The Next Accreditation System: What's New and How Will This Impact My Program in Regards to Data?

ACNM and SNMMI Academic Council
SNMMI Midwinter Meeting
01/25/2013
New Orleans

Lynne Meyer, PhD, MPH; RC-NM Executive Director
Disclosure

• No conflicts of interest to report
Session Overview

- Current System Data
- Next Accreditation System (NAS) Data
RRC Meetings

• Number: 2 meetings/year during May & November

• Dates: Check RRC website for agenda closing dates & meeting dates
  • May 3-4, 2013 (closing date March 8, 2013)
  • Nov 15, 2013 (closing date September 20, 2013)

• Meeting Length: 1 – 1 ½ days

• Agenda: Program reviews & Other pertinent matters
Accreditation Decisions Are Based Upon…

- Program History
- Site Visit Report
- Resident Survey
- Program Information Form (PIF)
- Program Requirements
- Program/Committee correspondence
- Board Pass Rates
- Case Log Data (required for 1st time this year)
- Institutional History
Current Accreditation Process

- Completed PIF
- Site Visit (Biopic)
- Program data reviewed by RC
- Compliance to program requirements determined
- Accreditation type determined (initial, continued, proposed probation, etc.) and cycle length determined (1-5 years)
- Letter of notification
Citations

- Citation = the program has not provided evidence of compliance with the requirements, or, an area identified by the site visitor is non-compliant

  **Don’t Have**
  - Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel

  **Don’t Do**
  - Lack of evidence that required experience is provided; no documentation of compliance with requirements

  **Didn’t Carefully Proof/Edit PIF**
  - Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data
Accreditation System Transition

- We are in the process of going from the current accreditation system to the next accreditation system (NAS)
What is the NAS and when does it start?

• The Next Accreditation System (NAS) begins July 1, 2014 for Nuclear Medicine programs

• NAS Strategic Plan:
  • Foster innovation and improvement in the learning environment
  • Increase the accreditation emphasis on educational outcomes
  • Increase efficiency and reduce burden in accreditation
  • Improve communication and collaboration with key internal and external stakeholders
The Building Blocks of The Next Accreditation System

- CLER Visits
- Continuous RRC Oversight and Accreditation Sponsor Oversight
- prn Site Visits (Program or Institution)
- Institutional Review
- Self Study
- CLER Visits
NAS and ADS Annual Updates

- Each year, program data will be required to be entered in ADS such as:
  - Faculty information
  - Resident information
  - Block diagrams (NM1, NM2, NM3 years)/curricular information
  - Scholarly activity information (faculty and residents)
  - Participating site information
  - Responses to previous citations
  - Duty Hour, Patient Safety and Learning Environment information
  - Evaluation information
  - Reporting of major changes in the program
NAS

- Instead of biopsies, annual data collection
  - Trends in key performance measurements
  - Milestones, residents, fellows and faculty survey
  - Scholarly activity
  - Operative/case log data
  - Board pass rates
- Scheduled accreditation visits every 10 years (Self-study) with focused site visits if annual data trends suggest problems
- PIF replaced by self-study
NAS

- Ongoing data collection and trend analysis
- Enhance oversight to ensure high quality education and a safe and effective learning environment
- High-quality programs will be freed to innovate
  - detailed process standards
    - Programs with continued accreditation in good standing do not have to adhere to the “detail” program requirements as written, but are allowed to innovate
NAS and Quality Improvement…

The “Next Accreditation System”

“Continuous”
Observations

Assure that the Program
Fixes the Problem

Number of Potential
Problems

Promote
Innovation

Diagnose
the Problem
(If there is one)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

**STANDARDS**

*Core and Detailed:*
- Structure
- Resources
- Process
- Outcomes

Initial Accreditation
- New Programs
- Core and Detailed: Structure, Resources, Process, Outcomes
- 2-4%

Accreditation with Warning
- New Programs, Accredited Programs with Major Concerns
- Probationary Accreditation
- 10-15%

Maintenance of Accreditation
- Accredited Programs without Major Concerns
- Maintenance of Accreditation with Commendation
- 75%-80%

- Withhold Accreditation
- Withdrawal of Accreditation
- 2.8%

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NAS Program Requirements

• Program requirements are being formatted for the NAS (core, detail, outcome)

• Are being revised and will be posted for public comment
What are core, detail and outcome program requirements?

