
Implementing The Next Accreditation System

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ACGME

ACGME Webinar
4 November 2013



Disclosures

- No financial disclosures



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Disclosures

- No financial disclosures
- Recovering



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Disclosures

- No financial disclosures
- Recovering
 - PD



Disclosures

- No financial disclosures
- Recovering
 - PD
 - DIO



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Outline

- **NAS: Background**
- **NAS: Goals**
- **NAS: Structural overview**
- **NAS: What's different?**
- **Milestones**
- **Institutional Perspective**



Outline

- **NAS: Background**
- NAS: Goals
- NAS: Structural overview
- NAS: What's different?
- Milestones
- Institutional Perspective



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NAS Background

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

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,¹ 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 education⁸

N Engl J Med. 2012 Mar 15;366(11):1051-6



NAS Background

- GME is a public trust
- ACGME accountable to the public



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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



NAS Background

- 2002 – Present: Escalating Public demands for GME to educate physicians in the “New Physician Competencies”
- 2011 – Present: Escalating calls for modulation of GME Cost Reimbursement based on “New Physician Competencies”



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NAS Background

- Public expects GME to produce doctors who:
 - Possess these skills, *and*
 - Requisite clinical and professional attributes



NAS Background



CONFERENCE SUMMARY

May 2011 | Atlanta, Georgia

Ensuring an Effective Physician Workforce for the United States: Recommendations for Reforming Graduate Medical Education to Meet the Needs of the Public

The Second of Two Conferences—The Content and Format of GME

Macy Foundation



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

ABOUT THE IOM

REPORTS

ACTIVITIES

Browse History

Reports

Health Care Workforce

Search

Meeting

Committee on Governance and Financing of Graduate Medical Education Meeting: December 19–20, 2012

When: December 19, 2012 - December 20, 2012 (12:00 AM Eastern)

Where: National Academy of Sciences Building • 2101 Constitution Avenue, NW, Washington, DC 20418 | Map

Institute of Medicine

COUNCIL ON GRADUATE MEDICAL EDUCATION

Nineteenth Report

*Enhancing Flexibility
in Graduate Medical
Education*

SEPTEMBER 2007

COGME



Team-Based Competencies

Building a Shared Foundation For Education and Clinical Practice



Conference Proceedings

February 16–17, 2011
Washington, D.C.

Robert Wood Johnson
Foundation

CHAPTER 4

Graduate medical education
financing: Focusing on
educational priorities

MedPAC



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NAS Background

- ACGME established 1981
- Major issues faced:
 - Emergence of formal subspecialty training
 - Variability in quality of resident training



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NAS Background

- ACGME responded by emphasizing:
 - Program structure
 - Increase in quality & quantity of formal teaching
 - Balance between service and education
 - Resident evaluation & feedback
 - Financial & benefit support for trainees



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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.



Outline

- NAS: Background
- **NAS: Goals**
- NAS: Structural overview
- NAS: What's different?
- Milestones
- Institutional Perspective



Next Accreditation System: Goals

- Produce physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation



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Next Accreditation System: Goals

- Free *good* programs to innovate
- Help *underperforming* programs improve
- Realize the promise of “Outcomes Project”
- Provide public accountability for outcomes
- Reduce the burden of accreditation



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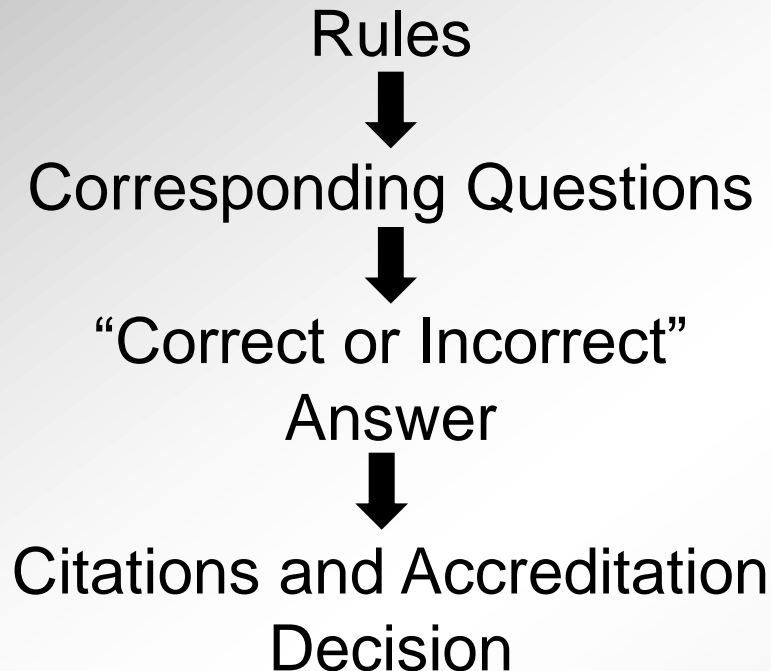
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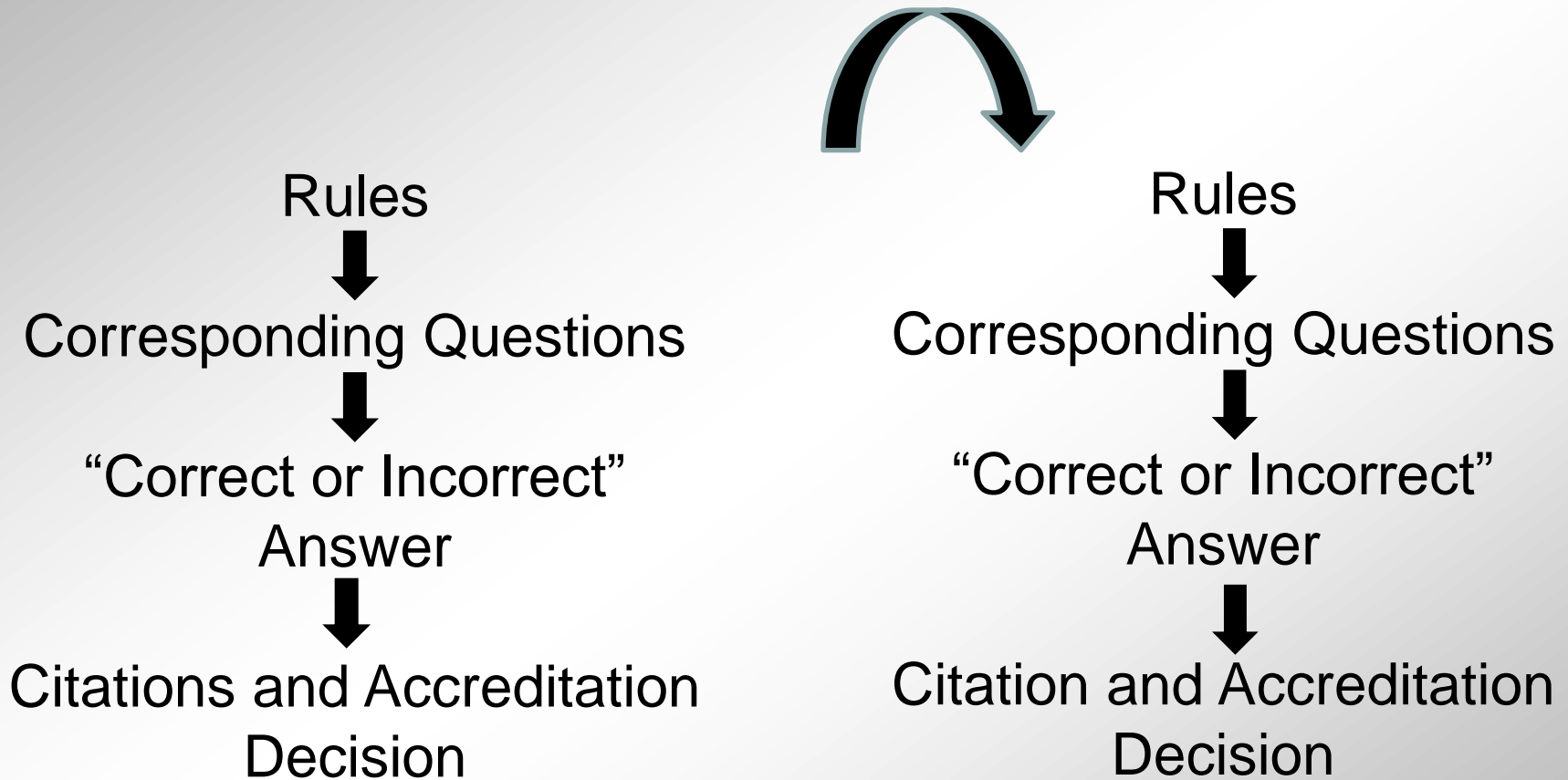


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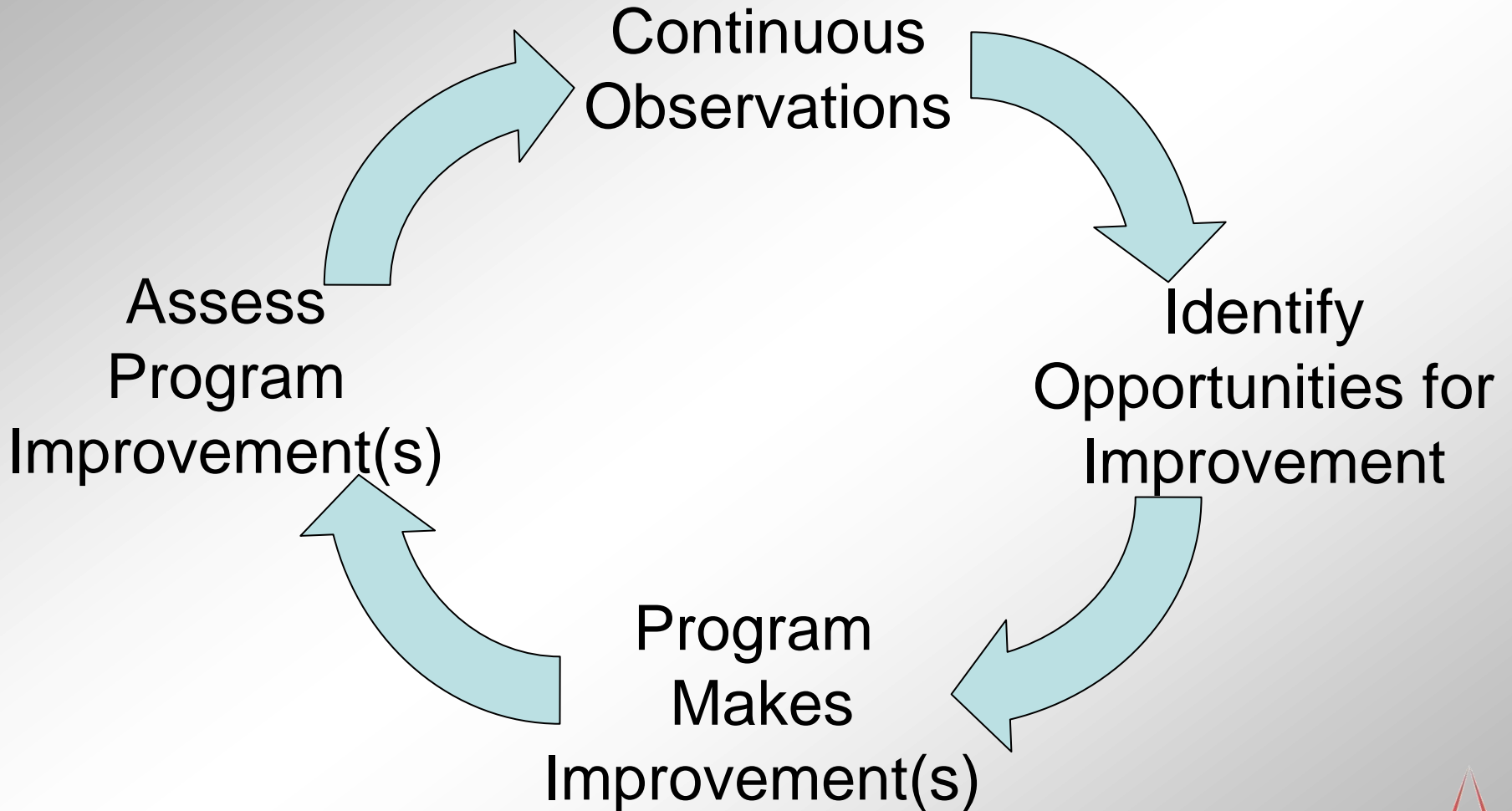
The “Old” Accreditation System



The “Old” Accreditation System



The Next Accreditation System



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The Next Accreditation System



Outline

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The Old Accreditation System

Accreditation
Status

Percentage of Programs

Five years

23%

Four years

25%

Three years

32%

Two years

17%

One Year

2

Probation

2

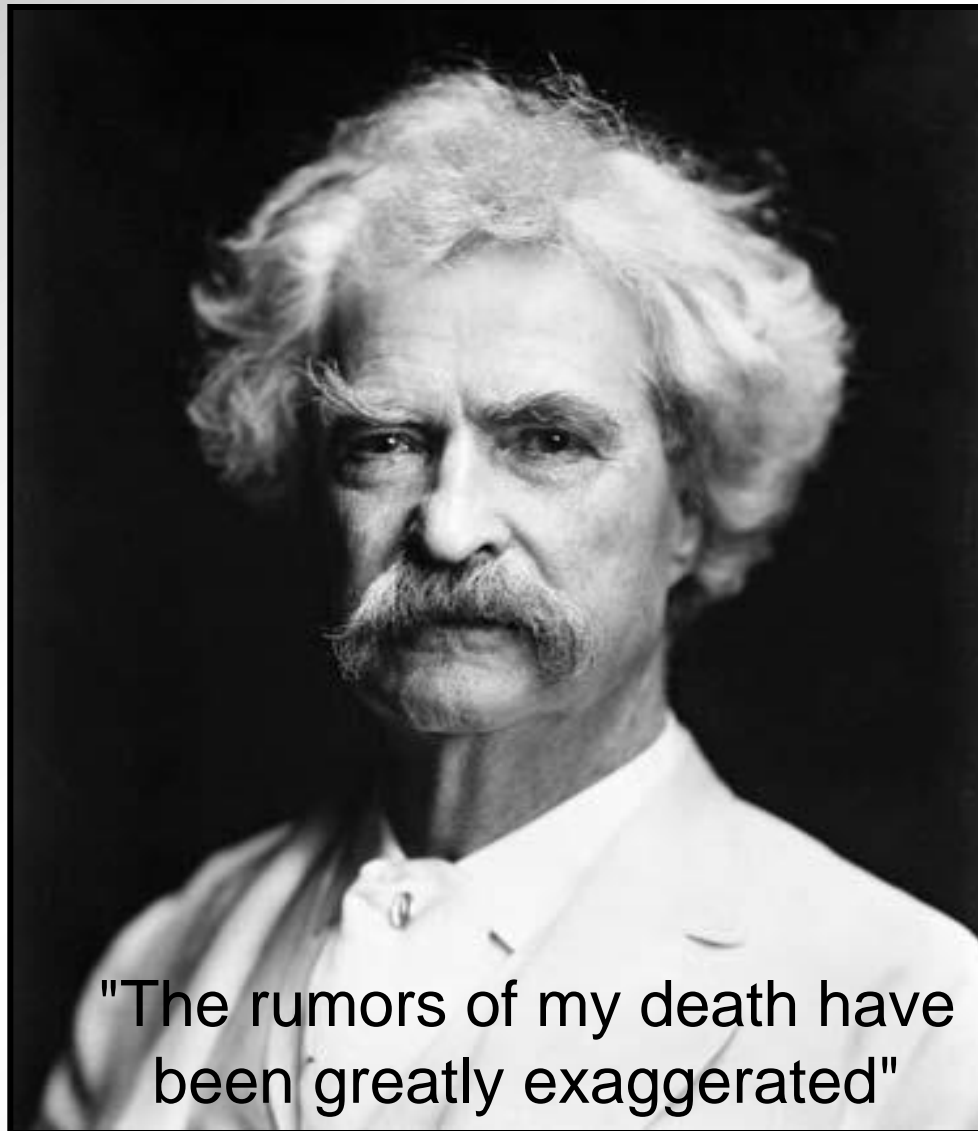
NAS: What's Different?

