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OHSU emergency medicine clerkship didactics

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Abstract

This poster will focus on our experience of how redesigning an accreditation oversight committee has improved awareness and increased reporting of clinical and education work hours in Graduate Medical Education (GME).

Clinical and Educational Work (CEW) Hours rules are resident and fellow (trainee) time restrictions implemented by the ACGME. These rules include: maximum number of hours worked per week, limitations on the number of hours of consecutive work and call frequency, and a minimum number of days off in a given period². These rules have been implemented with the intention to increase resident well-being and improve patient safety without negatively impacting trainee education³. Institutional oversight of program clinical and educational work hours is an ACGME Institutional Requirement¹. Additionally, all trainees and teaching faculty in an ACGME program must demonstrate an understanding of their personal role in the accurate reporting of clinical and educational work hours.

The GME CEW Hours Subcommittee oversees the clinical and educational work hours for residency and fellowship programs accredited by the ACGME. While the committee has existed for a number of years, the training environment and focus on monitoring CEW hours has shifted since 2021, particularly during the COVID-19 pandemic. These factors created the need for change in the committee and oversight process. The previous method of oversight left much of the hands-on practices of oversight to the programs. Understanding and adherence to the ACGME clinical and educational work hours requirements varied dramatically from program to program. By enhancing the structure of the subcommittee, the oversight became more consistent and programs adherence to the requirements improved.

In August 2021, we re-structured the CEW Hour Subcommittee and first revised the charter, formalizing the parameters of membership and the membership selection process. We developed a protocol for program review based on the results of the annual ACGME survey sent to faculty and trainees. , Programs that fell below a threshold on the survey had their work hours reviewed monthly by our committee. The remaining key changes were to establish an administrator in the role of vice chair, and to determine the parameters, goals and objectives of subcommittee.

The enhanced structure supported a framework for regular review and information gathering, which led to increased reporting and improved institutional oversight. It allowed for collaboration and input from other groups, such as the OHSU ACGME Resident and Fellow Forum (OARFF), who helped in identifying, understanding and rectifying violations. Additionally, the committee identified gaps in understanding of CEW hours rules both by program leadership and trainees, which prompted tailored education that could be used by programs. The formalized structure also emphasized the seriousness of the issue at hand, and members of the subcommittee rose to meet the expectations laid out in the charter.

Ultimately, the poster will share the committee restructuring process, which resulted in a number of successes, including increased education and understanding of the clinical and educational work hours, actual changes to service rotations, collaboration with other groups to expand understanding, and more reliable data gathered.

Learning Objectives

1. Compare and contrast the challenges of creating a standardized clerkship experience in emergency medicine to other medical specialties.
2. Evaluate the benefit of a curriculum based on student's patient logs to provide a more standardized experience.
3. Propose additional solutions for the improvement of the emergency medicine clerkship didactic experience.

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