

## 4. ACGME definitions

**Stage 2: Increased Clinical Demands** (full details at <https://www.acgme.org/COVID-19/Stage-2-Increased-Clinical-Demands-Guidance>)

1. Work Hour Requirements – unchanged

2. Adequate Resources and Training

Any resident, fellow, and faculty member providing care to patients potentially infected with COVID-19 (SARS COV2) must be **fully trained in treatment and infection control protocols** and procedures adopted by their local health care setting (e.g., PPE). **Clinical learning environments must provide adequate resources, facilities, and training** to properly recognize and care for these patients.

3. Adequate Supervision

**Any resident/fellow who provides care to patients will do so under appropriate supervision for the clinical circumstance and for their level of education and experience.** Faculty members are expected to have been trained in the treatment and infection control protocols and procedures adopted by their local health care settings.

4. Other requirements:

- **Programs should continue to provide education to residents/fellows, when feasible,** utilizing remote conferencing technology, web-based resources, and other innovative tools. For future reference, programs should document the educational activities that they are able to provide during the crisis.
- **Faculty members may provide direct supervision through telecommunications technology.**
  - In no situation will a program be penalized retroactively for appropriate engagement of residents and fellows in the use of telemedicine with appropriate supervision during this crisis.
  - See also <https://www.acgme.org/Newsroom/Newsroom-Details/ArticleID/10111/ACGME-Response-to-the-Coronavirus-COVID-19> and <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf> pp. 40-41
- **Self-studies, CLER visits, Site Visits, and Surveys are suspended**
- **Effective immediately, all fellows will be allowed to act as attending physicians** should the institution need them to meet patient care needs **up to 20 percent of each academic year.**
  - The fellowship program director and the DIO must approve any request for a fellow to work as an attending physician in a core specialty.
  - The program director must maintain a record of the time a fellow spends working as an attending physician in a core specialty.
- **Reassignments can occur to other rotations or forms of clinical work with the approval of the program director and the DIO.**
  - The resident/fellow must receive appropriate safety and clinical training and supervision and must adhere to work hour requirements
- **A resident/fellow may not complete all of the planned experiences** in the curriculum. The **decision to graduate a resident/fellow is made by the program director,** with input from the Clinical Competency Committee, based on that individual's ability to perform the medical, diagnostic, and/or surgical procedures considered essential for the area of practice.
  - The determination for a resident/fellow to graduate as previously scheduled can be made even if the curriculum as originally planned is not completed.

- However, an extension of the educational program/training may be necessary if the program director determines that an individual is not fully ready for autonomous practice.
- Similar guidance for minimum rotations, clinic visits, operations, or other procedures