

Accreditation Council for Graduate Medical Education

Updates on the Next Accreditation System Drs. Edgar, Iezzoni, Ling, and Naritoku

**Pathology
April 22, 2014**

First Update

- New Executive Director for RRC-Pathology
- Laura Edgar. EdD, MBA, CAE
- Since January 1, 2014
- ACGME since 2011, Outcomes Assessment
- Executive Director for Milestone Development

- New Administrator – Erin Berryhill
- ACGME since 2012

Goals of The “Next Accreditation System”

- To begin the realization of the promise of Outcomes
- To free good programs to innovate
- To assist poor programs to improve
- To reduce the burden of accreditation
- To provide accountability for outcomes (in tandem with ABMS) to the Public

Where are we going?

The Next Accreditation System

- Continuous Accreditation Model
- Review programs every 10 years with self-study
- Leave Good Programs alone
- Good Programs can innovate detailed standards
- Identify weak programs earlier
- Site visit or progress report from weak programs
- Weak programs held to detailed standards

Where did we come from?

- 2002 Six Core competencies in PR
- 2012 work done so far
 - Core and Detailed Process
 - Outcome in Requirements
 - New policies and procedures
 - ADS rebuilt to prepare for NAS
 - Annual update: free text replaced by data
 - Scholarly activity replaces CVs
 - 2012 Milestones 1.0 developed

