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COLLABORATION DRIVES INNOVATION: WHY TEAMWORK IS CRITICAL IN THE NEW ERA OF THE NEXT ACCREDITATION SYSTEM (NAS)

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Disclosure

- None of the above speakers have any conflicts of interest to report

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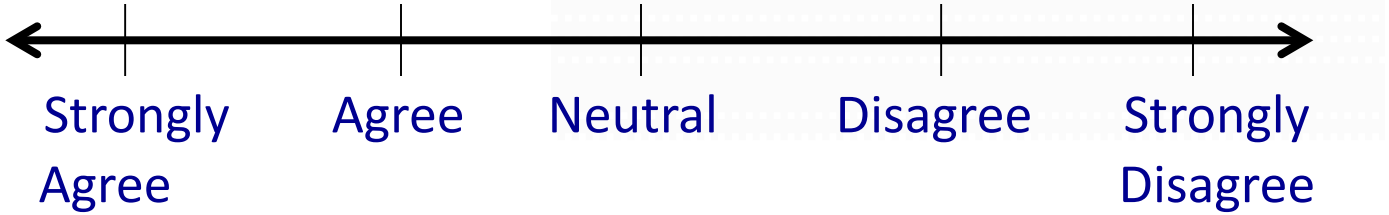
Objectives

1. Provide background on the next accreditation system (NAS) and its impact on programs.
2. Define collaboration and its role in driving innovation.
3. Identify opportunities for program coordinators to collaborate and drive innovation in their programs to meet the requirements of NAS.
4. Share examples of innovative practices for program coordinators to take back to their programs.

NAS Self Assessment

STATEMENT: I am knowledgeable when it comes to NAS and its many components.



Brief History of ACGME

- 1981 – ACGME established, GME was facing two stresses:
  - –variability in the quality of resident education
  - –emerging formalization of subspecialty education
- 1999 – ACGME introduces the six domains of clinical competency
- 2009 – ACGME begins multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies
- July 2013 – ACGME implements phase-one of the Next Accreditation System (NAS)
  - –Emergency Medicine, Internal Medicine, Neurologic Surgery, Orthopedic Surgery, Pediatrics, Diagnostic Radiology and Urology
- July 2014– ACGME implements phase-two of the Next Accreditation System (NAS)
  - –All other core specialties and all sub-specialities

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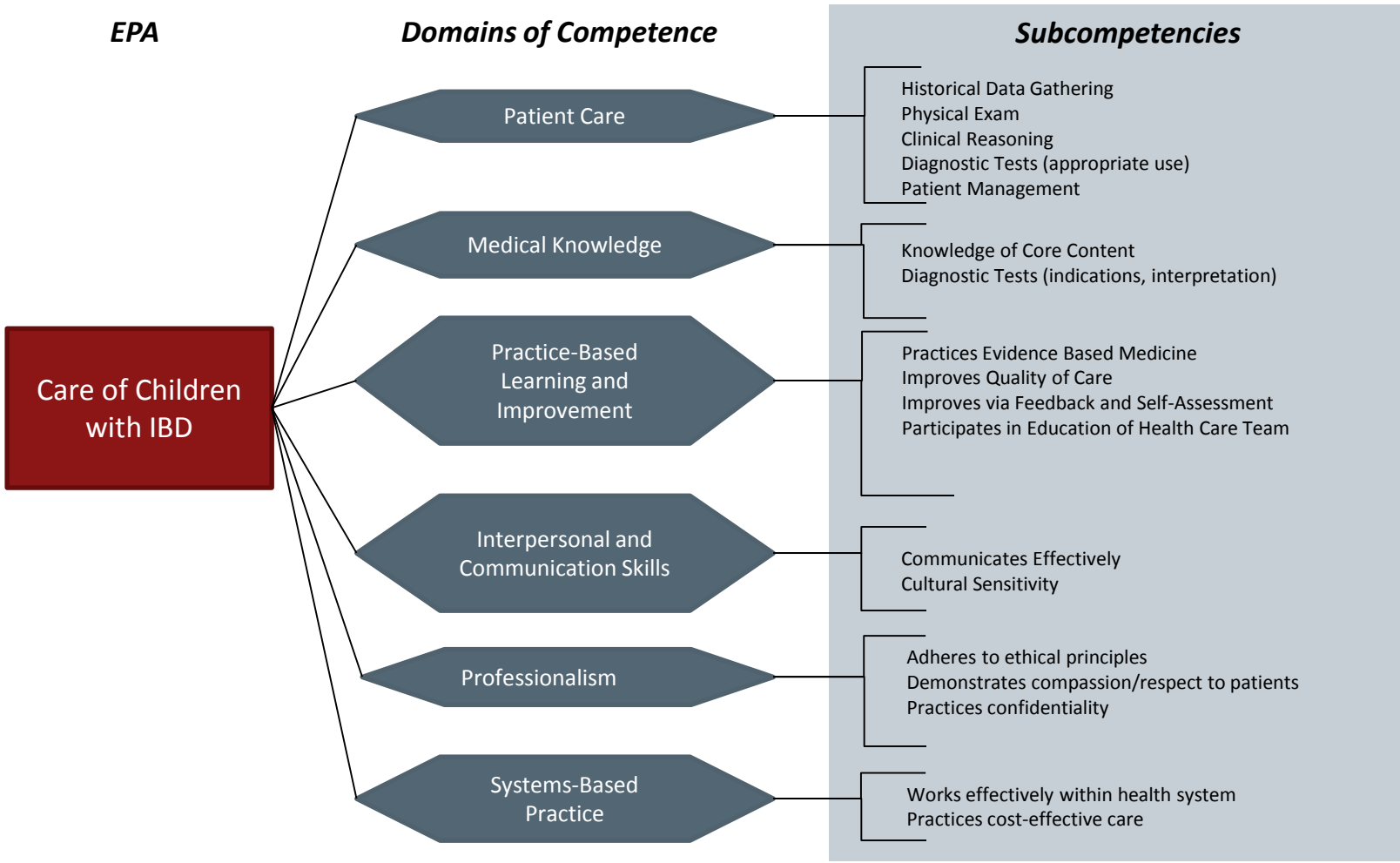
Nasca TJ, Philibert I, Brigham T, Flynn TC. The Next GME Accreditation System — Rationale and Benefits. N Engl J Med. 2012 Mar 15;366(11):1051-6.