- *Continuous* accreditation model
- No cycle lengths



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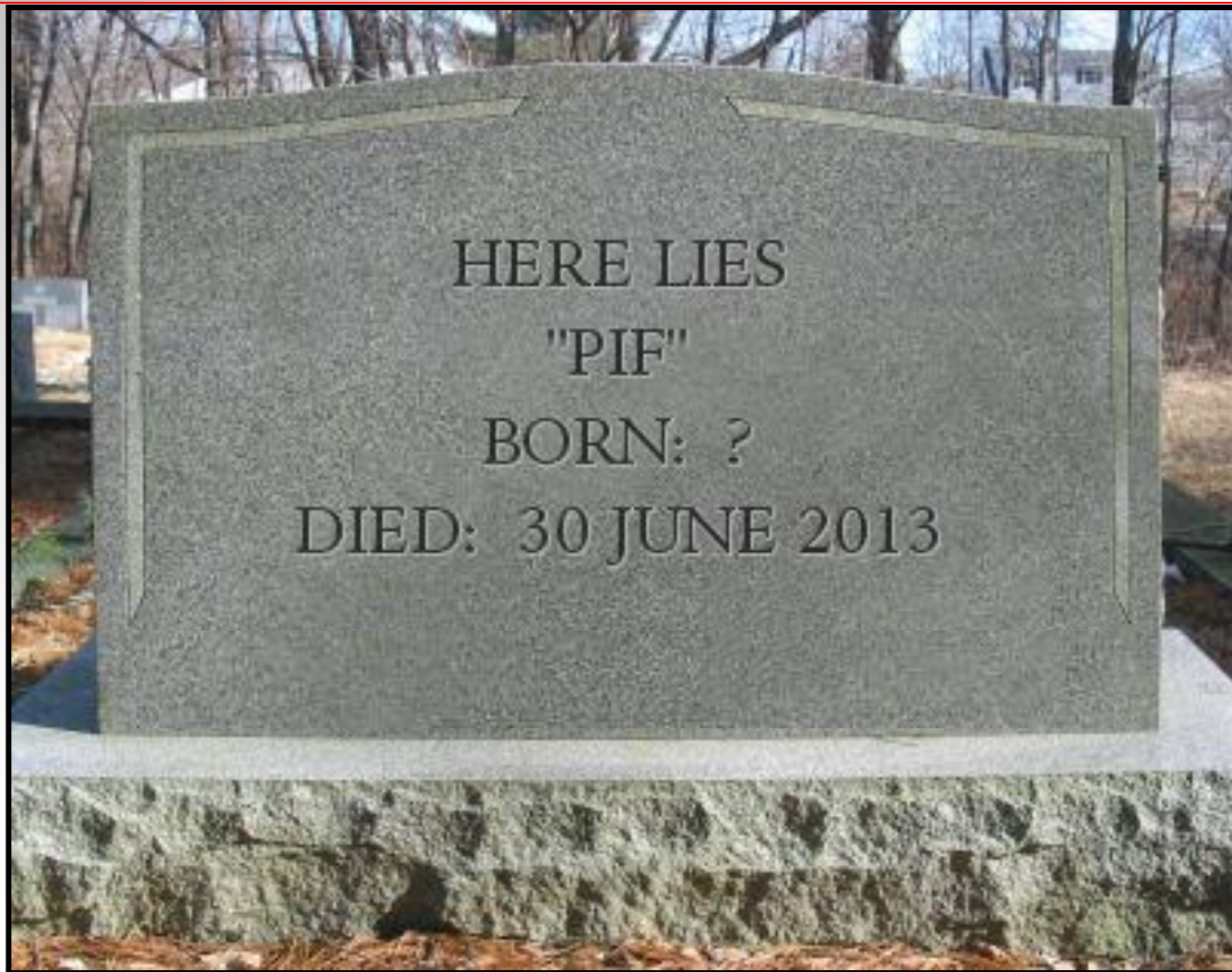
NAS: What's Different?



"The rumors of my death have been greatly exaggerated"



NAS: What's Different?



NAS: What's Different?

- No PIFs
- “Infernal Review” no longer required
- Programs notified of status *at least* annually
- Requirements revised every ten years



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NAS: What's Different?

Citations

- *Can* be levied by RRC
- Will be reviewed annually by RRC
- And, could be removed quickly based upon:
 - Progress report
 - Site visit (focused or full)
 - New annual data from program



NAS: What's Different?

- No site visits (as we know them)

but...
- Focused site visits for an “issue”
- Full site visit (no PIF)
- Self-study visits every ten years



Focused Site Visits

- 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



Focused Site Visits

- Minimal notification given (30 days)
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC



Full Site Visits

- 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



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Full Site Visits

- Minimal notification given (60 days)
- Minimal document preparation expected
- Team of site visitors



Ten Year Self-Study Visit

- Not fully developed



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Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit



Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit
- Implemented: 2015 (Phase 1)



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Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit
- Implemented: 2015 (Phase 1)
2016 (Phase 2)



Ten Year Self-Study Visit

- Will review core residency program and any dependent subspecialty program(s) together



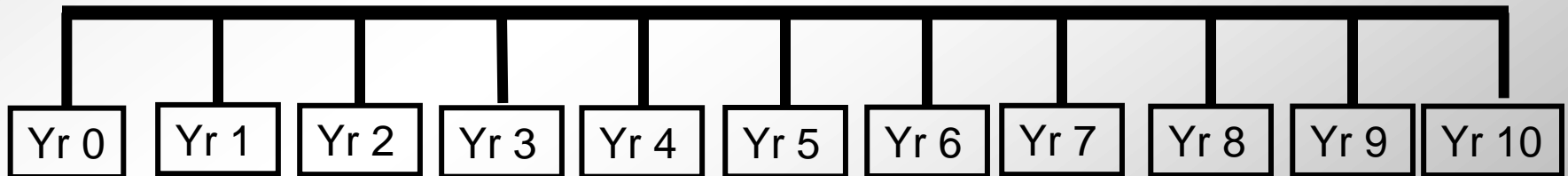
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Ten Year Self-Study Visit

- Review annual program evaluations (PR-V.C.)
 - Response to citations
 - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *Will* verify compliance with Core Requirements

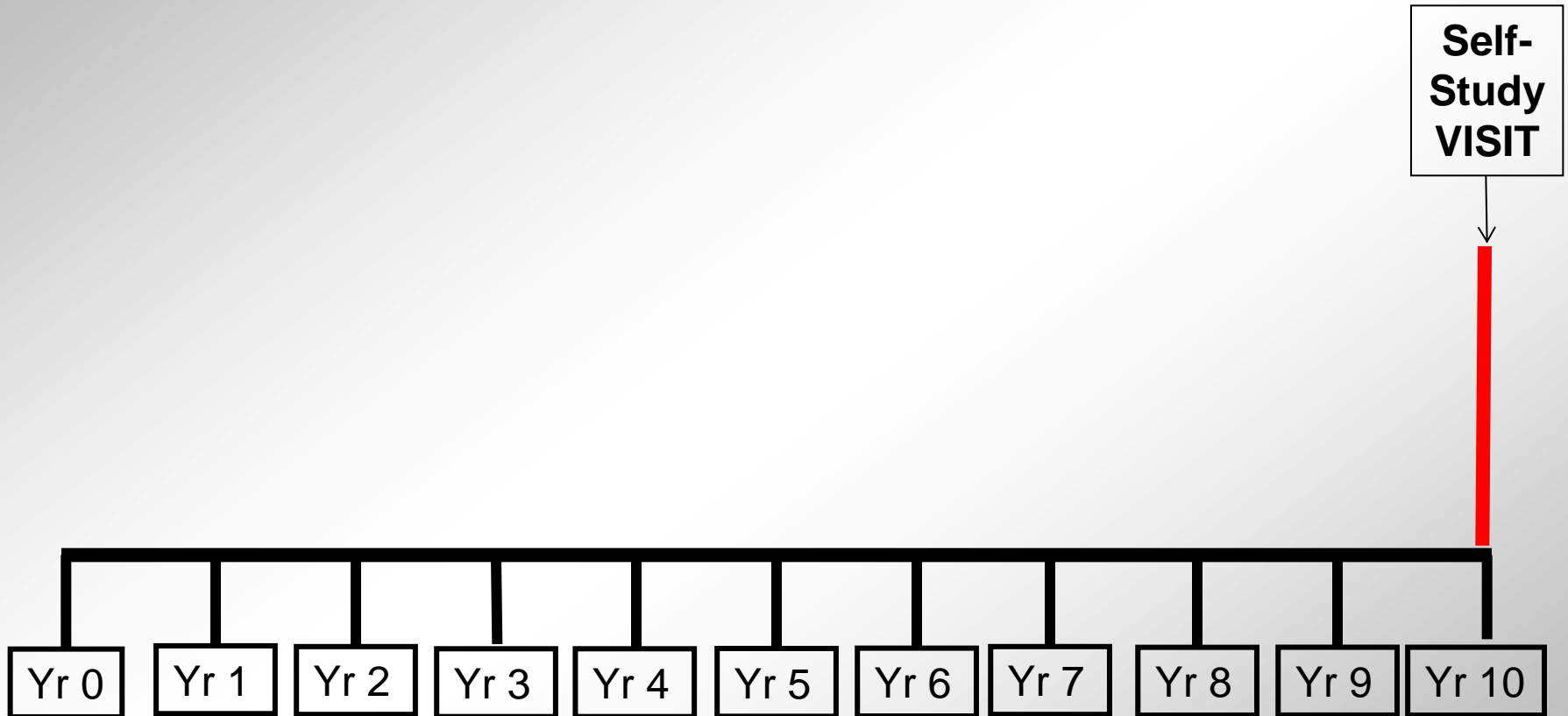


Ten Year Self-Study Visit

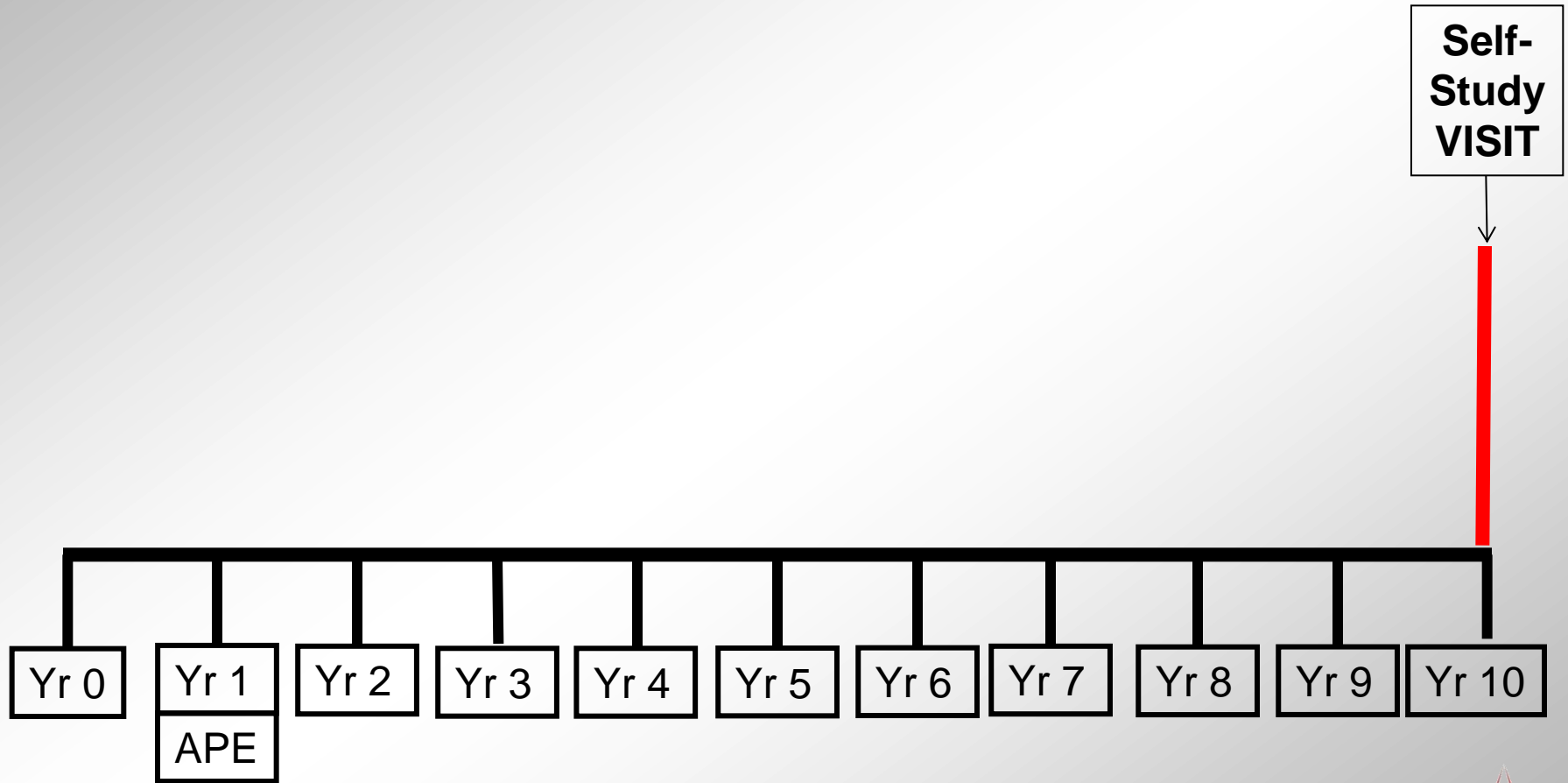


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Ten Year Self-Study Visit



Ten Year Self-Study Visit



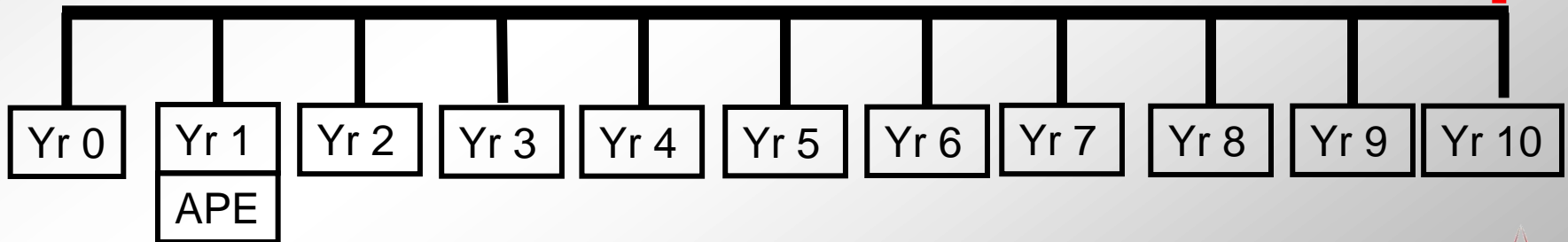
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Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-
Study
VISIT

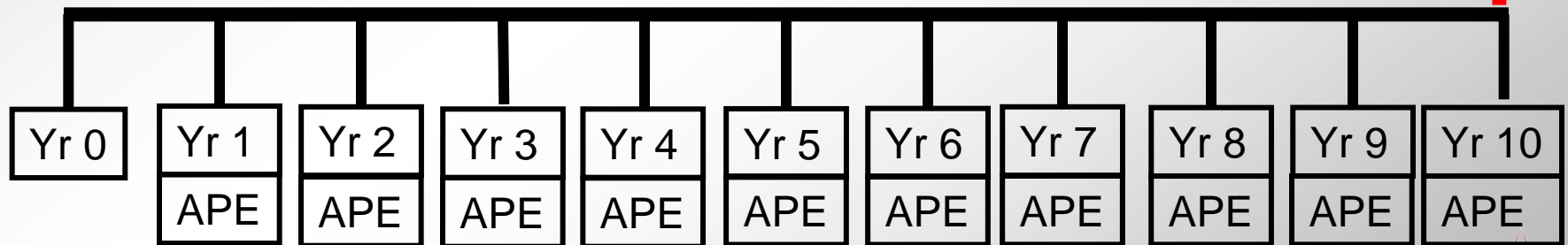


Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
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Self-
Study
VISIT



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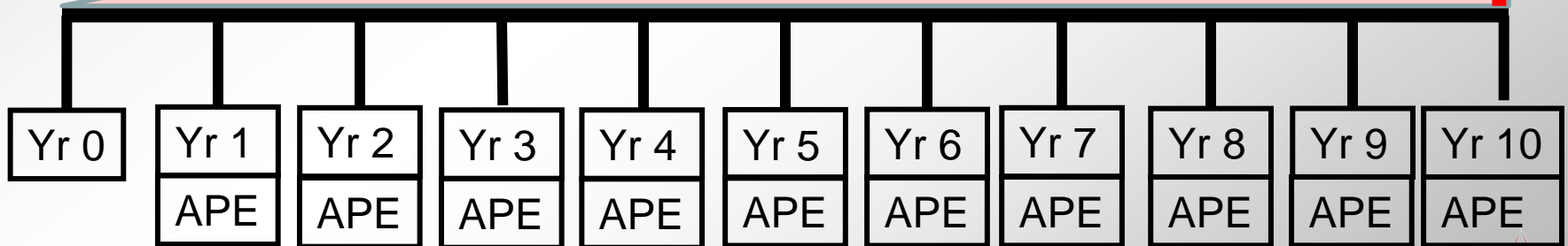
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-
Study
VISIT

Ongoing Improvement



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Ten Year Self-Study Visit

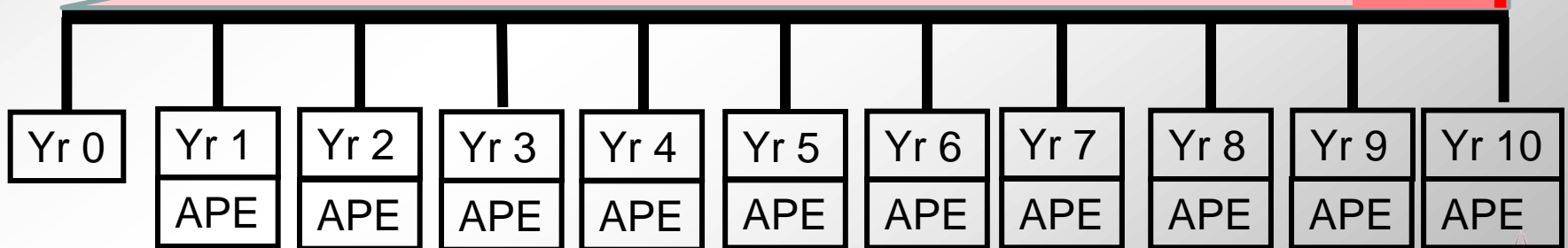
Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-Study
PROCESS

Self-Study
VISIT

Ongoing Improvement



Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:



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Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:
 - Outcome
 - Core
 - Detail



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Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:
 - Outcome - All programs must adhere
 - Core
 - Detail



Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:
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 - Core - All programs must adhere
 - Detail



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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



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Program Accreditation in NAS

STANDARDS

Outcomes
Core Process
Detail Process



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Program Accreditation in NAS

**Continued
Accreditation**

STANDARDS

**Outcomes
Core Process
Detail Process**



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Program Accreditation in NAS

