The Next Accreditation System
ACGME Webinar

David B. Peden, MD
Chair, Review Committee for Allergy and Immunology

Mary W. Lieh-Lai, MD, FAAP, FCCP
Senior Vice President for Medical Accreditation
Disclosures

• No financial disclosures
RC for Allergy and Immunology Members:

- David B. Peden, MD (Chair)
- Michael R. Nelson, MD (Vice Chair)
- Anita T. Gewurz, MD
- David P. Huston, MD
- William K. Dolen, MD (Incoming Chair)
- Jay M. Portnoy, MD (Incoming Vice Chair)
- Gailen D. Marshall, Jr., MD
- Amal H. Assa’ad, MD
- Caroline Kuo, MD (Resident)
- Stephan I. Wasserman, MD (ABAI ex-officio)

New RC Members effective July 1, 2014

- Mary Beth Fasano, MD
- Bruce J. Lanser, MD (Resident)
Accredited Programs 2013-2014

• Allergy and Immunology – Total Programs 74
NAS and Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What is different?
- Milestones
NAS Background

NAS Background

• GME is a public trust
• ACGME is accountable to the public
NAS Background

• Efforts rewarding by many measures

• But:
  • Program requirements increasingly prescriptive
  • Innovation squelched
  • PDs have become “Process Developers”*

*Term borrowed from Karen Horvath, M.D.
Aims of NAS

• Enhance the ability of the peer-review system to prepare physicians for practice in the 21st century

• To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes

• Reduce the burden associated with the current structure and process-based approach
  • Note: this may not be evident right away
Competencies/Milestones
Past decade

- Competency evaluation stalls at individual programmatic definitions
- MedPac, IOM, and others question
  - the process of accreditation
  - preparation of graduates for the “future” health care delivery system
- House of Representatives codifies “New Physician Competencies”
- MedPac recommends modulation of IME payments based on competency outcomes
- Macy issued 2 reports (2011)
- IOM Report 2012-2013
NAS: Background & Rationale
How is Burden Reduced?

- Most data elements are in place (more on this later)
- Standards revised q 10y
- No PIFs
- Scheduled (Self-Study) visits every 10 years
- Focused site visits only for “issues”
- Internal Reviews no longer required
NAS

- Instead of biopsies, annual data collection
  - Trends in annual data
  - Milestones, Residents, fellows and faculty survey
  - Scholarly activity template
  - Operative & case log data
  - Board pass rates
- PIF replaced by Self-Study
- High-quality programs will be free to innovate: requirements have been re-categorized (core, detail, outcome)
The Conceptual Change
From…

The Current Accreditation System

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

Citations and Accreditation Decision

“Do this or else…..”
WHAT IS DIFFERENT?
The Next Accreditation System

Continuous Observations

Identify Opportunities for Improvement

Assess Program Improvement(s)

Program Makes Improvement(s)

Promote Innovation
Core Requirements:

Statements that define structure, resource, or process elements essential to every graduate medical educational program.
Terminology

Outcome Requirements:
Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education
Terminology

**Detail Requirements:**
Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.

*Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements*
Terminology

- Each requirement labeled:
  - Core - All programs must adhere
  - Outcome - All programs must adhere
  - Detail - Programs with status of “Continued Accreditation” may innovate
Decisions on Program Standing in NAS

Application for New Program

Accreditation with Warning

Probationary Accreditation

Continued Accreditation

2-4%

10-15%

75-80%

• NAS: No Cycle Length
• All programs with 1-2y cycles in the previous accreditation system placed in Continued Accreditation with Warning Status

Withdrawal of Accreditation

<1%
Accreditation Decisions

Accreditation Decisions: (Existing Programs)
• Continued Accreditation
• Accreditation with warning (no time limit)
• Probationary Accreditation (2y)
• Withdrawal of Accreditation

Accreditation Decisions: (New Application)
• Initial Accreditation
• Withhold Accreditation

Accreditation Decisions: (Programs with Initial Accreditation)
• Initial Accreditation with warning
• Continued Accreditation
• Withdrawal of Accreditation
NAS: What’s Different?

• Citations
  • *Can* be levied annually by the RC
  • Will be reviewed annually by RC
  • Could be removed quickly based upon:
    • Progress report
    • Site visit (focused or full)
    • New annual data from program
Data Collection in the Next Accreditation System
Annual Data Review Elements

Where did they come from?

Modeling: What data predicted short cycles or adverse actions?

