Implementing The Next Accreditation System

John R. Potts, III, M.D.
Senior VP, Surgical Accreditation
ACGME

ACGME Webinar
24 January 2013
Disclosures

- Financial
  - LOL
- Fiduciary
  - Full-time employee of ACGME
- Recovering
  - DIO
  - PD
  - Surgeon
Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- Timeline

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Next Accreditation System

• Background & rationale
• Goals
• Structural overview
• Program Perspective
• Institutional perspective
• Timeline
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 accountable to the public
NAS Background

• Patients & payers expect doctors to be:
  • Health information technology literate
  • Able to use HIT to improve care
  • Sensitive to cost-effective care
  • Involve patients in their own care

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Public expects GME to produce doctors who:

- Possess these skills, and
- Requisite clinical and professional attributes
NAS Background

• ACGME established 1981

• Major issues faced:
  • Emergence of formal subspecialty training
  • Variability in quality of resident training
NAS Background

• ACGME response emphasized:
  • Program structure
  • Increase in quality & quantity of formal teaching
  • Balance between service and education
  • Resident evaluation & feedback
  • Financial & benefit support for trainees
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.
Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- Timeline

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Next Accreditation System: Goals

- Help produce physicians for 21\textsuperscript{st} century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation
Next Accreditation System: Goals

- Free good programs to innovate
- Assist poor programs to improve
- Realize the promise of “Outcomes”
- Provide public accountability for outcomes
- Reduce the burden of accreditation
Next Accreditation System

- Background & rationale
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The Current Accreditation System

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

Citations and Accreditation Decision

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

Citation and Accreditation Decision

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The Next Accreditation System

Promote Innovation

- Continuous Observations

Ensure Program
Fixes the Problem

Potential Problems

Diagnose the Problem
(if there is one)
Next Accreditation System

- Continuous accreditation model
- No cycle lengths
- Citations *will* be levied by RRCs
  - But, can be removed as early as next RRC mtg
Next Accreditation System

• Existing programs
  • Continued accreditation
  • Continued accreditation with warning
  • Probationary accreditation
  • Withdrawal of accreditation

• New programs
  • Initial accreditation
  • Initial accreditation with warning
  • Accreditation withheld
Next Accreditation System

- No PIF’s
- No site visits (as we know them)
- Focused site visits for “issues”
- Full “PIFless” site visit
- Self-study visits every ten years

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Next Accreditation System

- Standards revised every ten years
- Each standard categorized:
  - Outcome - All programs must adhere
  - Core - All programs must adhere
  - Detail - Good programs may innovate
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Continued Accreditation
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation
With Warning

Continued
Accreditation

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Probationary Accreditation

Continued Accreditation

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS

Outcomes
Core Process
Detail Process

Withdrawal of Accreditation

Accreditation with Warning
Probationary Accreditation
Continued Accreditation

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Application for New Program → Initial Accreditation → Continued Accreditation

STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Application for New Program

Outcomes
Core Process
Detail Process

Withhold Accreditation

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

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

<table>
<thead>
<tr>
<th>Process</th>
<th>Percentage</th>
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<tr>
<td>Application for New Program</td>
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</tr>
<tr>
<td>Accreditation with Warning</td>
<td>10-15%</td>
</tr>
<tr>
<td>Probationary Accreditation</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>75-80%</td>
</tr>
</tbody>
</table>

Withdrawal of Accreditation: <1%
Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- Timeline

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Some Data Reviewed by RRC

Most already in place

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
    - Scholarly Activity – Faculty and residents
    - Omission of data
- Board Pass Rate – 3-5 year rolling averages
- Resident Survey – Common and specialty elements
- Clinical Experience – Case logs or other
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
  - Faculty Survey
  - Ten year self-study

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Streamlined ADS Annual Update

- 33 questions removed
- 14 questions simplified
- Very few essay questions
- Self-reported board pass rate removed
- Faculty CVs removed
- 11 MCQ or Y/N questions added
# Current PIF Faculty CV

**Name:** John Smith  
**Present Position:** Department Chairman  
**School Name:** North Univ., Roots, CA  
**Degree Awarded:** MD  
**Year Completed:** 1993

<table>
<thead>
<tr>
<th>Specialty/FIELD</th>
<th>Certification Information</th>
<th>Current Licensure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>Certification: 2001 Original Certification Valid</td>
<td>CA 1/2014</td>
</tr>
</tbody>
</table>

**Academic Appointments** - List the past ten years, beginning with your current position:  
- **Start Date:** 7/2009  
- **End Date:** Present  
- **Position:** State Program  
- **Start Date:** 7/1999  
- **End Date:** Present  
- **Position:** State Program  
- **Start Date:** 3/2002  
- **End Date:** 6/2009  
- **Position:** State Program

**Concise Summary of Role in Program:**  
Fellowship-trained in female urology and urodynamics. Dr. Smith brings an expertise that is vital to resident training in urology. Along with Dr. James, he coordinates all resident research activities. He is an active participant in all urology conferences.