**Continued
Accreditation**

STANDARDS

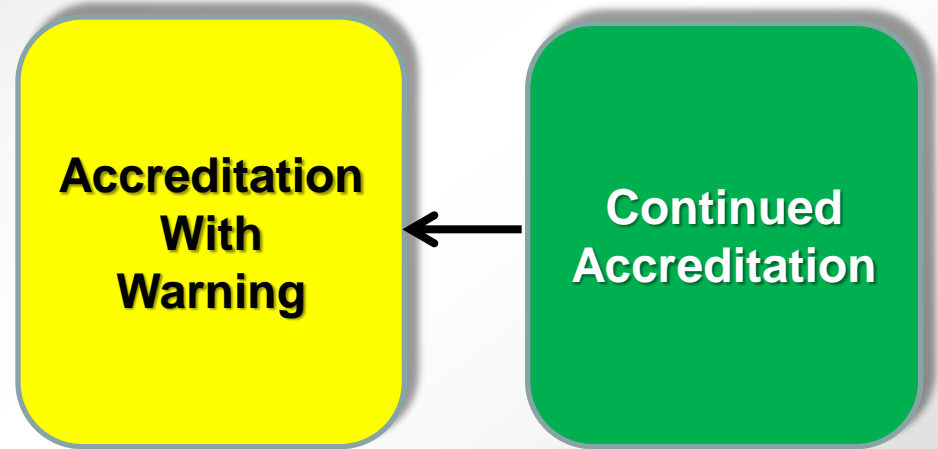
**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process
Detail Process**



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Program Accreditation in NAS

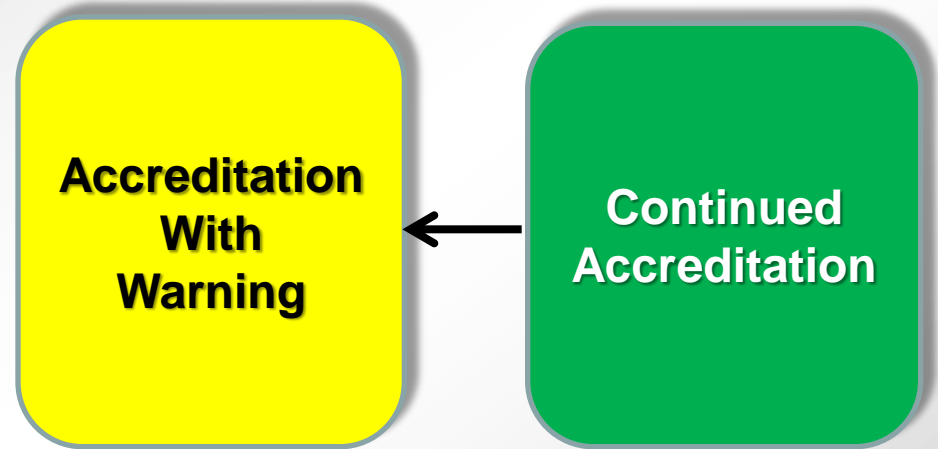


STANDARDS

Outcomes
Core Process
Detail Process



Program Accreditation in NAS



STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



Program Accreditation in NAS

Programs with ≤ 2 year cycles
Enter NAS with this status

**Accreditation
With
Warning**

**Continued
Accreditation**



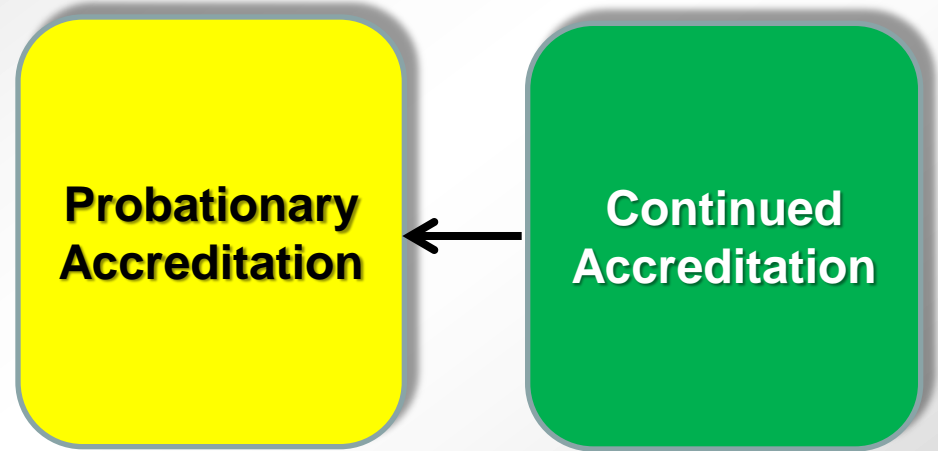
STANDARDS

**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process
Detail Process**



Program Accreditation in NAS



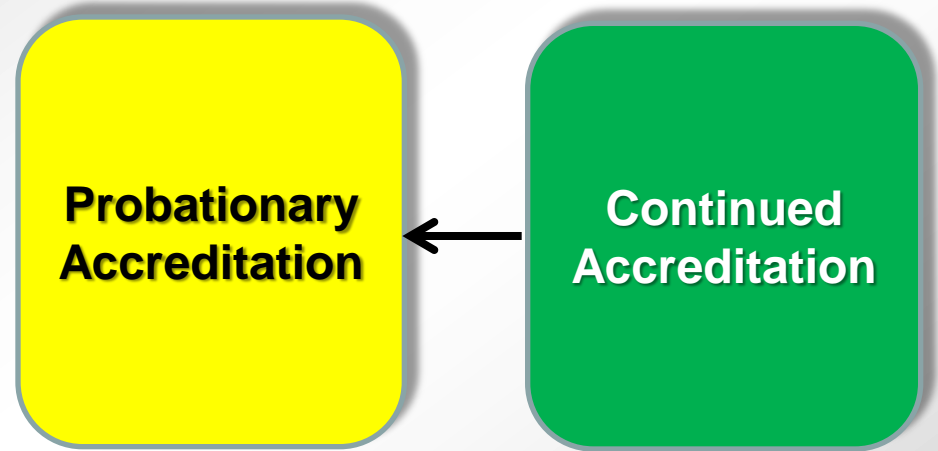
STANDARDS

Outcomes
Core Process
Detail Process



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Program Accreditation in NAS



STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



Program Accreditation in NAS

No longer a *proposed* status

**Probationary
Accreditation**

**Continued
Accreditation**



STANDARDS

**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process
Detail Process**



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Program Accreditation in NAS

**Accreditation
with Warning**

**Probationary
Accreditation**

**Continued
Accreditation**

STANDARDS

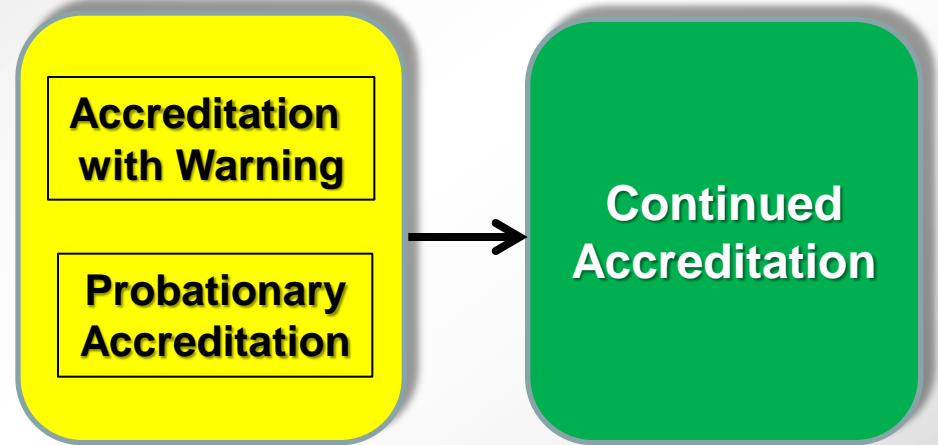
**Outcomes
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Detail Process**



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Program Accreditation in NAS



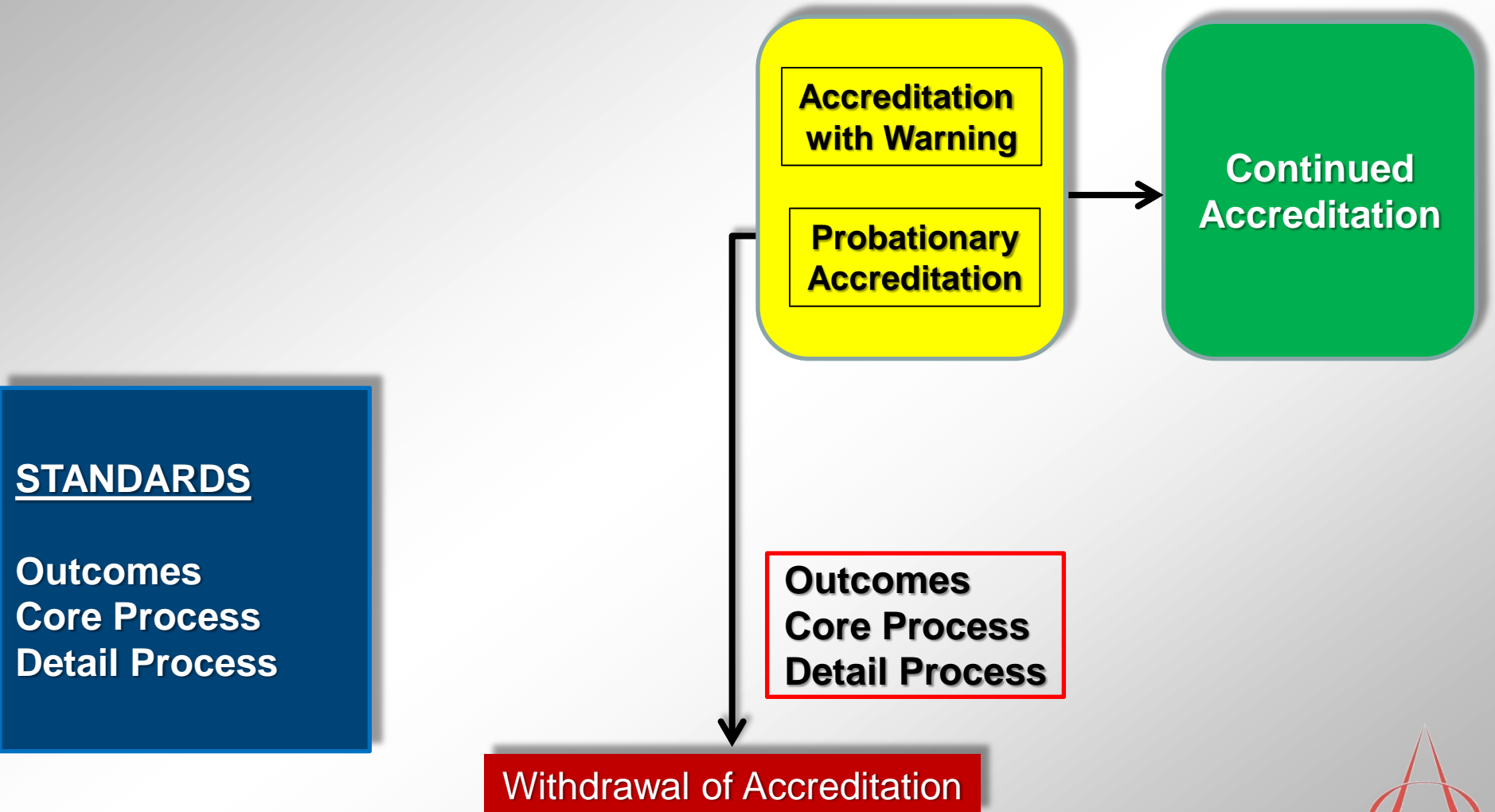
STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



Program Accreditation in NAS



Data Reviewed Annually by RRC

Most already in place

- ✓ Annual ADS Update
 - ✓ Program Characteristics – Structure & resources
 - ✓ Program Changes – PD / core faculty / residents
 - ✓ Participating Sites
 - ✓ Educational Environment including duty hours
 - Scholarly Activity – Faculty and residents
 - Response to Citations
 - Block schedule
 - Omission of data

- | |
|--------------------|
| ✓ Already in place |
| ➤ New or changed |



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Data Reviewed Annually by RRC

Most already in place

- ✓ Board Pass Rate
- ✓ Resident Survey
- ✓ Clinical Experience (Case logs)
- ✓ Semi-Annual Resident Evaluation & Feedback
 - Milestones
 - Faculty Survey

- | |
|--------------------|
| ✓ Already in place |
| ➤ New or changed |



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
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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

Categories for points:

Peer Review Publication

Other Scholarly

Grantsmanship

Leadership / Peer Review

Education

Faculty 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.			
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4
	John Smith	12433	32411		

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Teaching Formal Courses

N

Enter
Pub Med ID #'s

PMID 1	PMID 2	PMID 3	PMID 4
12433	32411		



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Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012 List up to 4.				Conference Presentations
	PMID 1	PMID 2	PMID 3	PMID 4	
John Smith	12433	32411			3

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

Conference Presentations

3

Enter a number

Active Leadership	Teaching Formal Courses
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.	
Y	N



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Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.				Conference Presentations	Other Presentations
	PMID 1	PMID 2	PMID 3	PMID 4		
John Smith	12433	32411			3	1

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

<p>30/2012; held r, conference series, or ch as arrangement of kers, organization of of participants' actic training within the program. This includes ical students. ther health s not include single individual lectures or</p>
<p>mal Courses</p>
<p>N</p>



Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4			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.
	PMID 1	PMID 2	PMID 3				
John Smith	12433	32411		1	3	Y	N

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

Enter a number

Chapters / Textbooks
1



Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.		
	PMID 1	PMID 2	PMID 3
	John Smith	12433	32411

Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Grant Leadership

3

Number of articles or books 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.
Articles / Books	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
1	3	Y	N

Enter a number



Faculty Scholarly Activity

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (PubMed) published 7/1/2011 and List up	
	Faculty Member	PMID 1	IPMID 2
	John Smith	12433	32419

IS	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.
hip	Leadership or Peer-Review Role	Teaching Formal Courses
	Y	N

Answer Yes or No

Leadership or Peer-Review Role
Y



Faculty Scholarly Activity

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

Faculty Scholarly Activity	Mouse-over definitions:	Pub
		7
	Faculty Member	PM
	John Smith	124

Membership	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

Answer
Yes or No

Teaching Formal Courses

N

Core Faculty

- All physician faculty who have a significant role in the education of residents/fellows and who have documented qualifications to instruct and supervise.
- Core faculty must devote at least 15 hours per week to resident education and administration.
- All core faculty should evaluate the competency domains; work closely with and support the program director; assist in developing and implementing evaluation systems; and teach and advise residents.

Core Faculty

- Core faculty complete scholarly activity
- Core faculty complete faculty survey



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

Resident Scholarly Activity

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

Same as Faculty Template

Resident Scholarly Activity

Resident Scholarly Activity	Mouse-over definitions:		Participated in funded or non-funded basic science or clinical outcomes research project 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				
			Participated in research			
			N			

Answer Yes or No



Resident Scholarly Activity

Resident Scholarly Activity	Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012	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
	Teaching / Presentations	Answer Yes or No
	Y	



RRC Actions in NAS

- Programs notified of status *at least* annually
- Citations *will* be levied by RRC
 - Will be reviewed annually by RRC
 - Could be removed quickly based upon
 - Progress report
 - Site visit (focused or full)
 - New annual data from program



Outline

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What's different?
- **Milestones**
- Institutional Perspective