History: What data did RC’s consider important?
Annual Data Review Elements
Policy 17.61 Review of Annual Data

- Continuous Data Collection/Review
  - ADS Annual Update
  - Resident Survey
  - Faculty Survey
  - Milestone data
  - Certification examination performance
  - Case Log data
  - Hospital accreditation data
  - Faculty members and residents scholarly activity and productivity
  - Other
Other Data (Episodic)

- ACGME complaints
- Verified public information
- Historical accreditation decisions/citations
- Institutional quality and safety metrics
Of Critical Importance

Program Directors *MUST* pay attention to the accuracy and completeness of data entry

Scary Statements:
1. Faculty did not submit their scholarly activity so I will just leave everything blank
2. PD to PC: I am on vacation, just do what you can and send it in
3. Let us just make up the milestones levels and give everyone a “9”
ADS Update

- Examples of changes:
  - Residents or core faculty leaving the program
  - Changes in participating sites
  - Change in sponsorship
  - New program director
Board certification - Sample of requirement

- V.C.4. At least 80 percent of a program’s graduates from the preceding five years who are first-time takers of the American Board of Allergy and Immunology certifying examination must pass. (Outcome)

- RC will be mindful of programs with small number of fellows
Clinical Experience Data

- Composite variable on residents’/fellows’ perceptions of clinical preparedness based on the specialty-specific section of the survey
- Initially, questions will be identical across all specialties
- Subsequently:
  - Specialty-specific questions
  - Case logs or equivalent clinical information
• *Except* for the PD, faculty CVs will no longer be collected
Core Faculty

• For Core programs, **only physicians** can count as core faculty

• Only faculty members who are listed as spending 15 hours or more per week working on residency program (including clinical, didactic, research and administration) will be counted as core faculty

• Core faculty members complete:
  • Scholarly Activity report
  • Faculty Survey
Core Faculty

- Examples of faculty members that do not meet the definition of core faculty:
  - A physician who conducts rounds two weeks out of the whole year and has no other responsibilities (administrative, didactics, research) other than clinical work during those two weeks
  - A faculty member with a PhD, and who is not a physician, who works in the basic science laboratory without any administrative, didactics or clinical responsibilities
Core Faculty

• Examples of faculty members that meet the definition of core faculty:
  
  • A physician who works in the ICU with responsibilities that include clinical supervision of residents; who is a member of the Clinical Competency Committee; runs simulation; helps write resident curriculum
  
  • A physician scientist who spends most of her time conducting clinical outcomes research, with only 4 weeks per year of clinical time, but spends more than 15 hours per week: supervising residents in their research projects; writing and providing didactics related to scholarship; and writing the curriculum for scholarship such as statistics, and conducts evidence-based journal club.
<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Pub Med IDs (assigned by PubMed) for articles published between 7/1/2012 and 6/30/2013. List up to 4. Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally a 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.</th>
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<td>Other Presentations (#)</td>
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<td>Grant Leadership (#)</td>
<td>Leadership or Peer-Review Role (Y/N)</td>
<td>Teaching Formal Courses (Y/N)</td>
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Faculty Scholarly Activity

Enter Pub Med ID #’s


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**Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012**

**Conference Presentations**

3
Faculty Scholarly Activity

Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012

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Enter a number
## Faculty Scholarly Activity

### Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

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Enter a number

- Chapters / Textbooks: 1
Faculty Scholarly Activity

Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Grant Leadership

Enter a number

3
Faculty Scholarly Activity

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Leadership or Peer-Review Role

Y

Answer
Yes or No
Faculty Scholarly Activity

Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants’ performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

Teaching Formal Courses

N

Answer Yes or No
## Resident Scholarly Activity

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Same as Faculty Template
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Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012

| Participated in research | N |

**Answer** Yes or No
Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012

Teaching / Presentations

Y

Answer: Yes or No
ADS Annual Update

• Direct communication with the RC

• Program Director:
  • Is responsible for information entered
  • Should assure entries are:
    • Timely
    • Accurate
    • Complete
ADS Annual Update

• Response to active citations
  • Update annually
  • Update fully
Faculty Survey

- Align with Resident/Fellow Survey
  - Faculty supervision & teaching
  - Educational Content
  - Resources
  - Patient Safety
  - Teamwork
What Happens at My Program?

- Annual data submission
- Annual Program Evaluation (PR V.C.)
- Self-Study Visit every ten years
- *Possible* actions following RRC Review:
  - Clarify information
  - Progress reports for potential problems
  - Focused site visit
  - Full site visit
  - Site visit for potential egregious violations

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NAS: What’s Different?

