Disclosure

• No conflicts of interest to report.
BR13: A Model for Standardizing Coordination Among Core and Subspecialty Programs

Julianne Veal, MS
University of Florida
Department of Anesthesiology

Thursday, February 26, 2015

2015 ACGME Coordinator Forum
Objectives

At the end of this session, you will have the tools to:

1. Develop a project plan for core program and fellowship standardization that:
   1. Includes the appropriate project management team;
   2. Evaluates and incorporates best practices in each program;
   3. Provides a process for action on areas needing improvement.

2. Define a framework toward standardization that results in timely, accurate, and efficient data collection;

3. Anticipate challenges to standardization;

4. Evaluate the standardization process and revise as needed.
About UF Anesthesiology

• **Before Standardization**
  – Core Anesthesiology Residency Program – 83 residents
    • Coordinator Team Leader, 2 Coordinators, 1 Program Assistant
  – Subspecialty ACGME-accredited fellowships:
    • Critical Care Medicine – 6 fellows
    • Adult Cardiothoracic Anesthesiology – 4 fellows
    • Multidisciplinary Pain Medicine – 4 fellows
  – Non-accredited fellowships:
    • Regional Anesthesia and Perioperative Pain Medicine – 5 fellows
    • Combined Critical Care/Adult Cardiothoracic fellowship – 2 fellows

• **Fellowships were independent: different PDs, coordinators, processes and methods for maintaining and tracking compliance.**
  – Fellowship coordination was considered an extension of admin support.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>University of California (San Francisco) Program</td>
</tr>
<tr>
<td>2</td>
<td>Massachusetts General Hospital Program</td>
</tr>
<tr>
<td>3</td>
<td>Brigham and Women's Hospital Program</td>
</tr>
<tr>
<td>4</td>
<td>Duke University Hospital Program</td>
</tr>
<tr>
<td>5</td>
<td>Stanford University Program</td>
</tr>
<tr>
<td>6</td>
<td>Johns Hopkins University Program</td>
</tr>
<tr>
<td>7</td>
<td>University of Pennsylvania Program</td>
</tr>
<tr>
<td>8</td>
<td>Mayo Clinic College of Medicine (Rochester) Program</td>
</tr>
<tr>
<td>9</td>
<td>University of Michigan Program</td>
</tr>
<tr>
<td>10</td>
<td>UPMC Medical Education Program</td>
</tr>
<tr>
<td>11</td>
<td>University of Washington Program</td>
</tr>
<tr>
<td>12</td>
<td>Cleveland Clinic Foundation Program</td>
</tr>
<tr>
<td>13</td>
<td><strong>University of Florida Program</strong></td>
</tr>
<tr>
<td>14</td>
<td>Washington University/B-JH/SLCH Consortium Program</td>
</tr>
<tr>
<td>15</td>
<td>New York Presbyterian Hospital (Columbia Campus) Program</td>
</tr>
<tr>
<td>16</td>
<td>Vanderbilt University Program</td>
</tr>
<tr>
<td>17</td>
<td>McGaw Medical Center of Northwestern University Program</td>
</tr>
<tr>
<td>18</td>
<td>Emory University Program</td>
</tr>
<tr>
<td>19</td>
<td>University of California (San Diego) Program</td>
</tr>
<tr>
<td>20</td>
<td>Wake Forest University School of Medicine Program</td>
</tr>
</tbody>
</table>
About Me

• ACGME New Coordinator Workshop: August 8, 2011;
• First Day: September 2, 2011 as core coordinator responsible for ACGME/GME compliance;
• First Site Visit: November 22, 2011.

Through June 30, 2013: “Closer” for subspecialties under review:
• Compliance varied due in part to lack of coordinator training, support, accountability;
• 3 internal reviews, one site visit, annual GME and ACGME reporting:
  • Last minute, time-intensive, not sustainable.
The Challenge

• Under NAS, subspecialty accreditation is evaluated as part of the core program;
  – Increased tracking/reporting requirements;
  – Increased responsibility for Core PD.

• With CLER, the institution is evaluated as a whole;
  – PIF days are over!

• UF GME reporting standards became more rigorous to accommodate new ACGME requirements;

• Needed a sustainable framework for consistent compliance and accountability in core and subspecialties.

Coordinator considerations:

• How am I going to manage this?
  • What am I afraid of?
  • Where do I start?

• What if I fail?

• What if we succeed?
“Expose your ideas to the dangers of controversy. Speak your mind and fear less the label of ‘crackpot’ than the stigma of conformity.” – Thomas J. Watson
The Plan

New PD 7/1/2013: coordination for all fellowships was reorganized into the core Education Office.

• One new coordinator (21 fellows):
  – Specialized training provided; reassignment of non-fellowship admin responsibilities;
  – Reporting structure implemented to assure accountability;
  – Tracking compliance measures remained inconsistent due to historical programmatic differences between programs.

• Goal: Standardize methods for:
  – Recruitment, onboarding, block schedules, evaluations, didactic programs, scholarly work, participation in patient safety and quality improvement;
  – Tracking compliance with program requirements, competencies and CLER focus areas through RMS.

