a schedule that allows all ACGME-I requirements to be met. It has been our experience that such schedules should NOT be made to the maximum 80 hours in order to allow an ability to, on occasion, stay longer to attend to patients' care needs.*

*Second, the program director should monitor work hours by rotation as required by the Foundational Requirements. The program director can then more effectively adjust rotations to avoid excessively "busy" or "lax" rotations. Knowing individual rotational demands may also allow a sequential rotational schedule to help enhance resident/fellow well-being.*

*Finally, ACGME-I does not mandate a specific means of monitoring. Entry of duty hours into data collection systems has worked well for some programs, as have simpler patient records systems. ACGME-I likewise does not insist that residents*

## Nominations for ACGME-I Awards 2020 are Open

Nominations will open on 1 March for the next cycle of ACGME International Awards; you will find the forms [here](#).



Please consider nominating those you know who are deserving of such recognition. There are now three award categories:

### **1. Physical Leader**

- This award is given to an individual who has been instrumental in initiating improvements in graduate medical education. These improvements mirror the values held by ACGME International—the highest of international standards with the flexibility and adaptations appropriate for a country or region.

### **2. Physician Educator**

- This award honors an individual with exceptional mentoring skills, sensitivity to resident needs, and the ability to imbue professionalism in his/her residents and fellows. Such a person is a true advocate for developing appropriate values and advocating for residents' and fellows' needs.

### **3. Staff**

- A staff member who has provided extraordinary service to the educational process, to the residents and fellows, and to meeting ACGME-I requirements is eligible for this award. ACGME-I acknowledges the importance of a true team effort with this award.

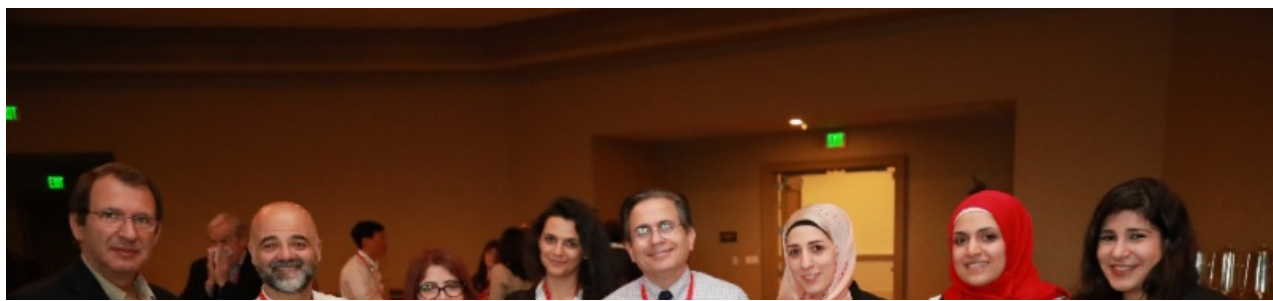
These awards, given by the ACGME Board of Directors Awards Committee, will be celebrated at the 2020 ACGME Annual Educational Conference.

## Physical Well-Being

At certain times in history, existing issues seem to rise to the surface of awareness. Interestingly, this distillation seems to be a universal phenomenon. Whether women's rights, civil rights, political or economic, attention as well as tension seem to crystallize. Physician well-being is one of these issues. Some point to the prevalence of "burnout," where satisfaction in the process of being a doctor is lacking. Others point to depression, and self-doubt that a career pathway is appropriate. Sadly, the poignant example of physician suicide is perhaps the most extreme example of physician distress.

Neither residents nor faculty members are immune from a lack of well-being. Doctors work hard, and often long hours. Our professional responsibility is to focus not on ourselves but on our patients. The immensity of required knowledge, of the need to stay current, creates added responsibilities. Unfortunately, even the best of care and of caring cannot cure some patients, leading—albeit erroneously—to a sense of personal failure.

For the past several years, a growing number of people within health care professions have addressed this issue. The ACGME has taken a role as well, and developed tools and resources to help medical educators address this issue at their home institutions and programs. In conversations with colleagues, the ACGME-I staff notes this is more than a US "problem." Physician wellness—both of faculty members and of trainees—is a universal need.





Fortunately, resources are growing to help those seeking or requiring assistance. Please take time to review the Physician Well-Being content on the ACGME website. For those attending the ACGME Annual Educational Conference in Orlando in early March, there will be multiple sessions addressing this topic. One resource you may wish to read is the emphasis on physician well-being in the recently approved Common Program Requirements for US programs. It speaks to the value that is expected of "clinical learning environments" relative to physical and mental health. With the adage "physician, heal thyself," the link between well-being and providing excellent care for all patients is emphasized.

In the next ACGME-I Resident Survey, additional questions will address physician well-being. Please Note: Responses to these questions will be kept anonymous and confidential. Further, they will not be used in any accreditation decisions. Your medical education leadership will receive aggregate results as a tool intended to reflect physician well-being. By knowing how your team is doing, it is hoped that you can address issues in a timely manner.

### Did You Know?

*Are you going to the 2019 ACGME Annual Education Conference?*

Check out these education sessions of interest on **Saturday, March 9, 2019**

7:30	Review Committee-International Update; Speakers: Dr. James Arrighi and Dr. Llewlyn Lee
13:30	Physician Migration and ACGME; Speakers: Dr. William Pinsky and Dr. John Boulet
15:30	World of Good: Best Practices of our International Colleagues; Speakers: Dr. Mary Clisbee, Dr. Dorothy Kamyra, and Dr. Kaleelullan Saleem Farook
15:30	A Roadmap to Improve Gender Equity in International Academic Medicine; Speakers: Dr. Halah Ibrahim, Dr. Sophia Archuleta, and Dr. Joseph Cofrancesco