ACGME Aims for NAS

- To enhance the ability of the peer-review system to prepare physicians for practice in the 21st century
- To accelerate the ACGME's movement toward accreditation on the basis of **educational outcomes**
- To reduce the burden associated with the current structure and process-based approach

Nasca TJ, Philibert I, Brigham T, Flynn TC. The Next GME Accreditation System — Rationale and Benefits. N Engl J Med. 2012 Mar 15;366(11):1051-6.

Example



Adapted: Sauer C, Weinstein T, Leichtner A, Narkewicz M. "What is an Entrustable Professional Activity (EPA)?" Presented at NASPGHAN 2012 Meeting, Salt Lake City, UT

What is a Milestone?

"The Milestones provide the narrative descriptions of behaviors that represent the developmental progression of performance along a continuum from student to expert practitioner and should be used to guide learner assessment and ultimately entrustment decisions."

Carol Carraccio, MD, MA
Chair, Pediatric Milestones Working Group

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What is a Milestone?

"This concept, *graded and progressive responsibility*, is one of the core tenets of American graduate medical education."

ACGME Common Program Requirements

What is a CCC?

Clinical Competency Committee

- The CCC will…
  - ✓ Understand the milestones and EPAs & their use
  - ✓ Teach the faculty how to evaluate residents under new system
- A clinical version of the Scholarship Oversight Committee (SOC)

What is a PEC?

