Otolaryngology Review Committee Update

Pamela Derstine, PhD, MHPE
Review Committee Executive Director

OPCO Annual Meeting
November 3, 2012
Chicago IL

Discussion Topics

• Accreditation Update
• Case Log Update
• Next Accreditation System
  ➢ Overview
  ➢ Program Requirements
  ➢ Self-study Visits
  ➢ Milestones
  ➢ Timeline
RRC Membership

- 10 voting members
  - ABO – 3 members
  - ACS – 3 members
  - AMA (CME) – 3 members
  - 1 resident member
- Leadership
  - Sukgi Choi, MD, Chair (ACS)
  - Michael Cunningham, MD, Vice-Chair (ACS)

RRC Membership

- Sukgi S. Choi, MD
  RRC Chair
- Michael J. Cunningham, MD
  RRC Vice-Chair
- Gerald S. Berke, MD
- Steven Chinn, MD
  Resident Member
- David B. Hom, MD
- Lloyd B. Minor, MD
- Stephen S. Park, MD
- Terance Tsue, MD
- Randal S. Weber, MD
- D. Bradley Welling, MD, PhD
- Patrice Gabler Blair, MPH
  ACS Ex-Officio
- Robert H. Miller, MD, MBA
  ABO Ex-Officio
Incoming RRC Member

• David J. Terris, MD
  replacing Stephen Park, MD

Welcome!!!!!

ACGME RRC Staff

• Pamela L. Derstine, PhD, MHPE
  Executive Director
• Susan E. Mansker
  Associate Executive Director
• Jennifer M. Luna
  Accreditation Administrator
• Deidre M. Williams
  Accreditation Assistant

Also…..
Jenna Walls
WebADS Representative
ACGME Reorganization

- Senior VP for Surgical Accreditation: John R. Potts III, MD
- Senior VP for Hospital-based Accreditation: Louis J. Ling, MD
- Senior VP for Medical Accreditation: Mary Lieh-Lai, MD, FAAP, FCCP
- Senior VP for Institutional Accreditation: Kevin B. Weiss, MD

Accreditation Statistics: Current

<table>
<thead>
<tr>
<th>Number of Accredited Programs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>105 (2 Initial Accred.)</td>
</tr>
<tr>
<td>Neurotology</td>
<td>18 (3 Initial Accred.)</td>
</tr>
<tr>
<td>Pediatric Oto</td>
<td>18 (10 Initial Accred.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Residents/Fellows</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>Total 1465</td>
</tr>
<tr>
<td>Male/Female</td>
<td>935/486</td>
</tr>
<tr>
<td>Neurotology</td>
<td>Total 26</td>
</tr>
<tr>
<td>Male/Female</td>
<td>15/11</td>
</tr>
<tr>
<td>Pediatric Oto</td>
<td>Total 22</td>
</tr>
<tr>
<td>Male/Female</td>
<td>13/6</td>
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</tbody>
</table>
Accreditation Statistics: Current

Current Cycle Length Breakdown

<table>
<thead>
<tr>
<th>Cycle Length</th>
<th>Core</th>
<th>Neurotology</th>
<th>Pediatric Oto</th>
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<tbody>
<tr>
<td>1-yr</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2-yr</td>
<td>4</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>3-yr</td>
<td>31</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>4-yr</td>
<td>48</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5-yr</td>
<td>21</td>
<td>9</td>
<td>4</td>
</tr>
</tbody>
</table>

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Case Log Update

• Case Log System Revisions
  - Replace KIP “Flaps” with “Skin flaps and grafts”; add composite skin graft CPT codes; add vestibular stenosis CPT code to rhinoplasty
  - Add minimum numbers for each KIP
    - Tracking reports available next spring
    - Programs accountable 2013/2014 graduates

