Accreditation Council for Graduate Medical Education

Implementing the Next Accreditation System for Neurological Surgery Programs

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ACGME Webinar
May 22, 2013

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Topics

- RRC Update
  - New Program Requirements
  - Case Logs
- Next Accreditation System Basics
  - Overview
  - Timeline
  - Annual Data Reviews
- Neurological Surgery Milestones

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RRC Update

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Program Requirement Revision

- Length must be 84 months
- Provide 54 months clinical neurological surgery education (min. 21 months at primary institution) to include:
  - 6 months general patient care education
  - First 18 months to include min. 3 months clinical neuroscience education and 3 months critical care education applicable to the neurosurgical patient
  - Minimum 42 months operative neurological surgery
  - 12 months as chief resident
- Remaining months used for elective clinical education and/or research (up to 30 months)

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Program Requirement Revision

- Resident experiences must include:
  - Management and surgical care of adult and pediatric patients
  - Outpatient evaluation for elective surgery
  - Continuity of care (pre/post/surgical care)
  - Clinical experience in neuroradiology including endovascular surgical neuroradiology and neuropathology specifically for NS patients
- ABNS written exam: 85% taking it for the first time for credit during the past 7 years must pass
- ABNS oral exam: 80% taking it for the first time during the past 7 years must pass

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Frequently Asked Questions

- What is expected of programs with regard to the requirement for structured education in general patient care?

The required six months of structured education in general patient care needs to ensure that residents have the experiences that enable them to demonstrate outcomes as required in Program Requirements IV.A.6.a).(1)-(5). The clinical and didactic activities the program provides are not specified so as to give each program the flexibility to take maximal advantage of available resources (patients, faculty, services, etc.). While not worded so as to require the six months of structured education in general patient care during the PG1 year, it is highly unlikely that a program would not ensure that every resident demonstrate these fundamental skills by the end of the PGY-1.

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Frequently Asked Questions

- What types of rotations will fulfill the requirement for 3 months of basic clinical neuroscience?

There are a variety of rotations that will fulfill this requirement, including rotations in neurology, additional rotations in critical care beyond the required three months of critical care, or rotations in related specialties, such as neuropathology, medical neurooncology, neurorehabilitation, neuro-ophthalmology, or neuroradiology. Programs may choose to utilize a combination of rotations in these various specialties, including composite rotations (e.g., concurrent rotations in neuropathology and neuro-ophthalmology); however, each rotation must be at least one month in duration. The intent of the requirement is to provide programs with maximal flexibility to take advantage of institutional assets to best educate residents in this area.

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Frequently Asked Questions

- Does either the required 3 months of clinical neuroscience education of the required 3 months of critical care fulfill part of the requirement for 6 months of general patient care during the first 18 months of education?

Neither the required 3 months of clinical neuroscience education nor the required 3 months of critical care may be counted toward fulfilling the requirement for 6 months of general patient care.

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Frequently Asked Questions

- What are the RRC's expectations for electives?

There are no specific expectations for the type of electives residents should have, but all permanent electives must receive prior approval by both the Review Committee and the ABNS. For example, a program may propose an international elective, a transition-to-practice elective, or a research elective, which will be offered as a regular component of the program. Please contact the executive director for additional information. Contact information is available on the Review Committee web page on the ACGME website.

Alternatively, a program may create a one-time elective to meet the needs of one or more specific residents. For example, a program may direct a resident to have an additional outpatient elective or specific rotation(s) to gain more experience in particular surgical procedures. Such electives must receive prior approval by the ABNS. Programs must inform the Review Committee, but Review Committee approval is not required.

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Frequently Asked Questions

- What are the RRC's expectations regarding participation in the pre- and post-operative continuum of care?

Residents are expected to have significant experiences following the same patients through all phases of care to demonstrate competence in providing a continuum of care, including evaluation and diagnosis, making pre-operative decisions, participating in operative and other procedures, and post-operative care and counseling. While a minimum number of such patients has not been specified in the requirements, these abilities are included in the patient care milestones for all procedural areas. Programs should design their curricula and closely monitor each resident's developing abilities in order to ensure that he or she is a competent provider of continuity care for neurological surgery patients by the time he or she graduates.

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Frequently Asked Questions

- How will the pass rate on the ABNS certifying oral examination for program graduates be determined?

For each program, for the most recent seven years, the ABNS reports the number of graduates who took the oral exam and the number of residents who passed. Because there can be up to almost six years following graduation until a resident takes the oral exam, limiting the calculation to those residents would not provide meaningful data. Therefore, the Review Committee is not concerned with the date of graduation but rather with the number of graduates taking the exam who passed. Individual residents are not reported in the ABNS data.

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Frequently Asked Questions

- What are the RRC's expectations for 6-year programs transitioning to 7 year programs?

All residents entering a program on or after July 1, 2013 must complete an 84-month educational program. This includes residents transferring into the program from other programs. Program directors may choose to offer current residents the opportunity to complete the planned 84-month curriculum but may not require current residents to do so.

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Case Logs

- Defined case categories/minimum numbers
  - Case log system remapped to new case categories
  - Resident Operative Experience Report lists all cases to date by case category: USE THIS TO MONITOR PROGRESS
  - Effective date: July 1, 2013 (2013-2014 graduates)
- Resources
  - Institutional Case Report Form
  - Case Log System CPT Code Mapping

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New Case Categories: Adult Cranial

	CRANIAL	#
DC1	Craniotomy for brain tumors	60
DC2	Craniotomy for trauma	40
DC3a	Craniotomy for intracranial vascular lesion	40
DC3b	Endovascular surgery for tumors or vascular lesions	10
DC4	Craniotomy for pain	5
DC5	Transsphenoidal sellar/parasellar tumors (endoscopic and microsurgical)	15
DC6	Extracranial vascular procedures	5
DC7	Radiosurgery	10
DC8	Functional procedures	10
DC9	VP shunt	10
	SUBTOTAL	**205**

New Case Categories: Adult Spinal

	SPINAL	#
DC10	Anterior Cervical Approaches for Decompression/Stabilization	25
DC11	Posterior Cervical Approaches for Decompression/Stabilization	15
DC12	Lumbar discectomy	25
DC13	Thoracic/lumbar instrumentation fusion	20
DC14	Peripheral Nerve procedures	10
	SUBTOTAL	**95**

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New Case Categories: Pediatric and Adult/Pediatric

	PEDIATRIC	#
DC15	Craniotomy for brain tumor	5
DC16	Craniotomy for trauma (uses adult trauma codes)	10
DC17	Spinal Procedures	5
DC18	VP shunt	10
	Total Pediatric	**30**
DC19	Adult and Pediatric Epilepsy	10

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New Minor Categories: Critical Care

	PROCEDURE	#
DC20	ICP monitor placement	5
DC21	External ventricular drain	10
DC22	VP shunt tap/programming	10
DC23	Cervical spine traction	5
DC24	Stereotactic frame placement	5
DC25	CVP line placement	10
DC26	Airway management	10
DC27	Arterial line placement	10
DC28	Arteriography	25
	TOTAL	**90**

Logging Cases

What level of involvement in a case will count toward the minimum case number?

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Logging Cases: Participation Levels

- **Assistant Resident Surgeon**

Positioning; Sterile preparation; Monitoring devices; Microscope preparation; Participates in the initial ("opening") or final ("closing") portions of the procedure; Assists resident or staff surgeon(s)

- **Senior Resident Surgeon**

May include aspects of all of the above; Participates in the surgical procedure between opening and closing

- **Lead Resident Surgeon**

May include aspects of all of the above; Participates in the critical portion of the procedure;
LIMITED TO ONE LEAD RESIDENT PER PROCEDURE

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Logging Cases

- Must scrub in (w/gloves; w/ or w/o gown)
- Must indicate level when logging case
- Only one level/procedure for each resident involved in the procedure
- All procedures under direct supervision
- **Senior and Lead Resident Surgeon participation counted towards minimum numbers**
- Must demonstrate progressive responsibility by logging as assistant surgeon as appropriate

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Frequently Asked Questions

- What are the Review Committee's expectations for compliance with the minimum numbers for the defined case categories?

The RRC will begin reviewing the case log reports for all programs beginning with the 2012-2013 graduates. These reports will include completed cases for each of the new defined case categories. Feedback will be provided to all programs, but no citations will be given related to non-compliance with minimum numbers. The 2013-2014 and 2014-2015 program graduates are expected to demonstrate compliance with all minimum numbers, except for the critical care procedures (DC20-28) and endovascular (DC3b). Beginning with the 2015-2016 graduates, all program graduates are expected to demonstrate compliance with all minimum numbers without exception.

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Next Accreditation System Basics

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Next Accreditation System Goals

- Help produce physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation
- Free good programs to innovate
- Assist underperforming programs to improve
- Provide public accountability for outcomes

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Next Accreditation System Key Features

- Continuous accreditation model
- No PIF's or cycle lengths
- Annual program review of core program data
- Scheduled (self-study) visits every ten years
- Focused site visits only for issues

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

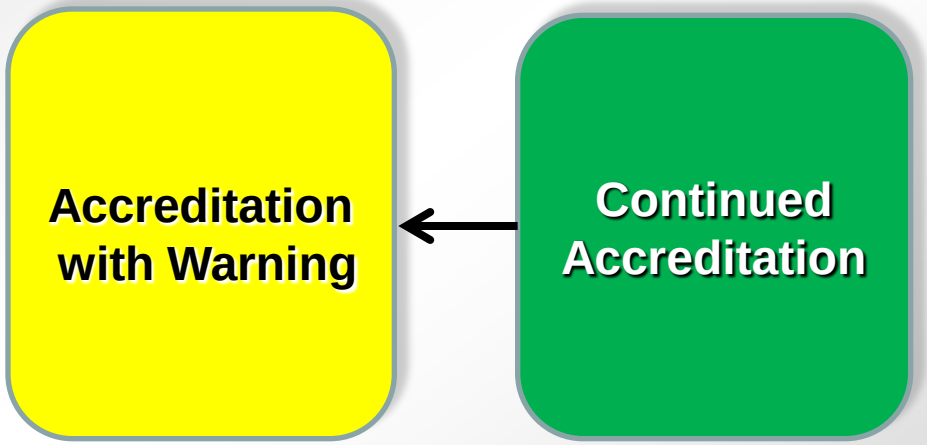
Continued Accreditation

STANDARDS

Core Process
Detail Process
Outcomes

Outcomes
Core Process
Detail Process

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



STANDARDS

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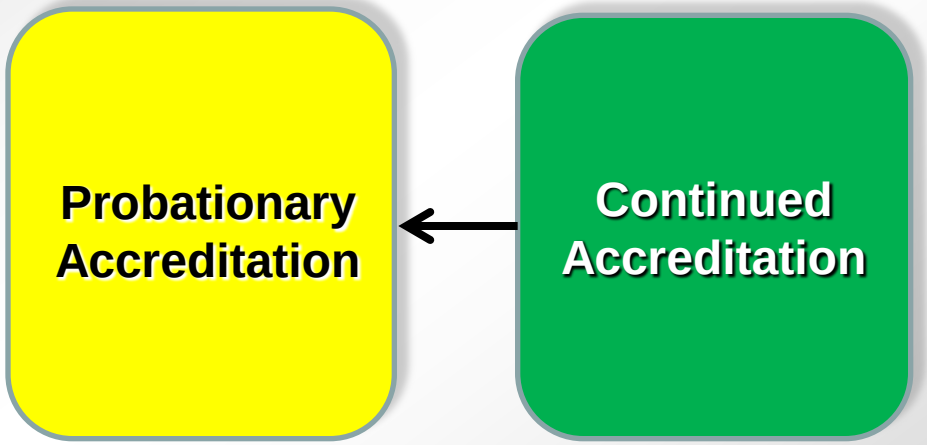
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

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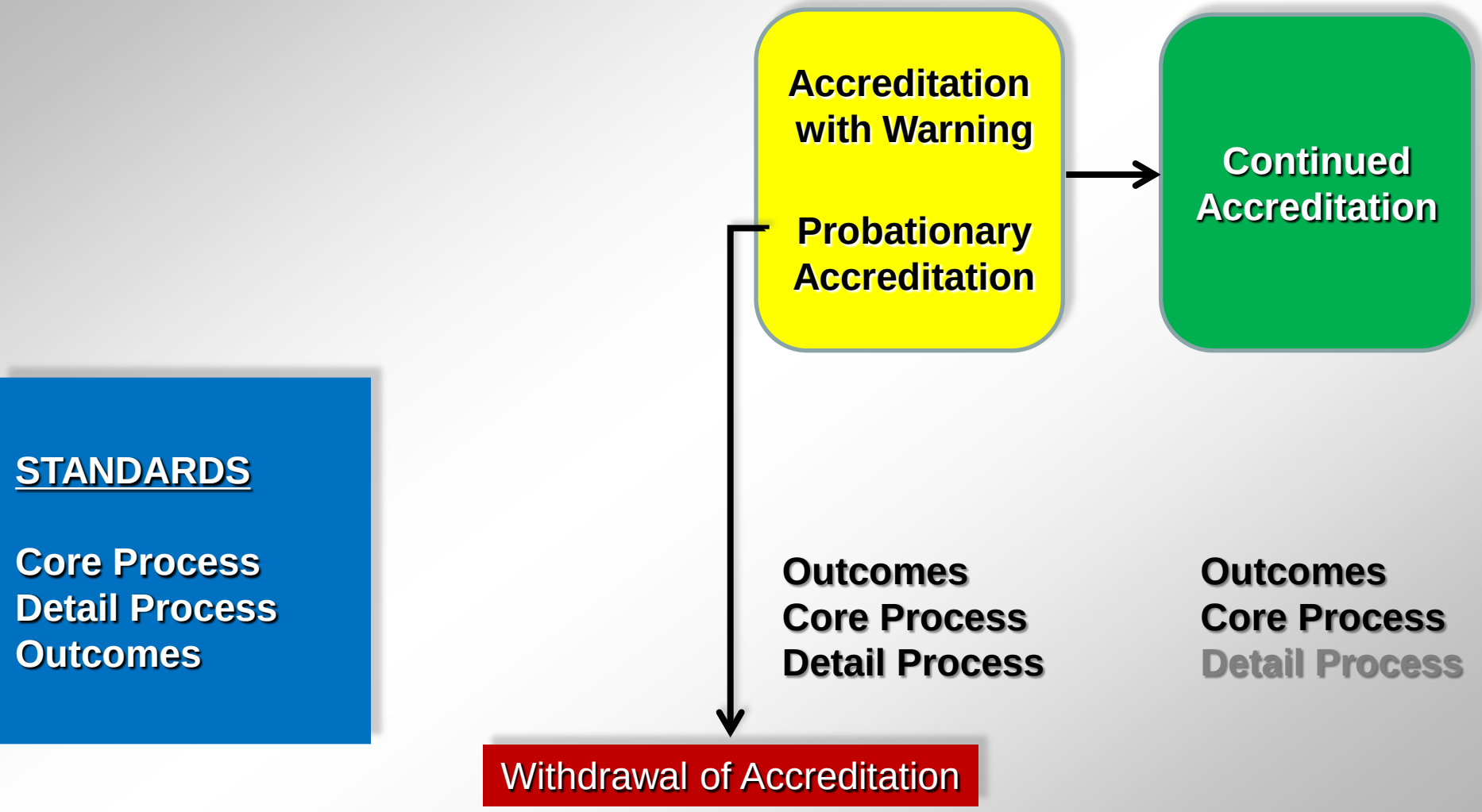


Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

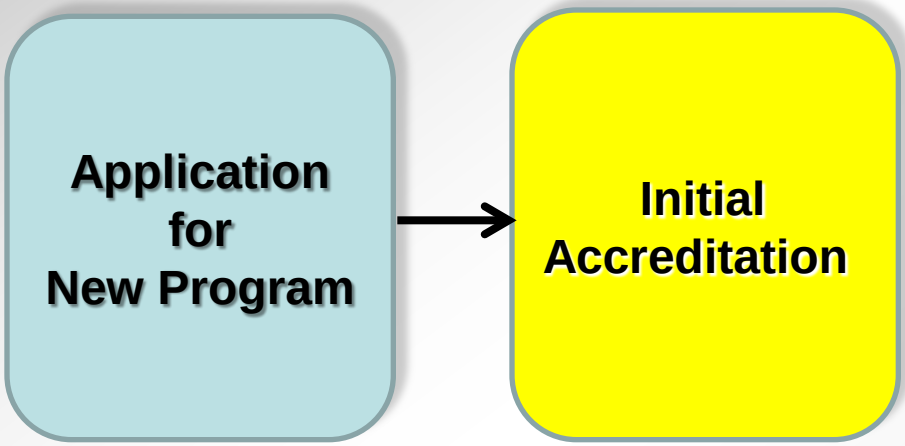
Application for New Program

STANDARDS

Core Process
Detail Process
Outcomes

Outcomes
Core Process
Detail Process

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



STANDARDS

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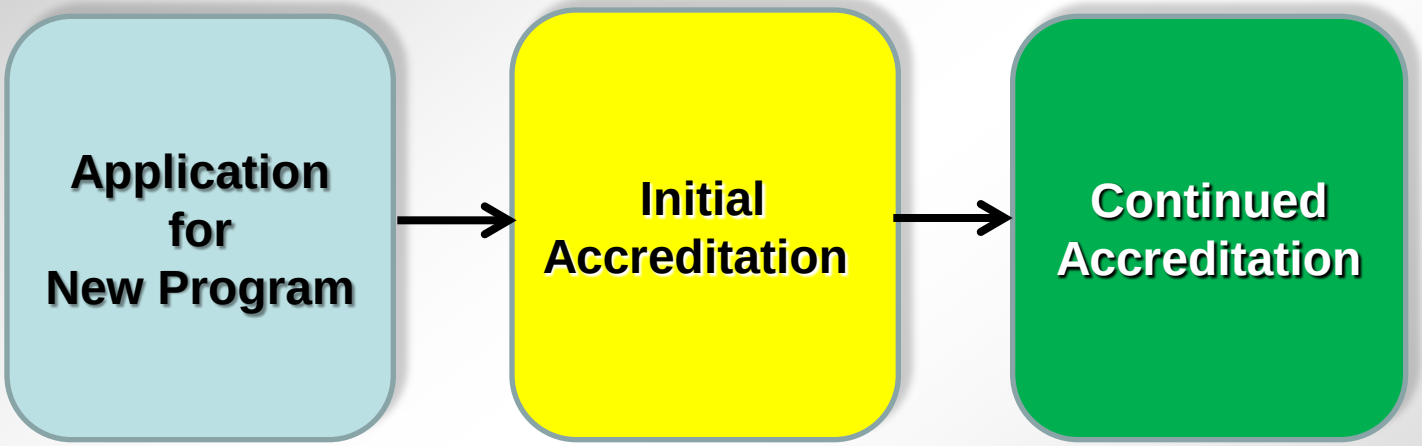
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