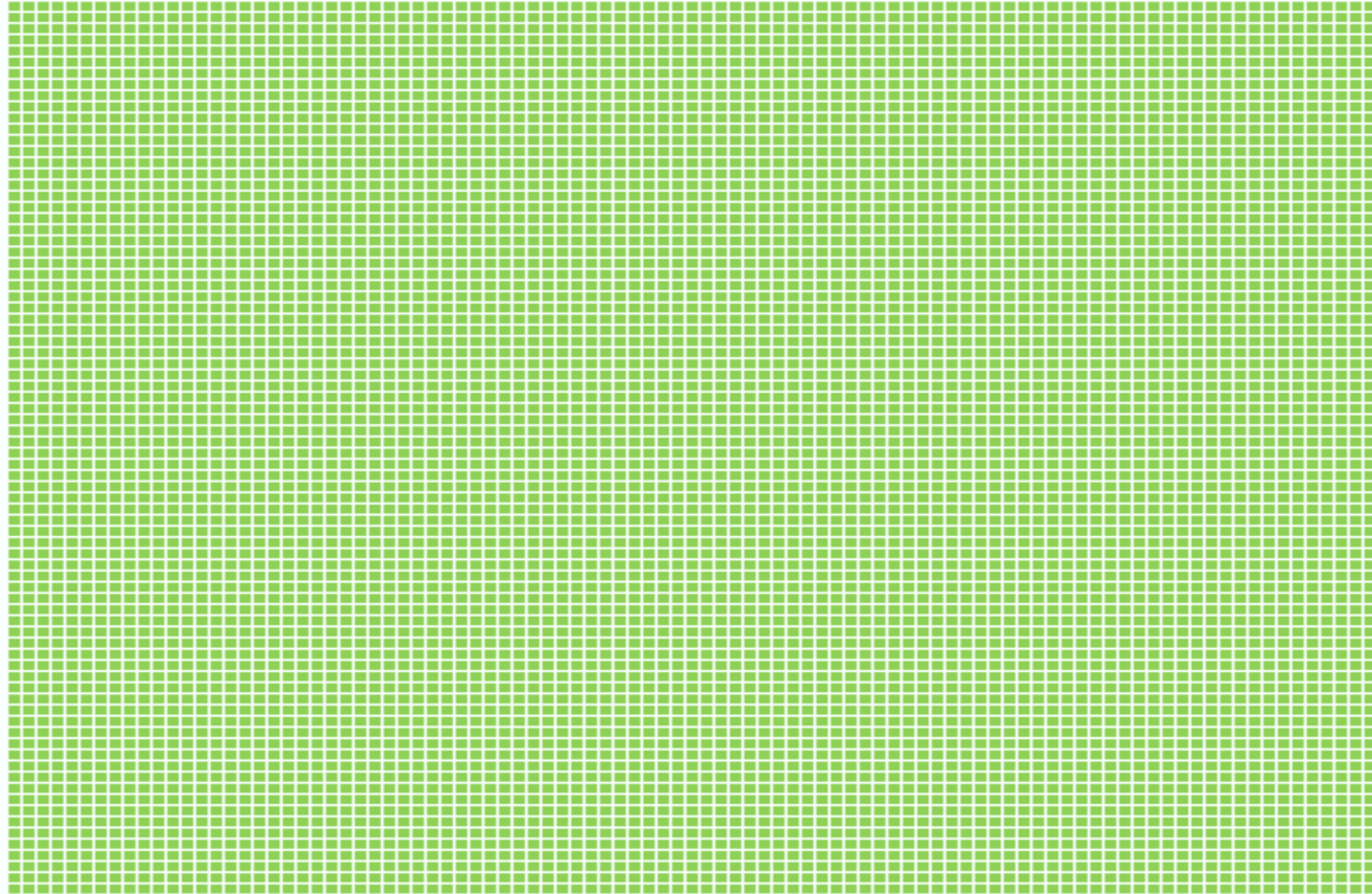
Decisions in the NAS

Louis Ling, MD

Senior VP, Hospital-based Accreditation

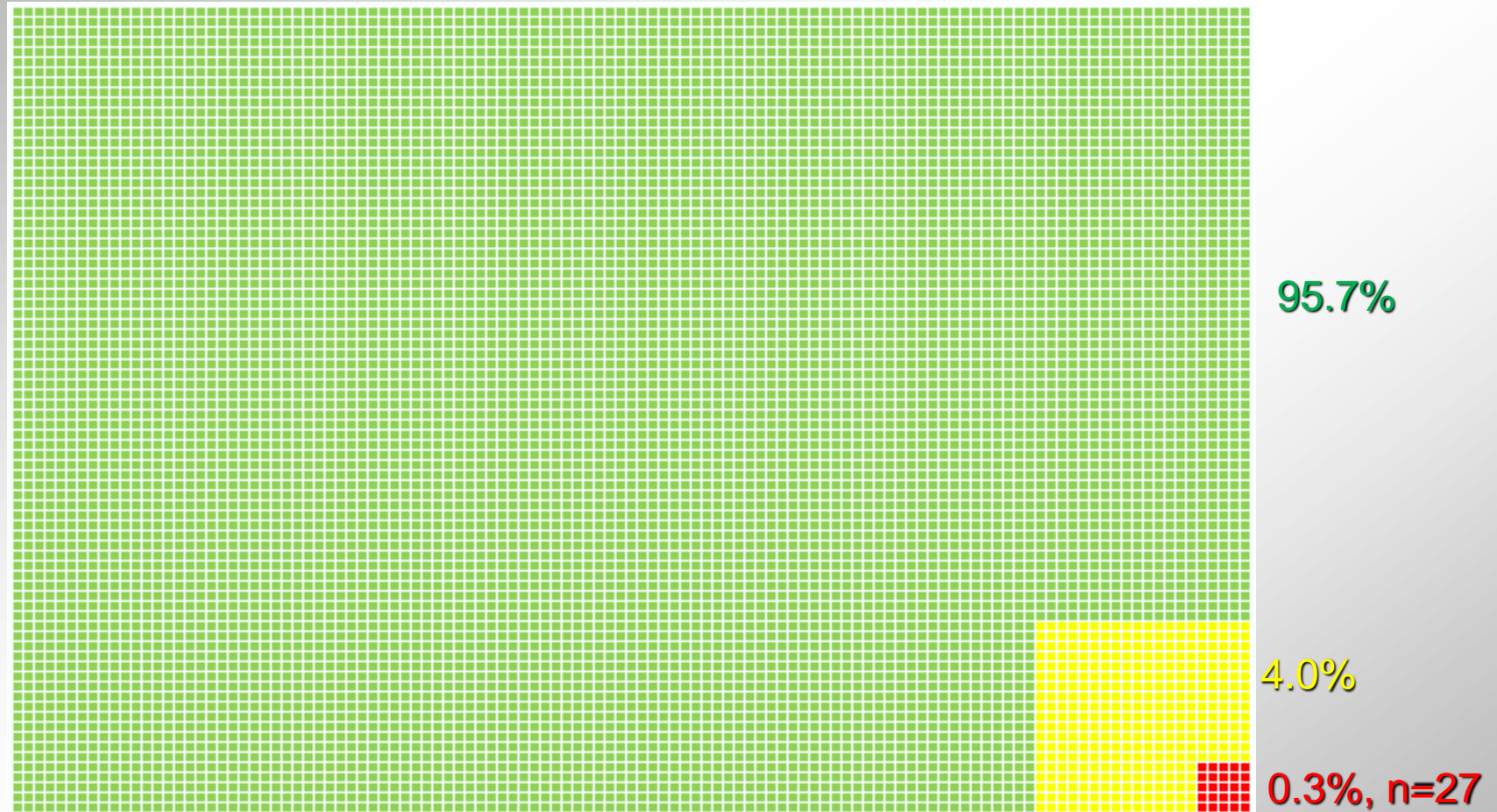
ACGME

All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*



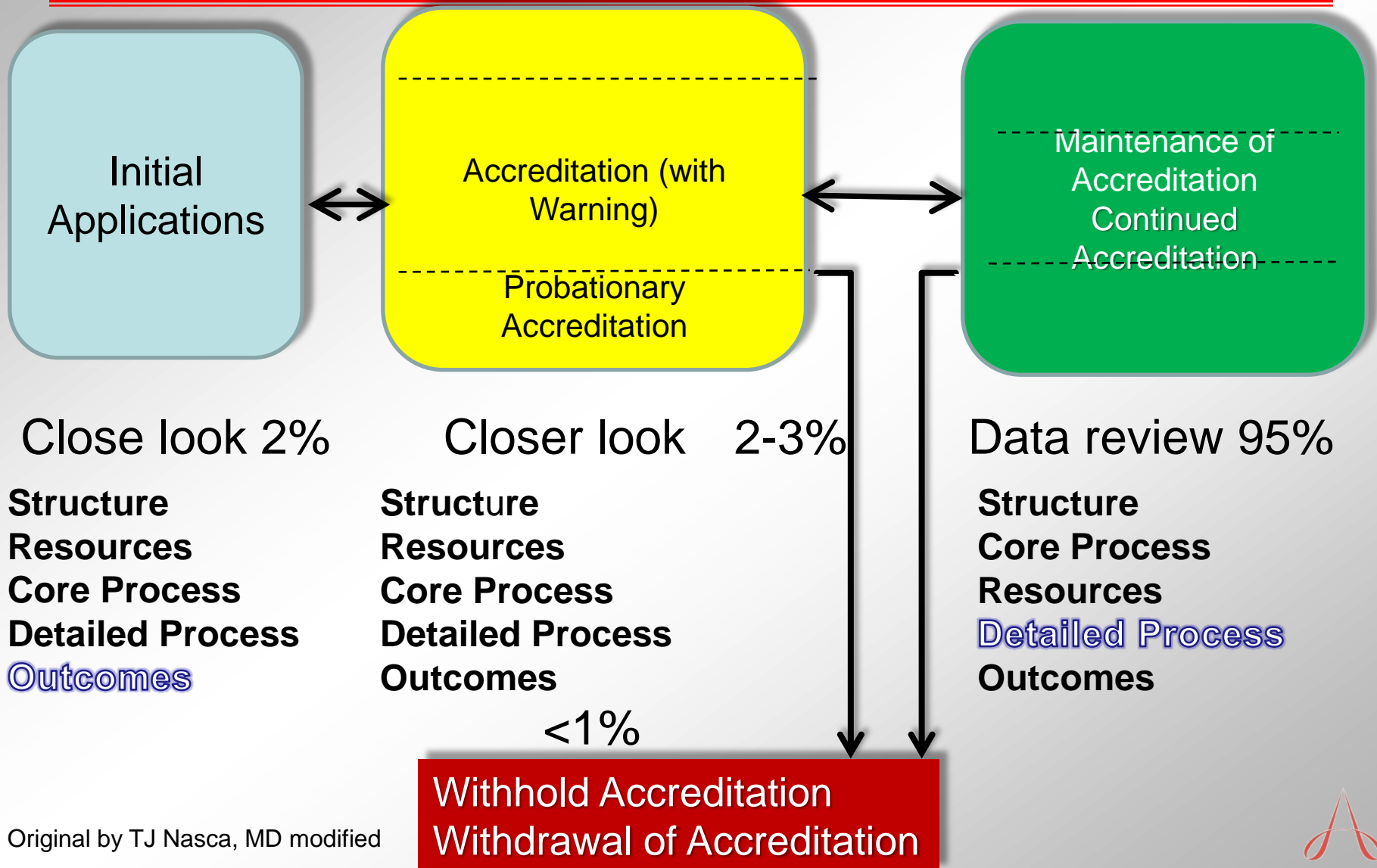
* *Excludes programs with Initial Accreditation*

All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*



* Excludes programs with Initial Accreditation

Program Review in the NAS 2013



Original by TJ Nasca, MD modified

The Next Accreditation System

- Screening based on annually submitted data
 - ADS annual update
 - Resident Survey
 - Faculty Survey (new for core faculty)
 - Milestones Data (new, will be phased in)
 - Procedure or Case Logs
 - Boards Pass Rate Data
 - Scholarly Activity (new format replaces CVs)
- RRC review programs based on RRC set performance indicators and thresholds
 - High performing programs moved to consent agenda
 - Programs with potential problems require more information with a progress report or site visit

Review Process in the Next Accreditation System

1. RRC screens programs using annual outcome data – high level screening
 1. No review comparing to requirements
 2. Identify some programs for closer look
 3. Decide what information to gather
2. For some programs, RRC reviews additional information or site visit and may compare to requirements
3. Every program will get an accreditation letter every year

RRC Decisions for the Green Box

1. Continued accreditation (likely)
 1. No cycle length any more
 2. May note areas for improvement
 3. May note trends
 4. May issue citations (unlikely)
2. RRCs wants more information
 1. Clarification or progress report from PD
 2. Focused site visit for specific concern
 3. Full site visit for general concern

From the Green to the Yellow Box

1. Continued accreditation (with warning)
 1. Public status is Continued Accreditation
 2. Analogous to old 1-2 year cycle
 3. RRC data review next year
2. Probation*
 1. Requires a site visit before going on probation
 2. Site visits will have short notice and no PIF
 3. Requires a site visit before going off probation

*No programs on probation

Decisions for the Yellow Box

1. Continued accreditation (green box)
Probation can only be lifted after a site visit
2. Continued accreditation (with warning)
3. Probation (max 2 years)
4. Withdraw accreditation (red box)
5. Request additional information
 1. Progress report
 2. Site visit, focused or full

Proposed Adverse Actions Gone

- No longer proposed adverse actions
- Can go directly to (warning) from any status
- Can go directly to probation from any status (site visit required)