ACGME

Milestones



Via Ignatia



Key West, FL



Yorkshire Moors



Portadon Ireland



Gemas
Malaysia



Milion of
Constantinople



Boston, MA



County Cork



Apian Way

Milestones

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



ACGME

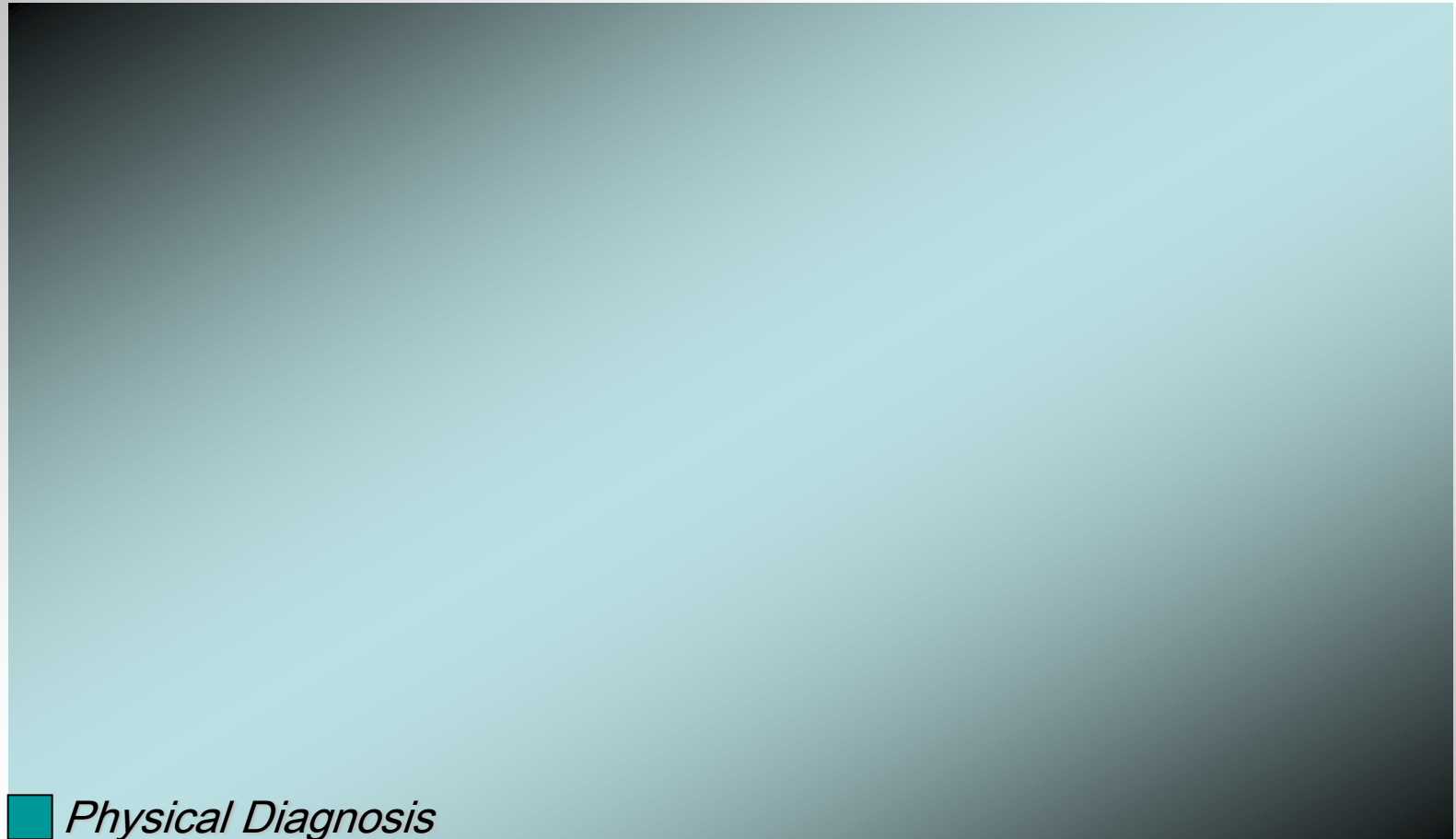
Milestones

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



ACGME

The Continuum of Clinical Professional Development

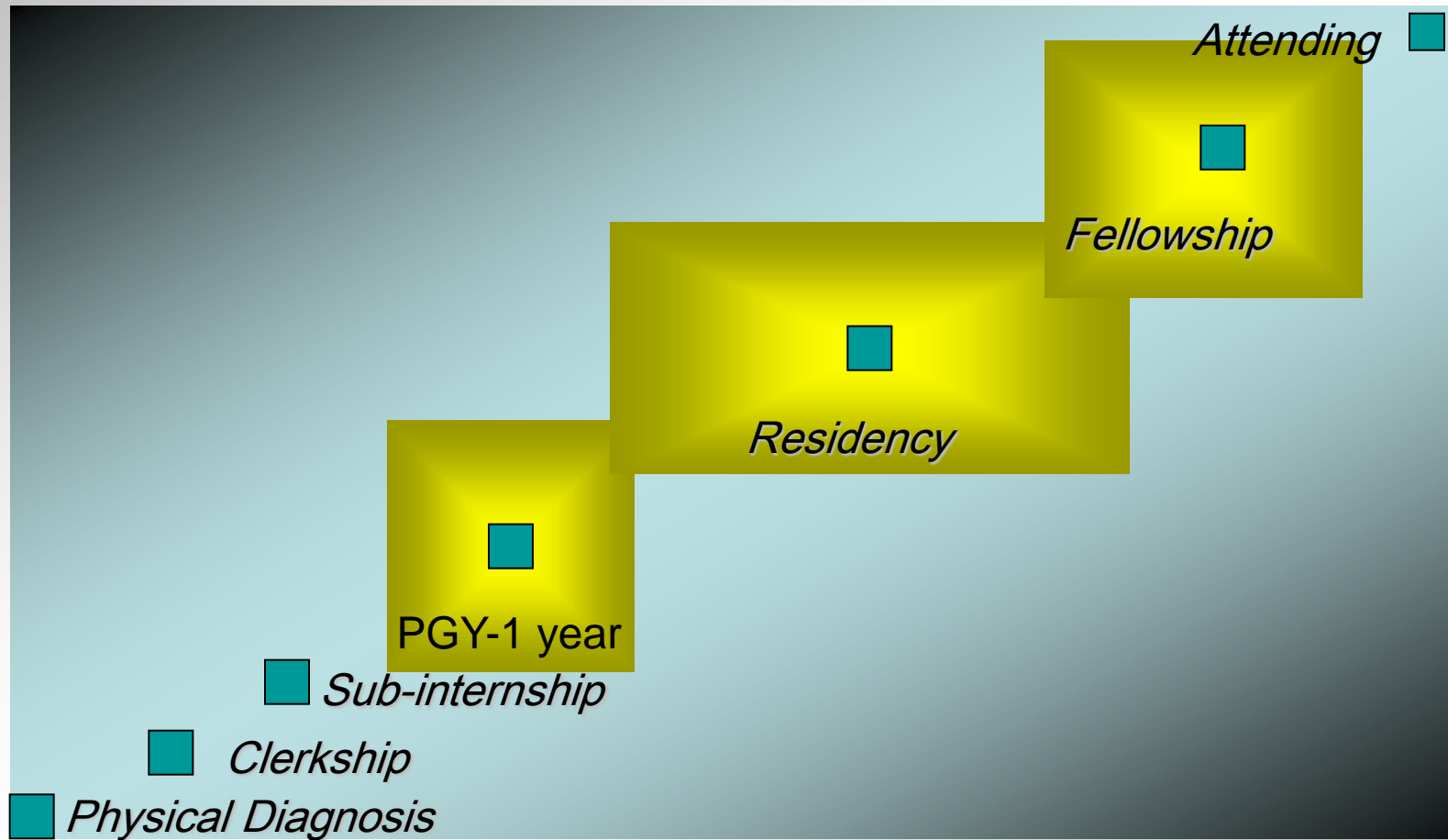


■ *Physical Diagnosis*

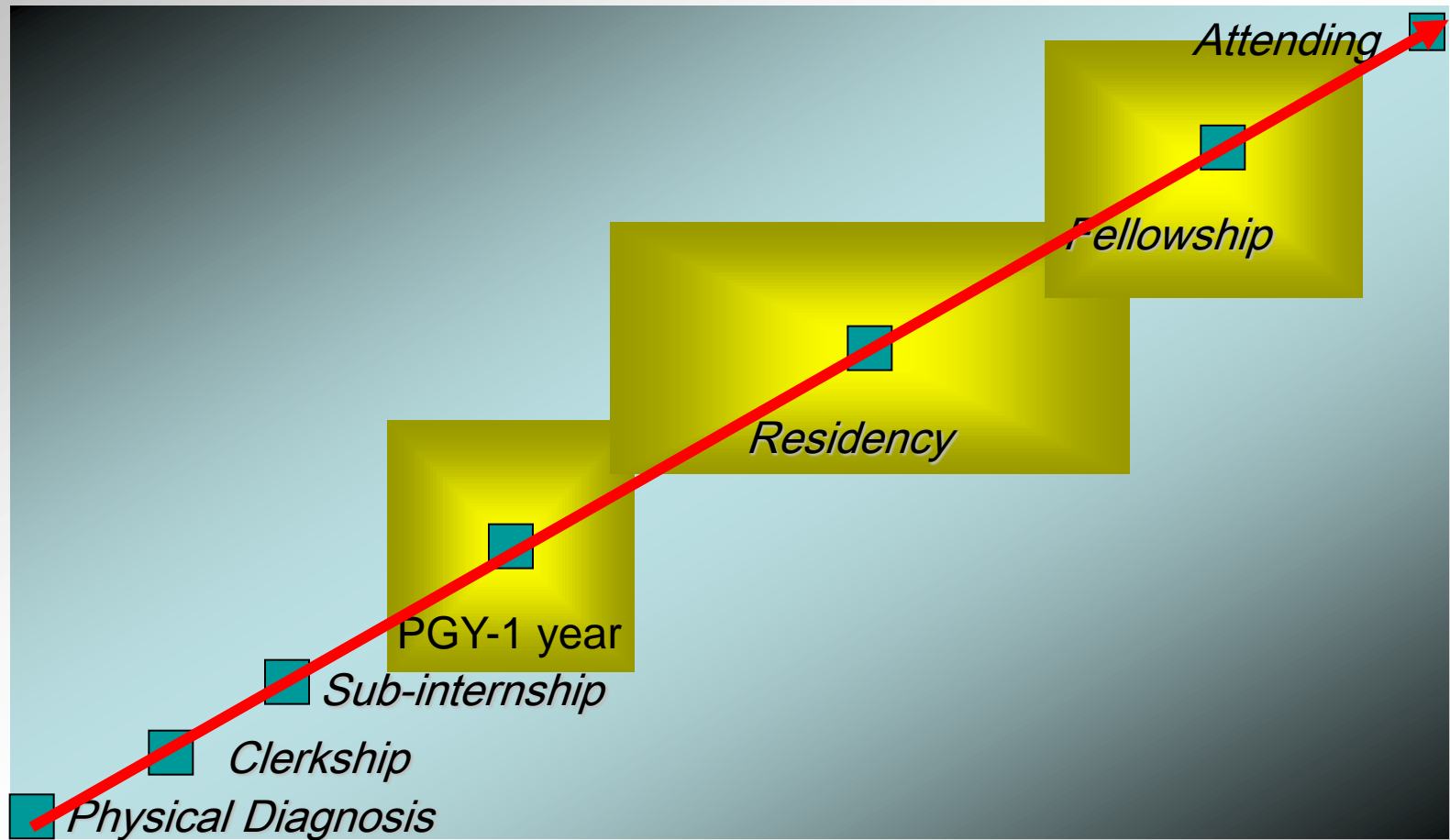


ACGME

The Continuum of Clinical Professional Development



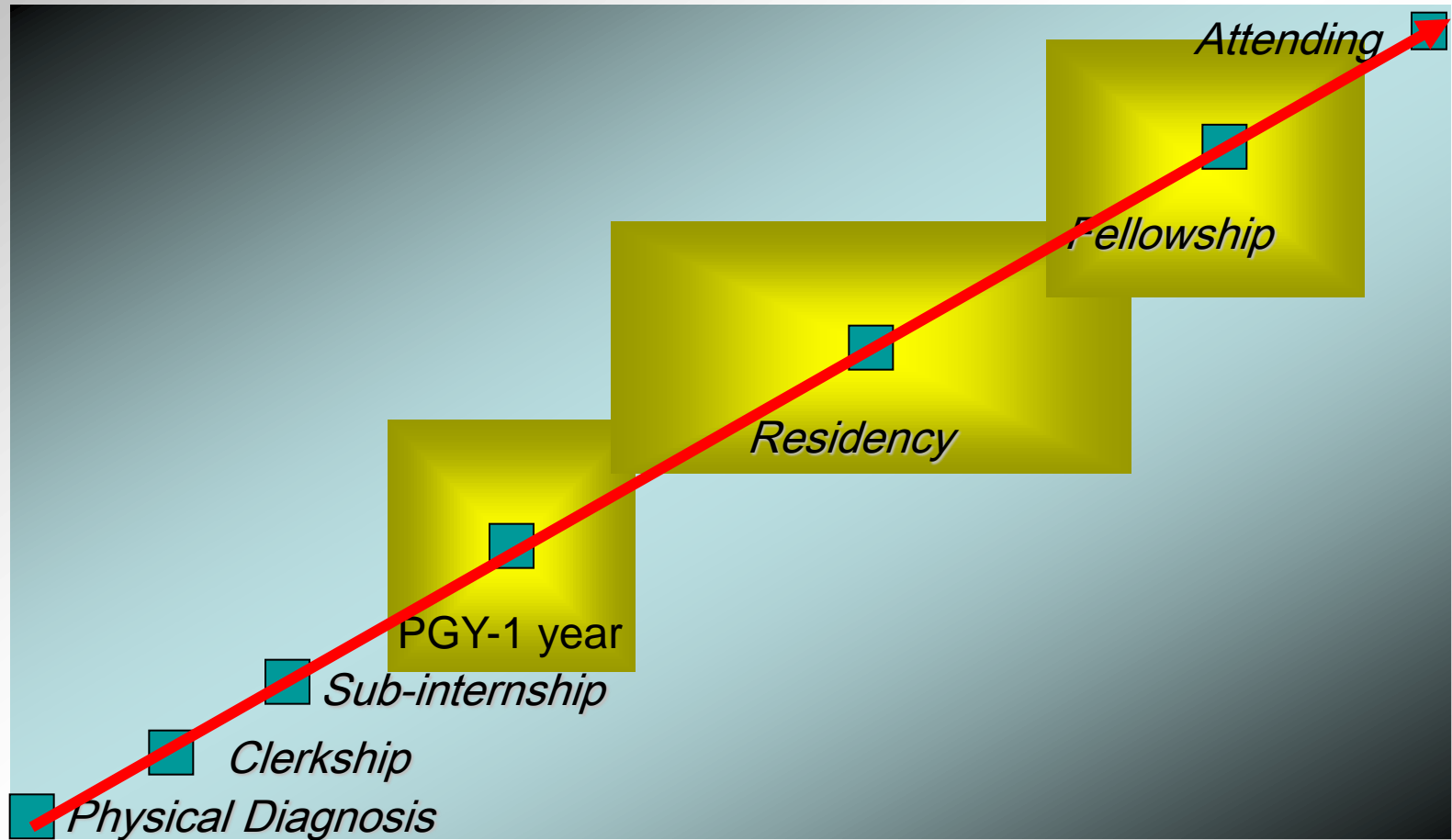
The Continuum of Clinical Professional Development



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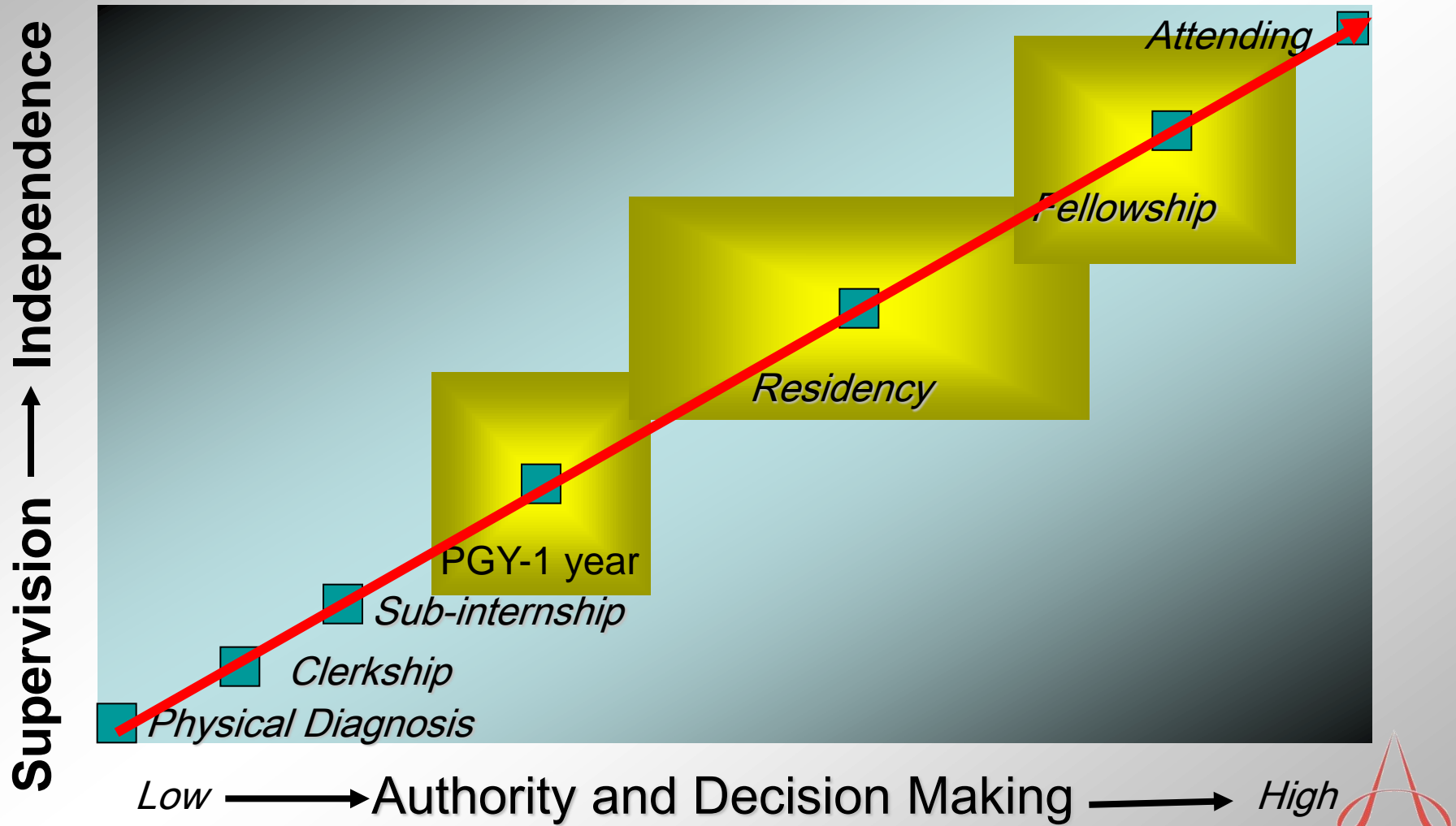
The Continuum of Clinical Professional Development