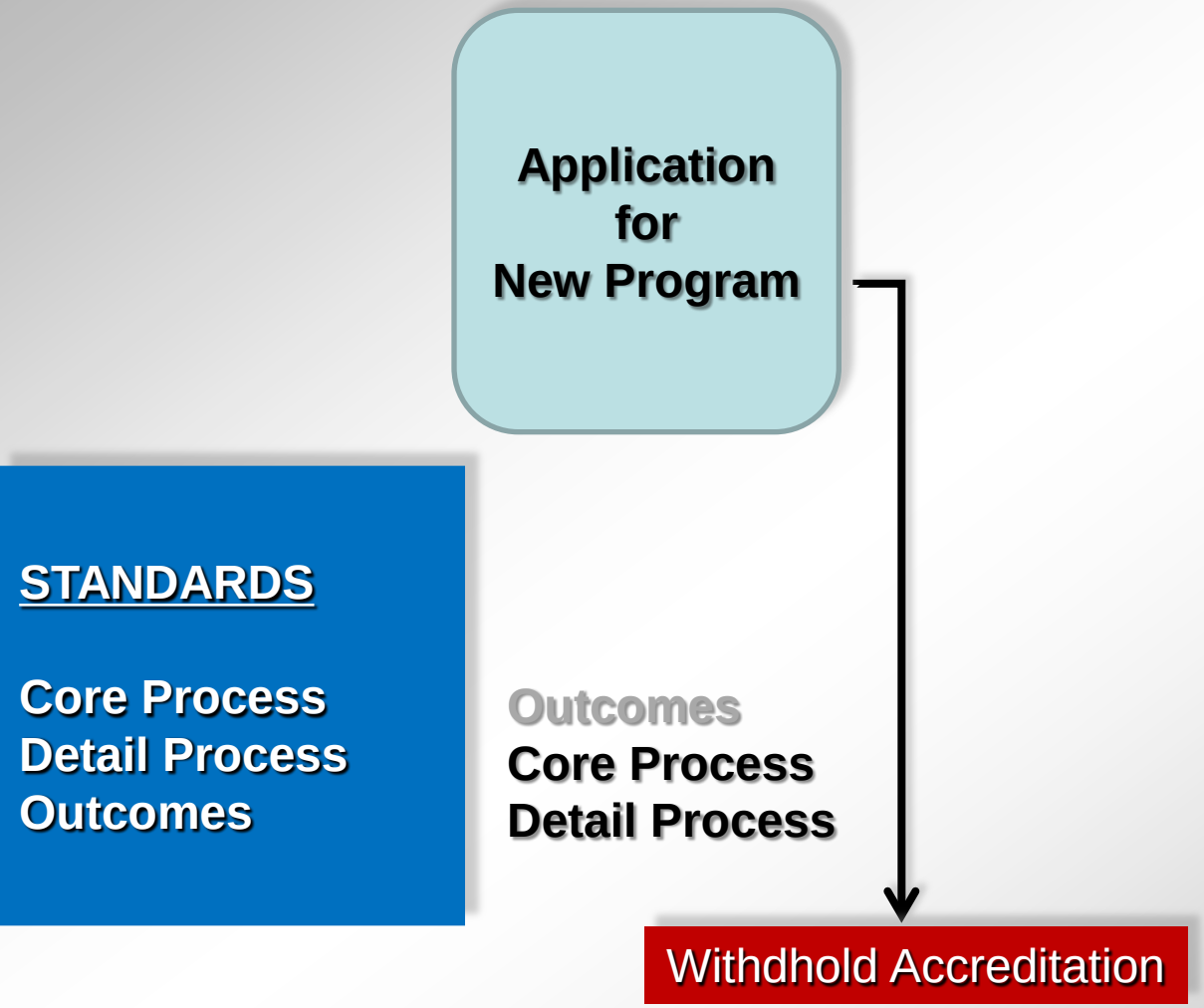


STANDARDS

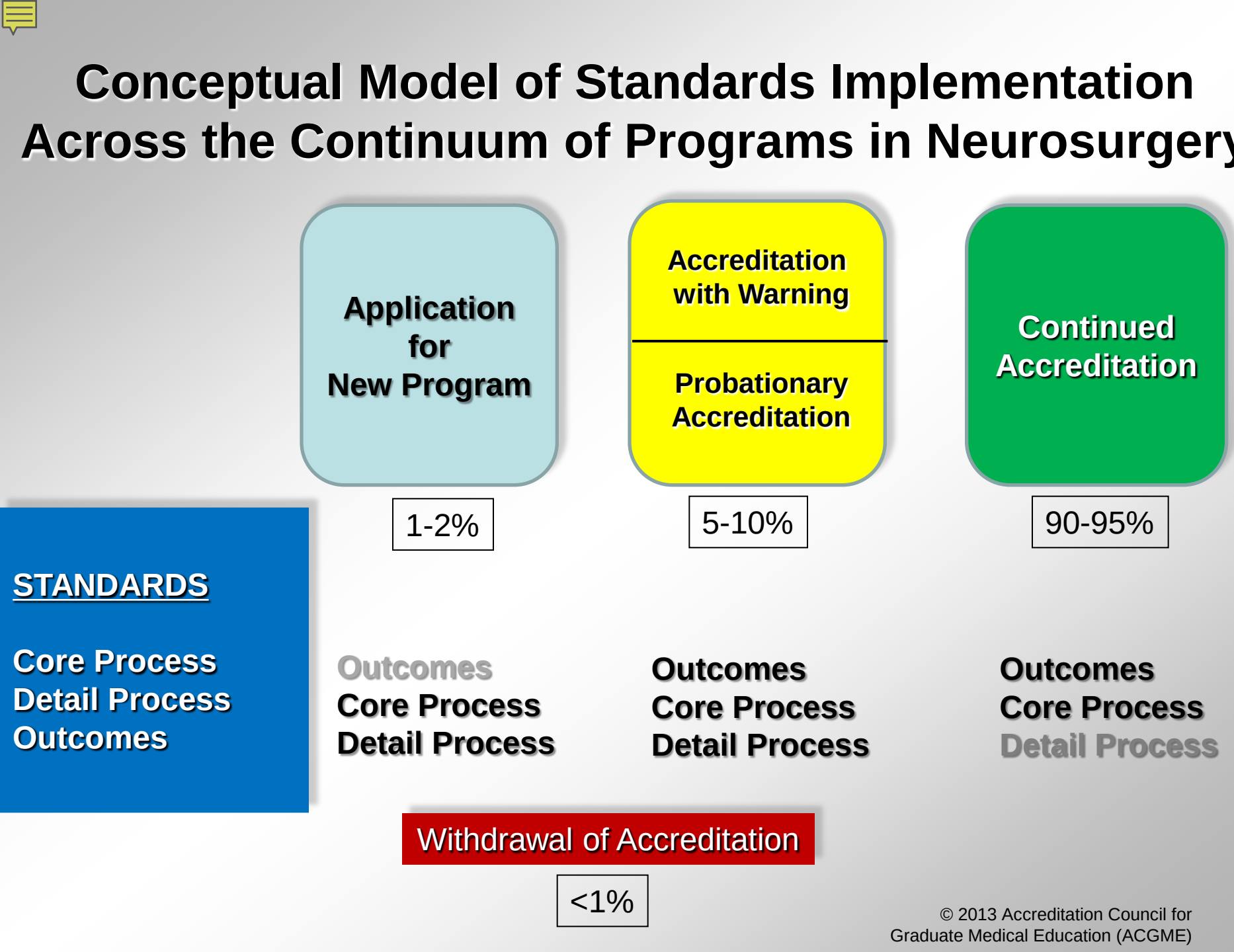
Core Process
Detail Process
Outcomes

Application for New Program	Initial Accreditation	Continued Accreditation
Outcomes	Outcomes	Outcomes
Core Process	Core Process	Core Process
Detail Process	Detail Process	Detail Process

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



Conceptual Model of Standards Implementation Across the Continuum of Programs in Neurosurgery



Annual 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 – 7 year rolling average
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs
- ✓ Semi-Annual Resident Evaluation and Feedback
  - ➢ Milestones
- ➢ Faculty Survey

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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

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Current PIF Faculty CV

First Name: **John**	MI: **A**	Last Name: **Smith**			
Present Position: **Department Chairman**					
Medical School Name: **North Univ, Roots, CA**					
Degree Awarded: **MD**		Year Completed: **1993**			
Graduate Medical Education Program Name: **State Program**					
Specialty/Field: **Urology**				Date From: **7/1993**	Date To: **6/1998**
Certification Information				Current Licensure Data	
Specialty	Certification Year	Certification Status	Re-Cert Year	State	Date of Expiration
Urology	2001	Original Certification Valid		CA	1/2014
Academic Appointments - List the past ten years, beginning with your current position.					
Start Date	End Date	Description of Position(s)			
7/2009	Present	State Program			
7/1999	Present	State Program			
3/2002	6/2009	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 at all urology conferences.

Current Professional Activities / Committees (limit of 10):

- [2009 - Present] Chairman, Department of Urology; Medical Center
- [2009 - Present] Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology; City Hospital
- [2009 - Present] President, Urological Society
- [2009 - Present] Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery; Medical Center
- [1999 - Present] Member, Society for Urodynamics and Female Urology
- [1999 - Present] Member, American Urogynecologic Society
- [1999 - Present] Member, International Continence Society
- [1999 - Present] Member, Section of the American Urological Association
- [1999 - Present] Member, Urologic Society
- [1998 - Present] Member, American Urological Association

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years
(limit of 10):

- Names. Historical perspective and outcomes for neurogenic bladder. Future Medicine 6(2)165-175, 2009.
- Names. Application and comparison of the American Urological Association and European Association of Urology current recommendations for antibiotic prophylaxis in the urologic patient undergoing office procedures. Future Medicine 6(2)145-149, 2009.
- Names. Two popular treatment options for neurogenic bladder Therapy 2009 6:2, 133-134
- Names. Editorial comment. Effect of pelvic floor interferential electrostimulation on urodynamic parameters and incontinency of children with myelomeningocele and detrusor overactivity. Urology. 2009 Aug;74(2):329; author reply 329-30.
- Names. Tethered cord syndrome in a 24-year-old woman presenting with urinary retention. Int Urogynecol J Pelvic Floor Dysfunct. 18(6) 679-81, 2007.

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. 3rd Edition, Pelvic Floor Health, City, State, 2009
- The Accidental Sisterhood: Take control of your bladder and your life. Names. 2cd Edition, Pelvic Floor Health, City, State, 2007
- The Accidental Sisterhood: Take control of your bladder and your life. Names. Pelvic Floor Health, City, State, 2006
- Names. Whitmore, K.E. Hypersensitivity Disorders of the Lower Urinary tract. Urogynecology and Reconstructive Pelvic Surgery, 3rd edition. Mosby-Year Book, City, State, 2007.

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 AUA Annual Meeting, Chicago, IL 2009 AUA Annual Meeting, Orlando, FL 2008 AUA Annual Meeting, Anaheim, CA 2007
- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neurogenic bladder with intcontinence. Urological Annual meeting 2010 (presented by Katherine Hubert)
- Overactive bladder and Interstim Therapy, AdvaMed-Advanced Medical Technology Association, Washington, DC. 2008
- Stress Urinary Incontinence and Prolapse, Case presentations and complications Urologic Society Annual meeting 2007.
- Acute urinary retention status post suburethral sling, Names. Urologic Society Annual meeting 2007
- Commercial Prolapse Repair "Kits" vs. Traditional Transvaginal Prolapse Repairs: A Comparison of Efficacy and Cost. Names, A. Society for Urodynamics and Female Urology (SUFU), February 22, 2007 (Poster) Southeastern Section of the AUA, March 8-11, 2007 (Poster)
- Abdominal Sacral Colpopexy with Soft Polypropylene Mesh is Safe and Effective at Three-Year Follow-Up. Names. SUMMA Postgraduate Day, 2006.
- Early Complication Rates of the Apogee/Perigee? Prolapse Repair System for Vaginal Vault Prolapse. Names. Accepted for oral presentation, SUMMA Postgraduate Day, 2006.
- The Correlation Between Valsalva Leak-Point Pressure (VLPP) and MUCP in Determining Genuine Stress Urinary Incontinence and Intrinsic Sphincter Deficiency. Names. Postgraduate Day, Locations, June 6, 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

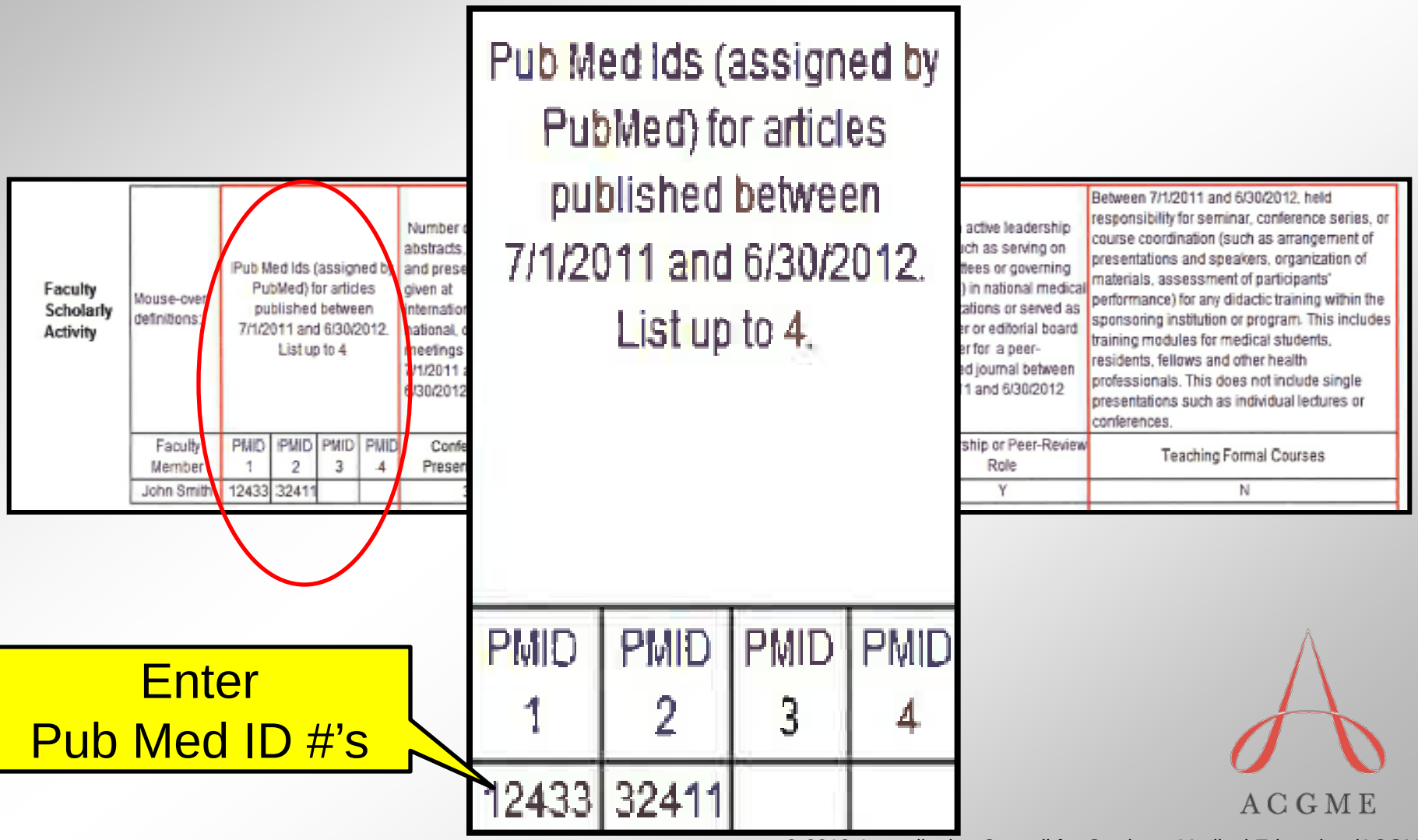
Faculty Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	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	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	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	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	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.
Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

Resident Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
June Smith	12433			1		0	N		Y
Categories for points:	**Peer Review Publication**			**Other Scholarly**			**Grantsmanship**	**Leadership / Peer Review**	**Education**