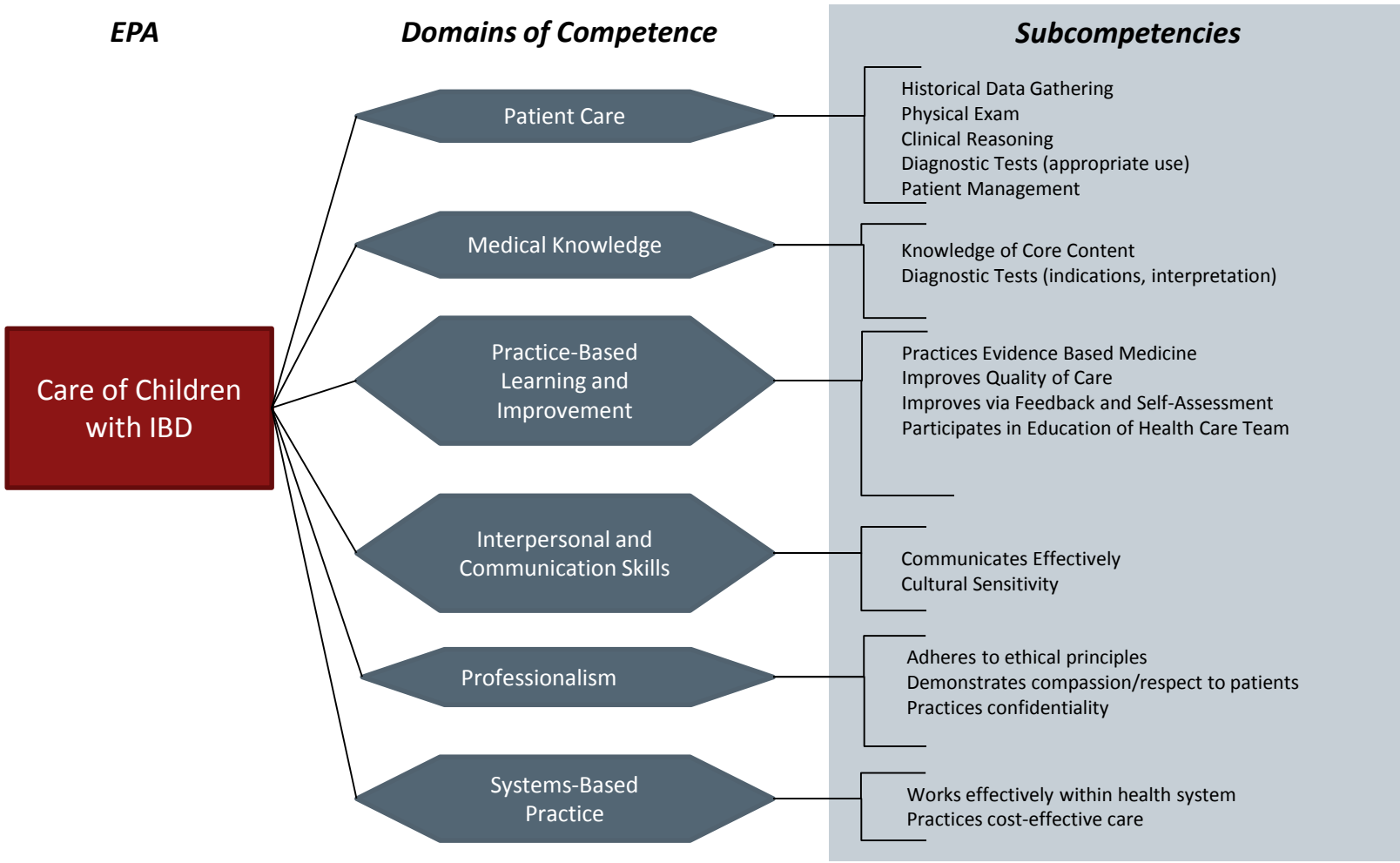
Program Evaluation Committee

- The PEC will…
  - ✓Plan, develop, implement, and evaluate program's educational activities
  - ✓Review and make recommendations for revision of competency-based curriculum goals and objectives
  - ✓Address areas of non-compliance with ACGME standards
  - ✓Review the program annually using evaluation of faculty, residents, and others

Annual Updates

- The program director must prepare and submit all information required and requested by the ACGME:
  - This includes but is not limited to… annual program updates to the ADS. [PD must] ensure that the information submitted is accurate and complete.

Example



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EPAs

- Entrustable Professional Activities
- The 20-30 routine professional activities that one engages in to provide care to patients
  - Observable and measurable units of work
  - Integration of competencies
  - Specific to each specialty/subspecialty

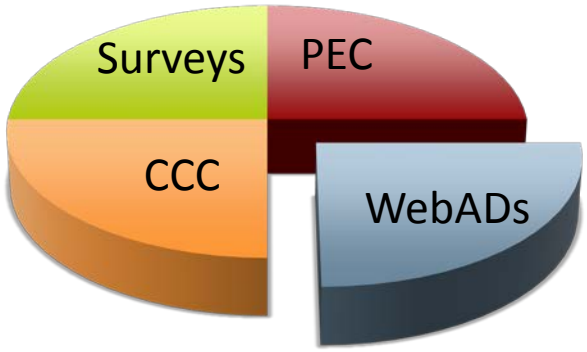
EPAs

"We should only fully trust colleagues or trainees to carry out a critical activity once they have attained all the competencies that are needed to adequately complete this activity."

Olle ten Cate, PhD, and Fedde Scheele, PhD. Viewpoint: Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? Academic Medicine. 2007: 82(6).

Putting It All Together

- The CCC makes milestone decisions and reports to ACGME semi-annually
- The PEC suggests and monitors program improvements annually.
- Program data is collected through WebADS updates and ACGME surveys



Self Study

"Underlying the self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations"

- ACGME, "Eight Steps for Conducting the ACGME Program Self-Study"

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Self Study

To offer context for the self-study, there are two new concepts:

1. an exploration of program aims; and
2. an assessment of the program's institutional, local and, as applicable, regional environment.

- ACGME, "Eight Steps for Conducting the ACGME Program Self-Study"

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CLER

- Clinical Learning Environment Review
- “The CLER program is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited institutions with periodic feedback that addresses the following six focus areas: patient safety; health care quality; care transitions; supervision; duty hours and fatigue management and mitigation; and professionalism.”