- Faster to get off an adverse action after a site visit

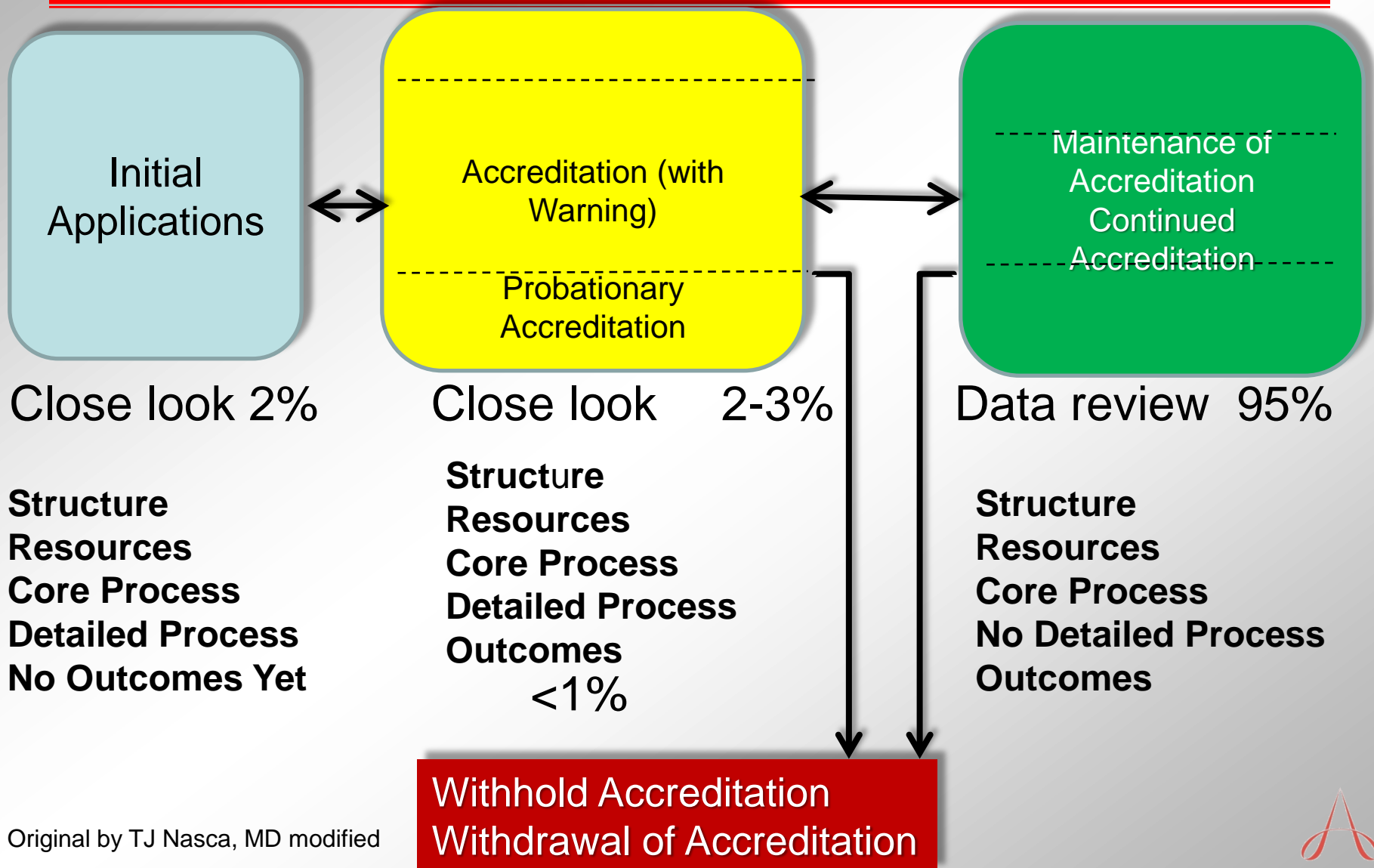
Decisions for Applications

1. Withhold accreditation
 2. Initial accreditation
- Subspecialties based on application only
 - Core programs require an application and a site visit

Decisions for Initial Accreditation

- Requires a full site visit within 2 years
 1. Continued Accreditation (green box)
 2. Initial accreditation with warning
(for one more year)
 3. Withdrawal accreditation (red box)
 4. No probation (either up or out)

Program Review in the NAS



Original by TJ Nasca, MD modified

New Program Requirements

Clinical Competency Committee

Program Evaluation Committee

Julia Iezzoni, MD

Chair, Pathology Review Committee

New Program Requirements

- Requirement on Clinical Competency and Program Evaluation Committees
- Approved June 9, 2013
- Effective July 1, 2014 for Pathology

New CCC Program Requirement

- Program director appoints a CCC
- Must be at least three faculty members
 - Can include non-physician faculty
 - Subs can include faculty from cores
 - Can include program director
 - PD role is undefined, but consider conflicts
- Optional members in addition
 - Other physicians and non-physicians
 - No residents

New CCC Program Requirement

Written description of responsibilities

1. CCC reviews all resident evaluations
Semi-annually
2. Assure semi-annual reporting to ACGME
3. Advise the Program Director
 1. Promotion
 2. Remediation
 3. Dismissal

New CCC Program Requirement

- General concept: many is better than one
- Program size and structure varies wildly
- Program Requirement is broad on purpose

- Each Program will have to decide what works best
- E.g. subcommittees, individual reviewers, multiple meetings and other innovative formats are allowed

New PEC Program Requirement

- Program Evaluation Committee
- Can be same or different or overlap with CCC or Education Committee, APDs
- Adds structure to current requirement for annual review so should it not be new process

New PEC Program Requirement

- Appointed by program director
- Must be at least 2 members of the faculty and can include PD
- PD role is undefined
- Should include at least one resident
 - (recognizes sometimes no resident/fellow)
- Should meet even if no residents
- Written description

New PEC Program Requirement

Active participation (deliberately broad):

1. Plans, develops, implements and evaluates program activities
2. Recommend Goals and Objectives revisions
3. Annually review the program
4. Address (not fix) non-compliant areas

New PEC Program Requirement

- Produce annual program evaluation (APE)
- Written (not necessarily long)
- Systematic review of the curriculum
- Use faculty and resident feedback
- Document action plan to improve
- Monitor improvement

(Program responsibility, not GMEC or DIO)

Milestones in Anatomic and Clinical Pathology

Why? What? Who? When? How?

Wesley Y. Naritoku, M.D., Ph.D.
Chair, Pathology Milestones Working Group

Milestones: Why?

- Patient Safety
- Fulfills the promise of the Outcome Project:
Increased use of educational outcome data in accreditation
- Supports the educational process
- ACGME accountability to public

Milestones: What?

- Milestones are a joint initiative of the ACGME and ABP
- Milestones describe performance levels residents are expected to demonstrate for skills, knowledge and behaviors in the six competency domains.
- Milestones lay out a framework of observable behaviors and other attributes associated with residents' development as physicians

Milestones: What?

- In the ACGME Accreditation system, aggregate resident performance on the milestone level will be used as one indicator of a resident's educational effectiveness

Milestones: Who?

Who are the milestones for?

- RC for Pathology – for accreditation and public accountability
- Programs – better assess residents, better feedback to residents, identify deficient residents earlier
- Public (government) – trust that physicians are competent, trust that we self-regulate

Milestones: Who?

