The Next Accreditation System
ACGME Webinar

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Disclosures

• No financial disclosures
RRC for Physical Medicine and Rehabilitation Members:

- Teresa Massagli, Chair
- Gerard Francisco, Vice-Chair
- Anthony Chiodo
- Salar Deldar, Resident Member
- Susan Garstang
- William Micheo
- David Pruitt
- Tom Stautzenbach, Ex-officio - AAPMR
- Anthony Tarvestad, Ex-officio - ABPMR
Accredited Programs 2013-2014

- 77 Core programs
- 1 Neuromuscular medicine program
- 17 Pediatric rehabilitation programs
- 18 Spinal cord injury programs
- 13 Sports medicine programs
NAS and Milestones

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

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div., and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession, and in 2009, it began a multiyear process of restructuring its accreditation system to be

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education.

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 the 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
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 issues 2 reports (2011)
- IOM 2012-2013
NAS: Background & Rationale

Macy Foundation

COGME

Robert Wood Johnson Foundation

MedPAC

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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

Promote Innovation

Identify Opportunities for Improvement

Program Makes Improvement(s)

Assess Program Improvement(s)
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

**STANDARDS**
- Outcomes
- Core Process
- Detail Process

**Application for New Program**
- 2-4%

**Accreditation with Warning**
- 10-15%

**Probationary Accreditation**

**Continued Accreditation**
- 75-80%

**Withdrawal of Accreditation**
- <1%

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

Accreditation Decisions: (Existing)
- 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 RRC
  • Will be reviewed annually by RRC
  • 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 RRC’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 member and resident 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 program changes:
  • Residents or core faculty leaving the program
  • Changes in participating sites
  • Change in sponsorship
  • New program director
Board Certification – PM&R

- V.C.5. At least 75 percent of those completing their education in the preceding five years should take the certifying examination. (Outcome)
- V.C.6. At least 75 percent of a program’s graduates from the preceding five years taking the certifying examination for physical medicine and rehabilitation for the first time must pass. (Outcome)
- Aggregate data provided by the American Board of Physical Medicine and Rehabilitation
- RC will be mindful of programs with small number of fellows
Clinical Experience - Case Log Data

• Review number and mix of procedures
• May enter diagnoses, but not required or reviewed by the RC
• As of July 1, 2011, all residents should be entering procedures in the system.
• Programs with PGY-1’s should incorporate their PMR related data
• No logs for subspecialties
### Procedural Codes

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMG/NCS*</td>
<td>95999</td>
</tr>
<tr>
<td>Axial epidural injection - (use for TFESI and ILE in the cervical or lumbosacral spine)</td>
<td>64483</td>
</tr>
<tr>
<td>Axial facet joint, costotransverse joint, SI joint or axial nerve block injection (use for cervical, thoracic or lumbosacral)</td>
<td>64470</td>
</tr>
<tr>
<td>Peripheral joint/intra-articular injection - (use for small, medium OR major joints, including hip)</td>
<td>20610</td>
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<tr>
<td>Tendon sheath or bursa injection</td>
<td>20550</td>
</tr>
<tr>
<td>Trigger point injection*</td>
<td>20552</td>
</tr>
<tr>
<td>Peripheral nerve injection (such as median, suprascapular, infrapatellar, etc.)</td>
<td>64418</td>
</tr>
<tr>
<td>Botulinum toxin injection*</td>
<td>64614</td>
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<tr>
<td>Phenol injection</td>
<td>64640</td>
</tr>
<tr>
<td>Programming baclofen pump</td>
<td>62368</td>
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<tr>
<td>Refilling baclofen pump</td>
<td>95991</td>
</tr>
<tr>
<td>Ultrasound extremity</td>
<td>76882</td>
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<tr>
<td>Ultrasound guidance for needle placement</td>
<td>76942</td>
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</tbody>
</table>
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 who are listed as spending 15 hours per week working on residency program (including clinical, didactic, research and administration) will be counted as core faculty

• Core faculty complete:
  • Scholarly activity report
  • Faculty survey
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 his 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.
### Template for Faculty Scholarly Activity

**Faculty Scholarly Activity Definitions:**

- **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 7 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.**
- **Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2012 and 6/30/2013.**
- **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 7/1/2012 and 6/30/2013.**
- **Articles without PMIDs should be counted in this section. This will include publications which are peer reviewed but not recognized by the National Library of Medicine.**
- **Number of chapters or textbooks published between 7/1/2012 and 6/30/2013.**
- **Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2012 and 6/30/2013.**
- **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 7/1/2012 and 6/30/2013.**
- **Between 7/1/2012 and 6/30/2013, held responsibility for seminars, 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.**

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations (#)</th>
<th>Other Presentations (#)</th>
<th>Chapters / Textbooks (#)</th>
<th>Grant Leadership (#)</th>
<th>Leadership or Peer-Review Role (Y/N)</th>
<th>Teaching Formal Courses (Y/N)</th>
</tr>
</thead>
<tbody>
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</table>
## Faculty Scholarly Activity

### Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

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<tr>
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<th>PMID 4</th>
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<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
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</tbody>
</table>

Enter Pub Med ID #'s
Faculty Scholarly Activity

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

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</tr>
</tbody>
</table>

Enter a number"
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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</table>

Enter a number:

1
### Faculty Scholarly Activity

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

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</table>

Enter a number: 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
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.