- ACGME, “Clinical Learning Environment Review (CLER) Program”

Program Innovation Discussion

1. Milestones
2. Clinical Competency Committee (CCC)
3. Program Evaluation Committee (PEC)/Annual Program Evaluation (APE)

NAS Barriers/Challenges - Milestones

- Faculty development/education on the milestones and levels
- Scheduling faculty development sessions – timing
- Faculty not paying attention to milestone scales
- Over-scoring, arbitrarily giving “5s”
- Faculty have different experiences
- Relevant evaluation tools that aren’t too “wordy
- Evaluation completion

NAS Best Practices/Innovations - Milestones

- Getting rid of levels and asking for **qualitative evaluations**
- **Simplified narratives** for milestone levels
- **Targeted evaluations** based on specific milestones, e.g., 360 evaluations
- **Faculty development** on the milestones
- **Reassess** milestone-based assessment **tools annually**
- Incomplete Evaluations – **Leverage** your PD and Division/Department Chair
  - **Bonuses and other incentives** tied to evaluation completion
- Work with **other PCs and Administrators to help** with getting evaluations completed by outside faculty

NAS Barriers/Challenges – Clinical Competency Committee

- Scheduling
- Uncertainty of CCC members/roles
- Excessive form requests/evaluation fatigue
- Evaluations coming from many sources, difficult obtaining and/or collating
  - Medical students, residents, fellows, faculty, 360, etc.
- Not getting enough feedback on trainees, specifically to guide milestones

NAS Best Practices/Innovations - Clinical Competency Committee

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- Schedule and prepare well **in advance**
- **Trainee self-report** for CCC (patient panel, QI/QA project, procedures, etc.)
- **Self-assessments** on the milestones, faculty and trainees
- Having **each member assigned** to a trainee/mentee, class, subject matter, etc.
- Making sure members have **documentation prior to meeting for pre-review**
- Leverage your Residency Management System (RMS) to **anchor milestones** to evaluations to allow for easier reporting and input into WebADS
- Learn how to setup **pivot tables** and **conditional formatting** in excel

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Mapping Milestones

Milestone	Description	Inpatient A	Inpatient B	Outpatient/ Consult													
										X					X	X

C. Rotandi

Milestone Based-Assessments

ICS1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

Not yet Assessable					
	Uses st… intervie… all ques… approa… unique… socioec… needs; … uncomf… questio…				
Comm…	Uses stan… medical interview template.				
	uncomfortable asking personal questions.	but cannot manage barriers to communication.	scenarios. Is able to mitigate barriers.	**approach to the individual. Handles majority of difficult situations.**	and families. Intuitively handles difficult situations.

ICS1. How well does the resident communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds? Consider:

- Use of non-judgmental language and body language to develop trust and respect
- How well the resident addresses any physical, cultural, psychological and social barriers to communication
- How well the resident addresses the patient/families' primary concern
- How well the resident manages difficult conversations

26. Comm…
range of s…

Milestones - Subcompetencies

Subcompetencies | EPAs | Milestone Elements | Milestones Summary | Progress Reports | Milestone Settings

Pediatric Hem/Onc Subcompetencies

Competency:	ID:	Subcompetency:	Status:	Linked EPAs:	Linked Elements:	Tagged Questions:	Actions:
Patient Care	PC-1	Provide transfer of care that ensures seamless transitions	Active		1	6	Modify
	PC-2	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment	Active		1	11	Modify
	PC-3	Develop and carry out management plans	Active	0	1	7	Modify
	PC-4	Provide appropriate role modeling	Active	0	1	7	Modify
	PC8	procedures (ASPHO)	Active	0	1	7	Modify
	PC13	supervision (ASPHO)	Active	0	1	6	Modify
Medical Knowledge	MK-1	Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems	Active	0	3	10	Modify
Systems-based Practice	SBP-1	Work effectively in various health care delivery settings and systems relevant to their clinical specialty	Active	0	1	5	Modify
	SBP-2	Coordinate patient care within the health care system relevant to their clinical specialty	Active	0	1	7	Modify
	SBP-3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate	Active	0	1	4	Modify
	SBP-4	Work in inter-professional teams to enhance patient safety and improve patient care quality	Active	0	1	4	Modify
	SBP-5	Participate in identifying system errors and implementing potential systems solutions	Active	0	1	4	Modify
Practice-based Learning and Improvement	PBLI-1	Identify strengths,deficiencies,and limits in one's knowledge and expertise	Active	0	1	10	Modify
	PBLI-2	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	Active	0	1	4	Modify
	PBLI-3	Use information technology to optimize learning and care delivery	Active	0	1	11	Modify
	PBLI-4	Participate in the education of patients, families, students, residents, and other health professionals	Active	0	1	13	Modify
Professionalism	P1	humanism (ASPHO)	Active	0	1	10	Modify
	PPD2	coping mechanism (ASPHO)	Active	0	1	5	Modify
	PROF-1	Professional Conduct : High standards of ethical behavior which includes maintaining appropriate professional boundaries	Active	0	4	17	Modify
	PROF-2	Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	Active		1	5	Modify
	PROF-3	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients	Active	0	1	9	Modify
	PROF-4	The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty	Active	0	1	5	Modify
Interpersonal Communication Skills (ICS)	ICS-1	Communicate effectively with physicians, other health professionals, and health-related agencies	Active	0	1	17	Modify
	ICS-2	Work effectively as a member or leader of a health care team or other professional group	Active	0	1	8	Modify
	ICS-3	Act in a consultative role to other physicians and health professionals	Active	0	1	7	Modify
	ICS1	patients and families (ASPHO)	Active	0	1	11	Modify