- Bruce Alexander (Vice Chair, PD)
- Betsy Bennett (past EVP, ABP)
- Stephen Black-Schaffer (PD)
- Mark Brissette (past member, RRC)
- Margaret Grimes (ABP, past chair, RRC)
- Robert Hoffman (PD)
- Jennifer Hunt (department chair)
- Julia Iezzoni (chair, RRC)
- Jessica Kozel, M.D. (fellow)
- Rebecca Johnson (CEO, ABP)
- Steven P. Nestler (ACGME)
- Ricardo Mendoza (resident)
- Wesley Naritoku (Chair, past vice chair, RRC, PD)
- Miriam Post (past resident member, RRC)
- Suzanne Powell (past chair, RRC PD)
- Gary Procop (ABP, past member, RRC)
- Jacob J. Steinberg (PD)
- Linda Thorsen (ACGME, Executive Director, RRC for Pathology)

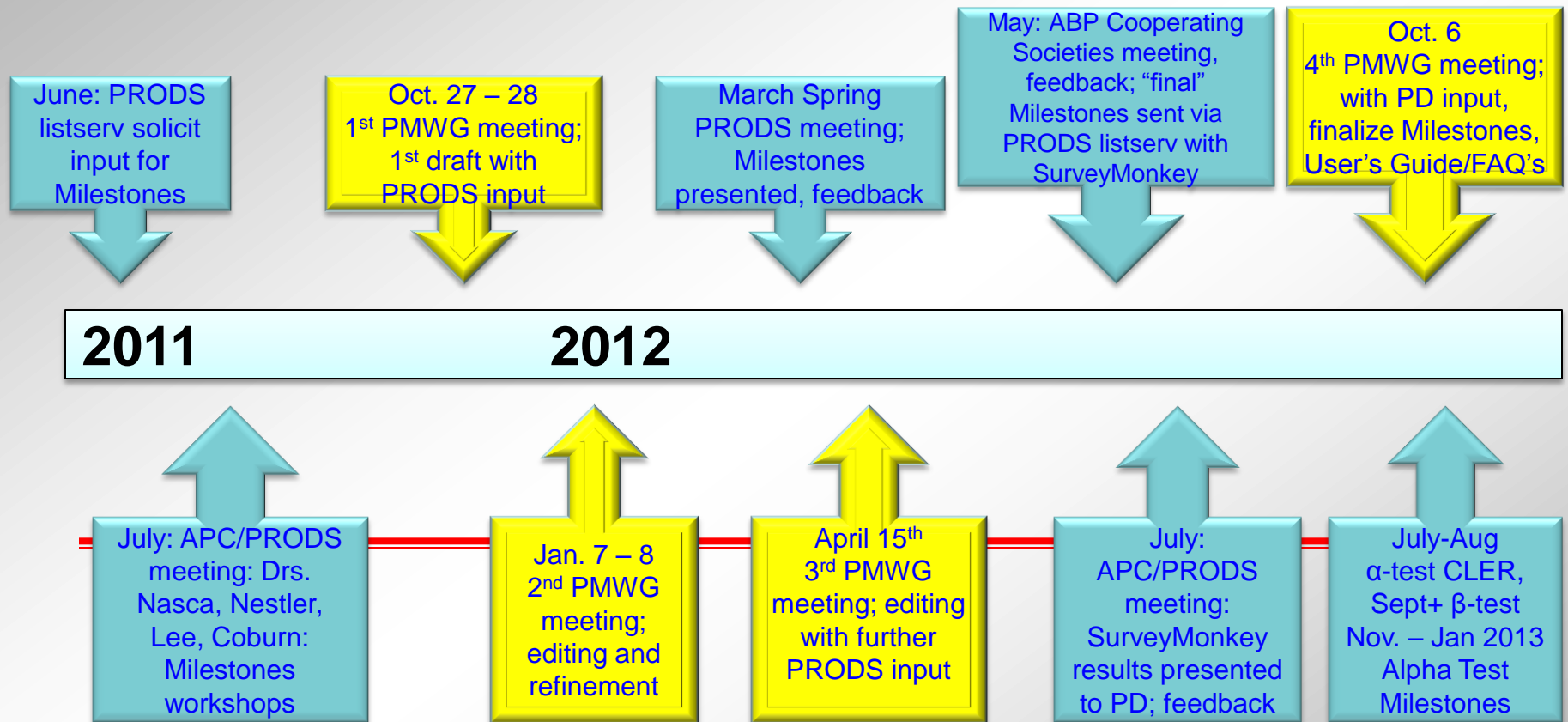
Pathology Milestones Working Group



From Left to Right: Ms. Linda Thorsen, Drs. Mark Brissette, Jacob Steinberg, Steve Black-Schaffer, Ricardo Mendoza (Resident rep) Margaret Grimes, Wesley Naritoku (chair), Jessica Koziel (Fellow rep) Betsy Bennett, Robert Hoffman, Suzanne Powell, Bruce Alexander (co-chair), Rebecca Johnson, Gary Procop, Jennifer Hunt, Miriam Post and Steve Nestler. Dr. Julia Iezzoni (insert, left)

Milestones: When?

Accreditation Council for Graduate Medical Education



Milestone Template

Milestone Description: Template

Level 1	Level 2	Level 3	Level 4	Level 5
<p>An observer. What are the expectations for a beginning resident? (e.g., first day/week of residency)</p>	<p>A cognitive early idea generator and technically novice practitioner; junior member of a dyad</p>	<p>A cognitive refiner of the ideas and technically competent practitioner, mid-phase of residency; a junior member of a broader health care team</p>	<p>A cognitive generator of the final answers and technically proficient practitioner, in the late phase of residency; an integral member of the clinical care team</p>	<p>Cognitively and technically a proficient provider of services. An aspirational goal for perhaps your top 5% of residents, but usually what is expected 2-3 years after completion of training.</p>
<p>Direct Supervision on all activities</p>	<p>Direct or Indirect Supervision with direct supervision immediately available</p>	<p>Indirect Supervision with direct supervision immediately available or Oversight Supervision</p>	<p>Mostly Oversight Supervision</p>	<p>Oversight Supervision if in residency; independent practice without supervision after residency</p>



General Competency

Sub-competency

Developmental Progression or Set of Milestones

SBP1

Patient safety: Demonstrates attitudes, knowledge, and practices that contribute to patient safety (AP/CP)

Level 1	Level 2	Level 3	Level 4	Level 5
Understands the importance of identity and integrity of the specimen and requisition form and verifies the identity	Consistently checks identity and integrity of specimen Independently obtains clinical information when needed Explores other resources such as EMR and radiology Handles deviations from policies (waivers) with supervision	Trouble-shoots pre-analytic problems, as needed, with minimal supervision, including deviations from policies (waivers) Follows patient safety policies and accreditation requirements	Trouble-shoots patient safety issues (including pre-analytic, analytic, and post-analytic), as needed, without supervision	Models patient safety practices Writes and implements policies on patient safety, as needed Completes an advanced MOC patient safety module
Understands the risk inherent in hand-overs	Performs hand-overs in an appropriate manner, according to guidelines (e.g., Situation-Background-Analysis-Recommendation [SBAR] or local guidelines)			

Milestone



Milestone Description: Pediatric Septic Hip – Medical Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Demonstrates knowledge of common presentation of hip septic arthritis • Demonstrates knowledge of basic hip anatomy • Demonstrates knowledge of basic imaging studies • Demonstrates knowledge of appropriate studies 	<ul style="list-style-type: none"> • Demonstrates knowledge of pathophysiology of joint damage related to septic arthritis • Demonstrates knowledge of basic surgical approach • Demonstrates knowledge of advanced imaging studies 	<ul style="list-style-type: none"> • Demonstrates knowledge of the vascular supply in the skeletally immature hip • Demonstrates knowledge of microbiology and antibiotic choices • Demonstrates knowledge of potential complications • Demonstrates knowledge of clinical and data relevant to diagnosis 	<ul style="list-style-type: none"> • Demonstrates knowledge of management approaches • Demonstrates knowledge of infection management 	<ul style="list-style-type: none"> • Author/presenter in published work

Milestones are progressive over time. There is no prescribed speed at which residents must move across a milestone.

Levels do not refer to postgraduate year or year within a particular program.

Option to select "Not yet rotated".

Comments:

Not yet rotated

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).