Faculty Scholarly Activity



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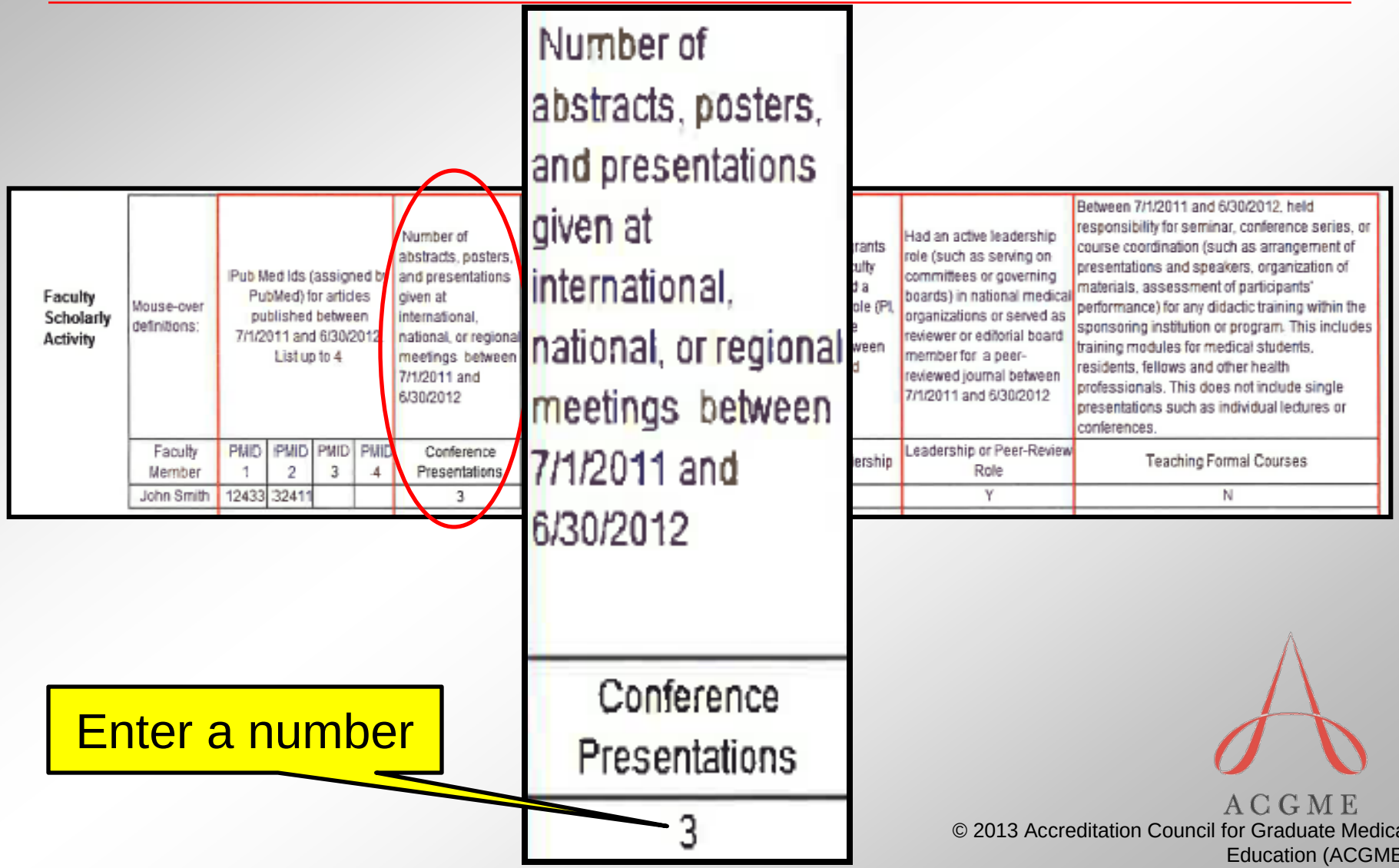
Faculty Scholarly Activity



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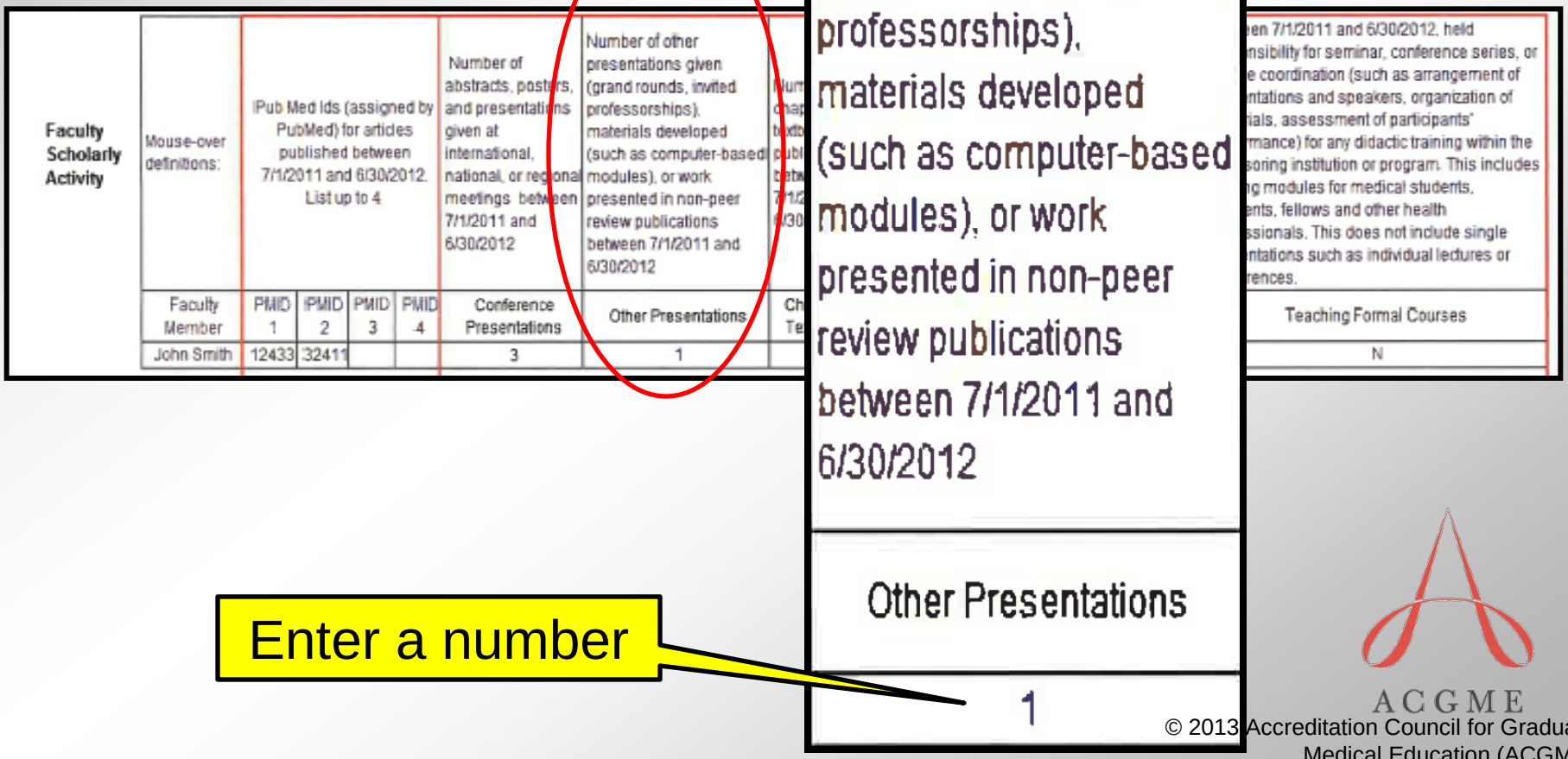

Faculty Scholarly Activity

Mouse-over definitions:

Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Ch Te
John Smith	12433	32411			3	1	

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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

Num chap text pub betw 7/1/2 6/30

...en 7/1/2011 and 6/30/2012, held ...nsibility for seminar, conference series, or ...e coordination (such as arrangement of ...ntations and speakers, organization of ...ials, assessment of participants' ...rmance) for any didactic training within the ...soring institution or program. This includes ...g modules for medical students, ...nts, fellows and other health ...ssionals. This does not include single ...ntations such as individual lectures or ...rences.

Teaching Formal Courses

N

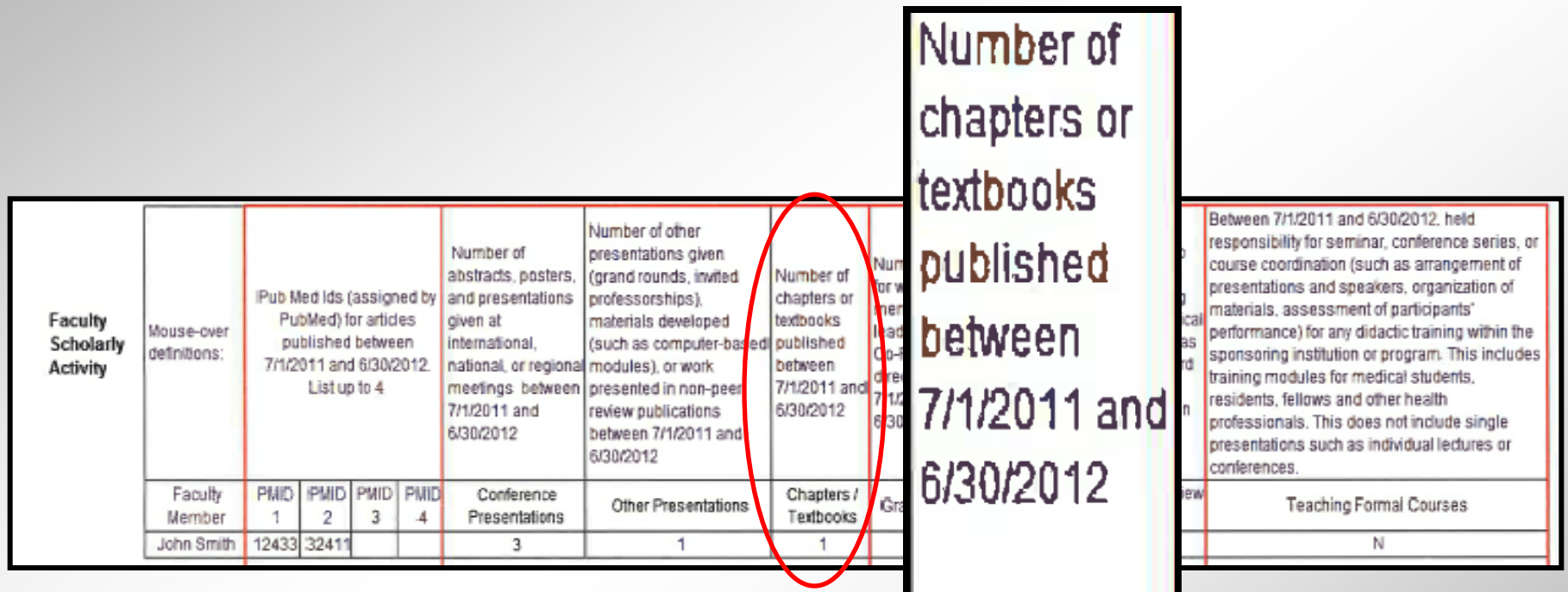
Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012

Other Presentations

1

Enter a number

Faculty Scholarly Activity



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		John Smith	12433	32411			3	1	1			N

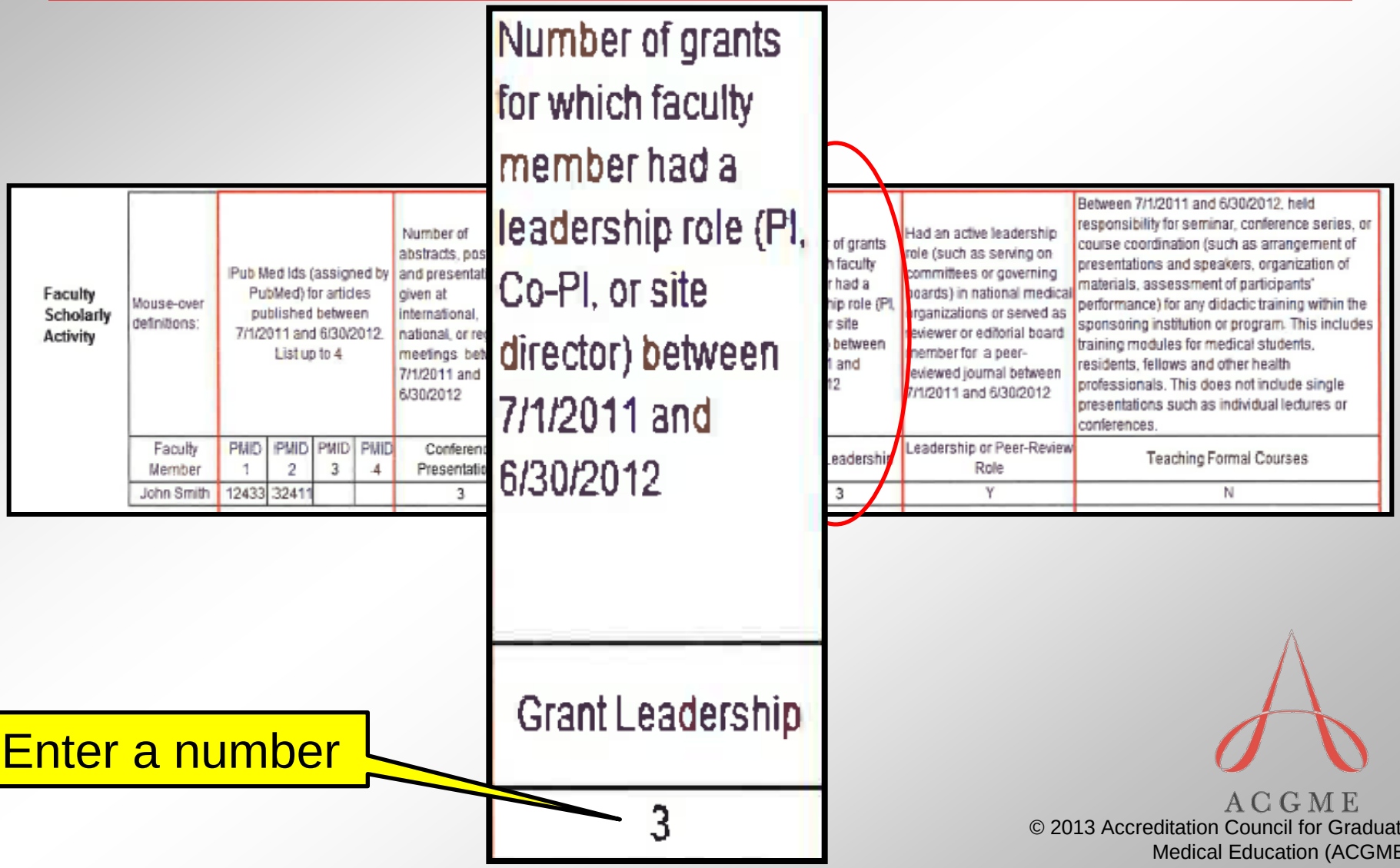
Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Textbooks

1

Enter a number

Faculty Scholarly Activity



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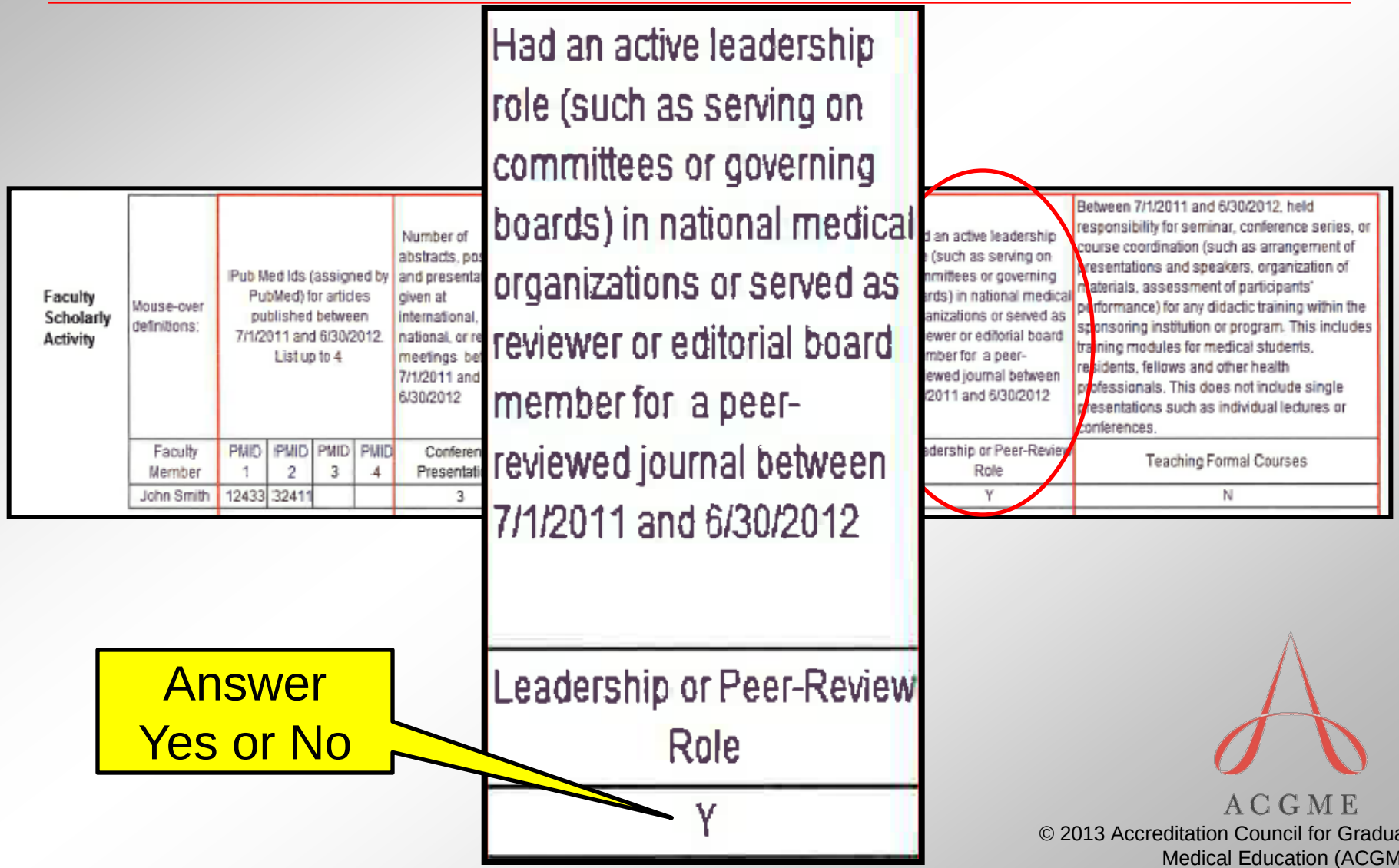