Subcompetency Achievements (0 / 26)

Competency:		Subcompetency:	LAST 6 MONTH STATISTICS Average:	Range:	# Questions:
Patient Care	PC-1	Provide transfer of care that ensures seamless transitions	2.8	2.5 - 3.5	
	PC-2	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment	3.0	2.5 - 4.0	2
	PC-3	Develop and carry out management plans	3.0	2.0 - 4.0	11
	PC-4	Provide appropriate role modeling	3.2	1.5 - 4.5	16
	PC8	procedures (ASPHO)	3.2	2.5 - 4.0	14
	PC13	supervision (ASPHO)	3.1	2.0 - 4.5	19
Medical Knowledge	MK-1	Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems	3.0	2.0 - 4.0	12
Systems-based Practice	SBP-1	Work effectively in various health care delivery settings and systems relevant to their clinical specialty	3.5	3.0 - 4.0	4
	SBP-2	Coordinate patient care within the health care system relevant to their clinical specialty	3.6	3.0 - 4.5	4
	SBP-3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate	3.0	2.5 - 4.0	3
	SBP-4	Work in inter-professional teams to enhance patient safety and improve patient care quality	2.9	2.5 - 3.0	4
	SBP-5	Participate in identifying system errors and implementing potential systems solutions	3.4	3.0 - 4.0	4
Practice-based Learning and Improvement	PBLI-1	Identify strengths,deficiencies,and limits in one's knowledge and expertise	3.3	2.5 - 4.0	8
	PBLI-2	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	2.5	2.0 - 3.0	2
	PBLI-3	Use information technology to optimize learning and care delivery	3.1	2.5 - 4.0	18
	PBLI-4	Participate in the education of patients, families, students, residents, and other health professionals	3.5	1.5 - 5.0	22
Professionalism	P1	humanism (ASPHO)	3.7	2.5 - 5.0	28
	PPD2	coping mechanism (ASPHO)	3.3	2.5 - 5.0	18
	PROF-1	Professional Conduct : High standards of ethical behavior which includes maintaining appropriate professional boundaries	3.5	2.0 - 5.0	38
	PROF-2	Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	3.1	2.5 - 4.0	8
	PROF-3	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients	3.3	1.5 - 5.0	24
	PROF-4	The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty	3.4	2.5 - 4.0	8
Interpersonal Communication Skills (ICS)	ICS-1	Communicate effectively with physicians, other health professionals, and health-related agencies	3.4	2.5 - 4.5	
	ICS-2	Work effectively as a member or leader of a health care team or other professional group	3.2	2.0 - 4.5	20
	ICS-3	Act in a consultative role to other physicians and health professionals	2.8	2.0 - 3.5	14
	ICS1	patients and families (ASPHO)	3.4	2.5 - 5.0	25


Start of Year – Setup Assessment Collection System
Distribute & Track Completion of Assessments
Aggregate & Distribute Evaluation Data to CCC Members
CCC Meeting & ACGME Milestone Reporting
Semi-Annual Review (SAR) Meetings
Distribute & Track Completion of Assessments
Aggregate & Distribute Evaluation Data to CCC Members
CCC Meeting & ACGME Milestone Reporting
Semi-Annual Review (SAR) Meetings
End of Year - Assess Effectiveness of Assessments
Annual life-cycle of a program's assessment process which feeds data to the CCC

NAS Barriers/Challenges – Program Evaluation Committee/Annual Program Evaluation

- Scheduling the meeting
- Program doesn't admit weakness
- Keeping the meeting on task
- Trainee needs better medium/venue for discussion
- Annual APE loses focus
- Conversations go off-topic about the system and not about the program

NAS Best Practices – Program Evaluation Committee/Annual Program Evaluation

- Have a **presentation** that covers all of the required sections of the APE
  - resident performance
  - faculty development
  - graduate performance
  - program quality
  - update on previous year's action plan
- Prepopulate **action plan** for PEC review
- Review SWOT and program aims at APE
- Consider aligning APE meeting with an already standing faculty meeting, and have them approve the minutes at the end


The
Marshmallow
Challenge

Marshmallow Challenge

The challenge is simple:

In 15 minutes, build the tallest free-standing structure out of 20 sticks of spaghetti, 3 feet of tape, 3 feet of string, and one marshmallow. The marshmallow must be on top.