• How?
  – Assignment: Write a Project Plan to present to decision-makers and key players.
Project Plan Building Blocks

• **Scope Statement**
  – Needs, benefits, justification;

• **Baseline Management Plan**
  – What specific items need to be addressed?

• **Roles and Responsibilities**
  – Who are the project director, project manager, designated experts, project team, end users, other stakeholders?

• **Plan for Kickoff Meeting**
  – What do you want to accomplish in the first meeting?

• **Plan for Subsequent Meetings**
  – What are your deliverables and action items? How do you evaluate success/effectiveness?
Scope Statement

— Needs:
  • Compliance across all programs;
    — NAS requirement for evaluation of subspecialties as part of core.
  • Coordinator needs consistency among programs to be able to do the job effectively;
  • Accurate, real-time tracking of ACGME program requirements and CLER focus areas.

— Benefits & Justification:
  • Efficient, coordinated collection of data for ACGME reporting;
  • Easier assessment of common strengths and areas of improvement and development of effective plans for corrective action;
  • Program improvement:
    — Better resident and fellow education;
      » Learning environment and patient care.
    — Contribute to the body of knowledge in research, quality, and patient care;
    — Provide the best platform for graduates to become leaders in their fields.
  • Programs will be more responsive, accountable, and compliant.
Baseline Management Plan

• Specific issues to be addressed in the plan; performance measures for each:
  – PEC (Program Evaluation Committee) Effectiveness;
    • Performance measure: regular meetings, participation, increased compliance.
  – Procedures (supervision, transitions in care, case logs, duty hours, etc.);
    • Performance measure: % of residents/fellows accessing procedures online.
  – Block Schedules with relevant curricula for each rotation;
    • Performance measure: % of residents/fellows confirming curriculum.
  – Didactics – standardize and simplify;
    • Performance measure: timeliness of scheduling, attendance, board success.
  – Patient Safety and Quality Projects – ensuring participation/tracking;
    • Performance measure – timely upload of teams, projects, outcomes.
  – Scholarly Work – ensuring completion & documentation;
    • Performance measure: timeliness and accuracy of uploads, successful tracking.

• Ultimate goal for coordinators: Compliance reporting in real time!
Roles and Responsibilities

• Who is responsible and accountable for what?
  – Project Director – reviews and approves all aspects of the plan:
    • Core PD.
  – Designated Experts – define the requirements of the end product:
    • Core and fellowship PDs, faculty members with specific expertise, GME office.
  – Project Manager – creates, executes and controls the project:
    • Coordinator.
  – Project Team – builds end product:
    • Coordinators, residents, fellows, core faculty, PDs.
  – End Users – who will benefit from a successful outcome:
    • Coordinators, PDs, GME office, institution.
  – Others – ACGME makes the rules.
Kickoff Meeting Plan

– Project Vision;
– Roles and Responsibilities;
– Team Building;
– Team Commitment;
– How the team makes decisions;
– Ground rules;
– Are sub-committees necessary?
Subsequent Meetings

• Identify deliverables:
  – Divide large deliverables into smaller ones;
    • Create specific activities and tasks for each deliverable.

• Once activities and tasks are defined:
  – Identify resources (time, people) for each task;
  – Estimate how long it will take to complete each task/activity;
  – Determine which tasks are dependent on other tasks/activities;
  – Determine level of approval for each task/activity;
  – Identify project milestones;
  – Determine how issues should be brought to the forefront and when;
  – Determine where project information should be stored and who will access it;
  – Quality – ensure end product meets the needs of the programs;
  – Risks – identify/prepare for events that may have a significant effect on the outcome;
  – Determine what success looks like.
Our Approach: A Common PEC

Benefits to a common PEC:
- Programs evaluate themselves and each other;
  - Fresh insight to areas of noncompliance;
  - Opportunity to develop best practices;
  - Brings focus to systemic problems common to all programs.

Downside:
- Committee will be huge – difficult to get everyone together;
- Different priorities, different agendas.
Implementing the Plan
PEC Kickoff Meeting, September 17, 2014

Present but not pictured: former Core PD and CCM PD.
How are Decisions Made?

• Divided the PEC into subcommittees based on areas of need and noncompliance (ACGME & internal surveys):
  – Didactics;
  – Resident/Fellow Evaluation;
  – Faculty/Rotation Evaluation;
  – Curricula/Goals and Objectives;
  – Patient Safety & Quality Improvement;
  – Research & Scholarly Work;
  – Faculty Development;
  – PGY1 Education.

• Subcommittees: Comprised of faculty, residents, fellows, coordinators;
  – Faculty Chair and housestaff Co-Chair.

• Executive Committee (All PDs) makes final decisions;

• New procedures will be drafted based on outcomes.
What does Success Look Like?

• Documented improvement in areas of noncompliance for all programs as documented by:
  – ACGME faculty and resident/fellow surveys;
  – Internal surveys;
  – Graduate success.

• Successful real-time compliance reporting.
  – Next tests:
    • ACGME Faculty and Resident Surveys;
    • 2014-2015 ACGME/GME annual reporting.

• Self Study: May 2017.
How do We Measure Success?