- Citations reviewed yearly
- Citations *will* be levied by RRC
  - *Could* be removed quickly based upon:
    - Progress report
    - Site visit (focused or full)
    - New annual data from program
NAS: What’s Different?

• No site visits (as we know them)

but...

• **Focused** site visits for an “issue”

• **Full** site visit (no PIF)

• **Self-Study** visits every ten years
What is a Focused Site Visit?

- Assesses *selected* aspects of a program and may be used:
  - to address *potential* problems identified during review of annually submitted data
  - to diagnose factors underlying deterioration in a program’s performance
  - to evaluate a complaint against a program
What is a Focused Site Visit?

- Minimal notification given
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) assessed as instructed by the RC
Full Site Visits

- Application for a new core program
- At the end of the initial accreditation period
- RC identifies broad issues/concerns
- Other serious conditions or situations identified by the RC
- 60-day notification given
- Minimal document preparation
- Team of site visitors
What Happens after Review of my Program?

• Citations
  • *Can* be levied annually by the RC
  • Will be reviewed annually by the RC
  • Could be removed quickly based upon:
    • Progress report
    • Site visit (focused or full)
    • New annual data from program
What Happens at My Program?

- Core and subspecialty programs together
- Existing Independent subspecialty programs that chose to remain independent are subject to:
  - Program Requirements and program review
  - Institutional Requirements and institutional review
  - CLER visits
- No new independent subspecialty programs allowed after 7/2013
Ten Year Self-Study Visit

• Not to be confused with a focused or full site visit requested by the RC after annual program review
  • *Not* a traditional site visit

• Implementation:
  • 2016 for most Phase 2 specialties
Ten Year Self-Study Visit

- Conduct a “PIF-less” Site Visit
- Validate most recent Annual Data
- Verify compliance with Core Requirements
- Potential vehicle for:
  - Description of salutary practices
  - Accumulation of innovations in the field
Ten Year Self-Study Visit

- Will review **core** and **subspecialty** programs **together**
- Review **annual program evaluations** (PR-V.C.)
  - Response to citations
  - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *Will* verify compliance with Core Requirements
Self-Study: Two Parts

- Self-Study
  - Conducted by the program
  - SWOT; PDSA
  - Annual Program Evaluation

- Self-Study Visit
  - Conducted by ACGME Field staff
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

Self-Study VISIT

AE – Annual Program Evaluation

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When Is My Program Reviewed?

- Each program reviewed at least annually
- NAS is a continuous accreditation process
  - Review of annually submitted data
  - Supplemented by:
    - Reports of Self-Study Visits every ten years
    - Progress reports (when requested)
    - Reports of focused or full site visits
    (as necessary)
RC Actions After Annual Review

- Continue current accreditation status
- Change Accreditation Status (↑ or ↓)
- “Resolve” Citations
- “Continue” Citations
- New citations
- Request Progress Report
- Request site visit (focused or full)
RC Actions After Annual Review

- Post a letter to every program
  - Confirm accreditation status
  - Indicate citations that are:
    - Resolved
    - Continued
    - New
  - Indicate if additional information needed:
    - Progress Report
    - Focused site visit
    - Full site visit
Milestones and Competency

• Direct Observation is key!
• You cannot evaluate what you do not see
The Goal of the Continuum of Clinical Professional Development

- Master
- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

Undergraduate Medical Education  Graduate Medical Education  Clinical Practice

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Milestones

• Observable developmental steps moving from Novice to Expert/Master

• “Intuitively” known by experienced medical educators

• Organized under the rubric of the six domains of clinical competency
  • Trajectory of progress: neophyte → independent practice
  • Articulate shared understanding of expectations
  • Set aspirational goals of excellence
  • Framework & language for discussions across the continuum
Milestones

• Created by each specialty

• A combined effort of the ACGME and Specialty Boards
Milestones Working Group

- Michael R. Nelson, MD (Chair – Milestones Working Group)
- Prescott Atkinson, MD
- Mark L. Corbett, MD
- William K. Dolen, MD
- Laura Edgar, EdD
- Mary Beth Fasano, MD
- Anita Gewurz, MD
- John Kelso, MD
- Louise King, MS
- Dennis K. Ledford, MD
- R. Stokes Peebles, MD
- Jay M. Portnoy, MD
- Nastaran Safdarian, MD
- Sarbijn S. Saini, MD
ACGME Goals for Milestones
“Cohesion for the Continuum”

- Able to provide accountability for effectiveness of educational program in producing outcomes
- ACGME can work with:
  - AAMC, LCME to focus graduation level preparation
  - ABMS, AHA, ACCME, others to identify areas for milestone improvement at graduation from residency/fellowship
ACGME Milestones Project