Marshmallow Challenge Pictures

Marshmallow Challenge: Structure Measurements

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ACGME Meeting (March 2017)

12 tables – only 4 structures standing

31.25”

25.25”

23.5”

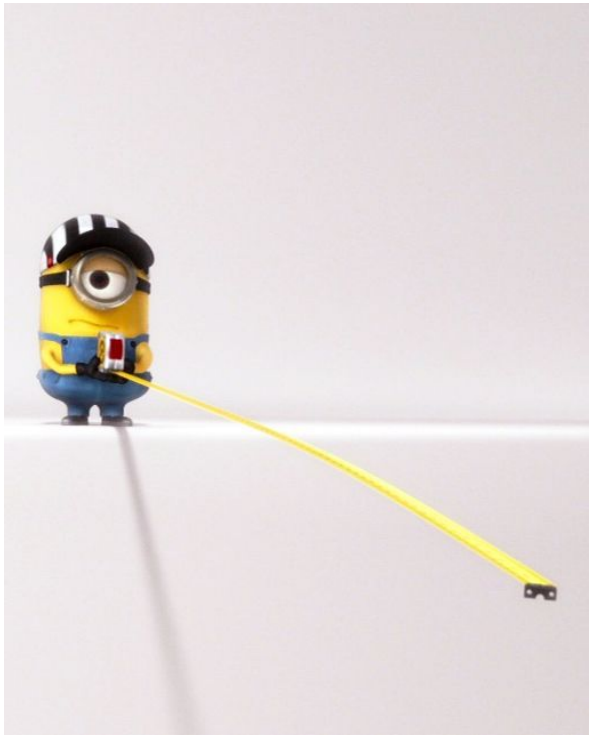
22.25”

APDCRS Meeting (April 2017)

6 tables – only 2 structures standing

31.5”

26”



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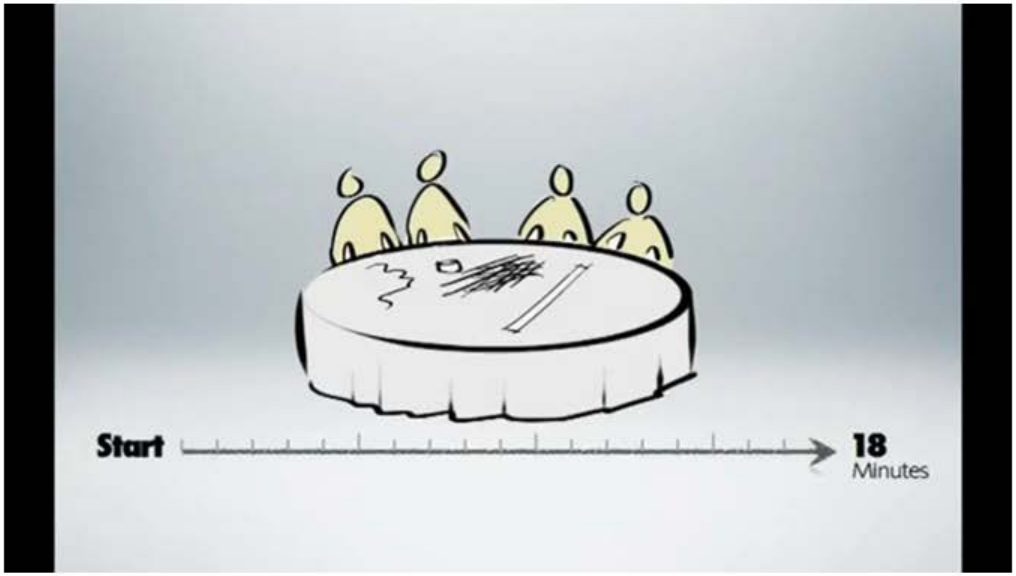
Marshmallow Challenge: Lessons Learned

- Use your resources wisely
- Teamwork is critical
- Utilized teammate's expertise/skills
- Designated/assigned roles
- Need a stronger base/foundation
- No "chiefs"
- Trying different things/approaches leads to success
- Enjoyed each other's company
  - All shared in the idea process
- Created a strong foundation, it is critical
- Enhanced team communication, got the team talking and sharing ideas