Supervision — Independence



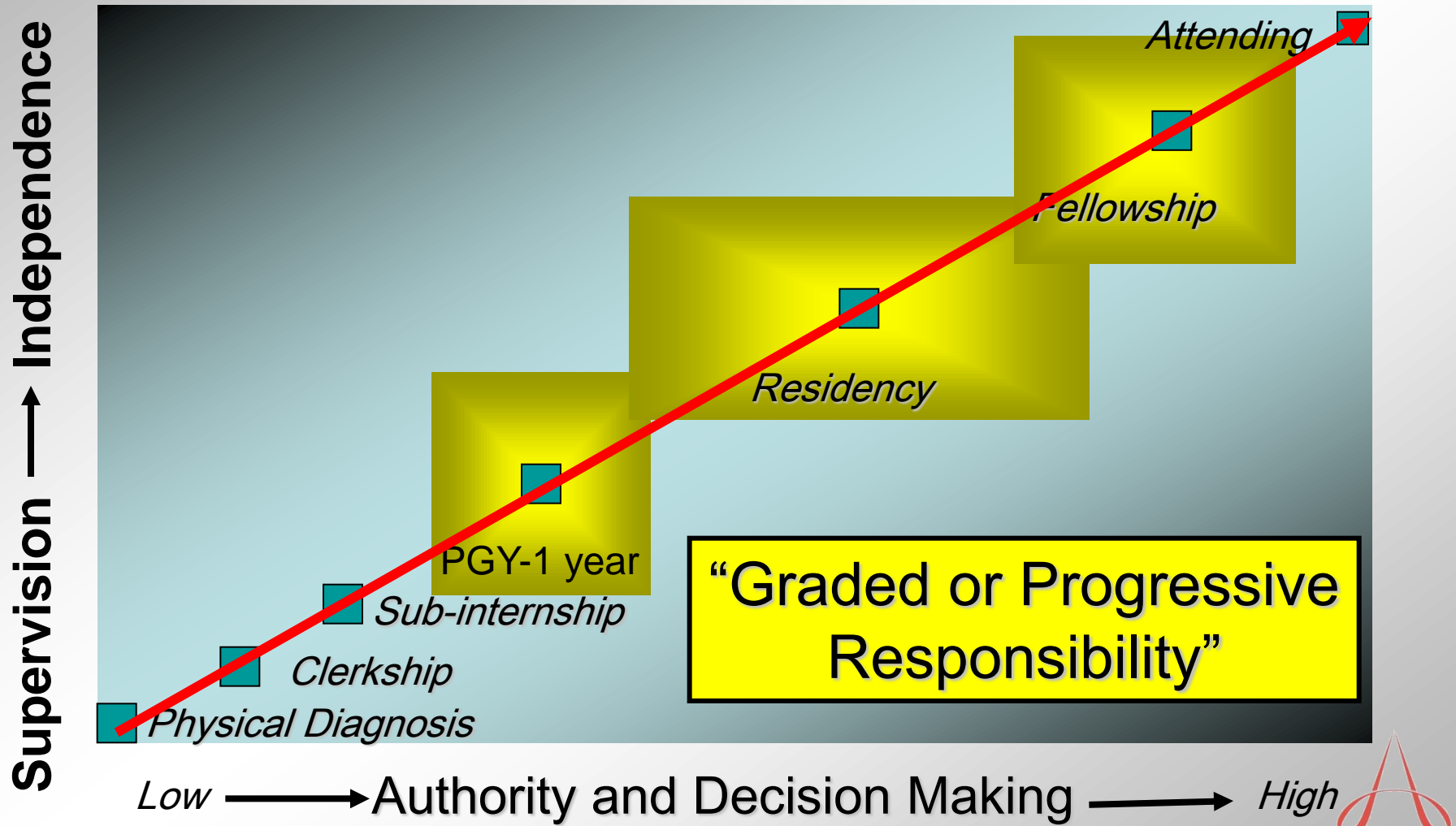
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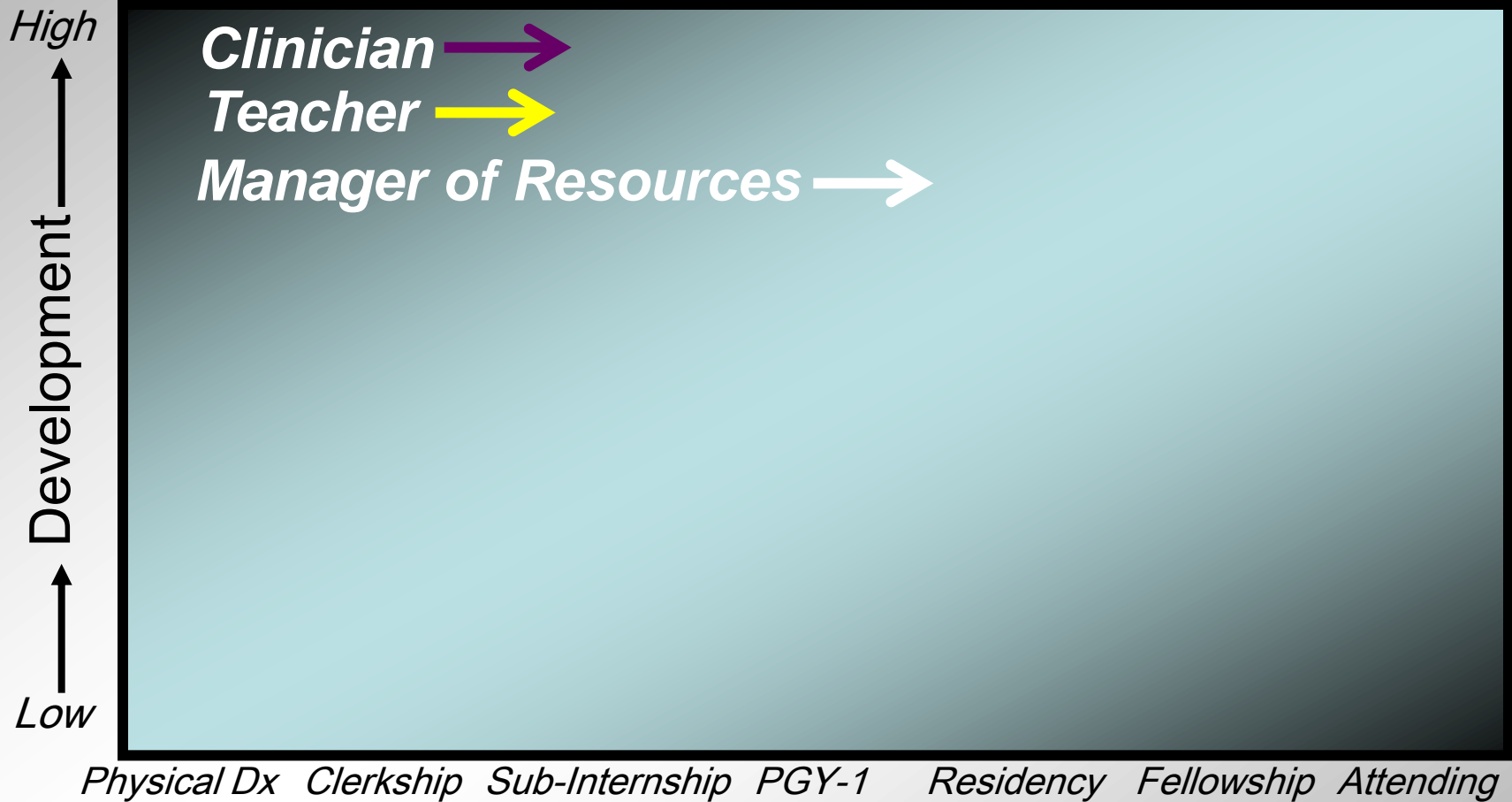
The Continuum of Clinical Professional Development



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The Continuum of Professional Development

The Three Roles of the Physician¹



¹ As conceptualized and described by Gonnella, J.S., et. al.

Assessment Measures in Medical Education, Residency and Practice. 155-173.

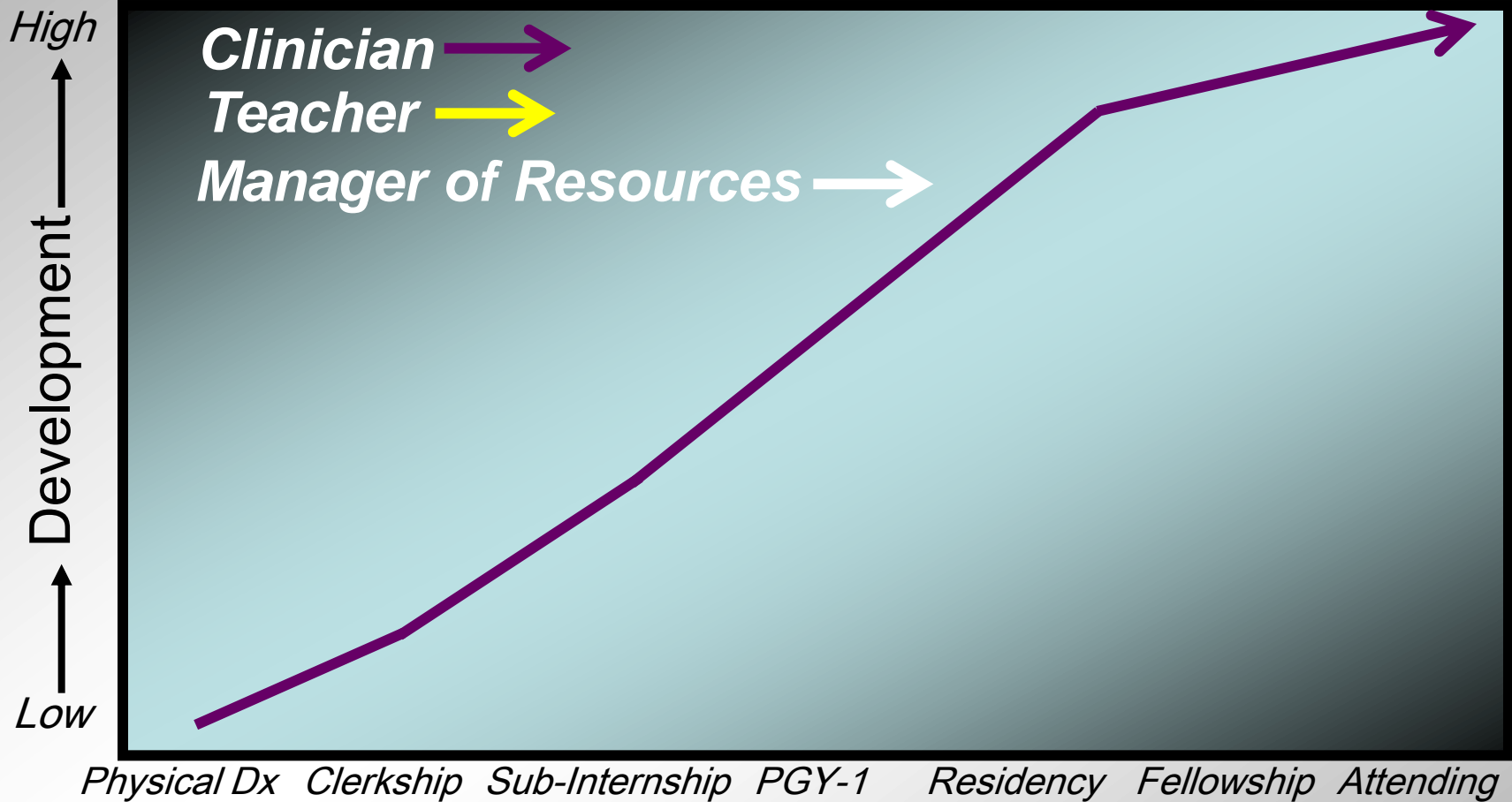
Springer, New York, NY. 1993, and in 1998 Paper commissioned by ABMS.

Descriptively graphed by Nasca, T.J.

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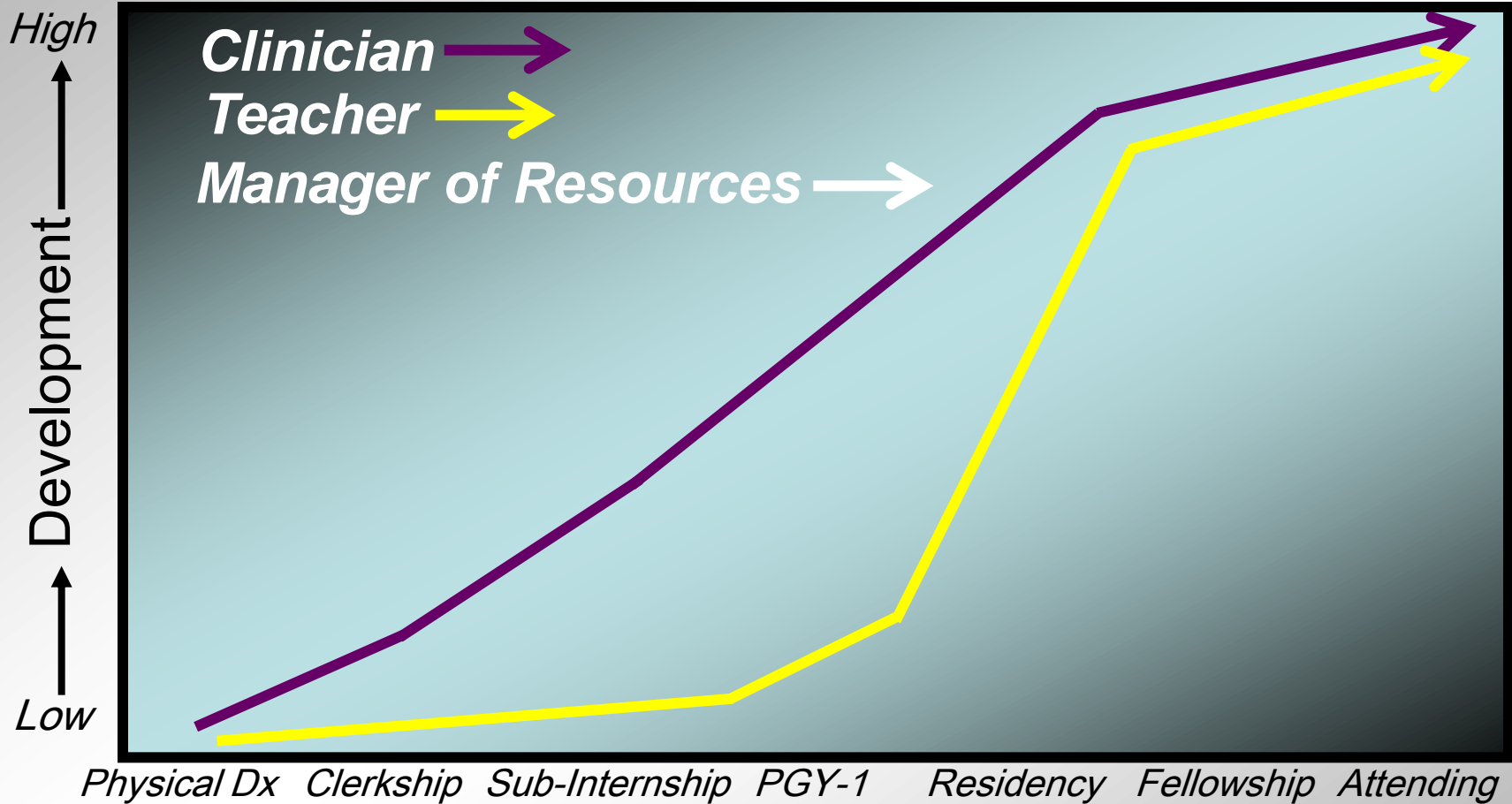
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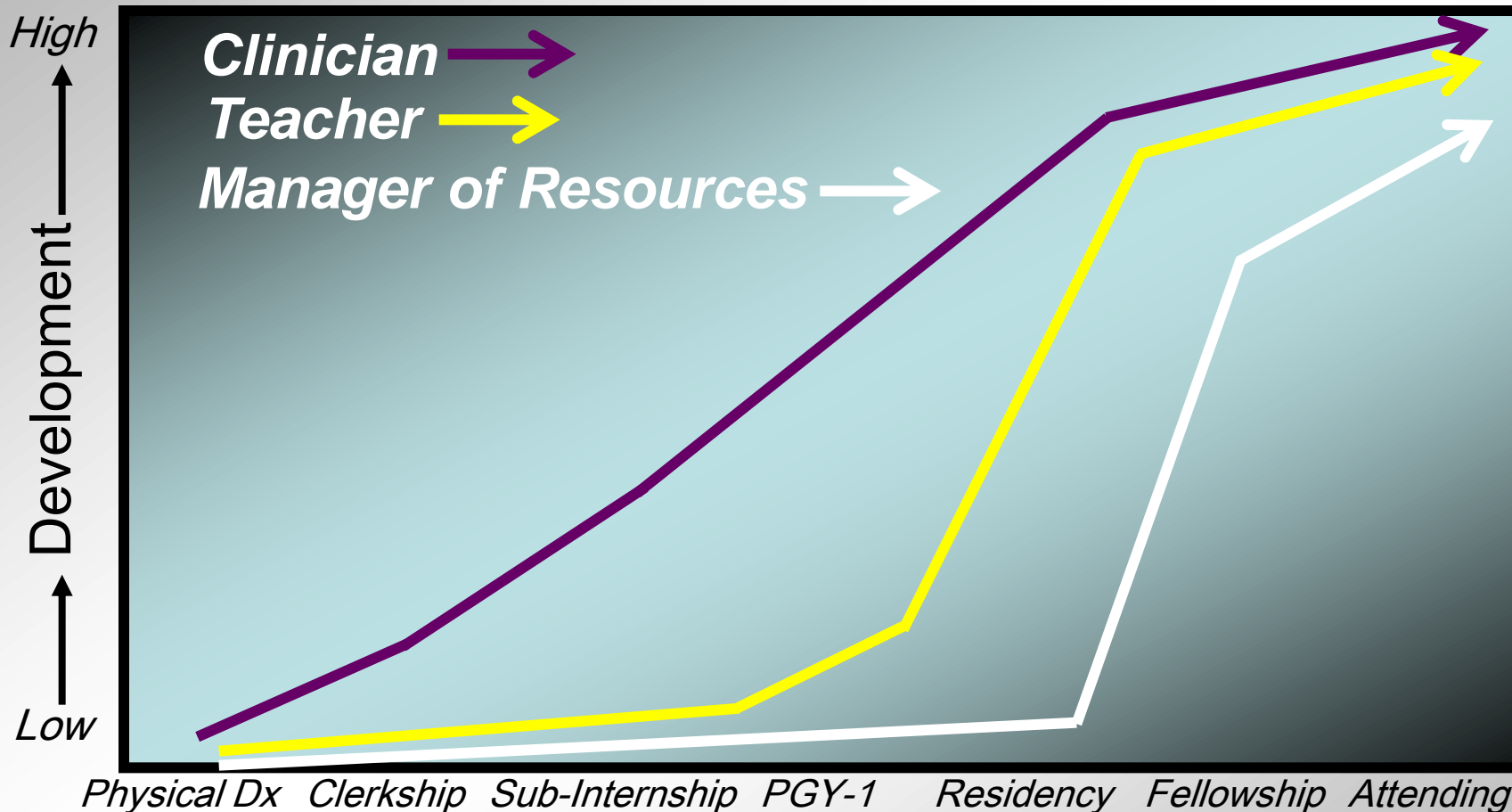
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The Three Roles of the Physician¹