Milestones: How?

- **Final Pathology Milestones published September 2013:**
 - 27 Milestones for APCP4
 - 26 Milestones for AP3
 - 22 Milestones for CP3
- Faculty and residents must become well-acquainted with the milestones
- Residents will have a few days to self-evaluate
- Clinical Competency Committee meets to assess Milestone Levels for each resident

Resident's self-evaluation (X)

Los Angeles County+University of Southern California Medical Center
Department of Pathology and Laboratory Medicine
RESIDENT SEMI-ANNUAL MILESTONES SELF-EVALUATION

Mile-stone	Milestone Description	AP/CP	N/A	DIP	Level 1	Level 2	Level 3	Level 4	Level 5
Patient Care									
PC1	Consultation: Analyzes, appraises, formulates, generates and effectively reports consultation (Cognitive)	AP/CP					X		
PC2	Interpretation and reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (Cognitive)	CP					X		
PC3	Interpretation and diagnosis: Demonstrates attitudes, knowledge and practices interpretation, analysis, formulates and generates diagnoses (Cognitive)	AP					X		
PC4	Reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (Cognitive)	AP					X		
PC5	Procedure: Surgical Pathology grossing: Demonstrates attitudes, knowledge and practices that enables proficient performance of gross examination (analysis and appraisal of findings, synthesize and assemble and reporting)	AP						X	
PC6	Procedure: Intraoperative consultation/ frozen sections: Demonstrates attitudes, knowledge and practices that enables proficient performance of gross examination, frozen section (analysis and appraisal of findings, synthesize and assemble and reporting)	AP						X	
PC7	Procedure: Performing fine needle aspiration biopsies: Demonstrates attitudes, knowledge and practices that enables proficient history taking, physical examination, fine needle aspiration (analysis and appraisal of findings, synthesize and assemble and reporting)	AP						X	
PC8	Other Procedures: If training program teaches other procedures (e.g., bone marrow aspiration, apheresis, ultrasound guided FNA, etc)	AP/CP						X	
Medical Knowledge									
MK1	Diagnostic Knowledge: Demonstrates attitudes, knowledge and practices that incorporate evidence-based medicine and promote life-long learning (Cognitive)	AP/CP					X		
MK2	Teaching: Demonstrates behavior that interprets, synthesizes, summarizes knowledge and teaches (Cognitive)	AP/CP					X		
MK3	Procedure: Autopsy: Demonstrates attitudes, knowledge and practices that enables proficient performance of gross examination (analysis and appraisal of findings, synthesize and assemble and reporting)	AP					X		

Milestone Self-Assessment by Residents

Milestone Number	PGY1									PGY2					PGY3					PGY4								
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10	Resident 11	Resident 12	Resident 13	Resident 14	Resident 15	Resident 16	Resident 17	Resident 18	Resident 19	Resident 20	Resident 21	Resident 22	Resident 23	Resident 24		Resident 25		
1	2.0	2.0	4.0	2.0	2.5	2.0	2.5	2.0	2.5	2.5	3.5	3.5	2.5	2.5	3.5	3.0	4.0	4.0	3.5	4.0	4.5	3.0	4.0	4.0	4.0	Patient Safety		
2	2.0	2.0	5.0	2.0	2.5	2.0	2.5	2.0	2.5	2.0	2.5	3.5	4.0	2.5	2.5	3.5	3.0	4.5	3.5	3.5	4.0	4.5	2.5	3.5	4.0	4.0	Recognition of Errors and Discrepancies	
3	2.0	1.5	3.0	2.5	2.0	2.0	2.5	2.0	2.5	2.0	2.5	3.0	4.0	2.5	3.0	3.5	2.0	3.5	3.5	3.0	2.5	4.0	4.0	3.5	4.0	3.0	Diagnostic Knowledge	
4	2.0	1.0	2.5	2.0	2.0	2.0	2.5	2.0	2.0	2.5	3.0	4.0	2.5	2.5	2.5	2.0	3.0	3.5	3.0	3.0	4.0	3.5	3.5	3.5	3.5	3.5	Consultation	
5	2.0	2.0	3.0	2.5	2.0	2.0	2.5	2.5	2.0	2.0	3.0	4.0	2.0	3.0	3.5	3.0	4.0	3.5	4.0	3.0	4.5	2.0	4.0	4.0	3.5	4.0	Leadership	
6	2.0	2.0	3.0	2.0	1.5	2.0	2.5	2.5	2.0	2.0	3.0	4.0	2.0	3.0	3.5	3.0	3.5	4.0	3.5	3.5	4.5	3.0	4.0	4.0	3.5	4.0	Interdepartmental Interactions	
7	2.0	2.5	3.0	2.5	2.5	2.0	2.5	2.0	2.5	2.0	3.0	3.5	2.0	3.0	3.0	3.0	4.0	3.5	3.0	3.0	4.5	3.5	3.5	4.0	4.0	4.0	Teaching	
8	2.0	2.0	3.5	2.5	2.0	3.0	2.5	3.0	2.0	1.5	3.0	4.0	2.5	2.5	4.5	2.0	3.0	3.0	2.5	2.5	4.5	2.5	3.0	3.5	3.5	3.5	Scholarly Activity	
9	1.0	1.0	1.5	1.0	1.5	1.5	2.0	2.0	1.5	2.0	1.5	2.5	3.0	4.5	4.0	2.0	2.0	3.0	4.0	2.5	3.0	4.5	4.5	3.5	4.5	4.0	Licensing, credentialing and certification	
10	2.0	1.5	2.0	2.0	2.0	1.5	1.5	D	2.0	2.0	3.0	3.5	2.5	3.5	3.5	1.5	3.5	3.0	3.0	2.5	4.5	2.0	3.0	3.5	2.5	2.5	Lab Management: Regulatory Compliance	
11	2.0	2.0	3.0	1.5	1.5	1.5	1.5	D	1.5	2.0	3.0	3.5	2.5	2.5	3.0	1.0	2.5	3.5	3.5	2.0	3.0	1.5	3.0	2.5	2.5	2.5	Lab Management: Resource Utilization	
12	2.0	2.0	3.0	2.0	2.0	2.0	1.5	2.0	2.0	2.0	3.0	4.0	2.5	2.5	3.5	1.5	3.0	3.5	3.5	3.0	3.0	2.0	3.5	3.0	3.0	3.0	Lab Management: Quality, Risk Management, Lab Safety	
13	2.0	2.0	2.5	2.0	1.5	2.0	1.5	2.0	1.5	2.0	3.0	4.0	2.5	2.5	2.5	2.0	2.5	3.5	3.0	1.0	3.0	1.0	3.5	3.5	3.0	3.0	Lab Management: Test Utilization	
14	D	1.5	2.5	2.0	1.5	2.0	1.5	2.0	1.5	1.0	3.0	4.0	4.0	3.0	2.0	1.5	3.0	3.0	3.0	1.0	3.0	2.0	3.5	2.5	2.5	2.5	Lab Management: Technology Assessment	
15	2.0	1.0	2.5	1.5	1.5	2.0	1.5	2.0	1.5	2.5	2.5	3.5	4.0	2.5	2.5	1.0	4.0	3.5	3.0	1.0	3.0	1.0	N	3.0	2.5	2.5	Informatics	
16	D	1.5	2.5	2.5	2.0	2.0	1.5	2.0	2.0	2.5	3.0	4.0	2.5	2.5	2.5	2.5	4.0	3.5	3.0	3.5	4.5	3.0	3.0	3.5	3.0	3.0	CP Interpretation and Reporting	
17	2.0	2.0	2.0	2.0	2.0	2.0	1.5	2.0	2.5	2.5	3.0	N	2.5	3.0	2.0	2.5	3.5	3.5	N	3.5	4.0	3.0	3.0	4.0	3.5	3.5	AP Interpretation and Reporting	
18	2.0	2.0	2.5	2.0	2.5	2.0	1.5	2.0	2.5	3.0	3.0	N	2.5	3.0	2.0	2.5	3.5	3.5	N	3.5	4.0	3.5	3.0	4.0	4.0	4.0	AP Timely Reporting	
19	2.5	2.0	2.0	2.5	2.5	2.0	1.5	2.5	2.5	3.0	3.5	N	2.0	2.5	3.5	2.0	4.0	3.0	N	4.5	4.5	3.5	4.0	5.0	3.5	3.5	AP Autopsy Procedure	
20	2.0	2.0	3.0	2.0	2.0	2.0	1.5	D	2.5	3.0	3.0	N	2.0	3.5	3.5	3.0	4.5	4.5	N	5.0	4.5	4.0	4.0	5.0	5.0	5.0	AP Surgical Pathology Procedure	
21	1.0	1.5	1.0	2.0	2.0	2.0	1.5	D	2.0	3.0	D	N	2.0	3.0	3.5	3.0	4.0	3.5	N	3.5	3.5	3.0	4.0	5.0	4.0	4.0	AP Intraoperative Consult Procedure	
22	N	1.0	1.5	N	1.5	N	N	N	1.0	3.0	D	N	N	N	3.0	3.0	4.0	N	N	N	4.5	3.5	4.0	4.5	4.0	4.5	4.0	AP FNA Procedure
23	D	1.0	1.0	2.0	1.0	N	1.0	N	1.0	N	D	3.5	N	2.5	3.0	N	4.0	3.0	3.0	2.5	4.5	3.5	3.0	4.5	4.0	4.5	4.0	Other Procedure
24	2.5	3.0	5.0	2.0	2.5	3.0	2.5	3.0	3.0	3.0	3.5	4.5	3.0	3.0	4.0	4.0	5.0	4.0	3.5	4.0	4.5	3.0	5.0	4.0	4.0	4.0	Professionalism: Honesty	
25	4.0	3.0	5.0	4.0	3.5	4.0	2.5	4.0	4.0	3.0	3.5	4.5	3.0	3.0	4.0	4.0	5.0	4.0	4.0	4.5	4.5	4.0	5.0	4.0	4.5	4.5	Professionalism: Humanism	
26	3.0	3.0	3.5	2.0	3.0	3.0	2.5	3.0	2.5	3.0	3.5	4.5	3.0	3.5	3.0	4.0	5.0	4.0	3.5	4.5	4.5	3.0	5.0	3.5	4.5	4.5	Professionalism: Responsibility	
27	2.0	2.5	3.5	2.0	2.5	2.5	2.0	2.5	2.0	3.0	3.0	4.5	2.5	2.5	3.0	4.0	5.0	3.5	3.0	3.0	4.5	3.0	4.0	4.0	3.5	3.5	Professionalism: Giving and Receiving Feedback	
28	2.0	3.0	5.0	2.5	2.5	3.0	2.0	3.0	2.5	3.0	3.0	4.5	2.5	3.0	3.0	4.0	5.0	3.5	3.0	4.0	4.5	3.0	5.0	4.0	4.5	4.5	Professionalism: Responsiveness to Patient Needs	
29	2.5	2.0	4.5	2.5	2.5	4.0	2.5	4.0	2.5	3.0	3.5	4.5	4.0	2.5	2.5	4.0	4.0	3.5	3.5	4.0	4.5	2.0	5.0	4.0	4.0	4.0	Professionalism: Responsibility for Self	