- Core Requirements: Statements that define structure, resource, or process elements **essential to every graduate medical educational program**.

- Detail Requirements: Statements that **describe a specific structure, resource, or process, for achieving compliance with a Core Requirement**. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

- Outcome Requirements: Statements that specify expected **measurable or observable attributes** (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.
Do I have to adhere to the “detail” program requirements?

- Programs that have initial accreditation or are in trouble must demonstrate compliance with all “detail” program requirements as written.

- Programs that have continued accreditation that are in good standing will be allowed to “innovate” or use alternate ways for those program requirements that are identified as “detail”.
NAS: **Trended Performance Indicators**

- Annual ADS Update
  - Program Attrition – Changes in PD/Core Faculty/Residents
  - Program Characteristics – Structure and Resources
  - Scholarly Activity
- Board Pass Rate – Rolling Rates
- Resident Survey – Common and Specialty Elements
- Clinical Experience – Case Logs or other
- Faculty Survey – Core Faculty
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
- Annual Sponsor Site Visit (CLER)
ADS Annual Updates
Click on the down arrows for more information

Look for the green checkmarks or the word "complete"
Choose the type of faculty you want listed

For the NAS, only the PD has a CV, you can edit each person’s info

Scholarly activity will be required to be entered in the NAS
Those identified as a core faculty member will be given the faculty survey and must have scholarly activity entered into ADS.

If these 4 boxes total 15 hours or more, then this person is considered to be a core faculty member.
Scholarly activity for faculty and residents not required for Nuclear Medicine during 2012 annual updates, but will be in the future for NAS Phase II.
+ Add Resident
Area where programs list residents/fellows in the program or add new residents.

Edit
Area where general information can be updated for existing residents/fellows.

Scholarly Activity NEW
Area in which programs will log the scholarship by residents. Currently this function appears for Phase One NAS specialties only.

Resident/Fellow Quick Update
Gives a snapshot view of individual resident/fellow information and allows the user to make updates.
Section where new participating sites should be made.

Block Diagram Upload

Detailed on following slide

+Add Site

If the total number of months does not equate to 12 months (for all sites combined) provide an explanation:
Block Diagram Instructions/Sample

The ACGME does not have any record of a block diagram on file for your program. Please upload a PDF diagram using the "Upload" button below.

Block Diagram Instructions/Sample NEW

Once you have expanded the section a Guide for Construction a Block Diagram will be provided. The Block Diagram is a representation of the rotation schedule for a resident.

- Block Diagrams should be uploaded in PDF format.
- There are 2 typical models, the first is organized by month and the second divides the year into 13 4-week blocks.
- Participating site in which the rotation takes place and the name of rotation MUST be included.
- Rotations should be grouped by venue and sites should be listed in the same order as ADS.
- When elective rotations are reflected in the diagram, available electives should be listed below the diagram.
- Clinical rotations for some specialties may also include structured outpatient time or research time.

Following the guide, several sample block diagrams are provided:

### Sample Block Diagrams

#### Block Diagram 1

<table>
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<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<td>Cardiology</td>
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#### Block Diagram 3

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#### Block Diagram 4

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<td>Cardiology</td>
<td>Outpatient</td>
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<td>% Elective</td>
<td>100</td>
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<td>% Research</td>
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</tbody>
</table>

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(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the block diagram, a note section must indicate how vacation time is taken.
All three years must be submitted, even if you currently only have NM3 residents.
Current Citations
Clicking on the link to current citations allows users to view their current citations and responses if they have been entered.