Answer Yes or No

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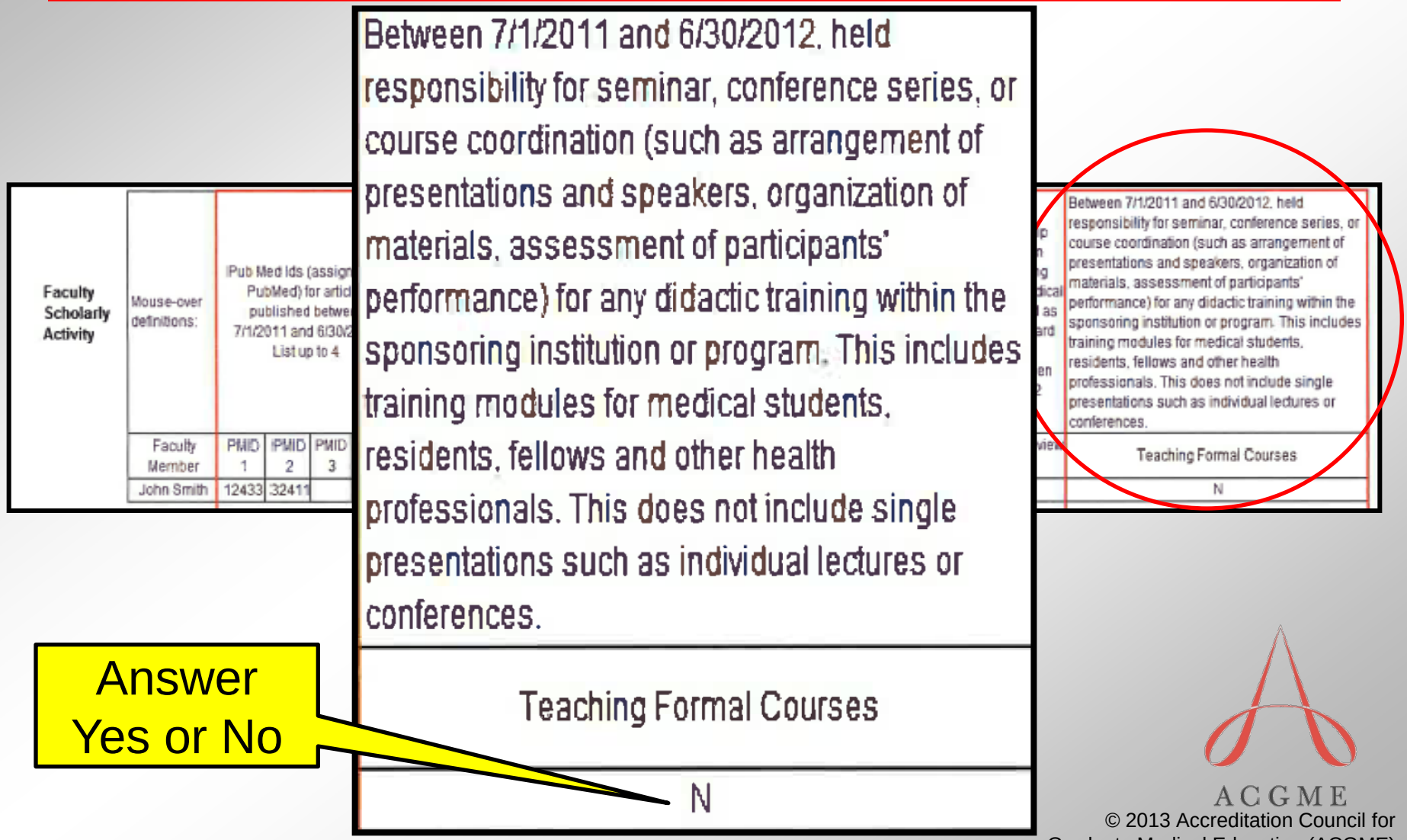
Faculty Scholarly Activity



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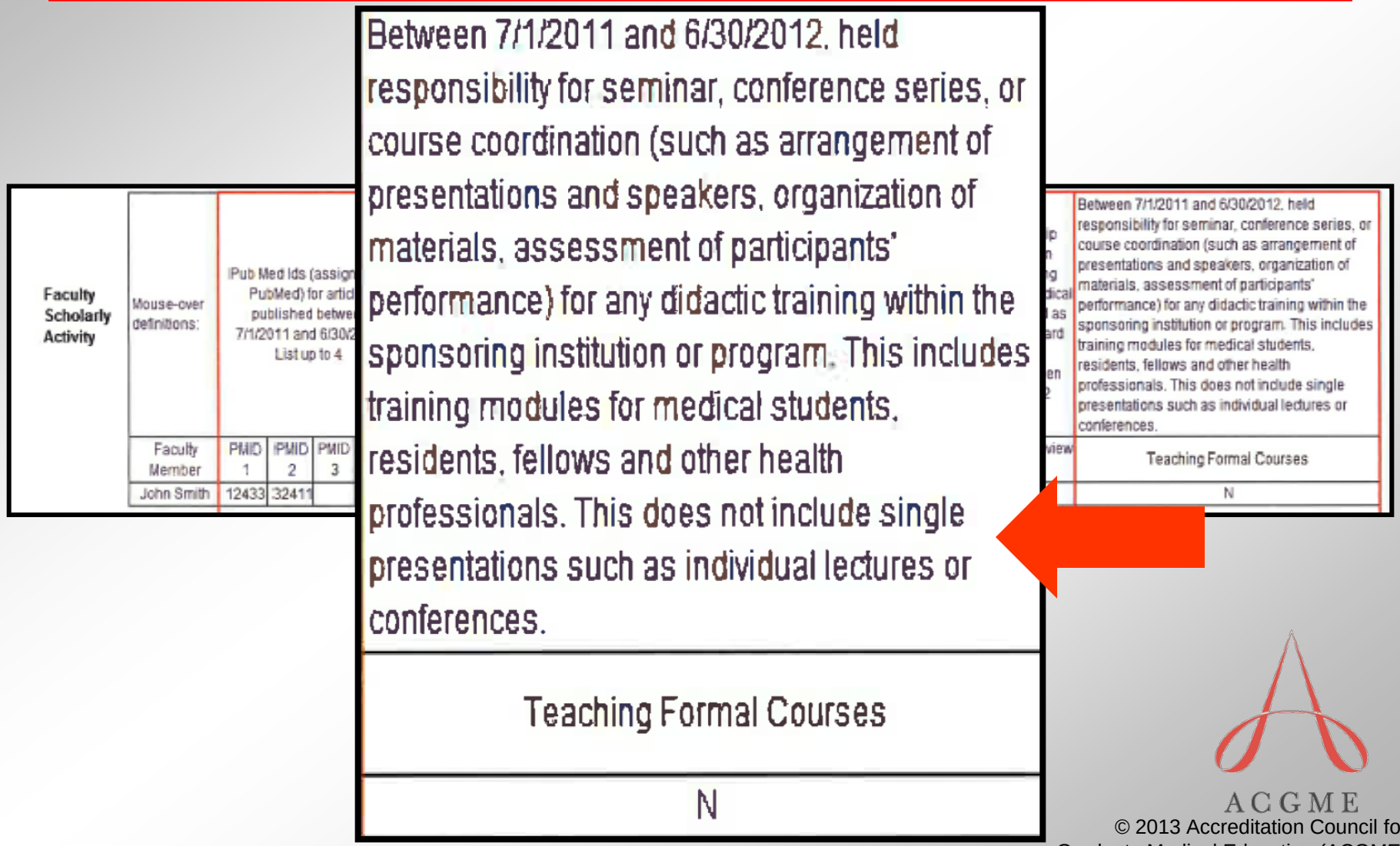

Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	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	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	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	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	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.
Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

Resident Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
June Smith	12433			1		0	N		Y

Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	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	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	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	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	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.
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John Smith	12433	32411			3	1	1	3	Y	N

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Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
June Smith	12433			1		0	N		Y

Scholarly Activity Template

Scholarly Activity as Performance Indicator

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Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters Textbook
John Smith	12433	32411			3	1	1

Resident Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012			
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
June Smith	12433			1		0	N		Y

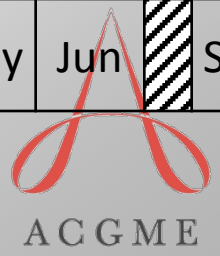
Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012

Teaching / Presentations

Y

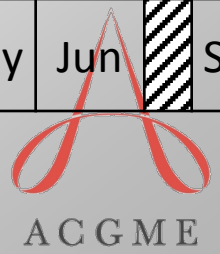
NAS: Annual Data Submission

	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep



NAS: Annual Data Submission

	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
Case Logs			**Yr 0**										**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep



NAS: Annual Data Submission

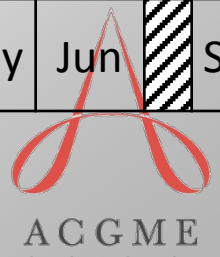
	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
ADS Update	**Yr 1**												**Yr2**
Case Logs			**Yr 0**										**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep

NAS: Annual Data Submission

	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
Resident Survey							**Yr 1**						
ADS Update	**Yr 1**												**Yr2**
Case Logs			**Yr 0**										**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep

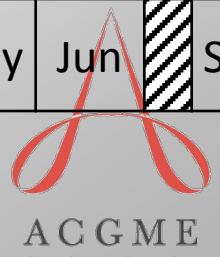
NAS: Annual Data Submission

	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
Faculty Survey								**Yr 1**					
Resident Survey							**Yr 1**						
ADS Update	**Yr 1**												**Yr2**
Case Logs			**Yr 0**										**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep

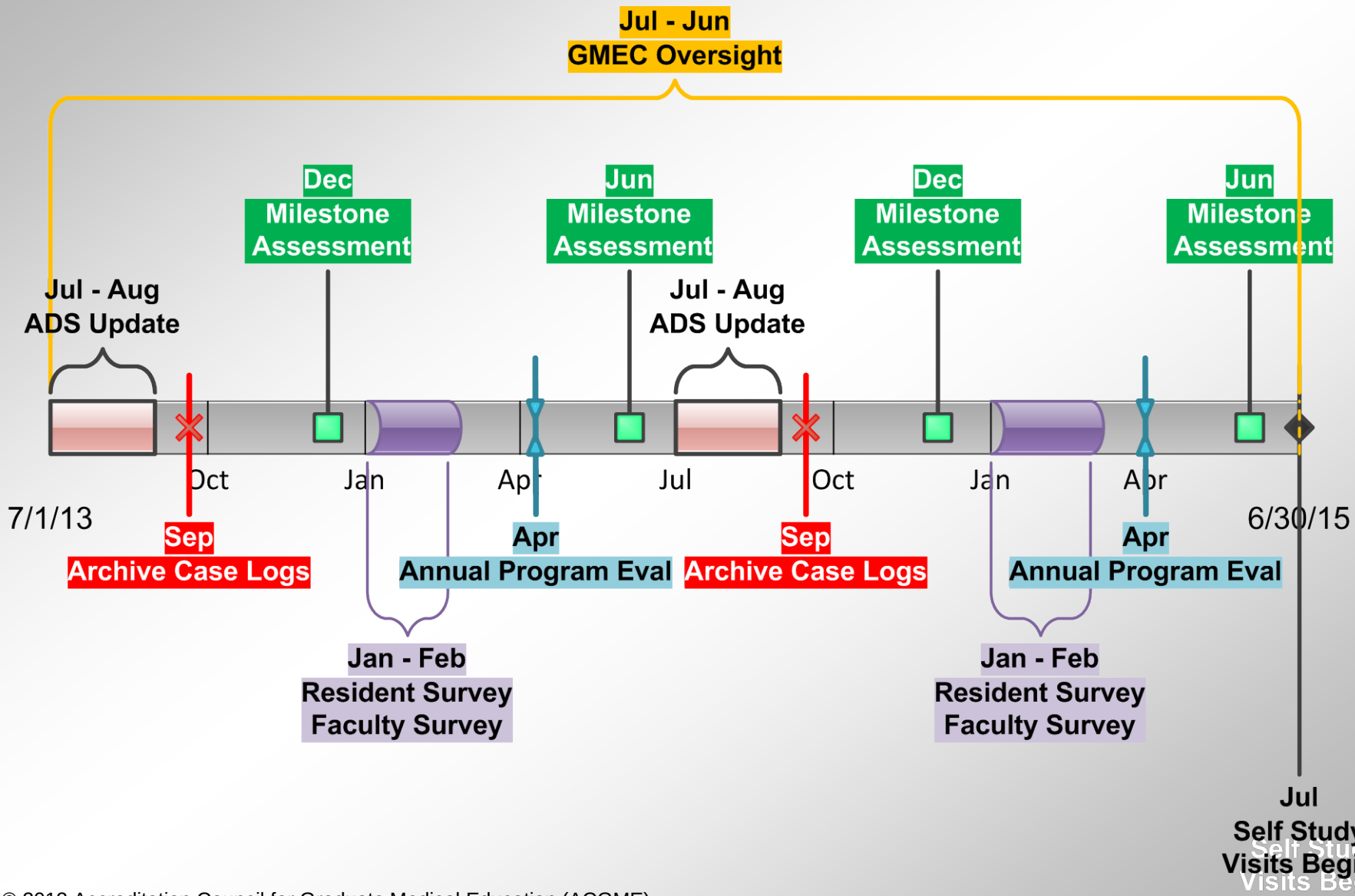


NAS: Annual Data Submission

	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
Milestones	**Yr 0**					**Yr 1**						**Yr 1**	
Faculty Survey								**Yr 1**					
Resident Survey							**Yr 1**						
ADS Update	**Yr 1**												**Yr2**
Case Logs			**Yr 0**										**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep



Program Activities – Next System



NAS Program Activities

- Annual data submission
- Annual Program Evaluation
- Self-study visit every ten years
- Other *possible* RRC requests:
  - Progress reports for potential problems
  - Focused site visit
  - Full site visit
  - Site visit for potential egregious violations

ACGME

NAS: Annual Program Evaluation

New proposed Common Program Requirements for Annual Program Evaluation (V.C.1)

- Program director must appoint Program Evaluation Committee (PEC)
- PEC members: at least 3 program faculty; representation from residents
- Written description of PEC responsibilities
- PEC plans, develops implements evaluates program activities, develops competency-based goals and objectives, conducts annual program review, ensures areas of non-compliance are corrected

ACGME

NAS: Annual Program Evaluation

New proposed Common Program Requirements for Annual Program Evaluation (V.C.2)

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written annual program evaluation (APE).

