March 25, 2020

Dear EM Community:

On behalf of the members of the Emergency Medicine Review Committee we want to recognize the difficult work that our specialty is doing now. Each of us is touched by the COVID-19 in our own unique way and the physician members of the Review Committee share your concerns about safety; the safety of their families, the safety of their EM residents and fellows, and their own safety. All of these concerns are tightly adhered to Emergency Medicine’s commitment to our patients and their families.

The Review Committee wants you to focus on your patients and the safety of your residents. As you know, the ACGME has dramatically modified its current accreditation processes to allow you to do this work. Dr. 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 train the residents and fellows. The Board of Directors has expedited the effective date of the new supervision guidelines to facilitate tele-supervision; 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 residents 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 Section VI Work Hour Requirements remain unchanged. Safety of patients and residents/fellows is the ACGME’s highest priority, and it is vital that 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, or 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 their level of education. 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.

There have been a few questions posed and while the new ACGME guidance can be very helpful, here are a few other comments that may help guide you.

1. The ACGME and RC do not promulgate graduation requirements. The Program Director and the Clinical Competency Committee retain sole authority to determine if an individual resident has completed your 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 PD is responsible for creating a required curriculum, defining required procedures and tasks, and mapping the resident’s progress through the program. While each program has its own unique curriculum, programs may need to alter resident experiences by changing scheduled rotations in this time of crisis. The PD can, and should, make these changes as needed. The new guidelines from ACGME will provide additional guidance on this matter too.

The Review Committee would like to remind you that as the program director, you have substantial latitude in the way you meet 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 training environments, you can simply report this in WebADS. Please feel free to contact us directly as you would normally or send an e-mail to em@acgme.org.
We will continue to work with our organizations stakeholders 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 Emergency Medicine Review Committee would like to provide the support we can. Please stay in touch.

Sincerely,

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