Program Information Form (PIF)
Programs can either print a paper copy of the Annual Report/PIF or save a PDF version by using these buttons.

Site Visit Evaluation
For programs who had a site visit, the site visitor evaluation form can be completed here.

Specialty Specific PIF
A link is provided which routes the user to the specialty specific PIF.
**Survey**
Access to aggregate reports by program, specialty, or nationally are available:

**Download My Data NEW**
Programs are now able to download data entered into ADS in Excel format.
Resident Survey

- Results aggregated into 7 areas (duty hours, faculty, evaluation, educational content, resources, patient safety, teamwork)
- Results compared to national normative data (all specialties, not just nuclear medicine since these are for common program requirements)
- This data will be trended
Resident Case Logs

Programs are now required to use the ACGME Case Log System

- Each program sent a letter in December 2012
- 79445 Radiopharmaceutical therapy, by intra-arterial particulate administration added in January 2013

Resident procedure logs make it possible to:

- Track individual resident learning experiences
- Identify individual/program deficiencies
- Establish future training requirement benchmarks
Resident Case Logs

Residents will enter all specified procedures performed during their residency education into the ACGME case log system.

Program directors are expected to ensure that:

- Residents understand how to use the system
- Entries are accurate and complete
- Review resident case logs with residents during semi-annual evaluations
Required Key Index Areas/Procedures to be documented are:

• Parenteral Therapy (79101, 79445)

• Radioiodine Therapy (79005): Type Descriptions of
  • Less than or equal to 33 millicuries (mCi) I-131
  • Greater than 33 millicuries (mCi) I-131
Required Key Index Areas/Procedures to be documented are:

• PET/CT: Type Description of
  • Oncologic/Tumor (78811, 78812, 78813, 78814, 78815 and 78816)
  • Other (Cardiac: 78459 and Neurologic: 78608)

• Cardiac Stress Test: Pharmacologic or Exercise (93015)
Required Key Index Areas/Procedures to be documented are:

- **Pediatric (0-18 years of age):** There are no specified CPT codes and would result in a frequency count only. Residents may enter the name of the procedure/therapy in the comment box. (If needed for credentialing, residents may perform a search and enter an actual CPT code and enter the data a second time in the ACGME case log system using the actual CPT code or use another system to track those procedures.)
Welcome to Resident Case Log for Nuclear Medicine

Last Updated: 9/19/2012 10:26:39 AM

System Messages

- **PROGRAM DIRECTORS & COORDINATORS: Attending & Institution Maintenance** - If your specialty utilizes Attendings for case entry, Attendings are now maintained in ADS on the Case Logs tab. You will see a list of all of your available Case Log Attendings which may include faculty. Please note: when Faculty Physicians are entered via the Faculty tab they are automatically listed as a Case Log Attending. If your specialty utilizes Institutions for case entry, Institution lists for residents are now based on your Participating Sites which are listed under the Sites tab in ADS. If your residents or fellows performed procedures/cases elsewhere (not at a participating site) they have an ‘Other Institution’ option they may use.

- **RESIDENTS / PROGRAM DIRECTORS / PROGRAM COORDINATORS: Logins & Passwords** - Any new resident that is entered into ADS is now automatically sent a login and password to their email address. Residents have the ability to reset their own passwords. On the ADS login page there is a ‘Forgot your password?’ button they can click and have a new password sent to their email.

- **RESIDENTS: If you are unable to add cases or see Add link under Case Entry menu.** - Please speak with your coordinator to re-activate your account.

Messages

Please report any problems or suggestions to the oplog@acgme.org.
Click on the Case Entry tab; click on Add to add a new procedure.

Welcome to Resident Case Log for Nuclear Medicine

- RESIDENTS: if you are unable to add cases or see Add link under Case Entry menu, please contact your program coordinator to reactivate your account.
- DIRECTORS & COORDINATORS: If residents are unable to add cases, to correct this, please go to PROGRAM SETUP > Residents > Add/Update. Click on the EditIcon for the resident. Check the Case Log Resident Status box to reactivate.