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### Case Log Minimum Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Min. #</th>
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</thead>
<tbody>
<tr>
<td>Head &amp; Neck</td>
<td>Parotidectomy (all types)</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Neck Dissection (all types)</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Oral Cavity Excision</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Thyroid/Parathyroidectomy</td>
<td>22</td>
</tr>
<tr>
<td>Otology/Audiology</td>
<td>Tympanoplasty (all types)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Mastoidectomy (all types)</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Stapedectomy/Ossiculoplasty</td>
<td>10</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Min. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPRS</td>
<td>Rhinoplasty (all types)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mandible/Midface Fractures</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Skin Flaps and Grafts</td>
<td>20</td>
</tr>
<tr>
<td>General/Peds</td>
<td>Airway – Pediatric and Adult</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Congenital Neck Masses</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Ethmoidectomy</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Bronchoscopy</td>
<td>22</td>
</tr>
</tbody>
</table>

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Case Log Reports

- Unique purposes
- Filtering reports:
  - Resident (all or specific name)
  - Procedure Resident Year (1-5)
  - Patient Age (Adolescent/Adult/Child/Infant/Newborn)
  - Area Description (current CPT code mapping areas)
  - Resident Year (1-5)
  - Resident Status (all/active/inactive…always use “active”)
  - Date Range
  - Institution (all or by participating site)
  - Resident Role (assistant/surgeon/supervisor)
  - Attending (all or by name)
  - RRC Procedure List (all or by specific type within an area)
Case Log Reports: Resident Activity

Use this report to answer:
• Are residents logging data?
• How much data are they logging and with what frequency?
• How can I quickly and easily see what residents are doing?

Case Log Reports: Resident Operative

Use this report to answer:
• What is the overall experience for (as filtered)?
Case Log Reports: Resident Full Detail

Use these reports to answer:
• How do I view data on a case-by-case basis?
• What are the specifics of each case?
• What are the details of the “unassigned” cases?

Case Log Update

• Case Log numbers: indicator of resident experience
• Milestones: indicator of developing resident competence
• Both included in Next Accreditation System annual program review
• More information to follow!

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Next Accreditation System Goals

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

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NAS in a Nutshell

- Continuous Accreditation Model
  - Based on review of annually submitted data
- SVs replaced by 10-year Self-Study Visit
  - NO PIF!
- Standards revised every 10 years
- Standards organized by
  - Core Processes
  - Detailed Processes
  - Outcomes

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Conceptual change from...
The Current Accreditation System

Rules
Corresponding Questions
"Correct or Incorrect" Answer
Citations and Accreditation Decision

To...
The Next Accreditation System

Continuous Observations
Promote innovation
Ensure Program fixes the Problem
Diagnose the Problem (if there is one)
Potential Problems
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Core Process
Detail Process
Outcomes

Application for New Program

Accuracy With Major Concerns
Accuracy with Warning
Probationary Accreditation

Continued Accreditation

Outcomes
Core Process
Detail Process

Withdrawal of Accreditation

<1%

Trended Performance Indicators

✓ Annual ADS Update
  ✓ Program Attrition – Changes in PD/Core Faculty/Residents
  ✓ Program Characteristics – Structure and Resources
✓ Scholarly Activity – Faculty and Residents
✓ Board Pass Rate – Rolling Rates
✓ Resident Survey – Common and Specialty Elements
✓ Faculty Survey – Core Faculty (Nov-Dec. 2012 phase 1 only)*
✓ Clinical Experience – Case Logs or other
✓ Semi-Annual Resident Evaluation and Feedback
  ➢ Milestones (first reports December 2013 phase 1 only)

* New

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The Goal of the Continuum of Clinical Professional Development

The "GME Envelope of Expectations" AKA - Milestones
The Continuum of Clinical Professional Development: Authority and Decision Making versus Supervision

“Graded or Progressive Responsibility”

The Continuum of Professional Development
The Three Roles of the Physician


Descriptively graphed by Nasca, T.J.