Marshmallow Challenge: Insights



Source: Wujec, T. (2010, February). Build a tower, build a team. [Video File]. Retrieved from https://www.ted.com/talks/tom_wujec_build_a_tower?language=en

Marshmallow Challenge: Lessons Learned

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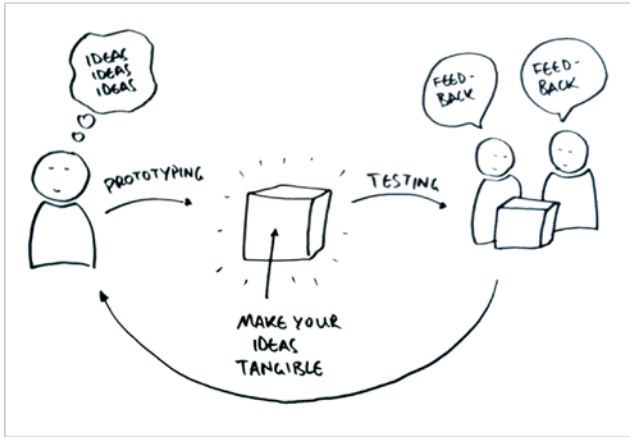
Teams must be learning-driven

- Teams can be successful when you **don't have individuals jockeying for power**
- **Build prototypes**, get instant feedback
- **Experiment, evaluate, adjust, and repeat** until you achieve your outcomes



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Source: http://www.threestonesconsulting.com/lessons-learned-from-the-marshmallow-challenge/

Marshmallow Challenge: Lessons Learned

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Be aware of hidden assumptions in your work

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Source: http://www.threestonesconsulting.com/lessons-learned-from-the-marshmallow-challenge/

Marshmallow Challenge: Lessons Learned

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Teamwork and diverse skills matter

- **Diverse skills and perspectives** are what make teams more flexible and knowledgeable
- Think about **who is on your team** and pay attention to the **special skills** they can bring

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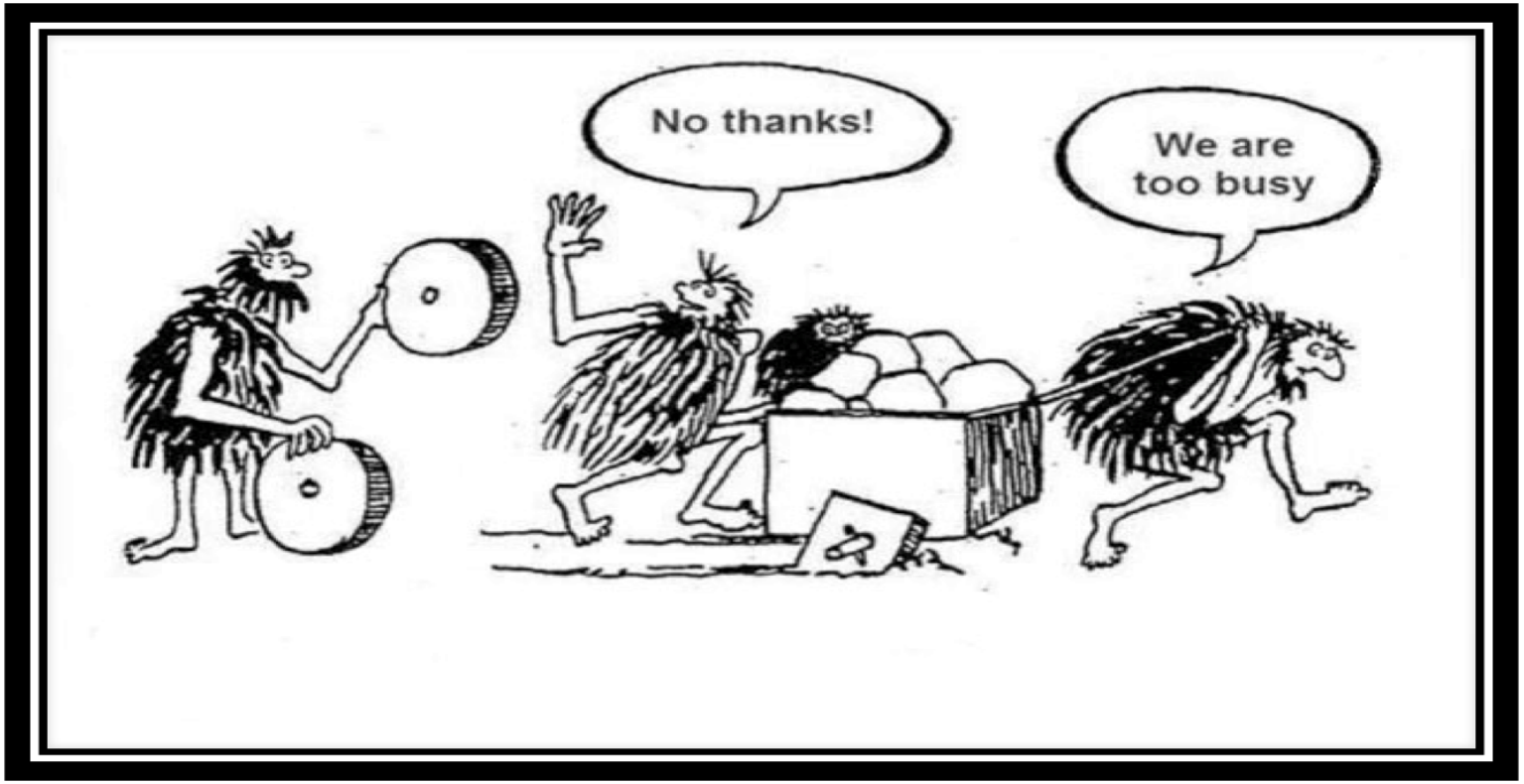
Source: http://www.threestonesconsulting.com/lessons-learned-from-the-marshmallow-challenge/