- **Metrics for goal acquisition:**
  - ACGME Surveys Goal: >85% compliance in all categories for all programs;
  - Internal Survey Goal: Documentation of positive change:
    - Faculty, fellows, residents see tangible improvement;
    - Overall program evaluations have higher ratings.

- **Ensuring individual and programmatic accountability:**
  - Programmatic: for all items <85% compliance, plan for improvement must be submitted to the GME office;
  - Individual:
    - Coordinators: component of annual evaluation;
    - Faculty: Program participation, compliance, work products are considered in annual evaluation; discussion is underway to revisit compensation for educational efforts;
    - Housestaff: As program improves, expectations for housestaff participation increase:
      - Better tracking of compliance in recording case logs and duty hours and participating in patient safety, quality improvement and scholarly activities;
      - Ownership of self-improvement based on constructive feedback;
      - Acceptance of responsibility to provide effective feedback toward peers, faculty, and the program.
Tracking and Follow-through

• Tracking Progress:
  – Each activity of the PEC, including subcommittee meeting minutes, products and outcomes, is documented in the RMS;
  – Each area for improvement will be evaluated on the annual survey;
  – Progress on metrics will be documented in annual reports.

• Following Up and Following Through:
  – Subcommittees meet regularly; Executive Committee meets twice per year;
  – Goals and progress discussed in standing meetings with housestaff and faculty;
  – Annual Program Reviews.
Challenges, Pitfalls and Successes

• Challenges:
  – Full committee has 38 people.
    • Scheduling committee meetings is difficult, process for improvement is slow.
  – Coordinator must facilitate communication among committees, document action items, track outcomes.

• Pitfalls:
  – What might look great on paper is not so easy in reality.
    • Each accredited subspecialty has different requirements; some do not fit into a neat box.
      – Example – Multidisciplinary Pain Medicine block schedule: nature of the program has the fellows often at 2-3 different sites/rotations in a single week.

• Successes:
  – Great enthusiasm among many faculty and residents/fellows:
    • Productive exchanges of ideas, new energy around problem-solving;
    • Better involvement of faculty and residents/fellows in the process.
  – Identification of systemic issues common to all programs:
    • Open discussion of ideas toward solutions;
    • No program operates in a vacuum.
Outcomes

• A plan for new, rigorous didactics to implement in 2015-2016:
  – Better use of technology;
  – Different avenues for academic projects;
    • Podcasts, online modules.
• New Leadership Curriculum for residents;
• Successful, innovative, still-evolving PGY1 education module;
• Targeted faculty development for evaluation and feedback;
• Research & Scholarly Work integrated with Patient Safety & Quality Improvement:
  – Projects and teams tracked in RMS, better accounting for ACGME/GME reports and CLER focus areas;
  – Housestaff focus on patient safety and quality improvement and opportunities to use research and education to improve patient care.
• More open communication between housestaff and faculty;
• Process for improvement is slow, but there is more accountability, cooperation, and progress than what we had before.
Questions?
Thanks to the UF Anesthesiology PEC!

- Brian Gelfand MD FACS (Core PD, PEC Chair)
- Nick Algarra MD (Chair, Faculty Development)
- Ajay Antony MD (Chief, Co-Chair Faculty Development)
- Danielle Cobb MD (PGY1 Resident)
- Nick Cummings MD (PGY3 resident, Co-Chair, Didactics)
- Matt Cupido DO (Chief, Co-Chair, Faculty/Rotation Evaluation)
- Tammy Euliano MD (faculty)
- Brenda Fahy MD FACS (CCM PD)
- Chris Giordano MD (faculty)
- Chris Goldstein MD (faculty)
- Sandra Gonzalez-Rodriguez MD (faculty)
- Nik Gravenstein MD (Chair, Fellow/Resident Evaluation)
- Jonathan Hadaway MD (CT Fellow)
- Dustin Hegland MD (Faculty)
- Colleen Kearney (Coordinator)
- Linda Le-Wendling MD (RAPPM PD)
- Galaxy Li MD (faculty)
- Michael E. Mahla MD (DIO)

- Deepinder Mann DO (CCM Fellow)
- Ricky McHugh (Coordinator)
- Basma Mohamed MD (PGY4 Resident)
- Kiki Nin MD (Faculty)
- Ryan Oosthuysen MD (PGY2 Resident)
- Yong G. Peng MD PhD FASE (CT PD)
- Rene Przkora MD (MDPM PD)
- Heather Reed MD (Chief)
- Mark Rice MD (Core CCC Chair)
- Steve Robicsek MD (Neuro PD)
- Josh Sappenfield MD (faculty)
- Christoph Seubert MD PhD DABNM (Chair, PSQI/Research)
- Cam Smith MD (PGY3 Resident, Gravenstein Scholar)
- Brit Smith MD (CT Assoc PD)
- Kelly Spaulding (Coordinator)
- Felipe Urdaneta MD (Faculty)
- Julianne Veal MS (Coordinator)
- Jeff White MD (faculty)
- Yury Zasimovich MD (RAPPM Fellow, Co-Chair Resident/Fellow Evaluation)