**Current Professional Activities/Committees:** Limit of 10  
- **2009-2013:** Chairman, Department of Urology, Medical Center  
- **2009:** Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology, City Hospital  
- **2009:** President, Urological Society  
- **2000-2003:** Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, City Hospital  
- **1999:** Member, Society for Urodynamics and Female Urology  
- **1999:** Member, American Urological Society  
- **1999:** Member, International Continence Society  
- **1999:** Member, Section of the American Urological Association  
- **1999:** Member, Section of the American Urological Association  
- **1998:** Member, American Urological Association

**Selected Bibliography** - Most representative Peer Reviewed Publications/Journal Articles from the last five years (limit of 10):  
- Names: Two popular treatment options for neurogenic bladder therapy 2009  


**Selected Review Articles, Chapters and/or Textbooks from the last 5 years:** Limit of 10:  
- The Accidental Sisterhood: Take control of your bladder and your life. Names. Pelvic Floor Health, City, State, 2006  

**Participation in Local, Regional, and National Activities/Presentations/Abstracts/Grants from the last 5 years:** Limit of 10:  
- Incontinence in Women: An objective look at the options. Course faculty member AUA Annual Meeting, San Francisco, CA 2010  
- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neurogenic bladder with incontinence. Urological Annual meeting 2010 (presented by Katherine Hubert)  
- Overactive bladder and Interstitial Therapy, Advamed-Advanced Medical Technology Association, Washington, DC 2008  
- Stress Urinary Incontinence and Prolapese, Case presentations and complications Urology Society Annual meeting 2007  
- Acute urinary retention status post transurethral sling, Names. Urology Society Annual meeting 2007  
- February 22, 2007 (Post) Southeastern Section of the AUA, March 8-11, 2007 (Post)  
- Abdominal Sacral Colpopexy with Soft Polypropylene Mesh is Safe and Effective at Three-Year Follow-Up. Names. SUMMA Postgraduate Day, 2006  
- The Correlation Between Valsalva Leak Point Pressure (VLPP) and MUCP in Determining Genuine Stress Urinary Incontinence and Intravesical Sphincter Efficiency. Names. Postgraduate Day, Locations, June 8, 2005 Section of the AUA, September 2005

If not ABMS board certified, explain equivalent qualifications for RC consideration.
# Scholarly Activity Template

## Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

<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</th>
<th>Teaching Formal Courses</th>
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</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
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<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters / Textbooks</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>Teaching / Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>June Smith</td>
<td>12433</td>
<td></td>
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<td>1</td>
<td>0</td>
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<td>Y</td>
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</tbody>
</table>

### Categories for points:

- Peer Review Publication
- Other Scholarly
- Grantsmanship
- Leadership / Peer Review
- Education
Faculty Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
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</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
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<td></td>
</tr>
</tbody>
</table>


Enter Pub Med ID #’s

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Faculty Scholarly Activity

Enter a number

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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

Enter a number

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## Faculty Scholarly Activity

<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>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
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<td>3</td>
</tr>
</tbody>
</table>

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

Enter a number

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## 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

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
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</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td>3</td>
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</tr>
</tbody>
</table>

### Grant Leadership

- **Y**: 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.
- **N**: 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.

**Enter a number**

**3**
Faculty Scholarly Activity

| Leadership or Peer-Review Role | Y |

**Answer:** Yes or No

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.

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Faculty Scholarly Activity

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

Teaching Formal Courses

N
# Scholarly Activity as Performance Indicator

## Templates for Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Scholarly Activity as Performance Indicator</th>
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<tbody>
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<td><strong>Faculty Member</strong></td>
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<td>John Smith</td>
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<th>Scholarly Activity as Performance Indicator</th>
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<td><strong>PMID</strong> 1</td>
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<tr>
<td>June Smith</td>
<td>12433</td>
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</table>

## Categories for points:
- Peer Review Publication
- Other Scholarship
- Grantsmanship
- Leadership / Peer Review
- Education
Scholarly Activity Template

• For each core faculty member enter:
  – x Pub Med ID’s
  – Four numbers
  – Answer two Y/N questions

• For each resident with scholarly activity enter:
  – x Pub Med ID’s
  – Two numbers
  – Answer two Y/N question
## NAS: Program Activities

<table>
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<th>Year 1</th>
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<tbody>
<tr>
<td>Jul</td>
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## NAS: Program Activities

### Year 1

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### Case Logs

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## NAS: Program Activities

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</tbody>
</table>
# NAS: Program Activities

| Faculty Survey | Year 1 | | | | | | | | | | |
|----------------|--------|---|---|---|---|---|---|---|---|---|---|---|
| Resident Survey | | | | | | | | | | Yr 1 | | |
| ADS Update | | | | | | | | | Yr 1 | | |
| Case Logs | | | | | | | | | | Yr 0 | Yr 1 | |