Milestones: How?

Clinical Competency Committee (CCC)

- CCC covers the broad divisions of AP and CP (may need 7 – 8 members)
- Identifies possible need for focused remediation earlier
- PD reports residents' Milestone levels to ACGME online 2x/year, starting December 2014 again in May 2015
- CCC evaluates:
 - PGY4's end of October
 - PGY3's beginning of November
 - PGY2's end of November
 - PGY1's beginning of December

Clinical Competency Committee (X)

Los Angeles County+University of Southern California Medical Center Department of Pathology and Laboratory Medicine RESIDENT SEMI-ANNUAL MILESTONES SELF-EVALUATION

Mile-stone	Milestone Description	AP/CP	N/A	DIP	Level 1	Level 2	Level 3	Level 4	Level 5
Patient Care									
PC1	Consultation: Analyzes, appraises, formulates, generates and effectively reports consultation (Cognitive)	AP/CP					x	X	
PC2	Interpretation and reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (Cognitive)	CP					x	X	
PC3	Interpretation and diagnosis: Demonstrates attitudes, knowledge and practices interpretation, analysis, formulates and generates diagnoses (Cognitive)	AP					x	X	
PC4	Reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (Cognitive)	AP					x	X	
PC5	Procedure: Surgical Pathology grossing: Demonstrates attitudes, knowledge and practices that enables proficient performance of gross examination (analysis and appraisal of findings, synthesize and assemble and reporting)	AP						X	X
PC6	Procedure: Intraoperative consultation/ frozen sections: Demonstrates attitudes, knowledge and practices that enables proficient performance of gross examination, frozen section (analysis and appraisal of findings, synthesize and assemble and reporting)	AP						X	X
PC7	Procedure: Performing fine needle aspiration biopsies: Demonstrates attitudes, knowledge and practices that enables proficient history taking, physical examination, fine needle aspiration (analysis and appraisal of findings, synthesize and assemble and reporting)	AP						X	X
PC8	Other Procedures: If training program teaches other procedures (e.g., bone marrow aspiration, apheresis, ultrasound guided FNA, etc)	AP/CP						X	X
Medical Knowledge									
MK1	Diagnostic Knowledge: Demonstrates attitudes, knowledge and practices that incorporate evidence-based medicine and promote life-long learning (Cognitive)	AP/CP					x	X	
MK2	Teaching: Demonstrates behavior that interprets, synthesizes, summarizes knowledge and teaches (Cognitive)	AP/CP					x	X	
MK3	Procedure: Autopsy: Demonstrates attitudes, knowledge and practices that enables proficient performance of gross examination (analysis and appraisal of findings, synthesize and assemble and reporting)	AP					x	X	