Answer
Yes or No

Teaching Formal Courses

N
## Fellow Scholarly Activity

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th>Pub Med IDs (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.</th>
<th>Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012.</th>
<th>Number of chapters or textbooks published between 7/1/2011 and 6/30/2012</th>
<th>Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012</th>
<th>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</th>
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<tbody>
<tr>
<td>Resident</td>
<td>PMID 1</td>
<td>PMID 2</td>
<td>PMID 3</td>
<td>Conference Presentations</td>
<td>Chapters / Textbooks</td>
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</table>

- Same as Faculty Template
Fellow Scholarly Activity

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th>Pub Med IDs Listed in PubMed</th>
<th>List up PubMed 7/1/2011 and before (PMID 1)</th>
<th>List up PubMed 7/1/2011 and before (PMID 2)</th>
<th>Number of chapters or sections published between 7/1/2011 and 6/30/2012</th>
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<tbody>
<tr>
<td>Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012</td>
<td>Yes or No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Participated in research</td>
<td>N</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Answer: Yes or No
Fellow Scholarly Activity

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

Answer: Yes or No
ADS Annual Update

• 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
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 RRC
Full Site Visits

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

- Citations
  - Can be levied annually by RRC
  - Will be reviewed annually by RRC
  - 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 RRC 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

Yr 0
Yr 1 AE
Yr 2 AE
Yr 3 AE
Yr 4 AE
Yr 5 AE
Yr 6 AE
Yr 7 AE
Yr 8 AE
Yr 9 AE
Yr 10 AE

Self-Study VISIT
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)
RRC 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)
RRC Actions After Annual Review

- Post a letter to every program
  - Confirm accreditation status
  - Indicate citations which are:
    - Resolved
    - Continued
    - New
  - Indicate if additional information needed:
    - Progress Report
    - Focused Site Visit
    - Full Site Visit
The Goal of the Continuum of Clinical Professional Development

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

Undergraduate Medical Education
Graduate Medical Education
Clinical Practice

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Milestones

- Created by each specialty
- Organized under 6 domains of competency
- Observable steps on continuum of increasing ability
- Describes the track of a resident/fellow learner
- Provide framework and language to describe progress
- Articulates shared understanding of expectations
Milestones Working Group

- William Bockenek, MD, Charlotte, NC, (Chair)
- Anthony Chiodo, MD, Ann Arbor, Michigan
- Gerard Francisco, MD, Houston, Texas
- Susan Garstang, MD, East Orange, New Jersey
- Michelle Gittler, MD, Chicago, Illinois
- Wendy Helkowski, MD, Pittsburgh, Pennsylvania,
- Mary McMahon, MD, Cincinnati, Ohio
- James Sliwa, MD, Chicago, Illinois
- Carol Vandernakker-Albanese, MD, Sacramento, California
- Anna Gaines, MD, Pittsburgh, Pennsylvania
- Susan Swing, PhD, ACGME
- Caroline Fischer, MBA, ACGME
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

Milestones

- Premedical Education
  - BA/BS
- Medical Education
  - MD
- Specialty Education
  - Residency
- Subspecialty Education
  - Fellowship
- Continuing Education
  - (MOL – MOC)
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 intermediate points during training
  • At completion of training and entry into unsupervised practice (Board-eligible)
ACGME Residency Milestones

- RRC’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) and an option for has not achieved first level.
PBL12. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4 (Graduation Target)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulates clinically relevant questions that guide the search for specific knowledge to inform clinical decisions</td>
<td>Demonstrates the ability to search and select appropriate evidence-based information tools to answer specific clinical questions</td>
<td>Effectively appraises evidence for its validity and applicability to individual patient care</td>
<td>Demonstrates the use of evidence-based research and tools to inform clinical decisions</td>
<td>Stays current on the best evidence for select topics in PM&amp;R and regularly uses evidenced-based research and tools to guide clinical practice</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Selecting “Has not Achieved Level 1” indicates the resident has not substantially demonstrated Level 1 or the resident has not yet had an opportunity to learn and demonstrate milestones in Level 1.

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s).
Reporting on Milestones

• Overall assessment of each resident’s learning trajectory.

• Patient Care Example:
  • The resident is demonstrating satisfactory development of the knowledge, skill and attitudes/behaviors needed to advance in residency. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, timely, equitable, effective, and patient-centered care.

_____Yes _______No
Milestones

- Milestones: **not an assessment tool**
  - You do not have to assess all 19 sets of 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

Clinical Competency Committee

Assessment of Milestones

Operative Performance Rating Scales
Mock Orals
End of Rotation Evaluations
 ITE
EPAs
Self Evaluations
Sim Lab
Case Logs
Unsolicited Comments
Student Evaluations
Clinic Work Place Evaluations
Patient / Family Evaluations
Nursing and Ancillary Personnel Evaluations
OSCE
Peer Evaluations
Mock Orals
End of Rotation Evaluations
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Nursing and Ancillary Personnel Evaluations
OSCE
Peer Evaluations

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Milestones Document

• 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 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 (19 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
Screen Shot – Core Pediatrics Milestones Reporting Form on ADS

<table>
<thead>
<tr>
<th>Competency</th>
<th>Subcompetencies</th>
<th>Milestone level with mouse-over description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- a) Gather essential and accurate information about the patient</td>
<td>Not yet assessable</td>
<td>Level 1</td>
</tr>
<tr>
<td>- b) Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- c) Provide transfer of care that ensures seamless transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- d) Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- e) Develop and carry out management plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Knowledge

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Milestones Reporting

• Phase II specialties
  • November 1 – December 31, 2014
  • May 1 – June 15, 2015
  • Subspecialties report in 2015 and 2016
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)
Clinical Competency Committee

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)

ACGME Common Program Requirements
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Clinical Competency Committee

The role of the Program Director in the CCC is undefined:

• Chair
• Member
• Ex-officio
• Not a member of the CCC
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
  - Role of program director
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

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 Competence Committee *triangulates* progress of each resident
  • Essential for valid and reliable clinical evaluation system
• RRCs 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

• Resident
  • 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
- 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 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!