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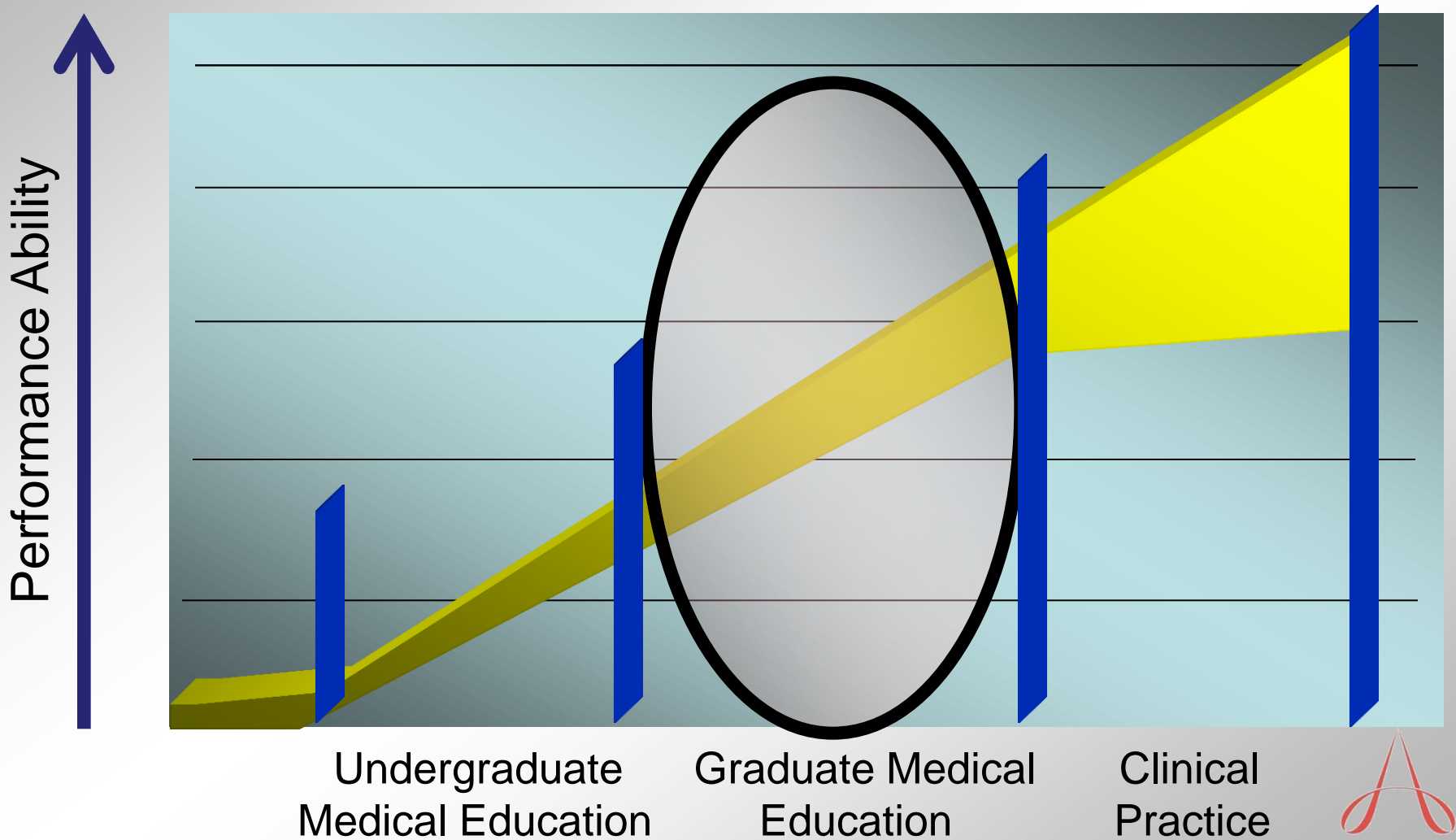
Assessment Measures in Medical Education, Residency and Practice. 155-173.

Springer, New York, NY. 1993, and in 1998 Paper commissioned by ABMS.

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Clinical Professional Development