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## NAS: Program Activities

<table>
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<tr>
<th>Milestones</th>
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</tbody>
</table>

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Milestones

- Via Ignatia
- Key West, FL
- Yorkshire Moors
- Portadon Ireland
- Milion of Constantinople
- Boston, MA
- County Cork
- Gemas Malaysia
- Apian Way

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Milestones

• Why?
• What?
• Who?
• When?
The Continuum of Clinical Professional Development

Supervision

Independence

Physical Diagnosis

Clerkship

Sub-internship

PGY-1 year

Residency

Fellowship

Attending

“Graded or Progressive Responsibility”

Low Authority and Decision Making → High

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The Continuum of Professional Development
The Three Roles of the Physician\(^1\)


Descriptively graphed by Nasca, T.J.
Professional Development in the 5 year Preparation of the Surgeon

- Systems-Based Practice, OR Team Skills
- Surgery Related Technical Skills
- Patient Care, Non-Procedural

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Miller’s\(^1\) Pyramid of Clinical Competence

1. Knows
   - MCQ, Oral Examinations
2. Shows How
   - Clinical Observation, Simulation, Standardized Patients, Mini CEX
3. Does
   - Clinical Observations, Multi-Source Feedback, Teamwork Evaluation, Operative (Procedural) Skill Evaluation, Mini CEX
4. Knows How
   - MCQ, Oral Examinations, Standardized Patients

\(^1\)Miller, GE. Assessment of Clinical Skills/Competence/Performance. Academic Medicine (Supplement) 1990. 65. (S63-S67)

van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. Medical Education 2005; 39: 309–317
Move from Numbers to Narratives

- Numerical systems produce range restriction
- Narratives:
  - easily discerned by faculty
  - shown to produce data without range restriction\(^1\)

\(^1\) Hodges and others

The illustration above shows:

A. A prolate spheroid which is 725 mm in long circumference and 550 mm in transverse circumference. It is similar to a rugby ball but slightly smaller, more rounded at the ends and more elongated. Red balls are used for day matches and yellow for night matches.
The illustration above shows:

B. This has the form of a prolate spheroid, 11 inches long axis; 28 inches long circumference; 21 inches short circumference. It is less rounded at the ends than a rugby ball and has a pebble grained leather case of natural tan color.
The illustration above shows:

C. A prolate spheroid ball which is 28 cm long, 60 cm in circumference at its widest point and 76 cm in circumference end to end.
The illustration above shows:

D. A spherical ball with a circumference of 68-70 cm, which may be white, consisting of 32 panels of leather or plastic including 12 panels that are regular pentagons and 20 panels that are hexagons.
The illustration above shows:

E. A white ball which is of 25 cm diameter. The pattern of panels consists of six groups perpendicular to each other, each group being composed of two trapezoidal and one rectangular panel; 18 panels in all.
Milestones

- Why?
- What?
- Who?
- When?
Milestones

- Organized under six domains of clinical competency
- Observable steps on continuum of increasing ability
- Describe trajectory from neophyte to practitioner
- Intuitively known by experienced specialty educators
- Provide framework & language to describe progress
- Articulate shared understanding of expectations
- Set aspirational goals of excellence
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 unidentified individuals’ trajectories
- ABMS Board *may* track the identified individual
ACGME Goals for Milestones

- Specialty specific normative data
- Common expectations for individual resident progress
- Development of specialty specific evaluation tools
The “Envelope of Expectations”

Professionalism

Performance Ability

1 2 3 4 5

This resident does not respond collegially and promptly to requests for consultation nor promptly notify supervisors of the request. The resident does not make his role clear to the patient.

This resident responds collegially and promptly to a request for consultation and promptly notifies supervisors of the request. The resident makes his/her role clear to the patient.

This resident, when consulted, acknowledges the request with the referring team and notifies the senior resident and attending surgeon promptly of the results of the consultation.

This resident, when consulted, communicates an initial diagnosis and plan to the referring team and notifies the attending surgeon promptly of the results of the consultation.

This resident provides prompt and definitive consultation and assures complete communication with the referring team, patient's family, and other involved persons.
Milestones

- Why?
- What?
- Who?
- When?
Creation of Milestones

ABMS  RRC  PD Group  Residents  Academy

Milestones

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Key Elements of Quality Evaluation of Miller’s “Does”

- Trained observers
  - Common understanding of the expectations
  - Sensitive “eye” to key elements
  - Consistent evaluation of levels of performance
- Requires certain number of observations
- Interpreter/Synthesizer Experts
  - Clinical Competency Committee (Resident Evaluation Committee)
Clinical Competence Committee

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

Assessment of Milestones

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### Professionalism Milestones

<table>
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<th>Level</th>
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## Professionalism Milestones

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Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team.
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Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.
## Professionalism Milestones

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- Resident seeks out opportunities to demonstrate compassion and empathy in the care of all patients; and demonstrates respect and is sensitive to the needs and concerns of all patients, family members, and members of the health care team.
Milestones

- Why?
- What?
- Who?
- When?
Milestones: When?