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Milestones

- Observable steps on continuum of increasing ability
- Intuitively known by experienced specialty educators
- Organized under six domains of clinical competency
- Describe trajectory from neophyte to practitioner
- Articulate shared understanding of expectations
- Set aspirational goals of excellence
- Provide framework & language to describe progress
Move from Numbers to Narratives

- Numerical systems produce range restriction
- Narratives:
  - easily discerned by faculty
  - shown to produce data without range restriction

1 Hodges and others


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## Otolaryngology Milestones (16)

### Patient Care
- Aerodigestive tract lesions
- Salivary disease
- Sleep disorder breathing
- Facial trauma
- Rhinosinusitis
- Chronic ear
- Pediatric otitis media

### Medical Knowledge
- Upper aerodigestive tract malignancy
- Hearing loss
- Dysphagia-dysphonia
- Inhalant allergy

### Other Competency Domains
- ICS
- PBLI
- Professionalism
- SBP-patient safety
- SBP-resource utilization

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### Sample Oto Milestone

<table>
<thead>
<tr>
<th>Level</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Demonstrates limited knowledge of temporal bone and cochleovestibular anatomy.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates limited understanding of the physiology of hearing.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates limited understanding of the natural history of hearing loss.</td>
</tr>
<tr>
<td></td>
<td>Recognize normal ear exam and normal audiometry. Able to identify basic hearing loss classifications on an audiogram. Limited knowledge of options for diagnostic workup of hearing loss.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates awareness of non-surgical aural rehabilitation options; understands importance of hearing surveillance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates proficient knowledge of temporal bone and cochleovestibular gross anatomy/embryology.</td>
</tr>
<tr>
<td></td>
<td>Understands normal middle ear mechanics and cochlear physiology.</td>
</tr>
<tr>
<td></td>
<td>Understands the natural history of presbycusis and noise-induced hearing loss.</td>
</tr>
<tr>
<td></td>
<td>Recognize an abnormal ear exam/audiogram; Orders appropriate routine audometric, laboratory, and imaging test for workup.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates comprehensive awareness of aural rehabilitation options, including surgical management of hearing loss.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates proficiency in understanding and treating congenital variations of temporal bone and cochleovestibular anatomy.</td>
</tr>
<tr>
<td></td>
<td>Generates differential diagnosis for hearing loss in adult patient.</td>
</tr>
<tr>
<td></td>
<td>Understands the natural history of adult onset hearing loss.</td>
</tr>
<tr>
<td></td>
<td>Recognizes congenital causes for hearing loss in children and identifies uncommon causes of hearing loss in adults.</td>
</tr>
<tr>
<td></td>
<td>Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory and imaging studies.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates proficiency in understanding and treating congenital variations of temporal bone and cochleovestibular anatomy.</td>
</tr>
<tr>
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<td></td>
<td>Recognizes congenital causes for hearing loss in children and identifies uncommon causes of hearing loss in adults.</td>
</tr>
<tr>
<td></td>
<td>Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory and imaging studies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 4</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates proficiency in understanding and treating congenital variations of temporal bone and cochleovestibular anatomy.</td>
</tr>
<tr>
<td></td>
<td>Generates differential diagnosis for hearing loss in adult patient.</td>
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<tr>
<td></td>
<td>Understands the natural history of adult onset hearing loss.</td>
</tr>
<tr>
<td></td>
<td>Recognizes congenital causes for hearing loss in children and identifies uncommon causes of hearing loss in adults.</td>
</tr>
<tr>
<td></td>
<td>Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory and imaging studies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates proficiency in understanding and treating congenital variations of temporal bone and cochleovestibular anatomy.</td>
</tr>
<tr>
<td></td>
<td>Generates differential diagnosis for hearing loss in adult patient.</td>
</tr>
<tr>
<td></td>
<td>Understands the natural history of adult onset hearing loss.</td>
</tr>
<tr>
<td></td>
<td>Recognizes congenital causes for hearing loss in children and identifies uncommon causes of hearing loss in adults.</td>
</tr>
<tr>
<td></td>
<td>Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory and imaging studies.</td>
</tr>
</tbody>
</table>