Milestone Assessment by CCC

Milestone Number	PGY1									PGY2					PGY3					PGY4						
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10	Resident 11	Resident 12	Resident 13	Resident 14	Resident 15	Resident 16	Resident 17	Resident 18	Resident 19	Resident 20	Resident 21	Resident 22	Resident 23	Resident 24		Resident 25
1	2.5	2.0	2.0	2.0	3.0	2.0	2.5	3.0	2.5	3.0	3.0	3.5	3.0	2.0	3.0	4.0	4.0	4.0	3.5	3.5	4.0	4.0	4.0	4.0	4.0	Patient Safety
2	2.5	2.0	2.5	1.5	3.0	1.5	2.0	2.0	2.0	3.0	4.0	3.5	3.0	3.0	3.5	4.0	4.0	4.0	4.0	4.0	3.0	3.0	4.0	3.5	4.0	Recognition of Errors and Discrepancies
3	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	2.5	4.0	2.5	2.5	4.0	4.0	4.0	4.0	3.5	4.0	3.0	3.0	3.0	3.5	4.0	Diagnostic Knowledge
4	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	3.0	3.0	3.5	2.5	2.0	3.5	4.0	4.0	4.0	3.5	4.0	3.5	3.0	3.5	3.5	3.5	Consultation
5	2.0	2.0	2.0	2.0	3.0	2.0	2.0	3.0	2.0	3.0	3.0	3.5	2.5	2.0	3.5	3.5	4.0	4.0	3.5	3.5	3.0	3.0	3.0	3.5	4.0	Leadership
6	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.5	4.0	2.5	3.0	3.5	3.5	4.0	3.5	3.5	3.5	3.0	3.0	3.5	3.5	3.5	Interdepartmental Interactions
7	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.0	4.0	3.0	3.0	3.0	4.0	4.0	3.5	D	3.5	4.0	3.0	3.5	4.0	4.0	Teaching
8	2.5	2.0	2.0	2.5	2.0	2.0	2.5	2.5	2.0	3.5	3.0	4.0	3.0	2.5	4.5	4.0	4.0	4.0	3.5	4.0	3.5	3.0	3.0	3.5	3.5	Scholarly Activity
9	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	3.0	3.0	3.0	1.5	1.5	3.0	3.0	3.0	3.0	3.5	3.0	3.0	3.0	3.0	3.5	4.0	Licensing, credentialing and certification
10	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	2.5	2.5	2.5	2.5	2.5	3.0	3.0	3.0	3.0	3.0	3.0	3.5	3.5	4.0	3.5	4.0	Lab Management: Regulatory Compliance
11	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	2.5	2.5	2.5	2.5	2.5	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	Lab Management: Resource Utilization
12	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.0	3.0	3.0	3.0	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	Lab Management: Quality, Risk Management, Lab Safety
13	2.5	2.0	2.5	2.0	2.5	2.0	2.5	2.5	2.0	3.0	3.0	3.0	2.5	2.5	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.5	3.0	Lab Management: Test Utilization
14	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.5	2.5	2.5	2.5	2.5	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	Lab Management: Technology Assessment
15	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.5	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	Informatics
16	2.0	2.0	2.0	2.0	2.0	2.0	2.5	2.5	2.0	3.0	3.0	4.0	2.5	2.5	3.0	3.5	4.0	3.5	3.0	3.5	3.5	3.0	4.0	4.0	4.0	CP Interpretation and Reporting
17	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.0	N	3.0	2.0	3.0	4.0	4.0	4.0	N	4.0	3.5	3.0	3.5	4.0	4.0	AP Interpretation and Reporting
18	2.0	2.5	2.0	2.0	2.5	1.5	2.0	2.0	2.0	3.0	3.5	N	2.5	2.5	3.0	4.0	4.0	4.0	N	4.0	4.0	4.0	4.0	4.0	4.0	AP Timely Reporting
19	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	3.0	3.5	N	3.0	3.0	3.5	4.0	4.0	3.5	N	4.0	4.0	4.0	4.0	4.0	4.0	AP Autopsy Procedure
20	2.0	2.0	2.0	2.0	2.0	1.5	2.0	2.0	2.0	4.0	4.0	N	3.0	2.5	3.5	3.5	4.0	4.0	N	4.0	4.0	4.0	4.0	4.0	4.0	AP Surgical Pathology Procedure
21	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	N	2.0	3.0	3.0	3.0	3.0	3.0	N	3.0	4.0	4.0	4.0	4.0	4.0	AP Intraoperative Consult Procedure
22	D	D	D	D	D	D	D	D	D	3.5	D	N	D	D	4.0	4.0	4.0	D	N	D	4.0	4.0	4.0	4.0	4.0	AP FNA Procedure
23	2.0	D	2.0	2.0	D	D	2.0	2.0	D	2.5	2.5	4.0	3.0	D	D	3.5	3.5	3.5	D	D	4.0	4.0	4.0	4.0	4.0	Other Procedure
24	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Professionalism: Honesty
25	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Professionalism: Humanism
26	3.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0	3.0	3.0	4.0	4.0	3.0	2.0	3.5	4.0	4.0	4.0	4.0	4.0	4.0	3.0	4.0	3.5	4.0	Professionalism: Responsibility
27	2.0	2.0	2.0	1.5	2.0	1.5	2.0	2.0	2.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	3.0	3.5	3.5	4.0	Professionalism: Giving and Receiving Feedback
28	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Professionalism: Responsiveness to Patient Needs
29	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	4.0	4.0	4.0	4.0	2.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Professionalism: Responsibility for Self

Courtesy of Dr. Robert Hoffman, Vanderbilt University Medical Center



Milestones: How?

Beta Test Site Findings:

Clinical Competency Committees

CCC members: 6.73

Residents Evaluated: 13.16

Minutes to Evaluate all Residents: 246

Longest for Individual: 32

Shortest for Individual: 7.55

Courtesy of Steven P. Nestler, Ph.D.

Milestones: How?

Beta Test Site Findings: Probable Curriculum Changes

Expand or Add:

Lab Management

Conflict Resolution

Billing Procedures

Informatics

CP Procedures

Courtesy of Steven P. Nestler, Ph.D.

Milestones: How?

Beta Test Site Findings: Probable Evaluation Changes

Reformat current tools to explicitly address milestones

Probable Learning Changes

Identify residents for tailored assignments/reading

Give residents more decision-making responsibility (with appropriate supervision)

Courtesy of Steven P. Nestler, Ph.D.

Milestones: How?

Beta Test Site Findings:

CCC Challenges

- Need for better documentation of resident competence
- Need for evaluation tools that better address milestones
- CCC member uncertainty about meaning of some milestones
- Time required for CCC meetings
- AP faculty evaluating CP milestones
- CP faculty evaluating AP milestones

Courtesy of Steven P. Nestler, Ph.D.

Milestones: How?

Beta Test Site Findings:

CCC Positives

- Great source of ideas for **program** improvement
- Faculty have better understanding of **individual** residents
- Resident self-evaluations very valuable
- Please with CCC's ability to reach consensus
- Milestones provide structure for better evaluation
- Looking forward to fellowship milestones

Courtesy of Steven P. Nestler, Ph.D.

Milestones: FAQ's

- **Do residents need to fulfill all the descriptors of a milestones in order to “pass” it?**
- *NO, ACGME expects “substantial compliance”*
- **Do residents need to reach all milestones at a certain point in training in order to be promoted to the next level?**
- *NO, ACGME understand that residents will achieve certain milestones at different points in training due to difference in rotation schedules. Promotion remains a decision of the Program Director*

Milestones: FAQ's

- **Do residents need to achieve Level 4 on all milestone sets in order to graduate?**
- *NO, ACGME expects “substantial compliance,” Level 4 is not a requirement to graduate a resident*
- **Will the RC for Pathology use milestones data for citations or focused site visit?**
- *This is a transition phase between old accreditation system and the current one. The RC will decide how to use this data over time*