Publication:
- Phase 1 Programs: Jan 2013
- Phase 2 Programs: Dec 2013

Implementation:
- Phase 1 Programs: AY 2013
- Phase 2 Programs: AY 2014
Program Citations

- *Will* be levied by RRC
- *Could* be removed as early as next meeting
  - New program annual data
  - Progress report
  - Site visit (focused or full)
Ten Year Self-Study Visit

- *Not* fully developed
- Will be implemented ≥ 2014
- Examine annual program reviews (PR-V.C.)
  - Response to citations
  - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *May* verify compliance with Core Reqs
Annual Program Evaluation

V.C. Program Evaluation and Improvement

V.C.1. The program must document formal, systematic evaluation of the curriculum at least annually. (Core)

The program must monitor and track each of the following areas:

V.C.1.a) resident performance; (Core)
V.C.1.b) faculty development; (Core)
V.C.1.c) graduate performance, including performance of program graduates on the certification examination; and, (Core)
V.C.1.d) program quality. (Core)
Annual Program Evaluation

V.C.1.d) program quality. (Core)

V.C.1.d). (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and (Detail)

V.C.1.d). (2) The program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program. (Detail)

V.C.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. (Core)

V.C.2.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)
Ten Year Self-Study Visit

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

Self-Study

APE

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OTHER PROGRAM ISSUES?

• Core and subspecialty programs together
• Independent subspecialty programs subject to:
  • Program Requirements and program review
  • Institutional Requirements and institutional review
  • CLER visits
• No new independent sub. programs after 7/2013
• Programs notified of status at least annually
Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- Timeline
Institutional Perspective

- New Institutional Requirements
  - Categorized as Outcome, Core and Detail
- Institutional self-study visit
- Routine “Infernal Reviews” no longer required
- New GMEC roles
  - Annual institutional review
  - Oversight of annual program evaluation
  - Special reviews of underperforming programs
CLER Visits

Clinical Learning Environment Review

- JGME 2012; 4:396-8
- ACGME Webinar 12/13/2012
CLER Visits: Six Areas of Focus

- Patient Safety
- Quality Improvement
- Transitions in Care
- Supervision
- DH Oversight / Fatigue Management
- Professionalism
CLER Visits: Context

- Resources
- Faculty
- Residents
- Measures
- Improvement
CLER Visits: Structure

- NOT yet fully established
- But will include:
  - Meetings:
    - C suite
    - Quality / Safety Officers
    - Program Directors
    - Faculty
    - Residents
  - “Walk Arounds”
# CLER Visits: Report Content

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<thead>
<tr>
<th></th>
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CLER Program

- Five pilot visits
- Beta testing began September 2012
- Institutions to be visited q 18 months
- Giving formative feedback
- Aggregate data to inform standards
Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- Timeline

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NAS Timeline

Phase I specialties

- Diagnostic Radiology
- Emergency Medicine
- Internal Medicine
- Neurological Surgery
- Orthopaedic surgery
- Pediatrics
- Urology
- Subspecialties of all above
NAS Timeline: Phase 1 Specialties

- **Spring 2012:**
  - Most programs with > 2 year cycles moved to NAS
- **July 2012 – June 2013**
  - Phase 1 programs report annual data
- **January 2013**
  - Milestones published for Phase 1 core specialties
- **Spring 2013**
  - Identify and train CCCs
- **July 2013:** Go live

http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf
NAS Timeline: Phase 2 Specialties

- **December 2013**
  - Milestones published for Phase 2 specialties
- **Spring 2013:**
  - Most programs with > 2 year cycles moved to NAS
- **July 1, 2013 – June 30, 2014**
  - Programs report annual data
- **Spring 2014**
  - Identify and train CCCs
- **July 2014: Go live**

http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf
Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- Timeline

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Next Accreditation System: Goals

- Accredit programs based on outcomes
- Free good programs to innovate
- Provide public accountability for outcomes
- Produce physicians for 21st century
- Reduce the burden of accreditation

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Future Educational Sessions

• ACGME Annual Educational Conference
  • Orlando February 28 – March 3, 2012
    • Milestones
    • NAS
    • Specialty sessions
    • Town hall meetings

• Future ACGME webinars
  • Milestones
  • Self-study
  • Phase 1 specialties
This will be available within three weeks on the NAS microsite: http://www.acgme-nas.org/index.html under “ACGME Webinars”.