• KEY FEATURES
  • Emphasize core competencies
  • Provide PD’s and others something concrete on which to base formative and summative evaluations
  • Move accreditation from structure and process-based to outcomes-based
ACGME Residency Milestones

- Definition
  - Developmental milestones define the level of performance required for each specialty-specific educational objective ("competency," "domain of practice," "entrustable professional activity")
    - At specified intermediate points during training
    - At completion of training and entry into unsupervised practice (Board-eligible)
ACGME Residency Milestones

• RC’s will receive aggregate data
• Programs may receive individual reports
• Individual data to the Specialty Boards
Milestones Document

- Template for evaluating physician performance at various career points
- Based on the 6 core competencies
  - Divided into subcompetencies
  - Each has performance language to allow categorization ranging from Level 1 (entry) through Levels 2, 3, 4 (competent to graduate), and Level 5 (aspirational)
A-I Milestone Example
Patient Care (#3 of 4 PC & 10 total)

Management Plan: Designs an appropriate management plan that incorporates indication, risk, benefits, and cost of therapies for allergic and immunologic disorders. **(Core Competency: Patient Care)**

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<tr>
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- Recognize basic treatments for common allergic and immunologic disorders
- Identify outcomes associated with various treatments
- Identify potential adverse events associated with various treatments
- Select and implement treatment from existing evidence based therapies or clinical trials with substantial supervision
- Formulate a plan for monitoring outcomes
- Formulate a plan for monitoring and treating adverse events with substantial supervision
- Select and implement cost effective treatment from existing evidence based therapies or clinical trials with minimal supervision
- Monitor outcomes and appropriately adjust treatment with supervision
- Monitor and treat adverse events with minimal supervision
- Independently select and implement cost effective treatment from existing evidence based therapies or clinical trials
- Independently monitor outcomes and appropriately adjust treatment
- Independently monitor and treat adverse events
- Participate in writing or reviewing practice guidelines
- Identify and report previously unrecognized outcomes
- Identify and report previously unrecognized adverse events

Comments:
Milestones

• Milestones: **not an assessment tool**
  • You do not have to assess all 10 milestones for each resident at the end of each rotation

• Do not discard all the assessment methods you use now; use new ones that are created
  • End of the month rotation evaluations
  • OSCE
  • Case logs
  • ITE
  • Simulation
  • Multisource evaluations
  • EPAs

• Use the assessment methods you have to “inform” the milestones levels by the CCC
Competency

End of Rotation Evaluations

Peer Evaluations

Patient / Family Evaluations

Clinic Work Place Evaluations

Student Evaluations

Unsolicited Comments

Case Logs

Self Evaluations

EPAs

Sim Lab

ITE

Operative Performance Rating Scales

Mock Orals

Nursing and Ancillary Personnel Evaluations

OSCE

Assessment of Milestones

Clinical Competency Committee
• COMMENTS
  • Milestones are not the only measure of competency
    • Resident not required to meet EACH Level 4 item to graduate
    • Resident not assured of graduation solely on basis of Level 4 item achievement
Milestones Document

• COMMENTS
  • Levels 2, 3, 4 do not necessarily correlate to PGY 2, 3, 4
  • Not all Level 4 items are expected to be achieved by 36 months
  • Milestones are designed as minimum goals; most residents will accomplish more
Milestones Document

• Designed for use by a Clinical Competency Committee which meets every six months
  • Reviews data from various evaluation tools, categorizes each resident as Level 1-5 for each competency (24 reporting items)
    • Each subcompetency may have multiple performance items; these are meant to provide a richer description, NOT to be individually scored
  • Individual data are NOT used for accreditation; milestones are not pass-fail items
Milestones Reporting

• Phase II specialties
  • November 1 – December 31, 2014
  • May 1 – June 15, 2015
Table 1: Milestones for Core Pediatrics Reporting

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<th>Competency</th>
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<td>Patient Care</td>
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- **a)** Gather essential and accurate information about the patient
- **b)** Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient
- **c)** Provide transfer of care that ensures seamless transitions
- **d)** Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement
- **e)** Develop and carry out management plans

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**Medical Knowledge**

- Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters. Allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories.
Clinical Competency Committee

V.A.1. The program director must appoint the Clinical Competency Committee. (Core)

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)

V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)

ACGME Common Program Requirements
Approved: February 7, 2012; Effective: July 1, 2013
Approved focused revision: June 9, 2013; Effective: July 1, 2013
V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