Messages

Add New Case

The Case Entry screen will display. The highlighted fields must be filled out and a procedure must be selected before you can save the entry.

Case Entry

<table>
<thead>
<tr>
<th>Resident</th>
<th>Institution</th>
<th>Case ID</th>
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<tbody>
<tr>
<td>-- Select --</td>
<td>-- Select --</td>
<td></td>
</tr>
<tr>
<td>Resident Year</td>
<td></td>
<td></td>
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<tr>
<td>-- Select --</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant/Interpret</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Procedure Date: 9/29/2012
Year End Menu

ACGME does not require hard-copy signed reports to be mailed in for the final summary report submission. Completion of this Year End Archive Process by the Program Director will fulfill this requirement. Please see these Detailed Instructions for step by step guidance.

Please execute the steps in the order below:

1. Select Graduating Year: 2011 - 2012

2. Verify Completing Categorical Residents

3. Generate Completing Residents Report

4. Submit Completing Residents

5. View Submittal Status
Reports Menu

Hints for Saving / Printing Reports:
Generate the report by clicking on the Java icon. Should a popup window generate indicating a potential error on the report, select "Run".

Select the "Export" icon in the top left corner of the report. In the list of available formats, change Crystal Report View to PDF.

Click on "Browse" to select the location to save the report. Press "Save", then press "OK".

A box will pop up stating the export has completed. Open the PDF document which just saved, and print the report as a PDF.

Please note: Firefox v10 and v11 users must use HTML option to view reports at the current time.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>HTML View</th>
<th>Java View</th>
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</thead>
<tbody>
<tr>
<td>Resident Operative</td>
<td></td>
<td></td>
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<tr>
<td>Resident Full Detail</td>
<td></td>
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<tr>
<td>Resident Activity</td>
<td></td>
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<tr>
<td>Resident Brief Detail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available CPT Codes by Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available CPT Codes by Area and Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Operative - Archived Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please report any problems or suggestions to the oplog@acgme.org
# Available CPT Codes by Area and Type for Nuclear Medicine

## Cardiac Stress Test (PharmacoLOGic or Exercise)

### Cardiac Stress Test

**CPT Code:** 93015  
Cardiologists and other qualified persons (eg, radiologists, nuclear medicine physicians) performing exercise and/or pharmacologic (or both) cardiac stress test that involves a pharmacologic agent, either alone or in combination with exercise, to assess cardiac function.

## Other Procedures

### Bone and Joint Imaging

**CPT Code:**  
78300, 78305, 78306, 78315, 78320  
Bone scans, bone scans with single photon emission computed tomography (SPECT), and bone scans with single photon emission computed tomography (SPECT) and computed tomography (CT).

### Cardiac Blood Pool Imaging

**CPT Code:** 78472  
Cardiac blood pool imaging, gated equipment, planar, single photon emission computed tomography (SPECT), and/or pharmacologic, wall motion study plus ejection fraction, with or without additional quantitative processing.

### ECG-Gated MPI (TOMO) or MPI

**CPT Code:** 78478, 78480  
Mycocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure).

**CPT Code:** 78480  
Mycocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure).

### GE Reflux, Esophageal Gastric Mucosa and Emptying

**CPT Code:** 78262, 78264, 78290  
Gastroesophageal reflux study, gastric emptying study, Intestinal imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus).

### GI Bleeding

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**Note:** For a complete list of CPT codes, please refer to the ACGME Resident Case Logs.