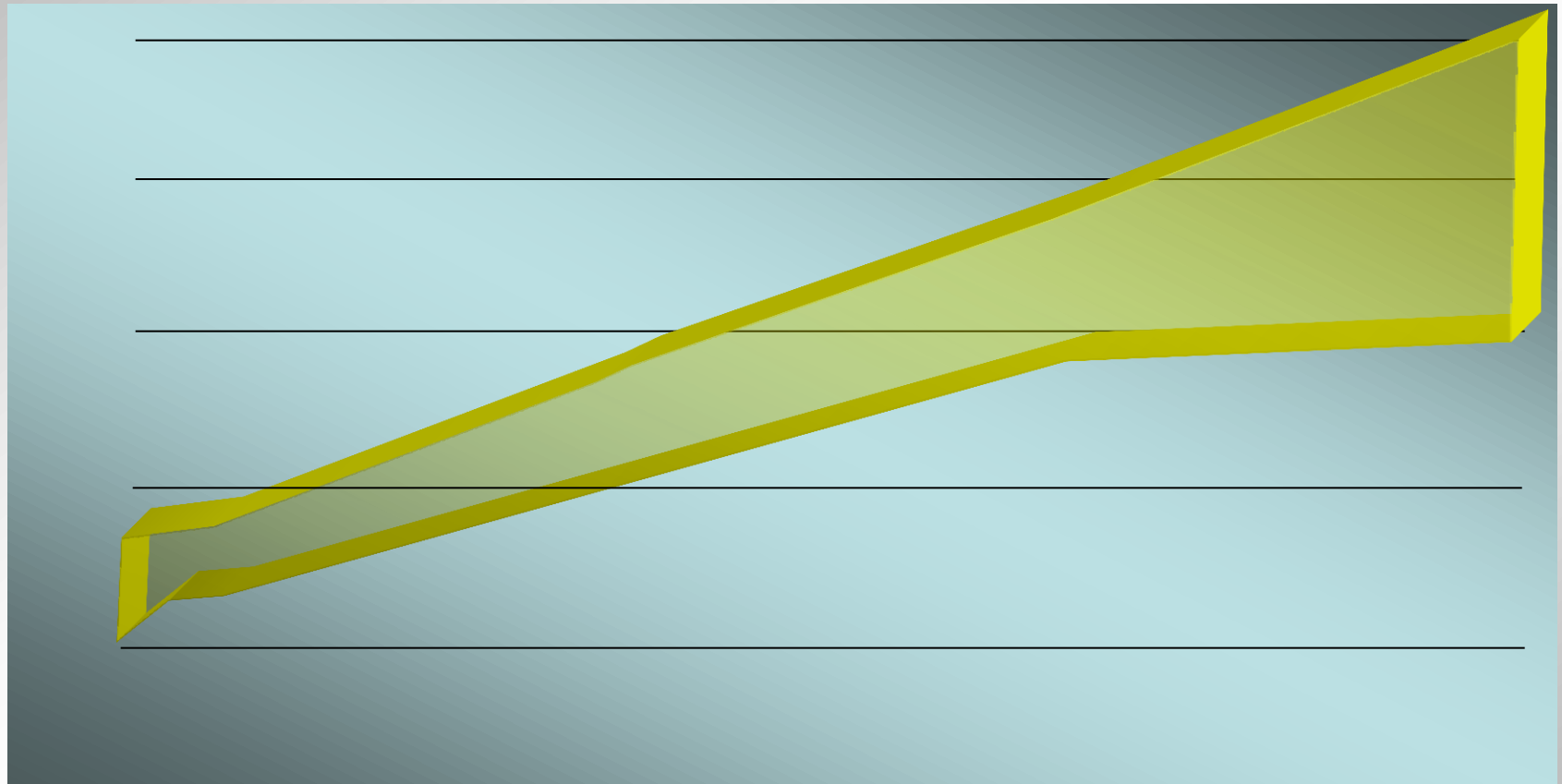
Undergraduate
Medical Education

Graduate Medical
Education

Clinical
Practice



Professional Development in the 5 year Preparation of the Surgeon



PGY 1

PGY 2

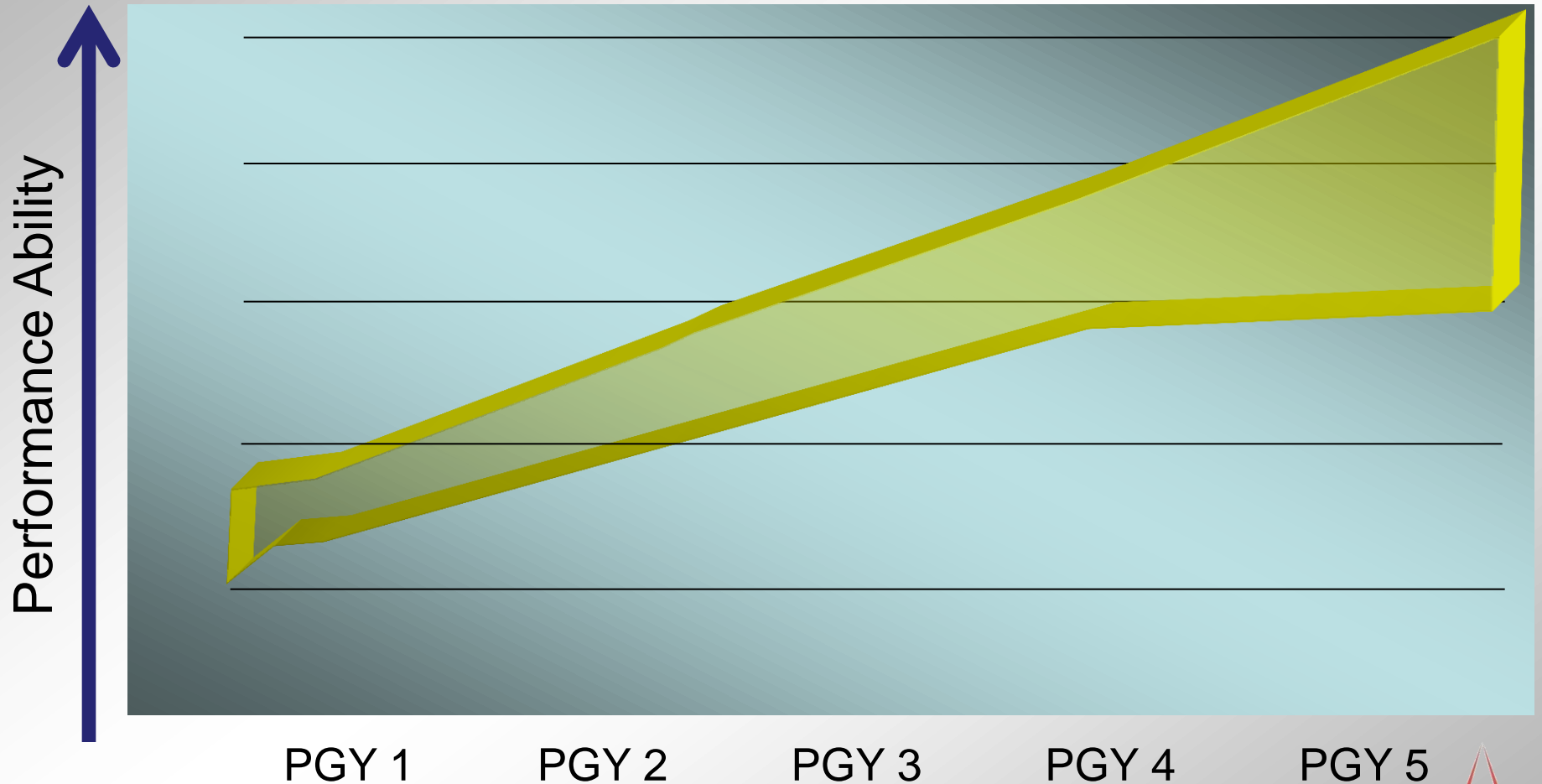
PGY 3

PGY 4

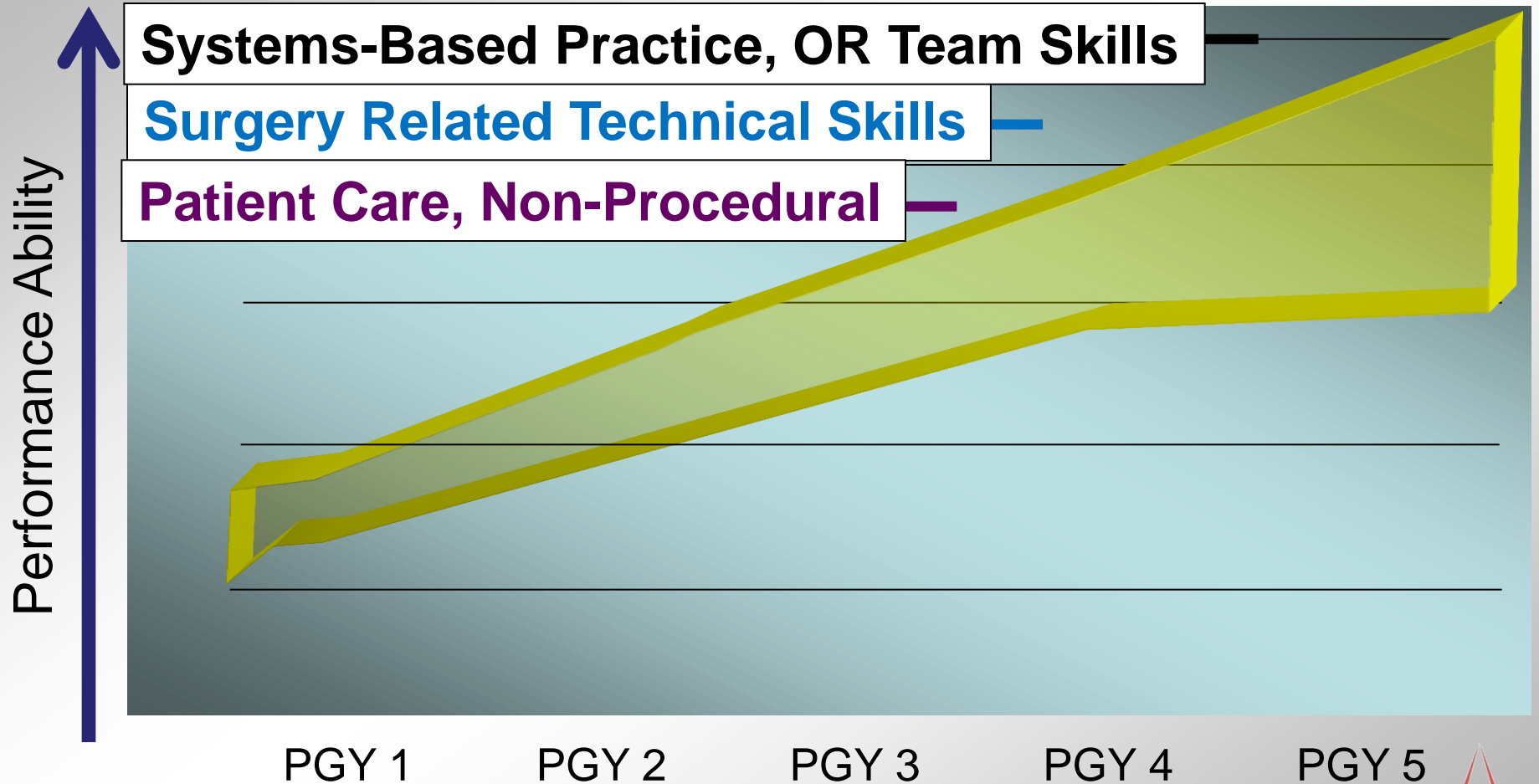
PGY 5



Professional Development in the 5 year Preparation of the Surgeon

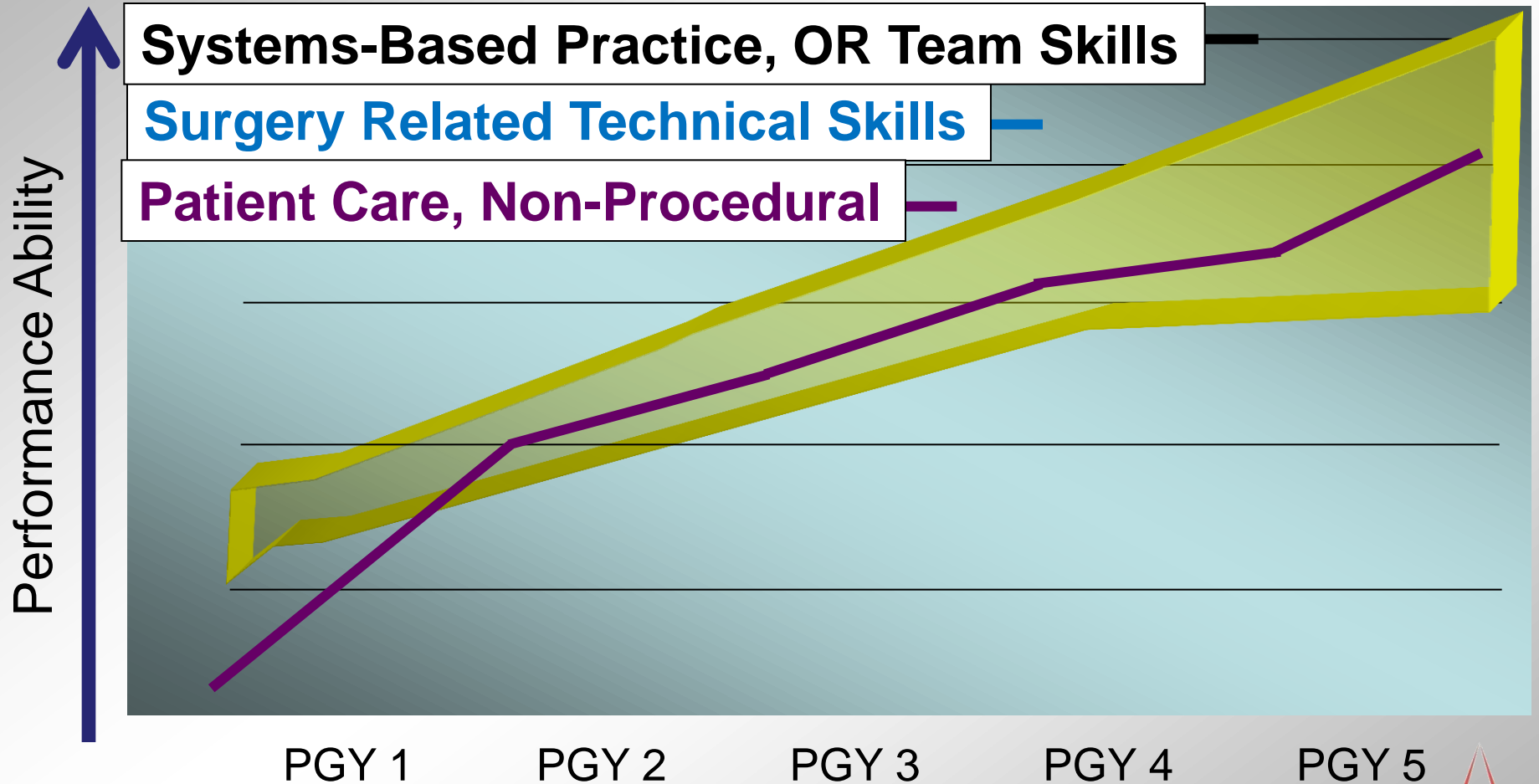


Professional Development in the 5 year Preparation of the Surgeon

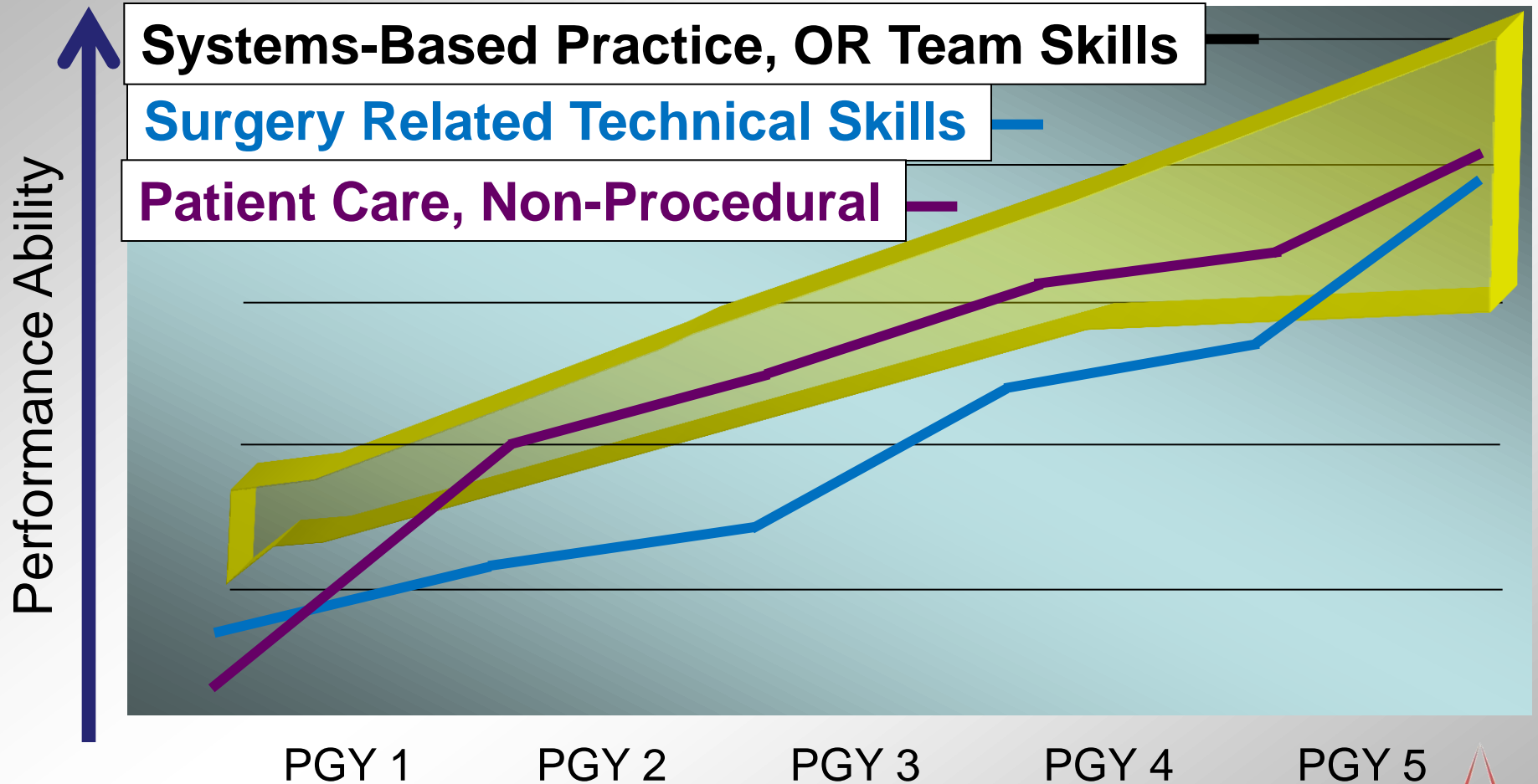


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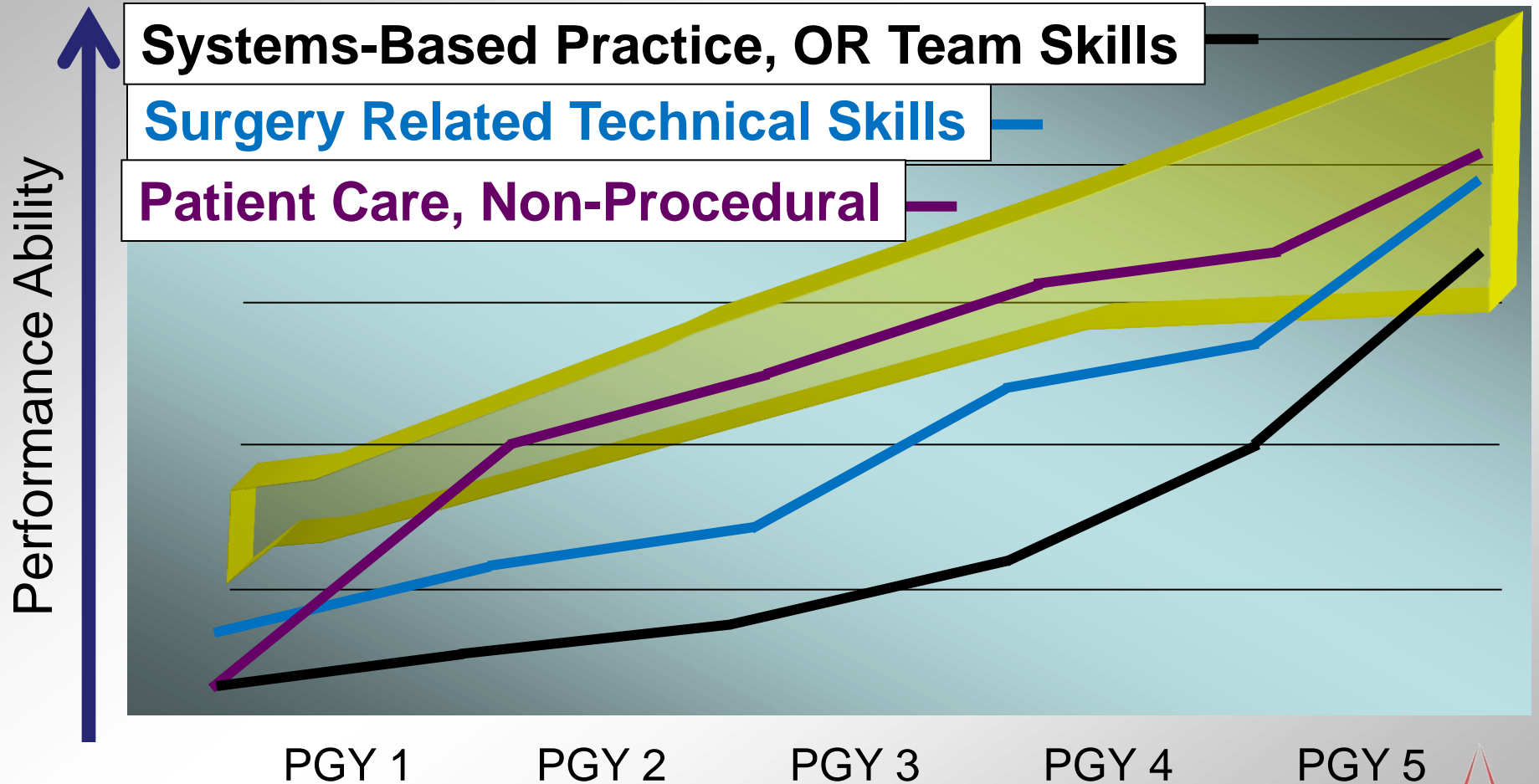
Professional Development in the 5 year Preparation of the Surgeon



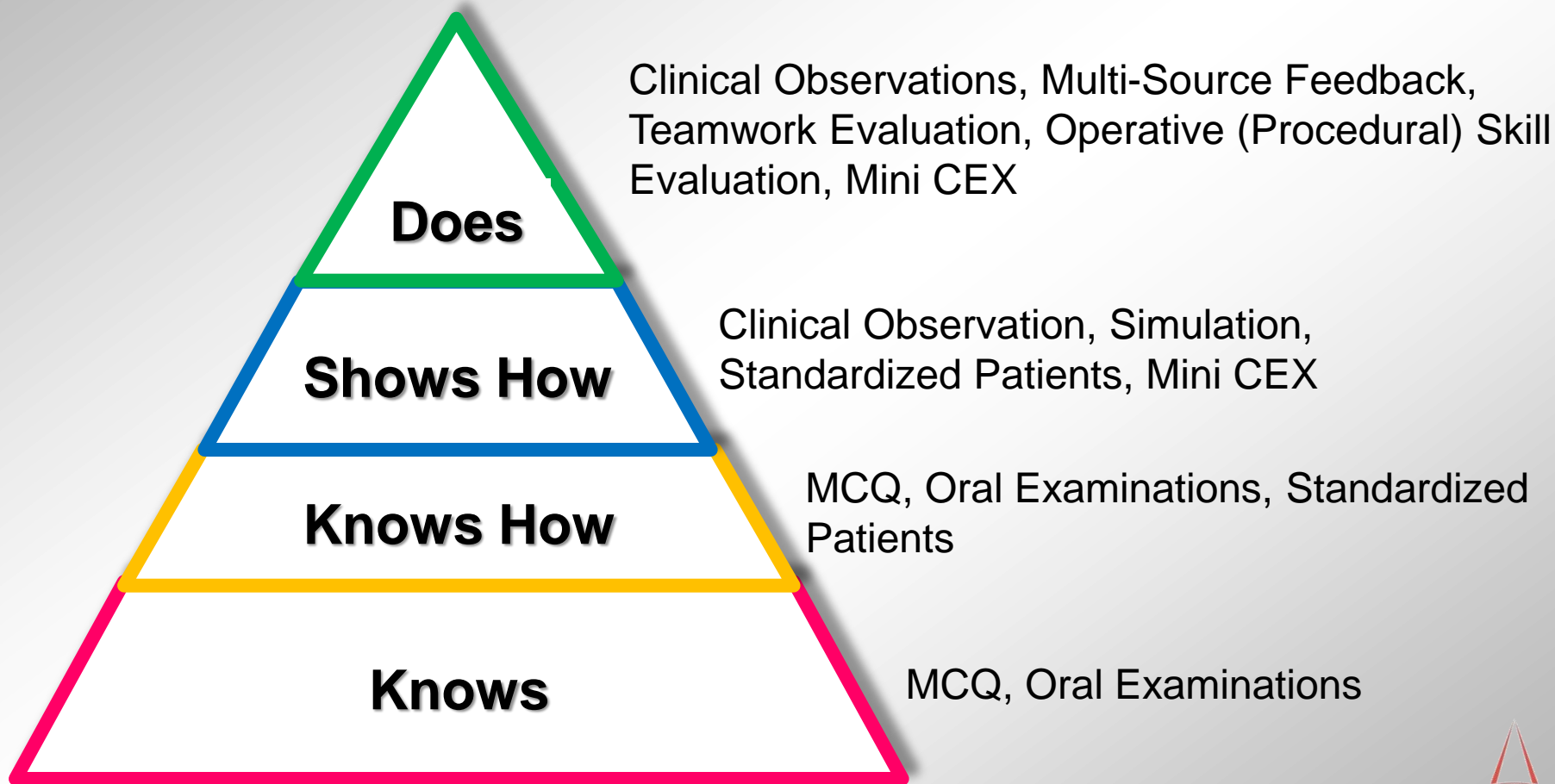
Professional Development in the 5 year Preparation of the Surgeon



Professional Development in the 5 year Preparation of the Surgeon



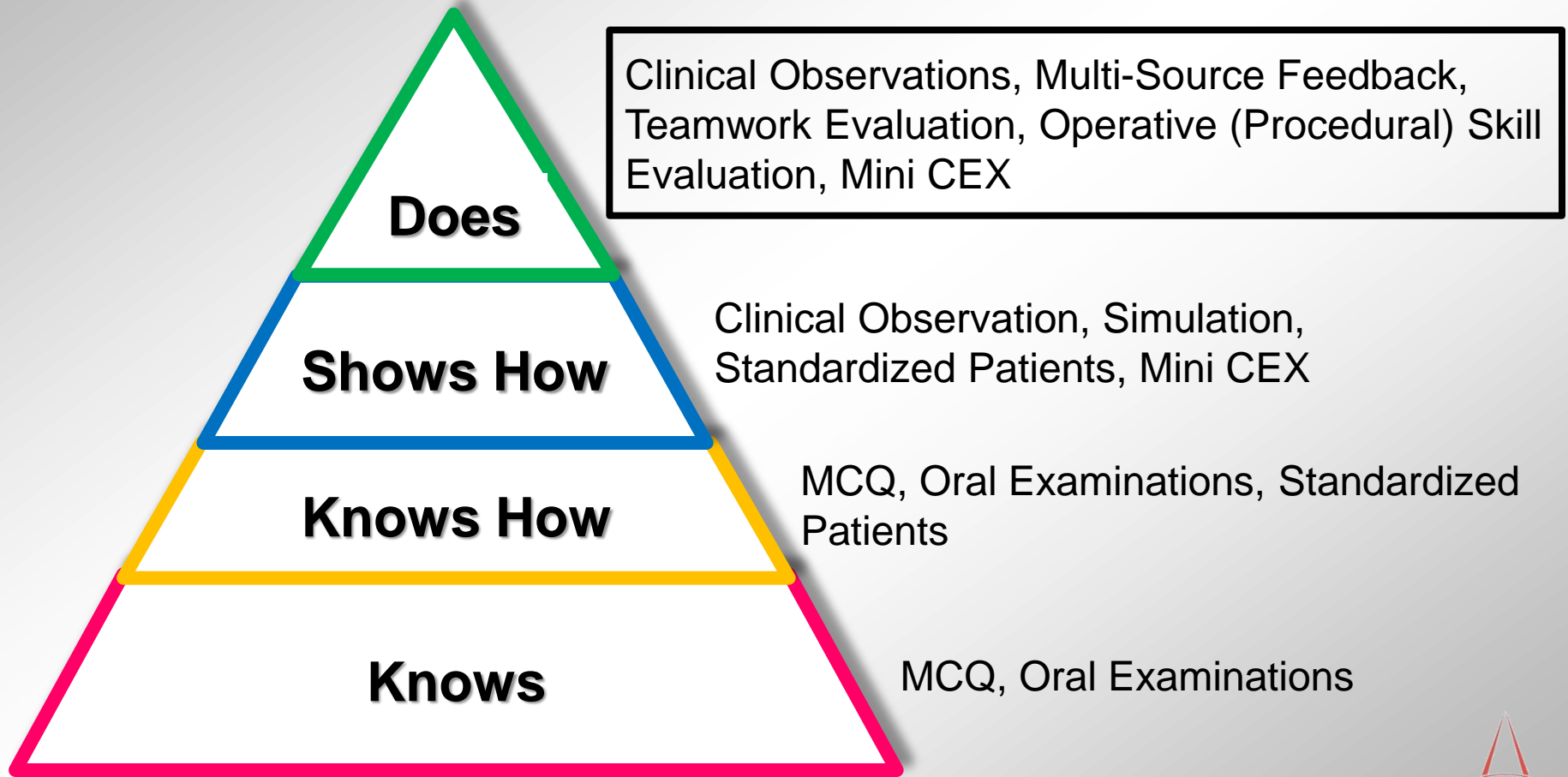
Miller's¹ Pyramid of Clinical Competence



¹Miller, 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

Miller's¹ Pyramid of Clinical Competence



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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 restriction¹

¹ Hodges and others

Most recent reference: Regehr, et al. Using “Standardized Narratives” to Explore New Ways to Represent Faculty Opinions of Resident Performance. ***Academic Medicine.*** 2012. 87(4); 419-427.



