

# THE RESIDENT'S ORIENTATION HANDBOOK



Guide to the **ACGME**  
Requirements

THIRD EDITION

Vicki Hamm



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She helps maintain institutional oversight of 46 training programs and 500 house officers. She works closely with the 42 program coordinators in all facets of administering the residency and fellowship programs at the University of Nebraska Medical Center.

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She is the author/coauthor of several HCPro publications, including *The Resident's Orientation Handbook*, First and Second editions, *The Graduate Medical Education Committee Handbook*, and *Program Information Form Made Simple*.



# Introduction



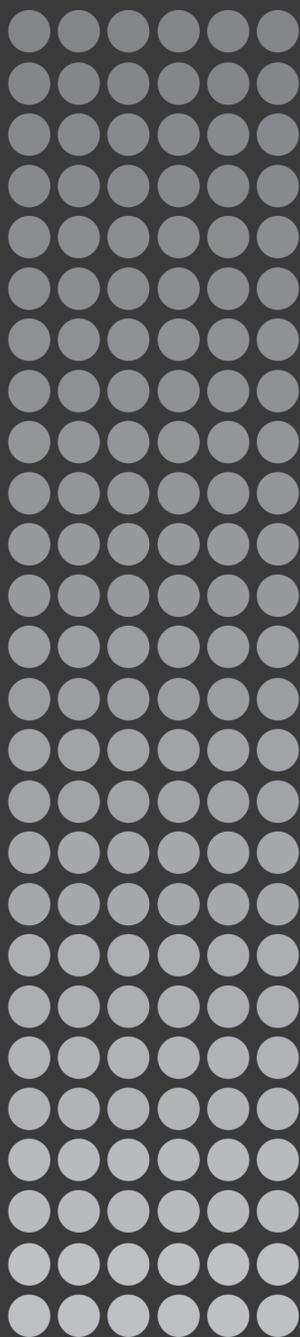
Welcome to your graduate medical education training program! Residency is one of the most important phases of your professional career. Because you will be pressed for time during your training, the purpose of this manual is to present as much of the information you will need about the policies and procedures of your program as we could fit into a small handbook.

Many residents do not realize the extremely important role that they play in helping their program maintain accreditation. This booklet tries to inform you of the rules and regulations instituted by the Accreditation Council for Graduate Medical Education (ACGME) that your residency program must follow.

We hope that you will find this handbook helpful throughout your residency program.



# The ACGME and the Next Accreditation System







# The ACGME and the Next Accreditation System

In recent years, there has been a serious reexamination of undergraduate medical education; graduate education and training; and the credentialing of physicians, including licensure, certification, and maintenance of certification. In fact, you'll hear these terms often throughout your residency and into your practice as a physician. Therefore, it's important for you to know how you (and subsequently, your residency program) are being evaluated and under what terms.

## The Next Accreditation System

The current movement in graduate medical education (GME) has led to an analysis of what it takes to be a physician who “has demonstrated sufficient competence to enter practice without direct supervision” (from the ACGME Common Program Requirements). In 2013, the Accreditation Council for Graduate Medical Education (ACGME), your national accreditation organization, began implementation of the Next Accreditation System (NAS) for seven core specialties (emergency medicine, internal medicine, neurosurgery, orthopedic surgery, pediatrics, diagnostic radiology, and urology). All other specialties are transitioning for implementation of the NAS in 2014, so you are beginning your training at an exciting and changing time in the world of GME.

## Section 1

In the past, the ACGME was driven by a process-based approach to making sure your training program was in substantial compliance with ACGME requirements. Programs were site visited by the ACGME every 2–5 years, and each program prepared a mountain of paperwork to present to the site visitors during the visits, but there was never really a good way to assess the competency of the graduates completing the program. With the advent of the NAS, educational Milestones have been introduced. Milestones are specialty-specific goals based on your postgraduate year (e.g., PGY1, PGY2) that you are expected to achieve throughout the course of your training program, as evaluated by the Clinical Competency Committee (CCC) in your program. These Milestones and the CCC will be discussed further in the “Evaluation” section of this manual.

In addition to Milestones, the ACGME will use other data points to evaluate your program in the future. Such data points include the ACGME resident survey (discussed later), faculty surveys, specialty board pass rates, and operative and case-log data.

Another important part of the NAS is the assessment of your sponsoring institution in providing an optimal educational experience in an environment that delivers safe, quality medical care. In fact, the ACGME will visit your sponsoring institution—the entity that provides oversight over your training program and most likely issues your paycheck—and its affiliated hospitals with a team of site visitors to examine how you are performing in areas such as:

- ❖ Patient safety
- ❖ Quality improvement
- ❖ Transitions of care
- ❖ Supervision
- ❖ Duty hours oversight, fatigue management and mitigation
- ❖ Professionalism

The ACGME calls this CLER, which stands for “clinical learning environment review.” The ACGME wants to see that residents and fellows are key

participants in the six aforementioned focus areas and that residents and fellows work hand in hand to safeguard and improve all of them. These visits may occur as often as every 18 months, and you may be one of the peer-selected residents scheduled to meet with the CLER visitors. You may even be asked to host the visitors on the “walk-arounds” to important clinical settings in the hospital, such as the emergency room, operating room, critical care units, or labor and delivery. But most importantly, throughout your training, you will be an active participant in improving the safety and quality of your care to your patients with the advent of the NAS.

## Supervision and Transition of Care

In its 2011 regulations, the ACGME emphasized the importance of resident supervision. The standards state the following:

- ❖ Each patient must have an identifiable attending physician and the patient must be informed who that physician is
- ❖ Resident and faculty members should explain their roles in the patient care team
- ❖ In some cases, an advanced resident or fellow may provide supervision
- ❖ The program must demonstrate appropriate supervision at all times

There are two types of supervision: direct and indirect. Basically, direct supervision means your attending physician is present with you and the patient. Indirect supervision means your attending may not be physically present but is available by telephone, electronic means, or in the hospital, and will become available if needed.

Additionally, the transition of care is another point of emphasis from the ACGME. Transition of care must be monitored by the institution to facilitate continuity of care and patient safety. The ACGME will closely examine the program’s patient handoff system to make sure it is appropriate, effective, and safe for your patients.



# THE RESIDENT'S ORIENTATION HANDBOOK



## Guide to the ACGME Requirements

THIRD EDITION

Here is the key information your residents need to know about the ACGME requirements in a concise, easy-to-reference handbook.

Residents will find tips and explanations of the ACGME standards related to:

- Milestones and core competencies
- Duty hours
- Evaluations
- Information security and privacy
- Documentation

This handbook will become residents' go-to resource as they learn the ins and outs of your residency program's requirements.

This is the perfect handbook to distribute to residents as they enter your program.

**Vicki Hamm** is the graduate medical education program administrator at the University of Nebraska Medical Center in Omaha, where she helps maintain institutional oversight of 46 training programs and 500 house officers. She also works closely with the center's 42 program coordinators in all facets of residency and fellowship program administration.

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