ACGME

NAS: Resident Evaluation

New proposed Common Program Requirements for Resident Evaluation (V.A.1)

- The program director must appoint the Clinical Competency Committee.
- CCC must have at least three program faculty
- CCC members may also include non-physician members of the health care team and residents in their final year

ACGME

NAS: Resident Evaluation

New proposed Common Program Requirements for Resident Evaluation (V.A.1)

- CCC activities include:
  - reviewing all resident evaluations completed by all evaluators semi-annually
  - preparing and ensuring the reporting of Milestones evaluations of each resident semi-annually to the ACGME
  - making recommendations to the program director for resident progress, including promotion, remediation, and dismissal

ACGME

NAS: RRC Accreditation Activities

- RRC spring meeting: annual data review for all programs
  - ADS update
  - Resident and faculty survey
  - Milestone reports
  - Case log reports
  - Board pass rate data (aggregated rolling average)
- RRC spring meeting: follow-up reports and focused site visits from previous meeting
- RRC spring meeting: smaller number of self-study visit reports

ACGME

NAS: RRC Accreditation Activities

- RRC fall meeting: larger number of self-study visit reports
- RRC fall meeting: follow-up reports and focused site visits from previous meeting

ACGME

NAS Site Visits: Self-Study

- *Not* fully developed
- Scheduled every ten years
- Conducted by a team of visitors
- Minimal document preparation
- Interview residents, faculty, leadership
- Self-study visit program begins July 2015

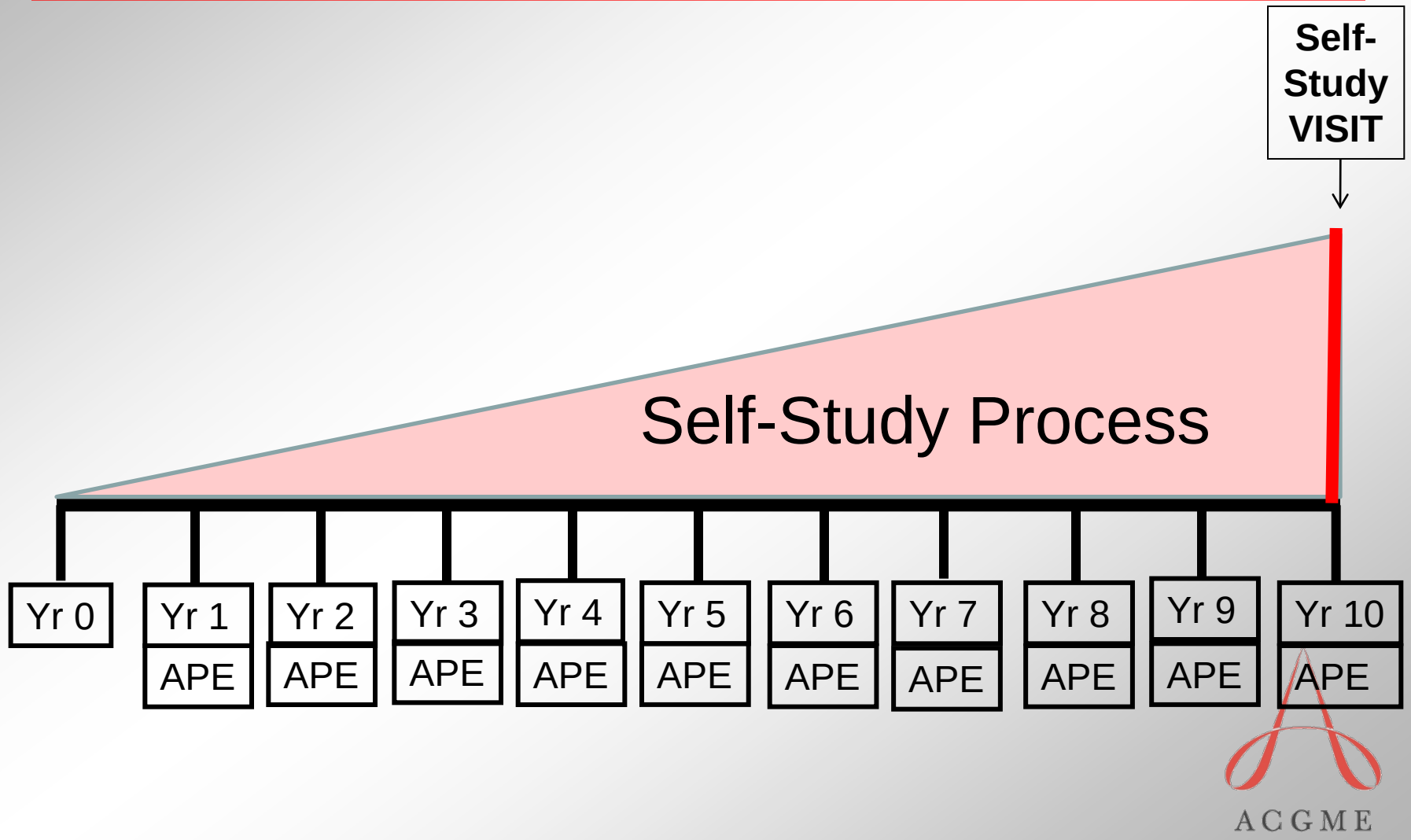
ACGME

NAS Site Visits: Self-Study

- Examine annual program evaluations
  - Response to citations
  - Faculty development
- Focus: Continuous improvement in program
- Learn future goals of program
- *May* verify compliance with Core requirements

ACGME

NAS Site Visits: Self-Study



ACGME

NAS Site Visits: Focused

- Assesses *selected* aspects of a program and may be used:
  - to address *potential* problems identified during review of annually submitted data;
  - to diagnose factors underlying deterioration in a program's performance
  - to evaluate a complaint against a program

ACGME

NAS Site Visits: Focused

- Minimal notification given
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC

ACGME

NAS Site Visits: Full

- Application for new program
- At the end of the initial accreditation period
- RRC identifies broad issues / concerns
- Other serious conditions or situations identified by the RRC

ACGME

Accreditation Cycle: Next

- Begin July 1, 2013
- First Milestone reports: December 2013
- First annual program data review (no milestones): January 2014
- First annual program data review with milestones: January 2015
- Self-study visits begin July 2015
- First RRC review of program self study: January 2016

ACGME

NAS: Policies and Procedures

- Policies and Procedures: 7/1/2013 http://www.acgme-nas.org/assets/pdf/FinalMasterNASPolicyProcedures.pdf
  - NO proposed adverse actions
  - Potential Actions (if currently accredited): progress report; focused site visit; continued accreditation; accreditation with warning; probation; complement reduction

Neurosurgery Milestones

Nathan R. Selden, MD, PhD
Campagna Chair of Pediatric Neurosurgery
Residency Program Director

Chair, Milestones Group for Neurosurgery

OHSU Brain Institute

Oregon Health & Science University

Milestones - Key features

- Minimal standards of experience by detailed competency based categories
- Objective and reproducible, consensus assessments of key milestones within every competency
  - Clinical Competency Committee
  - Development of additional assessment tools
- Developmental progression across training
  - Extends to practice: '*Lifelong Learning*'

Matrix vs. Milestones

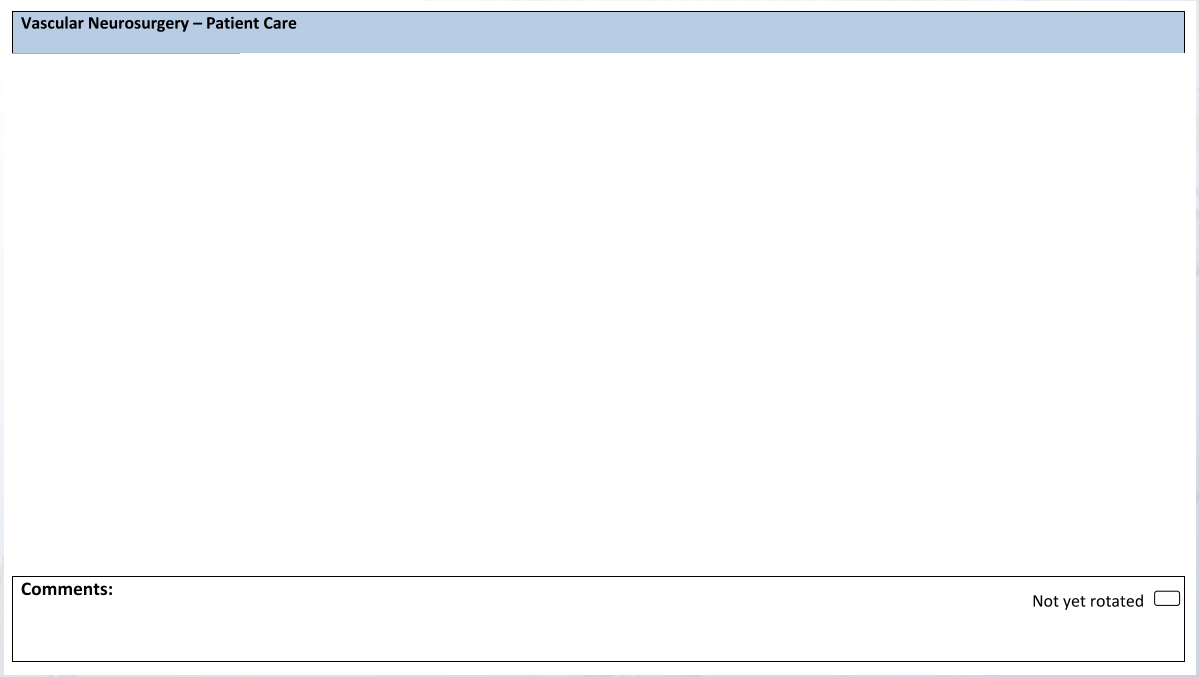
Competency	Objective	Teaching Methods	Assessment Tools	Educational Goals
Medical Knowledge (Technical Skills)	• Lumbar Puncture • Ventriculostomy • CSF Sample • Shunt tap • Traction • Stereotactic frame placement	•AANS/SNS On-line modules •Conferences •Supervised learning •Bootcamp	•Faculty and Program Director evaluations	Proficient (4)

- The "Matrix" is a comprehensive curriculum for neurological surgery
- Reflects RRC case categories and ABNS written examination question content categories
- SNS CoRE, Curriculum Subcommittee (Chair: Tim Mapstone)

OHSU Brain Institute

Oregon Health & Science University

Matrix vs. Milestones



- The Milestones are a reporting tool for the developmental stage of individual residents with regards to skills, knowledge and attitudes
- Created by all specialties as part of ACGME reform initiative

OHSU BRAIN INSTITUTE

OREGON HEALTH & SCIENCE UNIVERSITY

Assessment vs. Reporting

- Assessments: Specific tools to objectively evaluate knowledge and skills
  - Some we have:
    - ABNS written examination, SANS
    - 360 degree evaluations
    - ***Clinical/operative observation & proctoring***
  - Some we may adopt:
    - OSCI (objective structured clinical interview)
    - Surgical skill simulator assessment
- Milestones: *Reporting instrument*

Milestones Group: Principles

- Synthesizing PD & Advisory Group Input
  - Economize
    - One page per milestone
    - Fewer milestones
  - Milestones are representative biopsies, not comprehensive curricula
  - Individual competencies should be repeated across levels consistent with development
  - Milestones should be systematically organized across subspecialty
  - Stick with the core

Milestones

- Published by the ACGME
  - 24 one page milestones
  - 16 Medical Knowledge and Patient Care for subspecialties (including Critical Care)
  - 8 'General' Competencies: Professionalism, Communications, PBL, SBP

Journal of Graduate Medical Education, March 2013

Journal of Graduate Medical Education

NEUROLOGICAL SURGERY MILESTONES

Neurological Surgery Milestones

Nathan R. Selden, MD, PhD
Aviva Abosch, MD, PhD
Richard W. Byrne, MD
Robert E. Harbaugh, MD, FAANS, FACS, FAHA
William E. Krauss, MD
Timothy B. Mapstone, MD
Oren Sagher, MD
Gregory J. Zipfel, MD
Pamela L. Derstine, PhD, MHPE
Laura Edgar, EdD, CAE

Educational Milestone Development in the First 7 Specialties to Enter the Next Accreditation System

Susan R. Swing, PhD
Michael S. Beeson, MD, MBA
Carol Carraccio, MD, MA
Michael Coburn, MD
William Iobst, MD
Nathan R. Selden, MD, PhD
Peter J. Stern, MD
Kay Vydareny, MD

OHSU Brain Institute

March 2013

Oregon Health & Science University

Neurosurgery Milestones

- Specialty based
  - Tumor: MK & PC
  - Functional & Epilepsy: MK & PC
  - Vascular Neurosurgery: MK & PC
  - Pain & Peripheral Nerve: MK & PC
  - Pediatrics: MK & PC
  - Critical Care: MK & PC
  - TBI: PC
  - Spine: MK, MK & PC

Neurosurgery Milestones

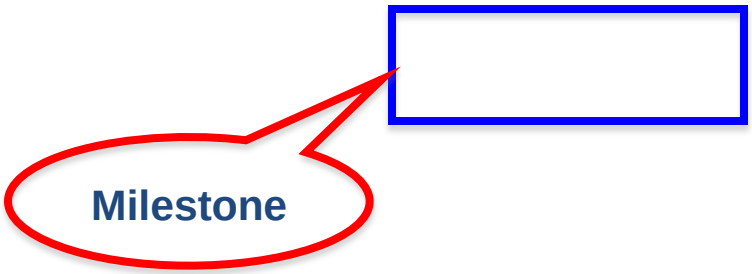
- General
  - Professionalism
    - Compassion, Accountability
  - Interpersonal Skills & Communication
    - Relational, Technology
  - Practice-based learning
    - Lifelong learning, Research
  - Systems-based practice
    - Safety and Systems, Economics
- Total: 24 milestones

Sub-Competency

General Competency

Developmental Progression
Or ‘Milestone Set’

Safety and Systems – Systems-based Practice



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Not yet rotated ☐

Brain Tumor – Medical Knowledge

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Brain Tumor – Medical Knowledge

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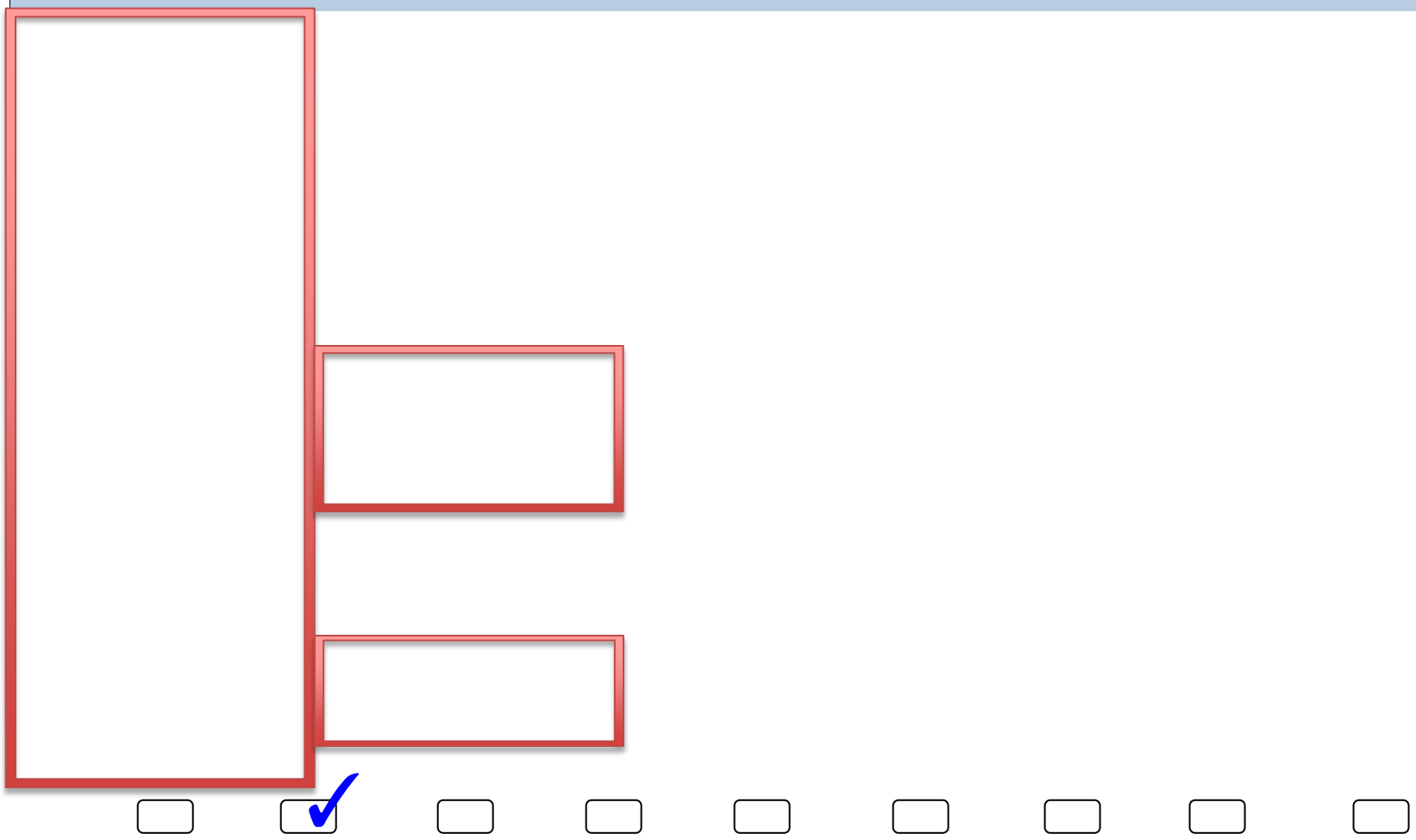
Brain Tumor – Medical Knowledge

Not yet rotated

Brain Tumor – Medical Knowledge

Not yet rotated ☐

Brain Tumor – Medical Knowledge



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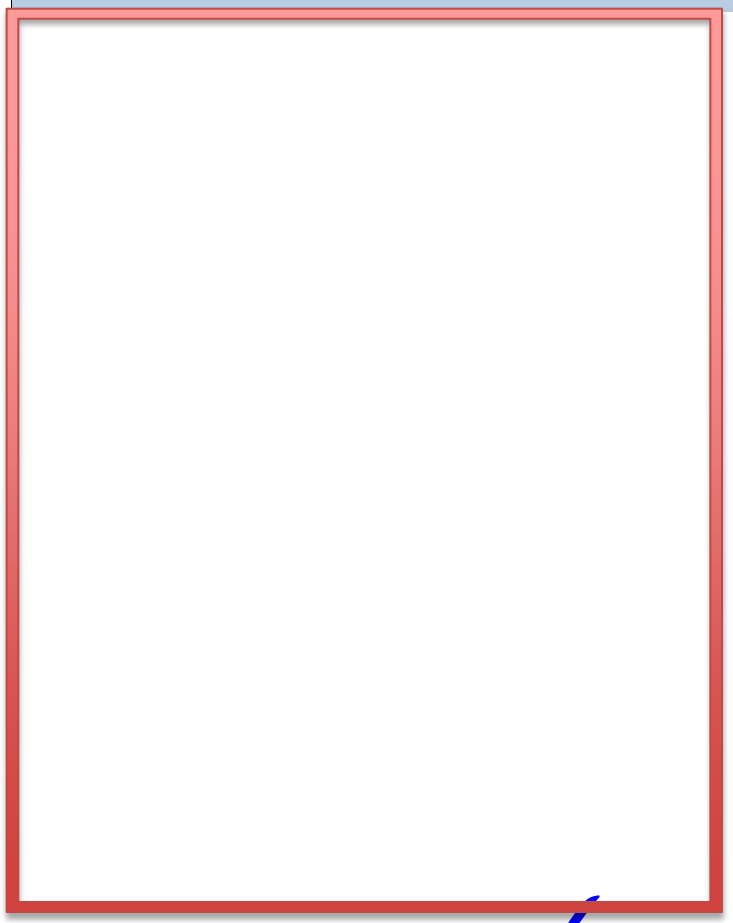
Brain Tumor – Medical Knowledge



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Brain Tumor – Medical Knowledge