Program coordinators are the key to success!

Programs coordinators can drive **innovation** on their teams, and they typically possess **specialized skills/strengths needed**:

- Organizational skills
- Communication and interpersonal skills
- Project management skills
- Prioritization skills
- Thinking outside of the box, there are always challenges to overcome
- Ability to facilitate change!

Collaboration Can Lead To Innovation



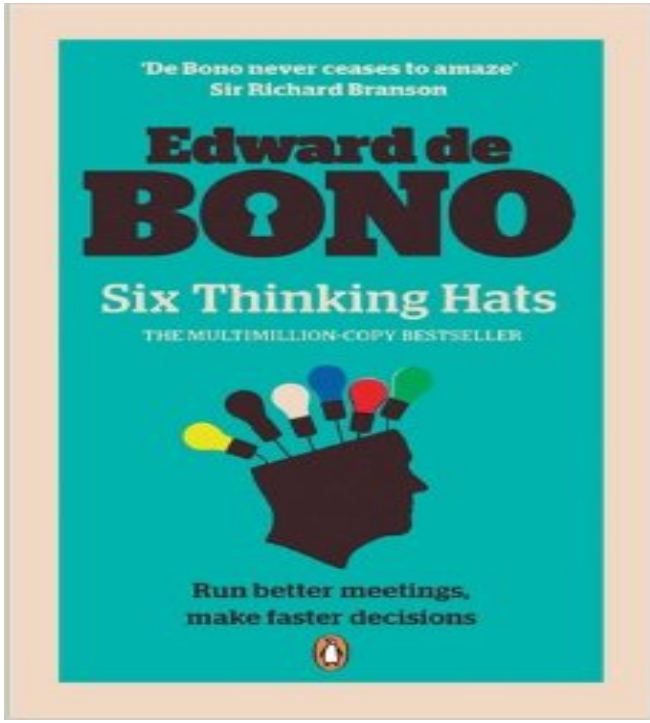
Where & How Can We Collaborate?

Work

- Clinical Competency Committee
- Program Evaluation Committee
- Self-Study Group

Life

- Family Vacation
- Neighborhood Block Party
- Volunteer Work



De Bono's Six Thinking Hats

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Blue Hat - PROCESS

Red Hat - FEELINGS

White Hat - FACTS

Yellow Hat - BENEFITS

Black Hat - CAUTION

Green Hat - CREATIVTY

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http://www.junglehr.com/free-resources/

De Bono's Six Thinking Hats

Parallel Thinking

- Everyone wears the same color hat at the same time
- Explore this particular thinking mode together
- Change hats & repeat

Benefits?

- Focus!
- One view at a time!
- Reduces confrontation
- Removes ego from decision making
- Value others' roles in the decision-making process

Green Hat of Creativity

- What can we create?
- How can this be improved?
- What are the possibilities?
- What are the alternatives?
- Can we find a new approach?
- Ideas do not have to be logical!

Think Outside of the Box!


example
local research
value
such great
business
poor
price
vary
general
success
increasing
widely
develop
goal
growth
out
product
reduced
organizations
political
market
brilliant
mode
effect
sources
oslo
area
innovation
type
city
process
economics
age
user
achieve
year
ancient
creativity
level
aids
better
firm
base
technology
industry
history
changes
include
use
quality
many
idea
curve
data
organizational
failure
programs
good
time
view
focus
services
companies
life
new
cost
through
method
causes
one
term
manual
vision
customer
society
several
lead
bright
free
inform
engineering
way
more
system
even

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- Despicable Me. Universal Studios Hollywood.

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THANK YOU!

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