The Power of Narratives



The illustration above shows:

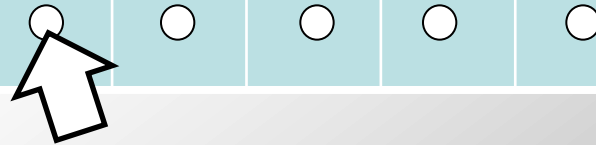


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The Power of Narratives



The illustration above shows:



The Power of Narratives



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 Power of Narratives



The illustration above shows:



ACGME

The Power of Narratives



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 Power of Narratives



The illustration above shows:

-
-
-
-
-



The Power of Narratives



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 Power of Narratives



The illustration above shows:



The Power of Narratives



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 Power of Narratives



The illustration above shows:



The Power of Narratives



The illustration above shows:

E. A white spherical 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?



ACGME

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



ACGME

ACGME Goals for Milestones

- Permits fruition of the promise of “Outcomes”
- Track what is important
- Uses *existing tools* for observations
- Clinical Competence Committee *triangulates* progress of each resident
 - Essential for valid and reliable clinical evaluation system
- RRCs track aggregated program data
- ABMS Board *may* track the identified individual



ACGME

ACGME Goals for Milestones

- Specialty specific nationally normative data
- Common expectations for individual resident progress



ACGME

Uses for the Milestones

- Program Director
 - Provide feedback to residents
 - Benchmark her residents to program mean
 - Benchmark her residents nationally
 - Determine program strengths
 - Determine program opportunities for improvement
 - Benchmark her program nationally



Uses for the Milestones

- Resident
 - Get specific feedback
 - Determine individual strengths
 - Determine individual opportunities for improvement
 - Benchmark herself against peers in program
 - Benchmark herself against peers nationally



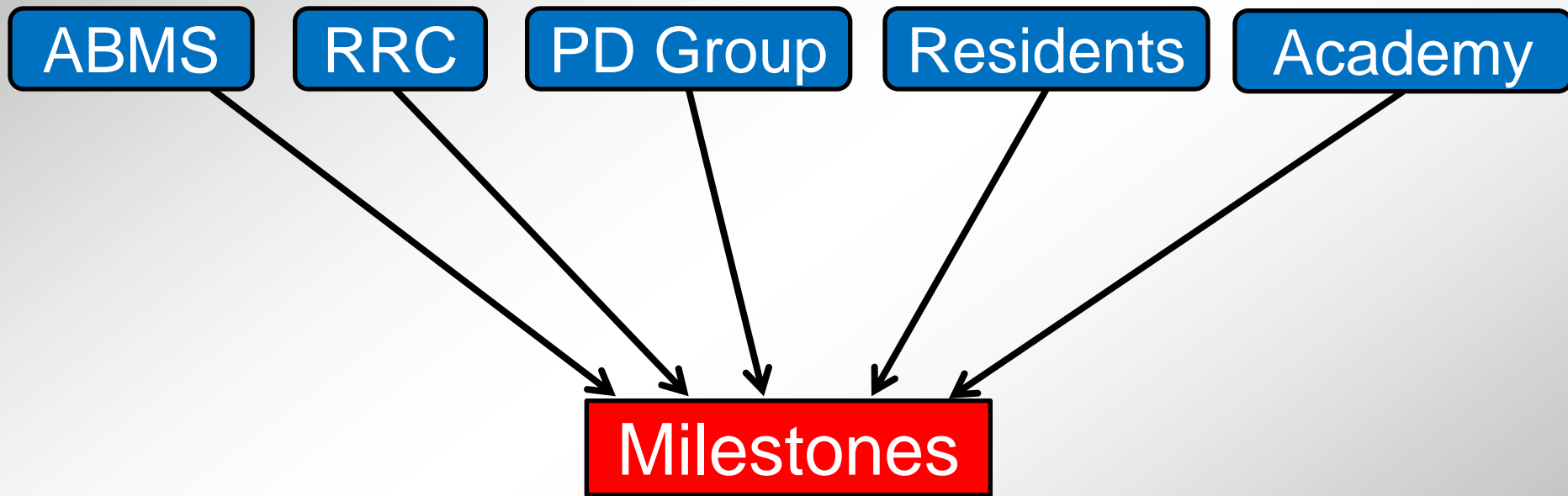
Milestones

- Why?
- What?
- **Who?**
- When?



ACGME

Creation of Milestones

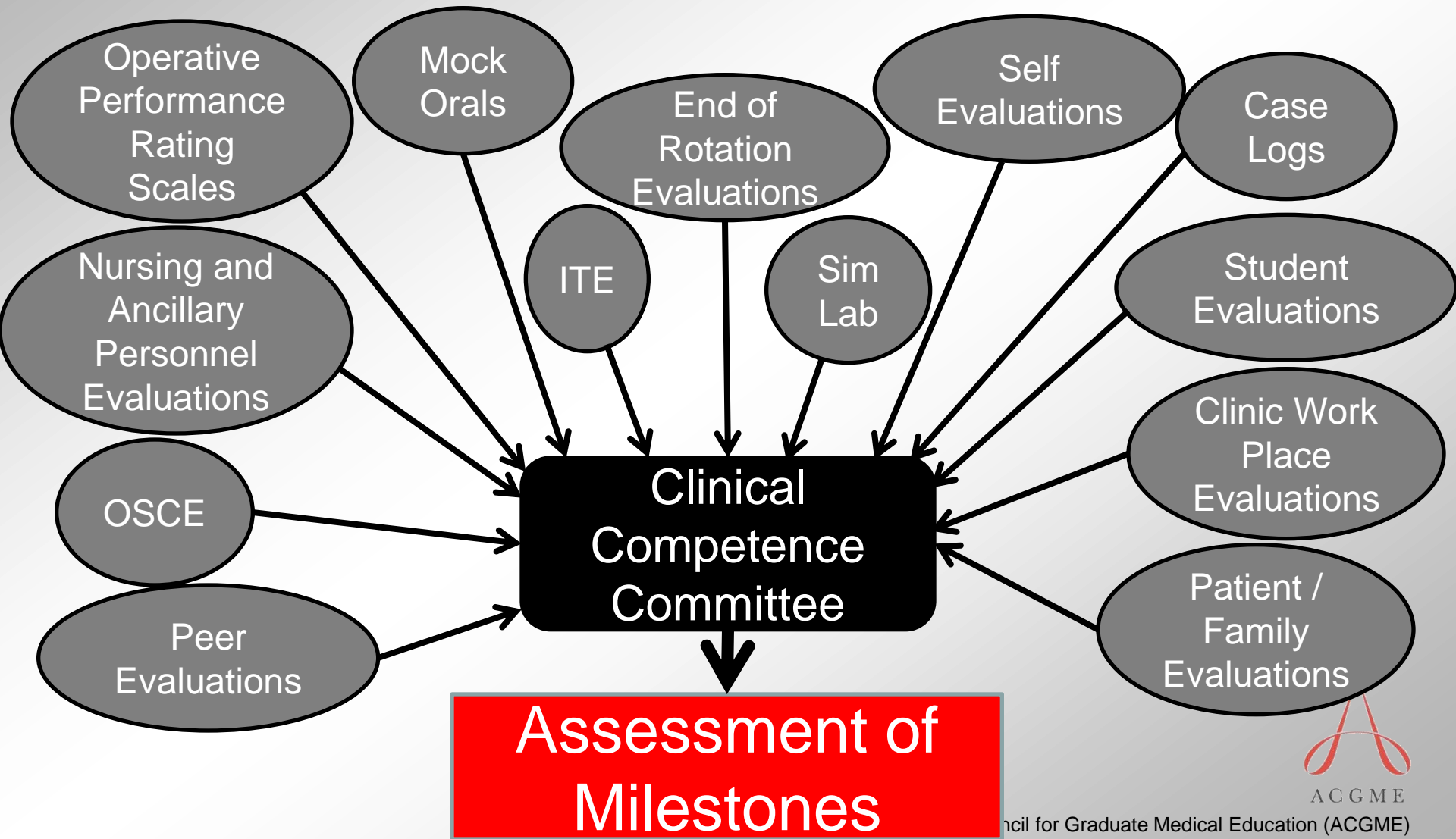


Evaluation of Miller's "Does"

- 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



Neurological Surgery Milestones

Version 12/2012

Neurological Surgery Milestones, ACGME Report Worksheet

Brain Tumor – Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Correlates neurological deficits with tumor location • Correlates radiographic tumor location with ventricular, cranial nerve and vascular anatomy • Describes the pathophysiology of mass lesions and obstructive hydrocephalus • Describes acute symptomatic medical therapy for neoplastic mass lesions (e.g., steroids, ventricular drainage) 	<ul style="list-style-type: none"> • Describes the use of radiation and chemotherapy for brain and spinal cord tumors • Lists indications for biopsy or resection of brain and spinal cord tumors • Categorizes brain and spinal cord tumors by age, histology, and radiographic appearance • Describes the non-neoplastic differential diagnosis of various mass lesions • Describes the natural history of common intrinsic brain tumors 	<ul style="list-style-type: none"> • Describes the genetics of brain tumors and genetic markers that impact prognosis • Describes the use of advanced imaging in tumor evaluation and surgical planning (e.g., magnetic resonance [MR] tractography, functional imaging, spectroscopy) • Describes the use of neuro-navigation and intra-operative imaging for brain tumor surgery • Describes the role of skull-base surgical approaches in tumor resection, attendant complications, and their management 	<ul style="list-style-type: none"> • Describes expected outcomes after surgery for brain and spinal cord tumors • Describes the role of radiosurgery in brain tumor therapy • Describes the role of palliative care for brain tumor patients • Describes personalized medicine approaches for brain tumor treatment 	<ul style="list-style-type: none"> • Contributes to the peer-reviewed literature in brain and spinal cord tumors • Participates in brain tumor research and clinical trials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Not yet rotated

Milestones Reporting Tool (NS)



2013-2014 Resident Milestone Evaluations - Neurological Surgery

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

Evaluation Period:

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

Patient Care

	Not Yet Rotated	Level 1		Level 2		Level 3		Level 4		Level 5
a) Brain Tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Critical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Traumatic Brain Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Surgical Treatment of Epilepsy and Movement Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Pain and Peripheral Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Pediatric Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Spinal Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Vascular Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical Knowledge

	Not Yet Rotated	Level 1		Level 2		Level 3		Level 4		Level 5
a) Brain Tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Critical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Surgical Treatment of Epilepsy and Movement Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Pain and Peripheral Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Milestones Reporting Tool (NS)



2013-2014 Resident Milestone Evaluations - Neurological Surgery

Resident: ←
 Year in Program: ←
 Position Type: ←
 Start Date: ←
 Expected End Date: ←
 Evaluation Period: ←

These items will be pre-populated

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

Patient Care

	Not Yet Rotated	Level 1		Level 2		Level 3		Level 4		Level 5
a) Brain Tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Critical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Traumatic Brain Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Surgical Treatment of Epilepsy and Movement Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Pain and Peripheral Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Pediatric Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Spinal Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Vascular Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical Knowledge

	Not Yet Rotated	Level 1		Level 2		Level 3		Level 4		Level 5
a) Brain Tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Critical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Surgical Treatment of Epilepsy and Movement Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Pain and Peripheral Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Milestones Reporting Tool (NS)

e) Pain and Peripheral Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Pediatric Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Spinal Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Vascular Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical Knowledge

	Not Yet Rotated	Level 1	Level 2	Level 3	Level 4	Level 5
a) Brain Tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Critical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Surgical Treatment of Epilepsy and Movement Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Pain and Peripheral Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Pediatric Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Spinal Neurosurgery; Degenerative Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Spinal Neurosurgery; Trauma, Tumor, Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Vascular Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describes the use of radiation and chemotherapy for brain and spinal cord tumors

Lists indications for biopsy or resection of brain and spinal cord tumors

Categorizes brain and spinal cord tumors by age, histology, and radiographic appearance

Describes the non-neoplastic differential diagnosis of various mass lesions

Describes the natural history of common intrinsic brain tumors

Systems-Based Practice

	Level 1 Not Yet Achieved	Level 1	Level 2	Level 3	Level 4	Level 5
a) Economics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Safety and Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice-Based Learning and Improvement

	Level 1 Not Yet Achieved	Level 1	Level 2	Level 3	Level 4	Level 5
a) Lifelong Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Milestones

- Why?
- What?
- Who?
- **When?**



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Milestones: When?

Publication:

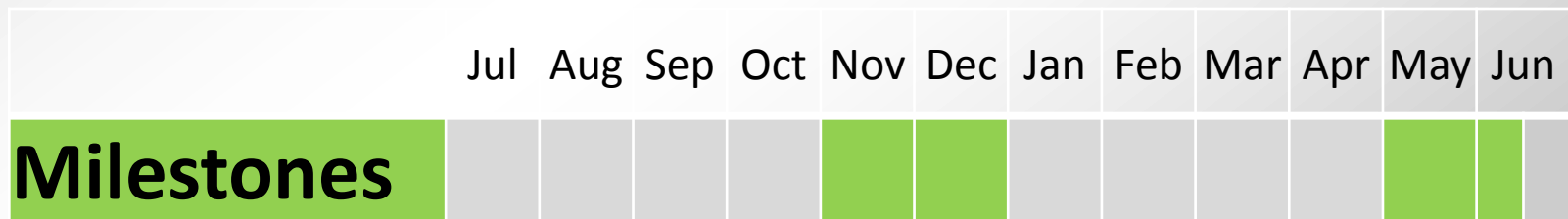
Phase 1 Programs: Jan 2013

Phase 2 Programs: Dec 2013

Implementation:

Phase 1 Programs: AY 2013

Phase 2 Programs: AY 2014



Milestones: When?

Publication:

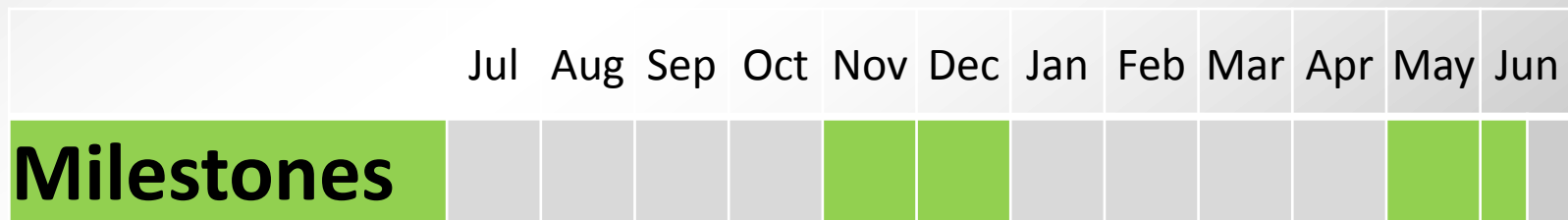
Phase 1 Programs: Jan 2013

Phase 2 Programs: Dec 2013

Implementation:

Phase 1 Programs: **AY 2013**

Phase 2 Programs: AY 2014



Milestones: When?

Publication:

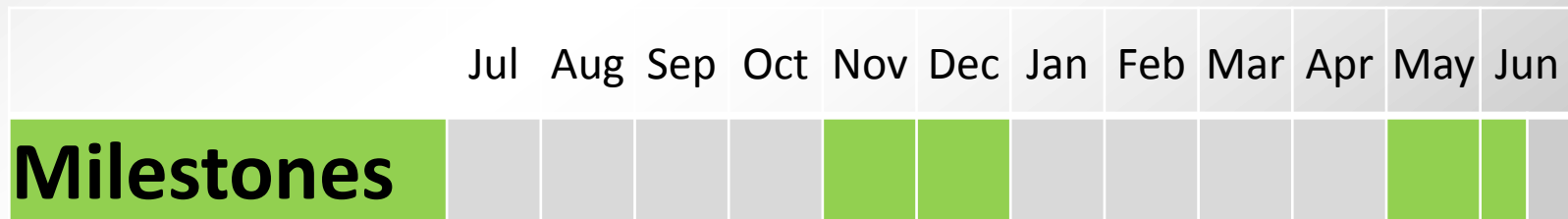
Phase 1 Programs: Jan 2013

Phase 2 Programs: Dec 2013

Implementation:

Phase 1 Programs: AY 2013

Phase 2 Programs: **AY 2014**



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Outline

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What's different?
- Milestones
- **Institutional Perspective**



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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



Outline

- **NAS: Background**
- **NAS: Goals**
- **NAS: Structural overview**
- **NAS: What's different?**
- **Milestones**
- **Institutional Perspective**



Previous Webinars

- Previous webinars available for review at:
<http://www.acgme-nas.org/index.html> under
“ACGME Webinars”
 - CLER
 - Milestones, Evaluation, CCCs
 - Specialty specific Webinars (Phase 1)
 - Coordinators Webinars (Phase 1)



Upcoming Webinars

- Self-Study Process (what programs do)
- Self-Study Site Visit (what site visitors do)
- Specialty specific Webinars (Phase 2): Oct - May



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Slide Decks

- For use by PDs and GME community:
 - NAS
 - CLER
 - CCC/PEC
 - Milestones
 - Updates on Policies & PRs
 - Self Study (<20 min each)
- November 2013



Thank you!



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