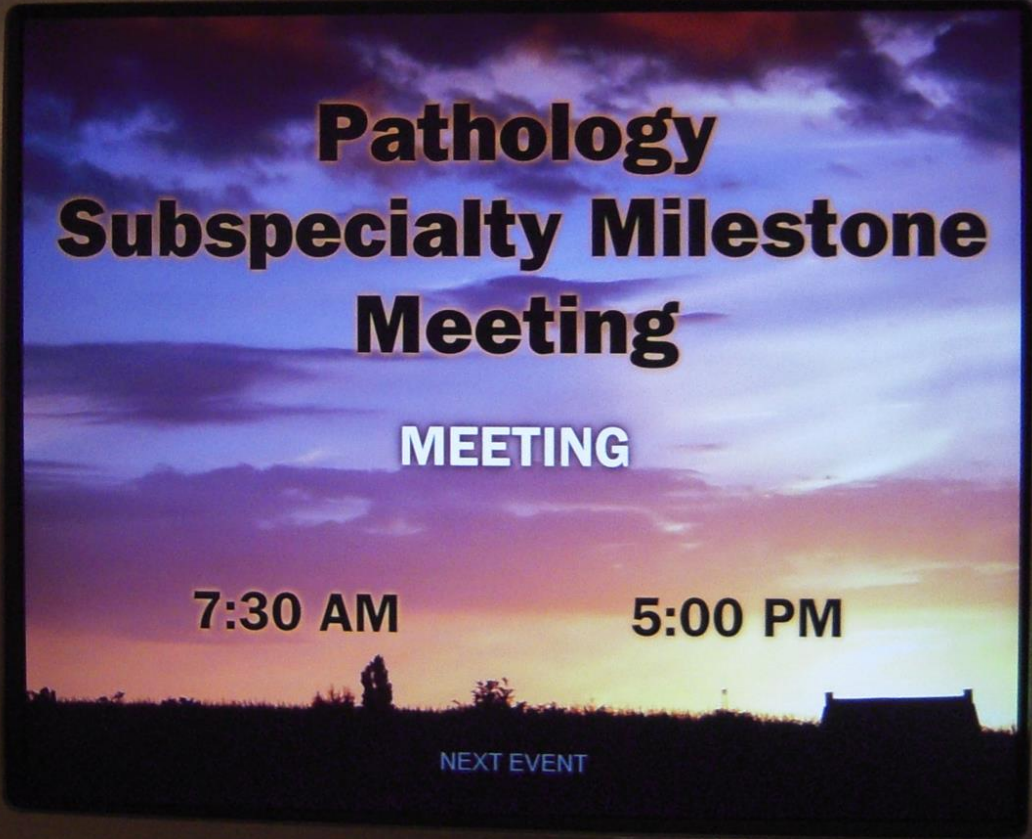
Milestones: FAQ's

- **Will the ABP require residents to achieve Level 4 to qualify for boards?**
- *Not at this time or near future. Plan to use data to correlate attainment of milestones with outcome of examination for validation of both*

Milestones: FAQ's

- **How can the milestones help the PD or the resident?**
- *Residents, faculty and the program director now have national guidelines on what is expected of a pathology resident and approximately when in training those skills or knowledge should be achieved.*
- *Current evaluation system rarely identifies residents lagging behind their peers*
- *Milestones can identify at-risk residents earlier and the program can help remediate the residents sooner*

Willow



**Pathology
Subspecialty Milestone
Meeting**

MEETING

7:30 AM

5:00 PM

NEXT EVENT

Subspecialty Pathology Milestones

Pathology Fellowship Milestones

- Dr. C. Bruce Alexander, Chair, CP fellowship milestones
- Dr. Wes Naritoku, Chair, AP fellowship milestones
- Dr. Laura Edgar, ACGME
- Many Pathology Fellowship Milestones Working Groups began working through cyberspace
- First face-to-face meeting was on January 25, 2014

Accreditation Council for Graduate Medical Education



Subspecialty Pathology Milestones

Pathology Fellowship Milestones

- Once reasonable draft milestones are assembled, will solicit comments from appropriate subspecialty PD's
- Ongoing review and feedback from subspecialty PD's is important
- The Pathology Subspecialty Milestones will be implemented on July 1 , 2015

Pathology RRC members

- Julia C. Iezzoni, MD, *Chair* - *Surgical Pathology*
- Barbara A. Sampson, MD, PhD, *Vice Chair* - *Forensic*
- Diane Davey, MD - *Cytopathology*
- Susan A. Fuhrman, MD - *Clinical Chemistry*
- Michael N. Hart, MD - *Neuropathology*
- Karen L. Kaul, MD, PhD - *MGP*
- James R. Stubbs - *BBTM*
- Charles F. Timmons, Jr., MD - *Pediatric Pathology*
- Melissa Austin, MD, *Resident Member*
- Rebecca Johnson, MD, *Ex-officio Member*

Pathology RRC members



Guide to Successful Continued Accreditation

Laura Edgar, EdD, CAE

Executive Director, Pathology Review Committee
ACGME

Guide to Successful Continued Accreditation

- Accreditation Status
- Common Citations
- Annual Data
- Milestones
- Clinical Competency Committee
- Program Evaluation Committee
- Preparation
- Implementation
- **ACCURACY AND COMPLETENESS COUNT**

Annual Data Collection

- Every program submits data every year
- Every program is reviewed every year
- Site visit only if RRC asks for it after review of program

Annual Data Collection

- Annual Program, Faculty and Resident Update
- 5 year first-time Board pass rate
- Case Logs
- Resident Survey
- Faculty Survey
- Scholarly Activity of Core Faculty
- Scholarly Activity of Residents
- Milestones

Annual Data Collection

Annual Program, Faculty and Resident Update

- Most common error is outdated or missing information: certification dates, updates to resident list, updates to faculty list

Annual Data Collection

5 year first-time Board pass rate

- Low pass rate

Case Logs

- Incomplete data

Annual Data Collection

Resident Survey

- Somewhat is noncompliant

Faculty Survey

- Only sent to core faculty (>15 hours)
- Must complete
- Somewhat is noncompliant

Annual Data Collection

Scholarly Activity of Core Faculty

Scholarly Activity of Residents

- Must be entered to be counted

Annual Data Collection

Milestones

ARE YOU READY??

Pathology Milestones

MK2: Teaching: Demonstrates ability to interpret, synthesize, and summarize knowledge; teaches others (AP/CP)					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Participates in active learning	Understands and begins to acquire the skills needed for effective teaching Teaches medical students, as needed	Teaches peers as needed	Teaches across departments and at all levels, including to clinicians, patients, and families	Models teaching across departments and at all levels, including for clinicians, patients, and families
Comments:					

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 columns indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher column(s).

First reporting date is November/December 2014

Subspecialty Milestones

- Subspecialty milestones will be available this summer
- First reporting date will be November/December 2015



2013-2014 Resident Milestone Evaluations - Diagnostic Radiology

Resident:
Year in Program:
Position Type:
Start Date:
Expected End Date:

Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

Patient Care

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Competence in procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical Knowledge

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Protocol selection and optimization of images	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Interpretation of examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Systems-Based Practice

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Quality Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Health care economics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice-Based Learning and Improvement

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Patient safety: contrast agents; radiation safety; MR safety; sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Self-Directed Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Scholarly activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Professionalism

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Professional Values and Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interpersonal and Communication Skills

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Effective communication with patients, families, and caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Effective communication with members of the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

For any comments, concerns or suggestions about the survey, contact us (<mailto:facsurvey@acgme.org>).
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ACGME Reporting Tool



2013-2014 Resident Milestone Evaluations - Emergency Medicine

Resident:

Year in Program:

Position Type:

Start Date:

Expected End Date:

Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

Patient Care

	Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
a) <u>Emergency Stabilization:</u> Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) <u>Performance of Focused History and Physical Exam:</u> Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) <u>Diagnostic Studies:</u>						

Mouse-over Description

able data, narrows and ighted differential diagnoses to management.	•	•	•	•	•	•	•	•
appropriate pharmaceutical vant considerations such as ntended effect, financial e adverse effects, patient otential drug-food and . institutional policies, and effectively combines agents venes in the advent of adverse	•	•	•	•	•	•	•	•
essment: ndergoing ED observation (and appropriate data and resources, itial diagnosis and, treatment	•	•	•	•	•	•	•	•

Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence
Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality

Implementation

- How many of you have thought about how to implement NAS into your program?
- Have you “cross-walked” your assessment tools to the milestones?
- Have you had a dry run with the CCC?

ACCURACY AND COMPLETENESS COUNT

We are here to help

- Executive Director: Laura Edgar, EdD, CAE
- ledgar@acgme.org 312-755-5029

- Accreditation Administrator: Erin Berryhill
- eberryhill@acgme.org 312-755-5045

- ADS Representative: Raquel Running
- webads@acgme.org 312-755-7111

Summary

Submit Questions on the bottom of the screen
Reviewed and returned by e-mail

Thanks.