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Brain Tumor – Patient Care

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Brain Tumor – Patient Care

m

Surgical Treatment of Epilepsy and Movement Disorders – Patient Care

ment disorders

Brain Tumor – Patient Care

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Surgical Treatment of Epilepsy and Movement Disorders – Patient Care

ment disorders

ment disorders

Surgical Treatment of Epilepsy and Movement Disorders – Patient Care

ment disorders

Traumatic Brian Injury – Patient Care

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Traumatic Brian Injury – Patient Care

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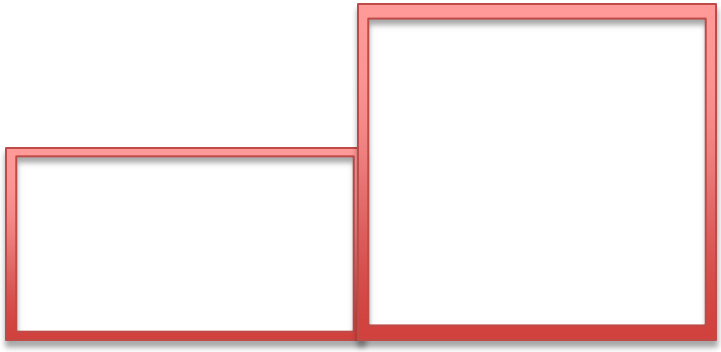
Traumatic Brian Injury – Patient Care



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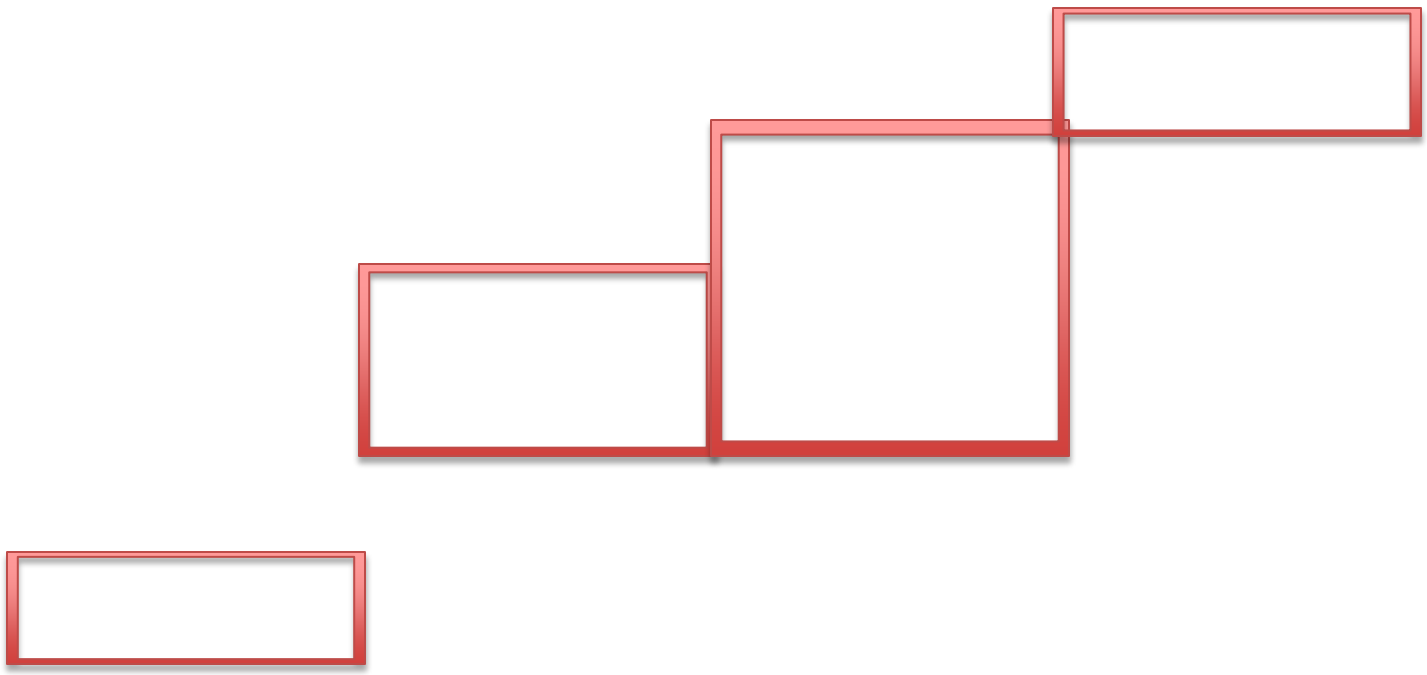
Traumatic Brian Injury – Patient Care



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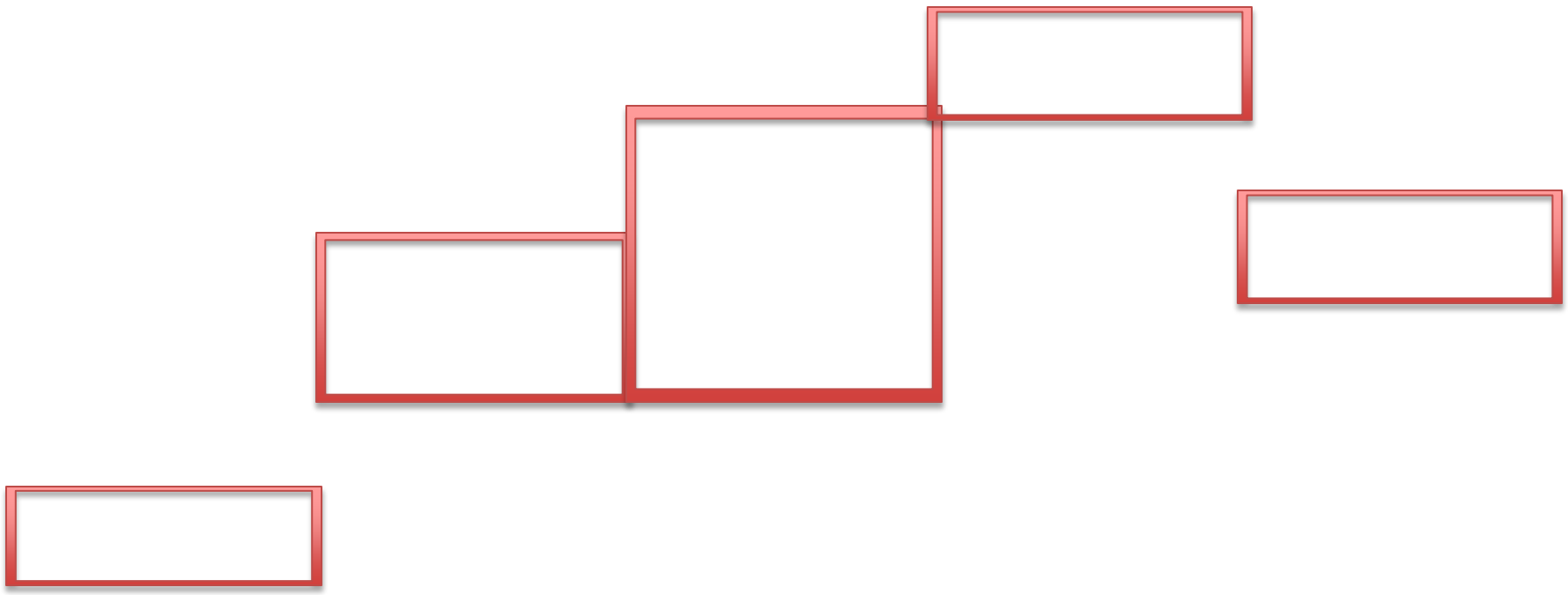
Traumatic Brian Injury – Patient Care



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Safety and Systems – Systems-based Practice

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Safety and Systems – Systems-based Practice

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Milestones Reporting

- Goals
  - Objective
  - Reproducible
  - Transparent to public and stakeholders
  - Enforceable (only competent residents advance)

Milestones Reporting

- Method
  - Sources of information about residents
    - I. Evaluations
    - II. Portfolio
    - III. Examinations
  - Synthesis and decision-making
    - Clinical Competency Committee
      - Judgment of content specialist who work with residents in clinical environment
      - Consensus

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- Goals
  - Provide information specific to the milestones developmental level descriptions

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  - Assist the PD and PC in drafting milestone levels prior to CCC meeting

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  - Provide information specific to the milestones developmental level descriptions
  - Assist the PD and PC in drafting milestone levels prior to CCC meeting
  - Provide consistency in evaluation of residents between programs

I. Evaluations for Milestones

- Summative (‘rotation’) evaluations
  - General competencies
    - Faculty
    - 360 degree (Self, Nurse, Peer)
  - Patient care
    - Subspecialty specific (8)
- Formative (‘on the fly’) evaluations
  - Clinical encounter
  - Surgical procedure

I. Evaluations for Milestones

- Typical faculty evaluation duties

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  - For residents you supervise during a 6 month duty period:
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    - 1 targeted clinical competency evaluation in your specialty area

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    - 1 targeted clinical competency evaluation in your specialty area
  - On the fly
    - Whatever your program is already doing
  - These can all be automated using your external contracted or institutional system

I. Evaluations for Milestones

- **Summative (‘rotation’) evaluations**
  - **General competencies**
    - Faculty
    - 360 degree (Self, Nurse, Peer)
  - Patient care
    - Subspecialty specific (8)
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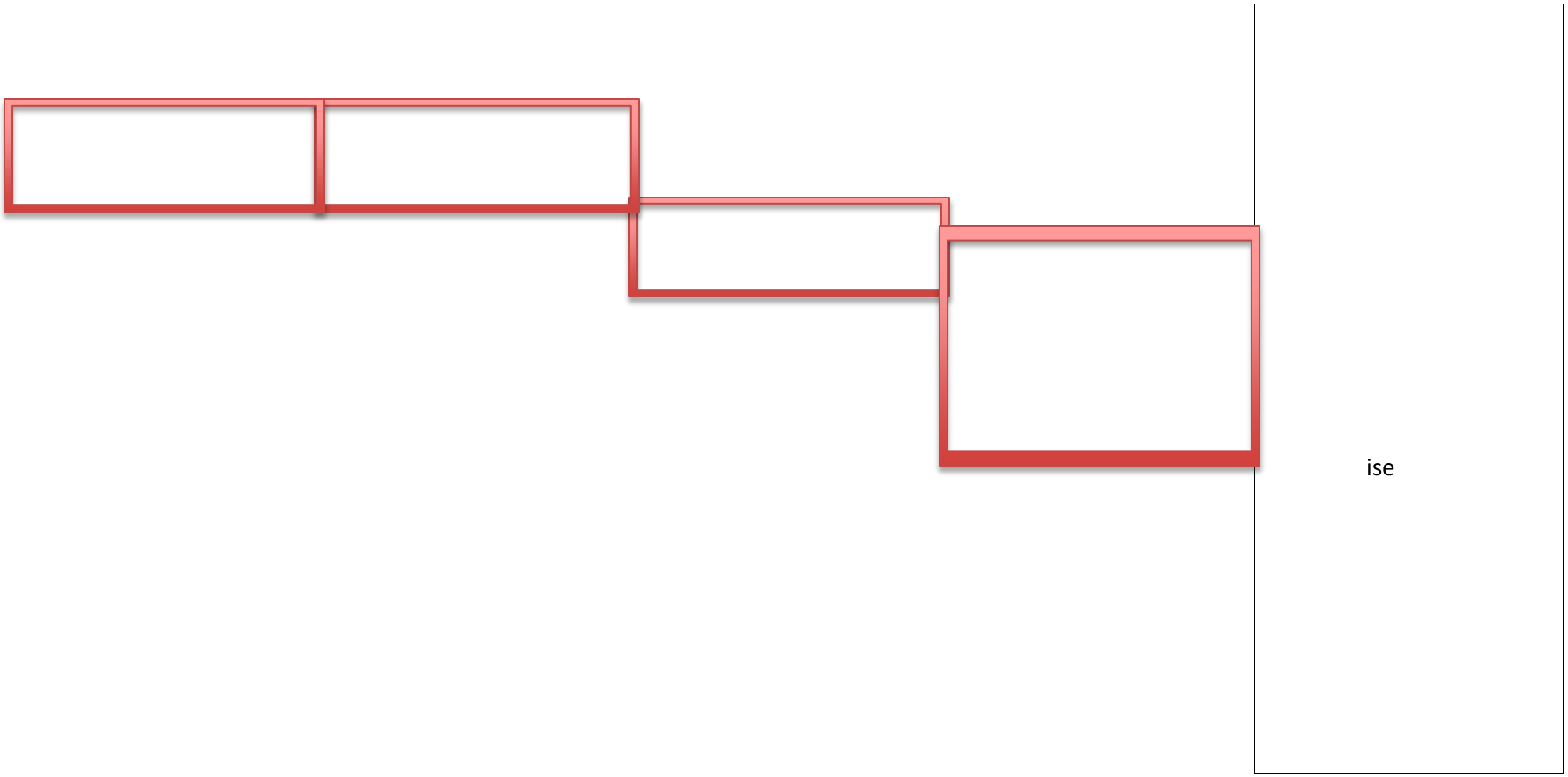
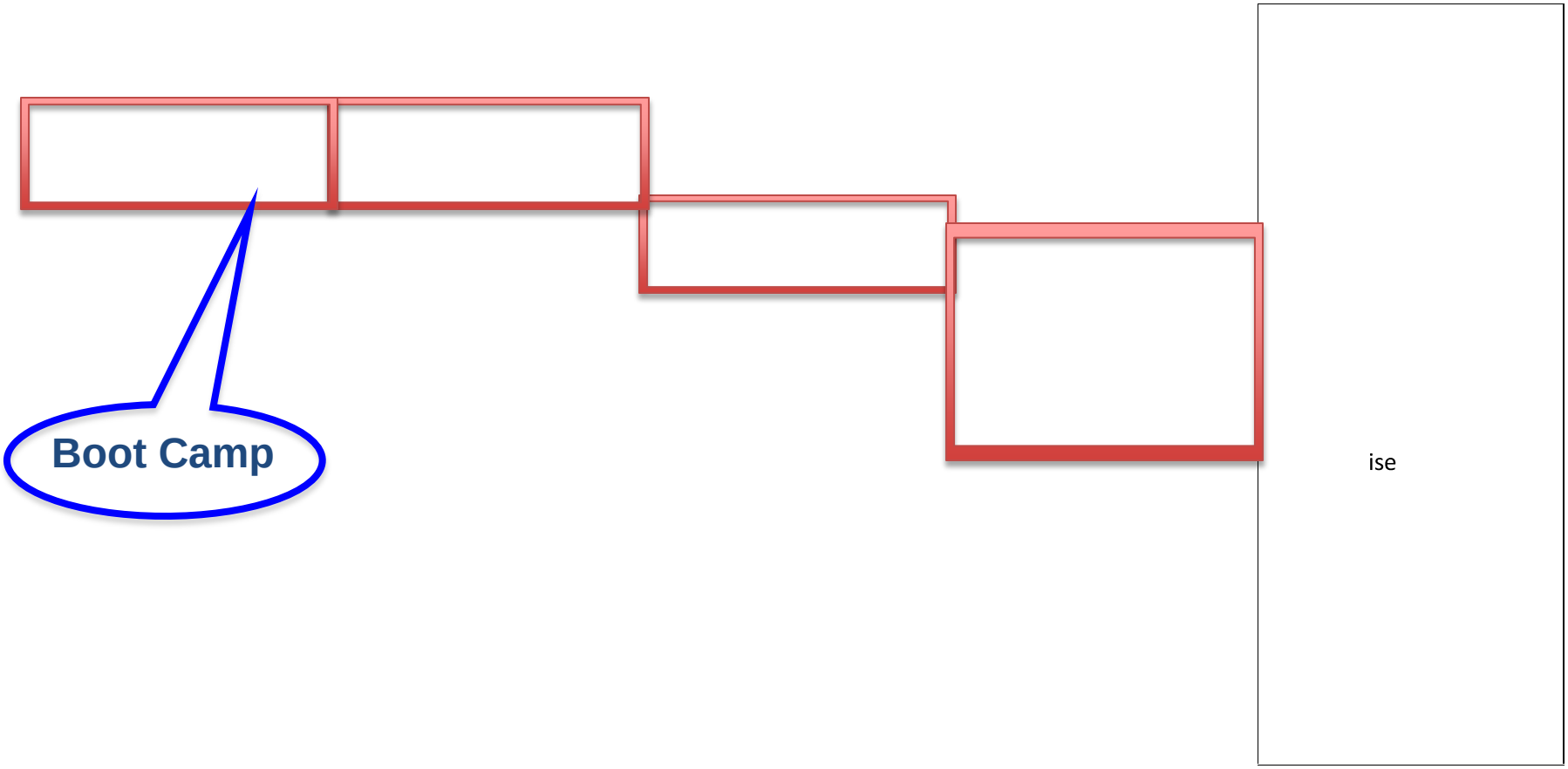
Relational – Interpersonal and Communication Skills