ACGME Common Program Requirements
Approved: February 7, 2012; Effective: July 1, 2013
Approved focused revision: June 9, 2013; Effective: July 1, 2013
V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all resident evaluations semi-annually; *(Core)*

V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, *(Core)*

V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. *(Detail)*
Clinical Competency Committee

- The role of the Program Director role in the CCC is undefined
  - Chair
  - Member
  - Ex-officio
  - Not a member
Clinical Competency Committee

- May already be in place under a different name
- Plan for: composition, work distribution, procedure, data elements

What should be reviewed:
- Continue to look at current methods of evaluations: OSCE, simulation, multisource evaluations
- Entrustable Professional Activities, narratives

Important for coordinator to be present at meetings

Issues:
- Time constraints
- Large residency programs
- Small fellowship programs
Clinical Competency Committee

- Learn about/understand the milestones
- Decide how to assign milestones
  - Narratives
  - Entrustable Professional Activities
  - Other methods
- Teach the faculty:
  - Definitions
  - The tools
- FACULTY DEVELOPMENT IS KEY
The Clinical Competency Committee

- A group of faculty members trained in assigning milestones levels using narratives, EPA’s or other tools
- The same set of eyes looking at evaluations
- The same process is applied uniformly
- Strength in numbers
- Effective feedback tool: shown in pilot studies
Milestones and Competencies: No need to freak out

- Implications of terms - high stakes/low stakes
  - Neither – milestones are important
- Do it and do it well
- It does not have to be perfect
- Formative, not summative
- Provide help early

“Do or do not, there is no try”
Lake Wobegon

- "Well, that's the news from Lake Wobegon, where all the women are strong, all the men are good looking, and all the residents are above average."

a fictional town in the U.S. state of Minnesota, said to have been the boyhood home of Garrison Keillor, who reports the News from Lake Wobegon on the radio show A Prairie Home Companion.
Lake Wobegon Residency Program
Overall Rating of Six Competencies across All Specialties

- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

- But............
- Board pass rates dropping
- RS shows major non-compliance
- Scholarly activities non-existent

Really?

Professionalism
Communications
Medical Knowledge
Patient Care
PBLI
SBP

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End of PGY-1, Mid PGY-2 Year Evaluation, Overall Rating of Six Competencies across All Specialties

- Professionalism
- Communications
- Medical Knowledge
- Patient Care
- Practice Based Learning and Improvement
- Systems Based Practice

n=122 paired observations
ACGME Goals for Milestones

- Permits fruition of the promise of “Outcomes”
- Track what is important
- Uses *existing tools for observations*
- Clinical Competency Committee *triangulates* progress of each resident
  - Essential for valid and reliable clinical evaluation system
- RCs track aggregated program data
- ABMS Board *may* track the identified individual
ACGME Goals for Milestones

• Specialty specific nationally normative data
• Common expectations for individual resident progress
Uses for the Milestones

• Program Director
  • Provide feedback to residents
  • Benchmark residents to program mean
  • Benchmark residents nationally
  • Determine program strengths
  • Determine program opportunities for improvement
  • Benchmark program nationally
Uses for the Milestones

- Residents
  - Get specific feedback
  - Determine individual strengths
  - Determine individual opportunities for improvement
  - Benchmark against peers in program
  - Benchmark against peers nationally
Program Evaluation Committee

- Must be composed of at least 2 faculty members
- Must have resident or fellow representation
- Already exists (a program requirement)
- Responsibilities
  - Plan and develop all pertinent activities
  - Evaluating program activities
  - Make recommendations
  - Annual review
  - Correct issues as needed

Annual Program Evaluation
CLER Program

- Clinical Learning Environment Review
- Institutions will be visited every 18 months
- Data will not be used for accreditation, but…….
  - Programs must ensure that residents and fellows:
    - Are aware of patient safety/quality improvement efforts of the institution
    - Are actively participating in PS and CQI efforts
Webinars

- Previous webinars available for review at: [http://www.acgme-nas.org/index.html](http://www.acgme-nas.org/index.html) under “ACGME Webinars”
  - CLER
  - Overview of Next Accreditation System
  - Milestones, Evaluation, CCCs
  - Specialty specific Webinars (Phase I)
  - Phase I Coordinator Webinars (surgical and non-surgical)
  - Specialty-specific Webinars (Phase II): November-December 2013
  - Stand-alone slide decks for GME community: NAS, CCC, PEC, Milestones, Update on Policies
- Upcoming
  - Self-Study (what programs do)
  - Self-Study Visit (what site visitors do)
  - Specialty specific Webinars (Phase II): January 2014 – May 2014
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Thank You!