


UB University at Buffalo The State University of New York

Shaping Tomorrow's Doctors: Responding to ACGME's Proposed Changes to Resident Education Requirements

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Aims

1. Describe Context for ACGME Proposed Changes
2. Summarize Key Themes and revisions
3. Elicit input for UB's response to ACGME

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Concerns since 2003





Patient and Resident Safety

Ethical Dilemmas

Confidence and Competence for Independent Practice

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Libby and Sidney Zion

1989
New York changes health code



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Maggie's Law

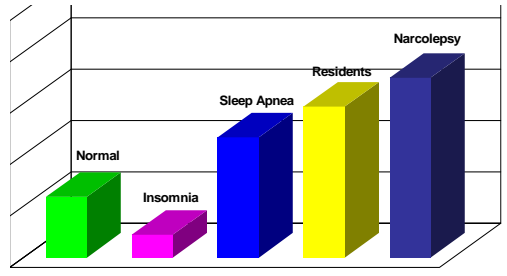



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Committee of Interns and Residents
SEIUHealthcare.


**Driving While Drowsy:
 The Threat to
 Resident Physicians & Public Safety**
 Submitted at the
 Second Meeting of the Committee on
 Optimizing Graduate Medical Trainee (Resident)
 Schedules to Improve Patient Safety
 March 4, 2008
 Irvine, CA


 American Academy of Sleep Medicine

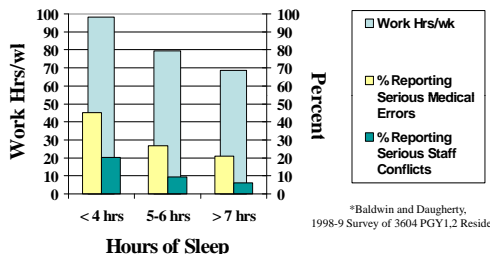
Epworth Sleepiness Scale



Sleepiness in residents is equivalent to that found in patients with serious sleep disorders. Mustafa and Strohl, unpublished data. Papp, 2002
© American Academy of Sleep Medicine



 American Academy of Sleep Medicine

Work Hours, Medical Errors, and Workplace Conflicts by Average Daily Hours of Sleep*





Hours of Sleep	Work Hrs/wk	% Reporting Serious Medical Errors	% Reporting Serious Staff Conflicts
< 4 hrs	~95	~45	~20
5-6 hrs	~80	~30	~15
> 7 hrs	~70	~25	~10

*Baldwin and Daugherty, 1998-9 Survey of 3604 PGY1,2 Residents
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How does supervision vary throughout a 24 hour day?




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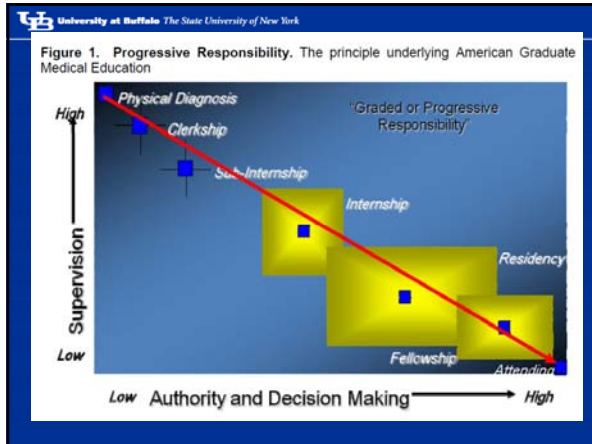
What aspects of training pose the greatest risk to your patients?




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What experiences best prepare senior residents for independent practice?





Duty Hour Revisions

80/wk, averaged over 4 wks
 16 h d – PGY1; 24 h - others

- No new patients
- 4 (not 6) hours transition
- NO OUTPATIENT CLINICS following
- Exceptions for care of an INDIVIDUAL w/ documentation

Every 3rd night, no averaging

Duty Hour Revisions

- Should have 10 and must have 8 hours between shifts;
- > /= PGY 2 residents must have 14 hours after 24 hr
- final year residents may return to duty with fewer than 8 hours with RRC approval;

Duty Hour Revisions: Night Float and Home Call

- No more than 6 consecutive nights of night duty (night float).
- Must provide reasonable personal time for each resident. (Home Call)
- Return to the hospital to care for new or established patients included in the 80-hour maximum; does not initiate a new "off-duty period." (Home Call)

Teamwork

Residents are expected to work effectively as a member or leader of a health care team or other professional group.

2011 Proposed Requirements


Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interdisciplinary teams that are appropriate to the delivery of care in the specialty.

Supervision

1. Resident is responsible for knowing the limits of his/her scope of authority
2. Define when residents must communicate with appropriate supervising physicians
3. PGY 1 year residents must have
 - Direct Supervision: supervising physician physically present with the resident and patient
 - Indirect Supervision: supervising physician is physically within site of patient care and immediately available to provide Direct Supervision

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Professionalism, Personal Responsibility, and Patient Safety



Residents

- Participate in clinical quality improvement
- Provide patient and family centered care;
- Assure your own fitness for duty;
- Manage your time before, during, and after clinical assignments;

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Professionalism, Personal Responsibility, Patient Safety cont.

- Report duty hours honestly
- demonstrate responsiveness to patient needs that supersede self-interest.
- Recognize when the best interests of the patient may be served by transitioning care to another qualified and rested provider.

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Transitions of Care



- Minimize transitions in patient care.
- Structured handover and competence in communication with team members
- Schedules informing patients and staff of faculty and residents responsible for patient care.
- Residents and faculty should inform patients of their role in the patient's care.

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Alertness Management



- Educate about and adopt fatigue mitigation processes to e.g. naps, back-up call schedules etc.
- Ensure continued patient care if a resident may be unable to perform his/her patient care duties
- Provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

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