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**File Format:** Adobe Acrobat (PDF)
## AVAILABLE CPT CODES BY AREA AND TYPE For Nuclear Medicine

### CARDIAC STRESS TEST (PHARMACOLOGIC OR EXERCISE)

#### CARDIAC STRESS TEST

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>93015</td>
<td>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report</td>
</tr>
</tbody>
</table>

### OTHER PROCEDURES

#### BONE AND JOINT IMAGING

<table>
<thead>
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<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>78300</td>
<td>Bone and/or joint imaging: limited area</td>
</tr>
<tr>
<td>78305</td>
<td>Bone and/or joint imaging: multiple areas</td>
</tr>
<tr>
<td>78306</td>
<td>Bone and/or joint imaging: whole body</td>
</tr>
<tr>
<td>78315</td>
<td>Bone and/or joint imaging: 3 phase study</td>
</tr>
<tr>
<td>78320</td>
<td>Bone and/or joint imaging: tomographic (SPECT)</td>
</tr>
</tbody>
</table>

#### CARDIAC BLOOD POOL IMAGING

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>78472</td>
<td>Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing</td>
</tr>
</tbody>
</table>

#### ECG-GATED MPI (TOMO) OR MPI
Faculty Survey

- This academic year - Phase I NAS only
- Faculty asked questions in the following areas:
  - Supervision and teaching
  - Educational content
  - Resources
  - Patient Safety
  - Teamwork
  - Overall evaluation of the program
- Faculty asked to base their responses on experiences in the current academic year, 2012/2013.
Milestones

Specific benchmarks of skills, knowledge and behaviors in the six general competency domains that residents in every specialty must achieve at certain identified points or stages during residency education.
Milestones

Joint initiative of the ACGME and specialty certification boards and with the involvement of the specialty community

RRC’s initially will use aggregate resident performance on the milestones to identify aspects of educational programs needing improvement
Specialty Specific Milestones
Patient Care & Medical Knowledge

Working Group

Educators and leaders from the Review Committee (including resident member and executive director), American Board of Nuclear Medicine, and the Society of Nuclear Medicine (SNM)
Chair: Lorraine Fig, M.D.

Advisory Group

Specialty leaders
Assist with establishing support for the Milestones
Provide feedback to the Working Group
# Uses and Implications

## ACGME
- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

## Residency Programs
- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

## Certification Boards
- Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams

## Residents
- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents

## Milestones
NAS

Building the case for milestones........
Why Milestones and Clinical Competency Committees?

J graduated with honors from a prestigious medical school. The faculty and PD were ecstatic that he matched into their residency program. During orientation, J asked for multiple “golden” weekends off to attend weddings, birthdays, etc. In the first 4 months of his residency, he shows up late during several of his rotations. He did not show up for other required experiences a couple of times. The staff complains that he is almost impossible to get a hold of and complains that he frequently disappears. His write-ups and presentations are generally acceptable. Faculty members who supervise his rotations have called the PD to let her know that J’s fund of knowledge is poor, and he is often “flippant” and appears disinterested. It is now January, and the PD and the education committee members decide that J needs some form of warning to improve his performance, without which, he will be placed on probation and remediation. In order to gather “evidence” for this action, his evaluations are reviewed.

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Milestones

Observable developmental steps moving from Novice to Expert/Master (Level 1: entrance to Level 4: residency graduation or even Level 5: expert or mastery level)

“Intuitively” known by experienced medical educators in each specialty

Organized under the rubric of the six domains of clinical competency

- Trajectory of progress: neophyte → independent practice
- Articulate shared understanding of expectations
- Set aspirational goals of excellence
- Framework & language for discussions across the continuum
ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

- Specialty specific normative data and common expectations for progress of individual residents
- Less prescriptive ACGME program requirements, lengthened program site visits, less frequent standards revision
  - Promote curricular innovation
  - Enhance curricular and rotation design flexibility
- Development of specialty specific evaluation tools and techniques
ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