Comments:
Milestones

• Translate “general” competencies into specific competencies to be met by all residents
• Create “core” resident outcomes in the competencies, not “standardization” of all outcomes
• MILESTONES ARE OUTCOMES, NOT ELEMENTS of a CURRICULUM
  • Not intended to include all elements of training….IS a selective biopsy
  • Not intended to be an assessment form….IS a report of assessment results aggregated over the previous six months

ACGME Goal for Milestones

• Permits fruition of the promise of “Outcomes”
• Tracks what is important
• Begins using existing tools for faculty observations
• Clinical Competence Committee triangulates progress of each resident
  • Essential for valid and reliable clinical evaluation system
  • ACGME RCs track unidentified individuals’ trajectories
  • ABMS Board may track the identified individual
NAS Timeline for Otolaryngology

- Fall 2012: Program Requirements categorized
- Fall 2012: Milestones piloted
- December 2012: Milestones published
- Spring 2013: Most self-study dates assigned
- Training phase begins 7/2013

NAS Timeline for Otolaryngology

- Training phase activities
  - RRC reviews all data for all programs at spring 2014 meeting (includes 2013 surveys, annual ADS update info, case log reports)
  - RRC determines benchmarks for follow-up actions (e.g., progress report, focused site visit, etc.)
  - Traditional program reviews for programs on probation, short cycle or initial accreditation; non-accreditation requests reviewed as usual (Spring 2013, Fall 2013, Spring 2014 RRC meetings)
  - Programs establish process for use of milestone reporting tools (Clinical Competency Committees)
- Enter NAS 7/2014
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- RRC completes traditional program reviews and non-accreditation requests
- RRC determines benchmarks for follow-up actions (e.g., progress reports, focused site visits, etc.) based on initial reviews of NAS program data
- Programs form clinical competency committees; faculty development for milestone assessment

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RESOURCES

• RRC Website:
  
  http://acgme.org/acgmeweb/tabid/141/ProgramandInstitutionalGuidelines/SurgicalAccreditation/Otolaryngology.aspx
  
  ✓ Program Requirements and FAQs
  ✓ Program Information Forms
  ✓ Newsletters (discontinued)
  ✓ Required Minimum Number Key Indicator Procedures (coming soon)
  ✓ Case Log Coding Guidelines (coming soon)
  ✓ Neurotology Fellowship Surgical Case Log Reporting (coming soon)
  ✓ ACGME Glossary of Terms
  ✓ Program Director Guide to the Common Program Requirements
  ✓ Notable Practices
  ✓ Site visit Resources

RESOURCES

• ACGME Website:
  
  http://acgme.org/acgmeweb/
  
  ✓ Data Collection Systems (ADS, Case Log, Survey, Competency Evaluation System, Search Programs and Sponsors)
  ✓ Meetings and Conferences (Annual Education Conference, Board Meetings, Seminars, Workshops, RRC Meetings)
  ✓ Graduate Medical Education (Resident Services, Site Visit and Field Staff, Legal)
  ✓ Publications (Journal of Graduate Medical Education, GME Data Resource Book, Position Papers, Literature Reviews, E-Bulletin, GME Focus)
  ✓ Current Policies and Procedures:
    
    http://acgme.org/acgmeweb/GraduateMedicalEducation/Policies.aspx
RESOURCES

- NAS Website: [http://www.acgme-nas.org/](http://www.acgme-nas.org/)
  - Newly Approved ACGME Policies and Procedures
  - NAS Slideshow-ACGME Conference Presentation by Dr. Nasca
  - Clinical Learning Environment Review (CLER) Program
  - Categorization of Common Program Requirements
  - Categorization of Otolaryngology Requirements: public comment period closes 12/12/12
  - NAS Publications and Reports
  - Perspectives on the Next Accreditation System (videos)

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Thank You