Relational – Interpersonal and Communication Skills



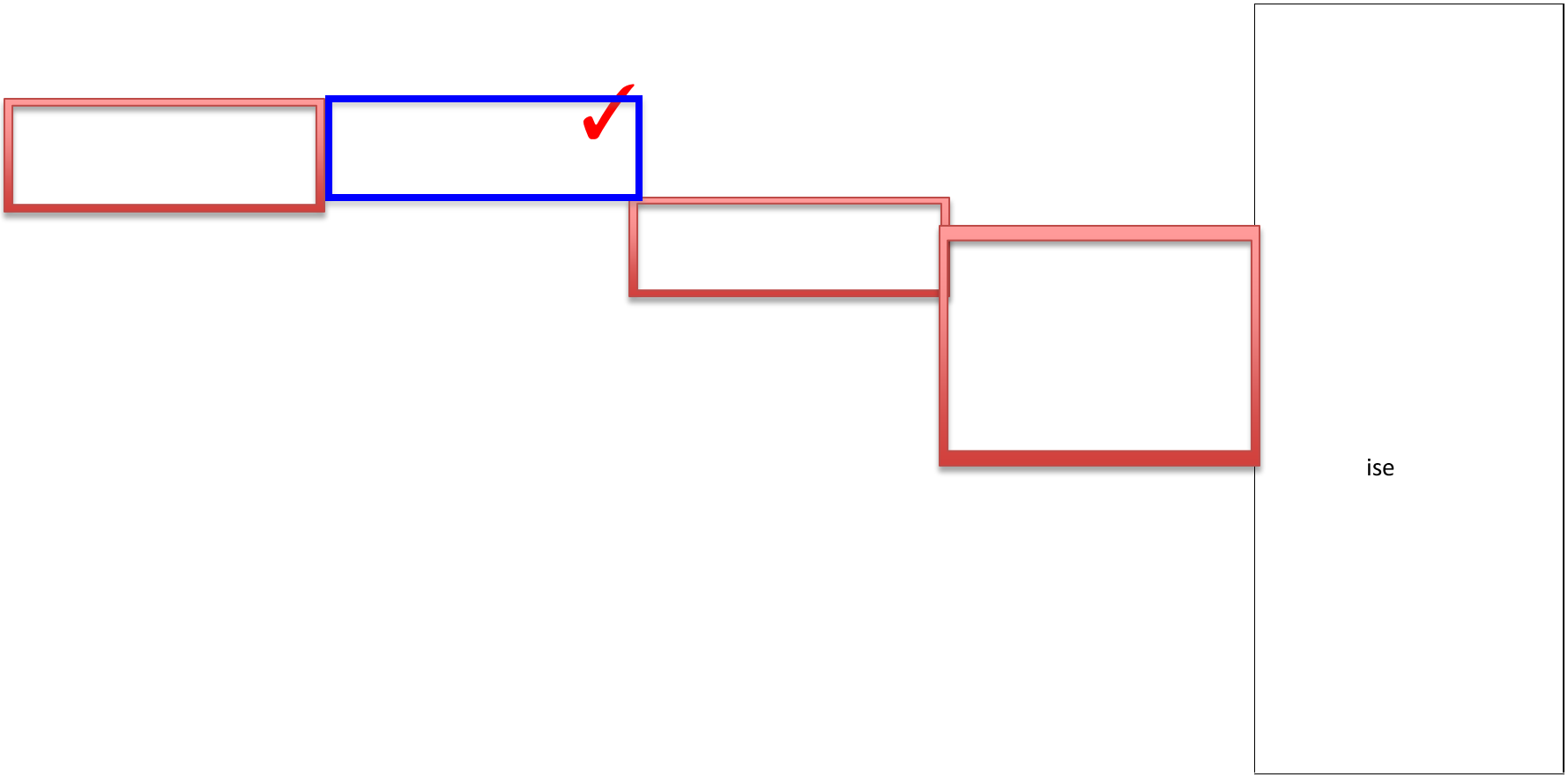
Evaluation question

- Breaking bad news
  - ❑Not observed
  - ❑Unsatisfactory
  - ❑Participates breaking bad news
  - ❑Leads breaking bad news
  - ❑Manages communication of unexpected outcome

Evaluation question

- Breaking bad news
  - ❑Not observed
  - ❑Unsatisfactory
  - ☑Participates breaking bad news
  - ❑Leads breaking bad news
  - ❑Manages communication of unexpected outcome

Relational – Interpersonal and Communication Skills



Accountability – Professionalism

ram, or

IRB

Accountability – Professionalism

ram, or

IRB

Evaluation question

- Accountability
  - ❑Not observed
  - ❑Unsatisfactory
  - ❑Recognizes personal limits
  - ❑Assumes ownership
  - ❑Leads team

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Accountability – Professionalism

ram, or

IRB

Safety and Systems – Systems-based Practice

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Not yet rotated ☐

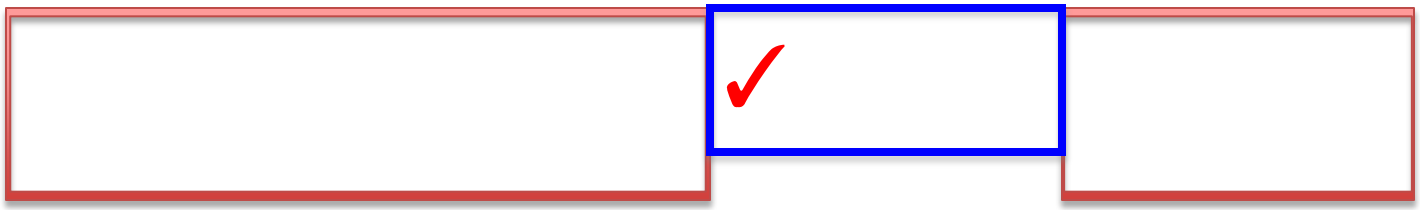
Evaluation question

- Errors and near misses
  - ❑Not observed
  - ❑Unsatisfactory
  - ❑Defines
  - ❑Uses protocols and checklists to avoid
  - ❑Reports
  - ❑Analyzes and corrects systems

Evaluation question

- Errors and near misses
  - ❑Not observed
  - ❑Unsatisfactory
  - ❑Defines
  - ❑Uses protocols and checklists to avoid
  - ☑Reports
  - ❑Analyzes and corrects systems

Safety and Systems – Systems-based Practice



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Method

- Why not use the milestones forms directly as evaluation forms?

Method

- Why not use the milestones forms directly as evaluation forms?
  - They don't function well

Safety and Systems – Systems-based Practice

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Safety and Systems – Systems-based Practice

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Safety and Systems – Systems-based Practice

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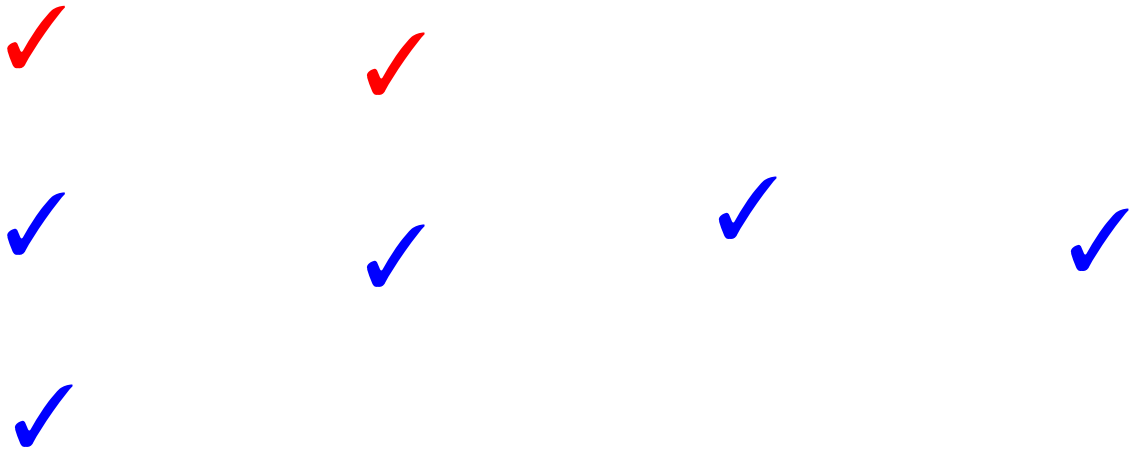
Safety and Systems – Systems-based Practice



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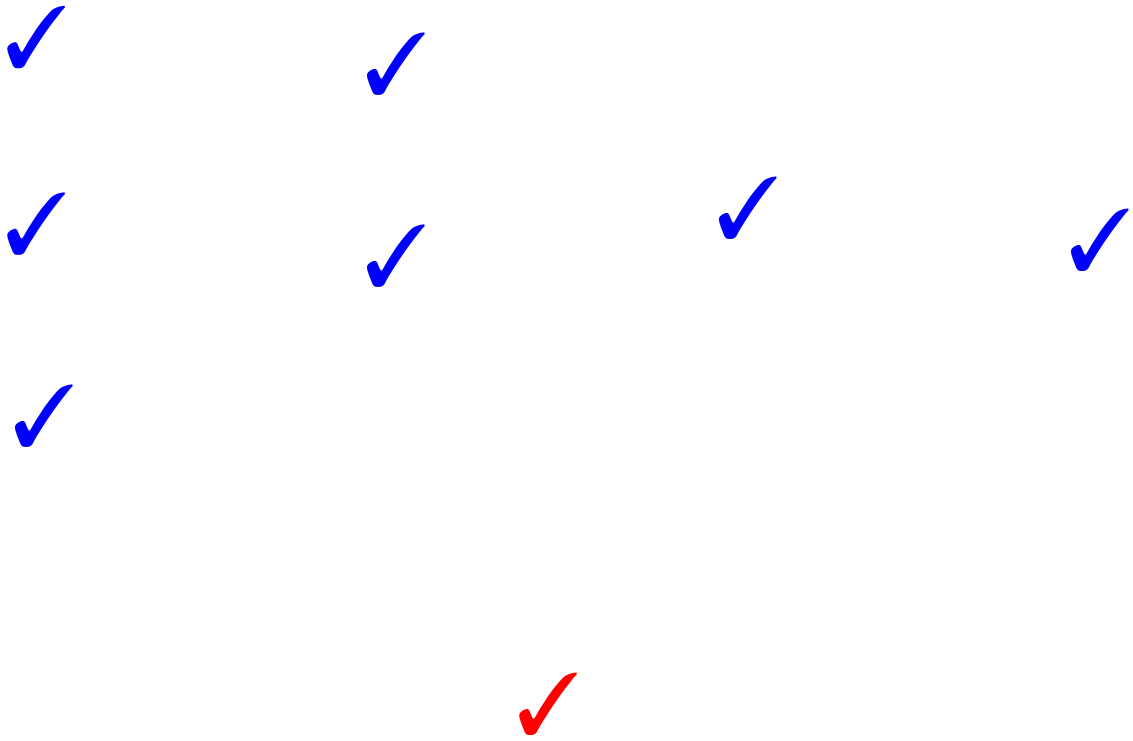
Safety and Systems – Systems-based Practice



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Method

- Why not use the milestones forms directly as evaluation forms?
  - They don’t function well
  - Too much work

Safety and Systems – Systems-based Practice

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Not yet rotated ☐

Safety and Systems – Systems-based Practice

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- ***24*** forms to fill out

Safety and Systems – Systems-based Practice

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- 24 forms to fill out
- ***Lots*** of missing information

Instead

- Typical faculty evaluation duties
  - For residents you supervise during a 6 month duty period:
    - 1 general competencies evaluation
    - 1 targeted clinical competency evaluation in your specialty area

Method

- Why not use the milestones forms directly as evaluation forms?
  - They don't function well
  - Too much work
  - They don't allow narrative comments

Method

- Why not use the milestones forms directly as evaluation forms?
  - They don't function well
  - Too much work
  - They don't allow narrative comments
    - Narrative comments are amongst the most valuable information for trainees
    - May be the most useful to drive self-improvement
    - Are built in to these example evaluations

OHSU Evaluation Process

- Multiple observers complete general competencies and 360 degree evaluations
  - PC translates evaluations to ‘credit’ for individual milestones in developmental progression
  - PD reviews the roll up
  - The Clinical Competency Committee (CCC) can focus efficiently

OHSU Evaluation Process

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    - Discrepancies between different observers

OHSU Evaluation Process

- Multiple observers complete general competencies and 360 degree evaluations
  - PC translates evaluations to ‘credit’ for individual milestones in developmental progression
  - PD reviews the roll up
  - The Clinical Competency Committee (CCC) can focus efficiently
    - Discrepancies between different observers
    - Residents failing to progress appropriately

OHSU Brain Institute

Oregon Health & Science University

OHSU Tracking Process

- Progress across developmental levels tracked from rotation to rotation
  - PC reviews the completed milestones and assesses the overall level grade for each milestone set
  - PC and PD can concentrate on milestones on ‘the margin’ of each resident’s previous progress

Safety and Systems – Systems-based Practice

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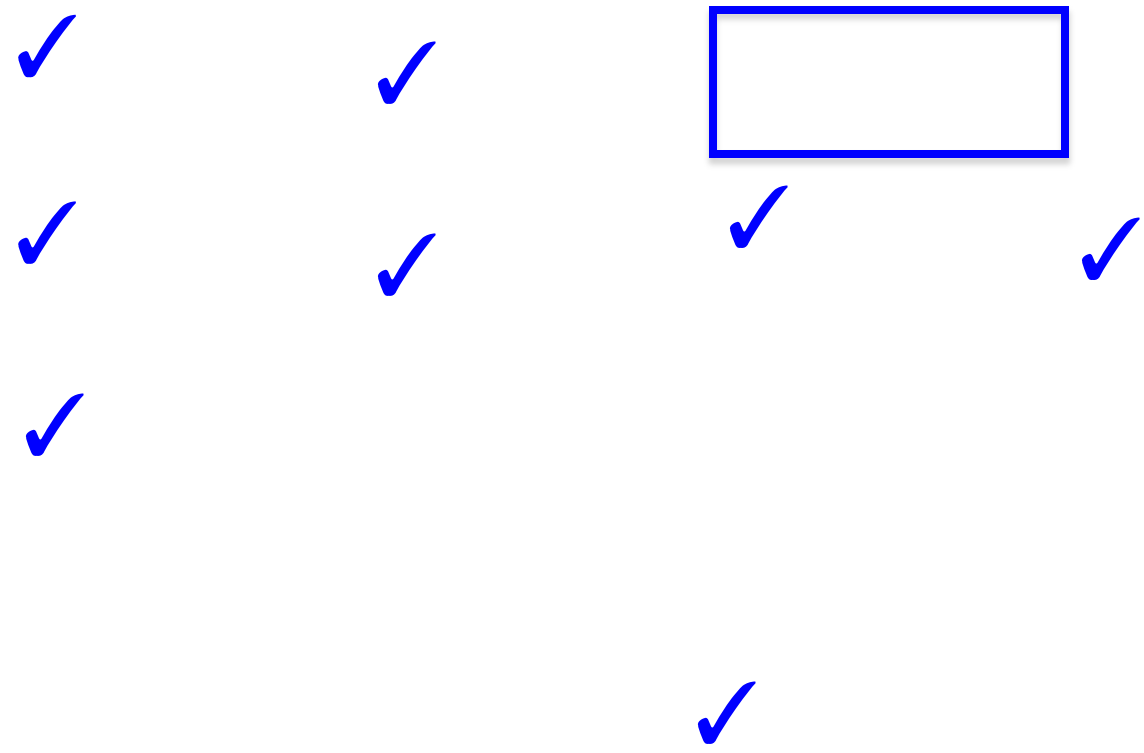
Safety and Systems – Systems-based Practice



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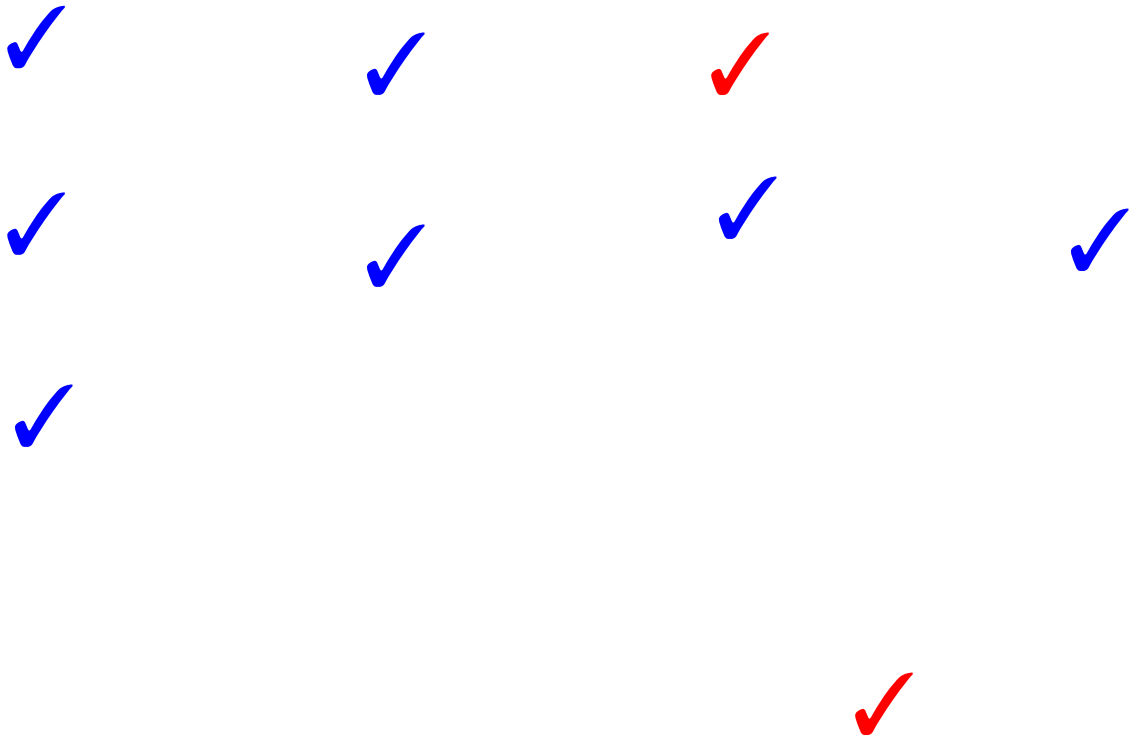
Safety and Systems – Systems-based Practice



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I. Evaluations for Milestones