- Tracks what is important - Outcomes
- Begins using existing tools and observations of the faculty
- Clinical Competency Committee triangulates progress of each resident
  - Essential component of a valid and reliable clinical evaluation system
  - ABMS Board has the opportunity to track the identified individual
  - ACGME Review Committee tracks unidentified individuals’ trajectories
<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Advanced Professional</th>
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</thead>
<tbody>
<tr>
<td>a) Honesty, integrity, and ethical behavior</td>
<td></td>
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<tr>
<td>b) Humanistic behaviors of respect, compassion, and empathy</td>
<td></td>
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<tr>
<td>c) Responsibility and follow through on tasks</td>
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<tr>
<td>d) Receiving and giving feedback</td>
<td></td>
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<tr>
<td>e) Responsiveness to each patient’s unique characteristics and needs</td>
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<tr>
<td>f) Overall evaluation of Professionalism</td>
<td></td>
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</tbody>
</table>

Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team.

Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.

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

- May already be in place under a different name
- Start thinking about this and decide on composition, procedure, data elements
- What should be reviewed:
  - Continue to look at current evaluations forms
  - Milestones
- Issues:
  - Time: pilot studies
  - Large residency programs
  - Small fellowship programs
Clinical Competency Committees

- Learn your specialty milestones
  - (will be available this calendar year)
- Decide how to measure milestones
- Tools to evaluate from program director associations, specialty boards, colleges
- Teach the faculty the definitions
- Teach the faculty the tools
- FACULTY DEVELOPMENT IS KEY
The Clinical Competency Committee

- A group of faculty members trained in looking at milestones
- The same set of eyes looking at other evaluations:
  - End of rotation
  - Direct Observation
  - Nurses/Techs
  - Patients and families
  - Peers
  - Others
- The same process is applied uniformly
The Clinical Competency Committee

Avoids common problematic issues:

- “I don’t like to give negative evaluations”
- “I spent little time working with this resident”
- “Herd” mentality: positive or negative
- Grade inflation
- Vague statements:
  - “I just didn’t like this resident, but I can’t put my finger on it”
  - Hearsay: I’ve heard she is lazy
Milestone Question

• Does every resident have to reach at least “Level 4” for every milestone in order to graduate?
  • No, they do not. However, it will still remain the program director’s responsibility to verify and determine whether each resident has demonstrated sufficient competence to enter practice without direct supervision.
Self-Study & Program Improvement

✦ ACGME self-study visits begin in 2015 for Nuclear Medicine

✦ All new programs (initial accreditation) will require a site visit after approximately 2 years to gain continued accreditation before they can have their first self-study visit (SSV).

✦ After the first SSV, they occur every 10 years.

✦ Tool for program improvement

✦ Individualized Learning Plan (ILP) on steroids

✦ Tip: Document changes made for improvement and measured outcomes that indicate improvement for your self-study visits

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Self-Study & Program Improvement

- NOT A PIF
- Tool for improvement
- Regular goal setting
- Longer term: 3-5 years
- Includes self-reflection/self-study
- Consider SWOT (strengths/weaknesses/opportunities and threats)/stakeholders
- Consider program outcome trends
- Don’t have to wait until ACGME announces visit

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NAS Data: What does this mean for me?

- Data will be reviewed and accredited annually -- No more cycle lengths
- Required ADS annual updates
- No more PIFs
- Focus on outcomes
- Focus on quality improvement
The Next Accreditation System Web Page

http://www.acgme-nas.org/
NAS Information

NAS FAQs
http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf

NAS Policies and Procedures
http://www.acgme-nas.org/assets/pdf/FinalMasterNASPolicyProcedures.pdf
NAS Webinars

• Series of 4 free webinars geared to inform DIOs and PDs about the latest information regarding new accreditation initiatives
  • 12/13/2012 – The Clinical Learning Environment Review (CLER) Program: Early Experiences
  • 1/24/2013 – Implementing the NAS

Access at:  http://www.acgme-nas.org/
ACGME Website

ACGME website:
http://www.acgme.org/acgmeweb/

RRC website:
http://www.acgme.org/acgmeweb/ProgramandInstitutionalGuidelines/Hospital-BasedAccreditation/NuclearMedicine.aspx
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Questions?

Thank you