- Summative (‘rotation’) evaluations
  - General competencies
    - Faculty
    - 360 degree (Self, Nurse, Peer)
  - **Patient care**
    - **Subspecialty specific (8)**
- Formative (‘on the fly’) evaluations
  - Clinical encounter
  - Surgical procedure

Patient Care Milestones

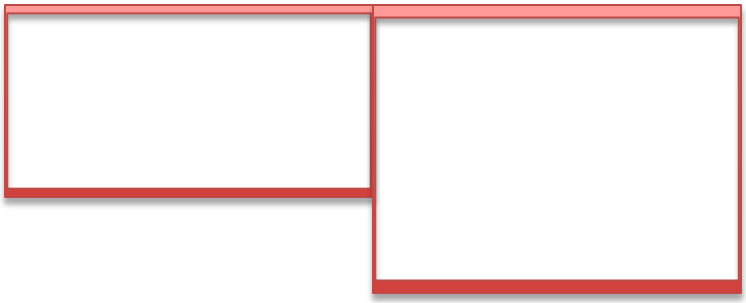
- 8 subspecialty milestone sets
- Evaluations divided into phases of care
  - Clinical evaluation and work-up
  - PARQ
  - Technical skills
  - Peri-operative care

Vascular Neurosurgery – Patient Care

Comments:

Not yet rotated ☐

Vascular Neurosurgery – Patient Care



Comments:

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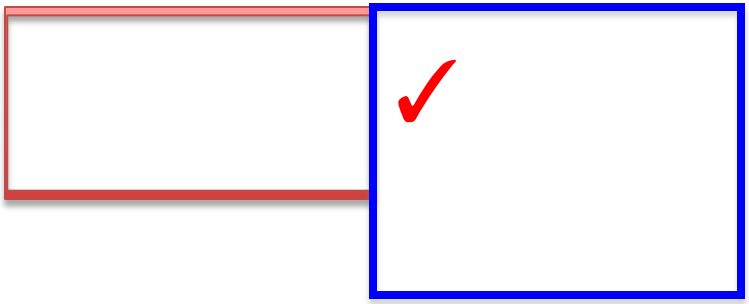
Evaluation question

- Work-up and treatment plan
  - Not observed
  - Unsatisfactory
  - Initiates work-up
  - Formulates work-up and treatment plan
  - Formulates plan for patient with co-morbidities

Evaluation question

- Work-up and treatment plan
  - ❑ Not observed
  - ❑ Unsatisfactory
  - ❑ Initiates work-up
  - ❑ Formulates work-up and treatment plan
  - ☑ Formulates plan for patient with co-morbidities

Vascular Neurosurgery – Patient Care



Comments:

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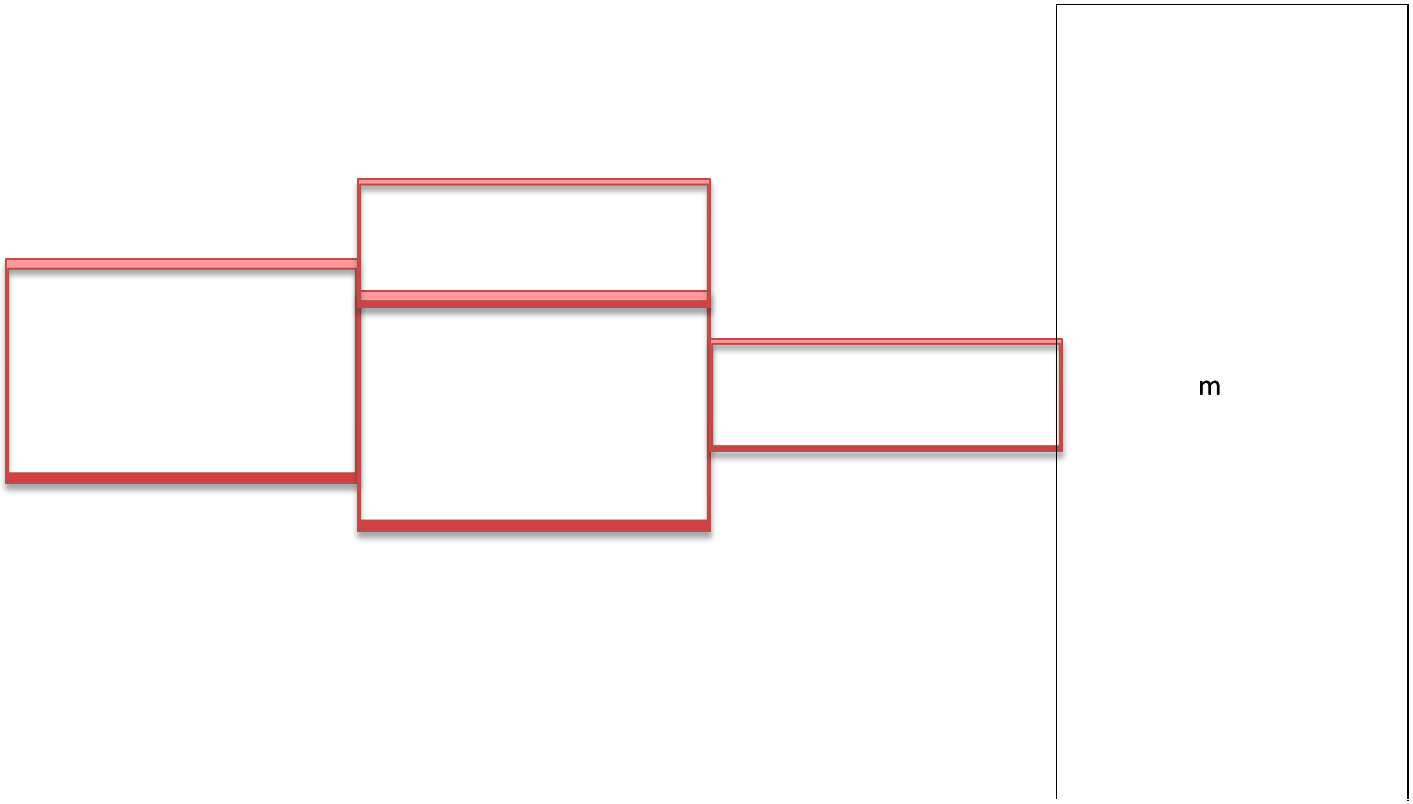
Technical Skill Milestones

- For each specialty specific procedure type (routine or complex), skill evaluated for 4 components:
  - Positioning, set-up, prep & drape
  - Approach
  - Key portion
  - Closure and transfer to care setting

Brain Tumor – Patient Care



Evaluation question

- Perform routine procedures competently
  - ❑ Observer
  - ☑ Assistant
  - ❑ Surgeon with staff assist
  - ❑ Surgeon with staff observer

Evaluation question

- Perform routine procedures competently
  - ❑ Observer
  - ❑ Assistant
  - ❑ Surgeon with staff assist
  - ☑ Surgeon with staff observer

Level 3

Evaluation question

- Perform complex procedures competently
  - ❑ Observer
  - ❑ Assistant
  - ☑ Surgeon with staff assist
  - ❑ Surgeon with staff observer

Evaluation question

- Perform complex procedures competently
  - ❑ Observer
  - ❑ Assistant
  - ❑ Surgeon with staff assist
  - ☑ Surgeon with staff observer

Level 4

OHSU Evaluation Process

- Multiple observers complete PC evaluations in various specialties
  - PC translates evaluations to ‘credit’ for individual milestones in each specialty
  - PD reviews pattern *across specialties*
  - Significant discrepancies between specialties/evaluators are reviewed in the Clinical Competency Committee

I. Evaluations for Milestones

- Summative (‘rotation’) evaluations
  - General competencies
    - Faculty
    - 360 degree (Self, Nurse, Peer)
  - Patient care
    - Subspecialty specific (8)
- **Formative (‘on the fly’) evaluations**
  - **Clinical encounter**
  - **Surgical procedure**

‘On-the-fly’ evaluations

- Evaluate a single clinical care episode
- Help formulate and corroborate summative end of rotation evaluation impressions
- Two types:
  - *Operative* (case description; pre-op, consent, operative, & post-op performance; areas for improvement)
  - *Clinical* (case description; medical eval, neurological E&M, counseling & teaching; areas for improvement)

Milestones Reporting

- Method
  - ***Sources of information about residents***
    - I. Evaluations
    - II. Portfolio
    - III. Examinations
  - Synthesis and decision-making
    - Clinical Competency Committee
      - Judgment of content specialist who work with residents in clinical environment
      - Consensus

Milestones Reporting

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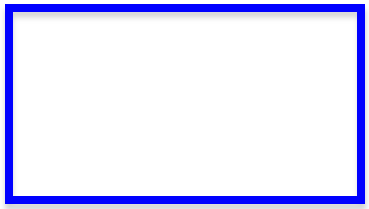
II. Portfolio

- Some milestones fulfillment material is part of the resident portfolio

Research – Practice-based Learning and Improvement



clinical outcomes registry

II. Portfolio

- PC and PD portfolio review
  - *Contributes peer reviewed literature*
  - Accurate/timely ACGME case log
  - Accurate/timely duty hours log
  - Receives patient praise notices
  - Punctual for conferences
  - Organizes educational activities
  - Prepares for transition to practice

II. Portfolio

- May require specific educational resource
  - Lists E&M code elements
  - Implements EMR template
  - Creates/updates order set
  - Participates in QI
  - Basic clinical epidemiology
  - Study design and quality
  - Utilizes registry data

II. Portfolio

- May require specific educational resource
  - Lists E&M code elements – *Coding module*
  - Implements EMR template – *EMR project*
  - Creates/updates order set – *EMR project*
  - Participates in QI – *QI project*
  - Basic clinical epidemiology – *HIP course*
  - Study design and quality – *HIP course*
  - Utilizes registry data – *Registry module*

II. Portfolio

- Help in systematic training & validation
  - ICP monitor placement
  - EVD placement
  - Central line placement
  - Breaking bad news
  - Informed consent
  - Hand offs
  - Critical event management

II. Portfolio

- Help in systematic training & validation
  - ICP monitor placement – *SNS Boot Camp*
  - EVD placement – *SNS Boot Camp*
  - Central line placement – *SNS Boot Camp*
  - Breaking bad news – *SNS JR Course*
  - Informed consent – *SNS JR Course*
  - Hand offs – *SNS JR Course*
  - Critical event management – *SNS BC & JRC*

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III. Examinations

- MK milestones require input from knowledge based examinations
  - What we have:
    - ABNS Primary Examination
    - SANS
    - Program based testing
  - What we plan to have soon:
    - SNS Portal (with didactic and assessment functions specific to Matrix and Milestones)

Milestones Reporting

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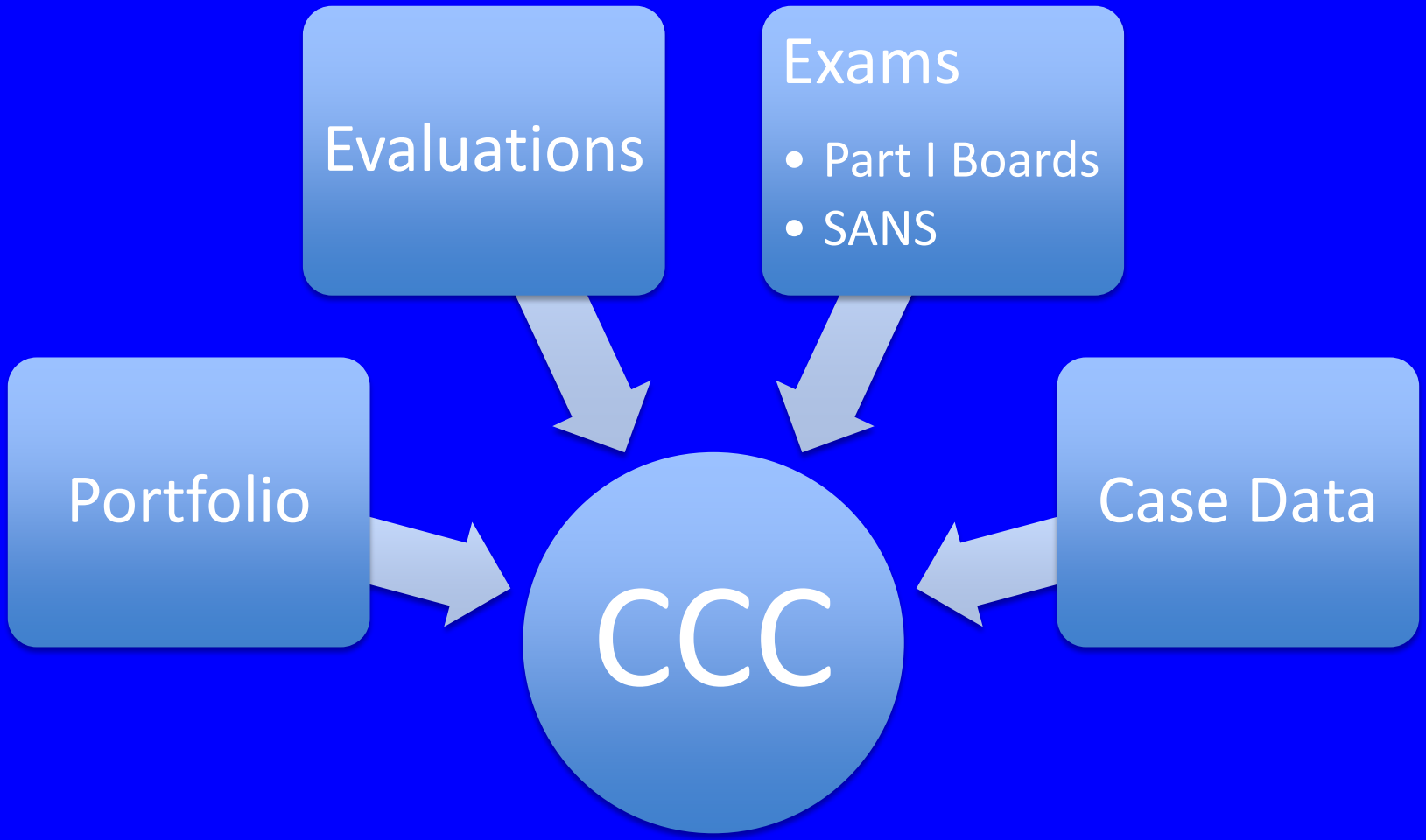
Clinical Competency Committee

- New proposed Common Program Requirements for Clinical Competency Committee (V.A.1)
  - Program director must appoint Clinical Competency Committee (CCC)
  - CCC members: at least 3 program faculty; additional eligible members include non-physician members of the health care team, residents in their final year
  - Written description of CCC responsibilities
  - CCC reviews all resident evaluations by all evaluators semi-annually, prepares and ensures semi-annual milestone reports to ACGME, recommends to PD resident progress decisions (promotion, remediation, dismissal)

Synthesizing the data (OHSU)

- Clinical Competency Committee (CCC)
  - Six to eight senior faculty
  - Includes Program Director, Chair
  - Represents core subspecialties
  - Meets every six months to review assessments & resident portfolio and determine milestone levels
  - Works by ***consensus***


Evaluations
Exams
• Part I Boards
• SANS
Portfolio
CCC
Case Data

Resident Promotion

- Determined by
  - Initially: Comparison to peers in program
  - Eventually: Comparison to national specialty benchmarks
- Tempo of individual resident development
  - Can vary within limits
- Endpoint for safe independent practice
  - Does not vary
  - Proficiency in the core competencies of the specialty as identified by the milestones is required (level 4)

Resident Promotion

- Failure to progress
  - Remediation or Probation
    - Assign mentor
    - Require additional readings, SANS, testing
    - Assign skills lab and/or simulator practice
    - Add or modify rotations
  - Repurposing to another specialty or separation from the training program

Program Evaluation

- Milestones progress by residents will be used as part of program quality evaluation and accreditation
- Why not ‘game the system’?
  - Milestones are biopsies of the broader field of neurosurgery: don’t ‘train to the test’
  - Milestones performance on key areas of the specialty assess the preparedness of the individual for unsupervised practice: this is our duty to safety and the excellence of neurosurgery

Program Director Concerns

- Faculty Burden
  - Time
    - One CCC meeting every 6 months
    - Combine with Residency Advisory Committee function
    - Milestones will inform and improve program quality
  - Benefits
    - Subspecialty milestones representation is mark of seniority, engagement with residency
    - Formal educational role for faculty P&T file
    - Ability to influence resident development and progress
    - Price of entry for teaching and clinical supervision

Program Director Concerns

- Will milestones affect length of training for individual residents (lengthen or shorten)?
  - ***Not*** envisioned immediately
  - Any proposed change to length of individual's training period would need ***prospective*** consideration by the ABNS

Program Director Concerns

- No pediatric attending on site – how do we complete Pediatrics MK & PC milestones?
  - PD should collaborate with pediatric rotation director
- Important areas of my subspecialty are not represented
  - Milestones are an assessment reporting tool, not a curriculum (think ‘biopsy’)

Program Director Concerns

- Discoverability
  - Discoverable according to existing state and federal laws for education and employment, ***no change***
- Liability
  - Milestones data may be used for non-promotion or separation decisions
  - Properly employed, milestones ***improve*** the status quo:
    - Created in specialty wide consultative process
    - Implemented correctly, reflect transparent consensus of multiple expert faculty with access to formative data

Thanks

- Advisory Group
  - Dan Barrow – ABNS Past Chair
  - Hunt Batjer – Chair, RRC
  - Kim Burchiel – President-elect, SNS
  - Ralph Dacey – President, SNS
  - Arthur Day – SNS Past President
  - Fred Meyer – ABNS Secretary
- ACGME
  - Pam Derstine – Exec Dir, Neurosurgery RRC
  - Laura Edgar – Milestones Project Lead

Future Program Director Workshops

- June 8, 2013: (SNS-Boston MA)
- October, 2013: (CNS- San Francisco CA)

ACGME