Disclosures

• Chairperson, Review Committee for Preventive Medicine
• No conflicts of interest to report
Objectives for today’s session

1. Describe the third annual review of programs in the Next Accreditation System

2. Describe changes related to revision of Section VI of the common program requirements

3. Describe self study and 10-year site visit process
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1. Continued annual review of all Preventive Medicine programs in NAS

2. Proposed revision of Preventive Medicine program requirements
   • Added requirement for pass rate on AOA certification exam of 75% - same language as current ACGME requirement
Data elements reviewed annually

Key data elements
- Board pass rate
- Faculty and resident scholarly activity
- Resident Survey

Other data elements
- Missing or incomplete information
- Faculty survey
- Attrition
Information used for the January 2017 review reflects 2015/2016 academic year

- Annual update submitted in September reflecting the 2015/2016 academic year
- ABPM exam results from October 2015 exam
- Scholarly activity completed/published during 2014/15 academic year
Results of January 2017 review

53 programs - consent agenda
20 programs – main agenda reviewed
4 programs - RC collected additional information
1 program - review of a scheduled site visit to move from Initial to Continued Accreditation
Results of January 2017 review

14 citations resolved

12 citations extended or new
  • 5 year pass rate on ABPM exam – 8 citations
  • Curriculum – 2 citations
  • Resident evaluation – 1 citation
  • Other Program Personnel – 1 citation
Results of January 2017 review

Areas for Improvement issued
• 2016 Resident Survey results – 8 AFIs
• Scholarly activity of residents/faculty – 7 AFIs
• Missing/Incomplete information – 5 AFIs
• 3 year pass rate on ABPM exam – 4 AFIs
• 2016 Faculty Survey – 1 AFI
• Resident Evaluation – 1 AFI
‘Take aways’

1. Review your list of core faculty.
   • Use roles as listed in ADS and adjust hours to identify core faculty
   • YOU MUST list core faculty members

2. Adhere to deadline dates for submission in ADS
   • Resident & Faculty Surveys, January to May
   • Annual Update (Major Changes), September
   • Faculty and resident scholarly activity (as well as new certifications), before June 30th
3. Information must be clear and complete
   • For combined programs, the block diagram should **ONLY** include rotations and educational experiences used to fulfill Preventive Medicine requirements
   • Ensure that information on scholarship is complete. FAQ requires that 70% faculty has at least one example of scholarship each year
Questions received from PDs

How is pass rate calculated?

Answer:
The Review Committee receives aggregate data from ABPM on first time test takers only. If the first time test taker graduated more than 5 years ago, they are not included in the data received from ABPM.
<table>
<thead>
<tr>
<th>EXAM YEAR</th>
<th>GRADUATION DATE</th>
<th>RESIDENT</th>
<th>ATTEMPT</th>
<th>RESULT</th>
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<tbody>
<tr>
<td>2011</td>
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### Example

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**Not counted**

Pass rate = 100%
Questions received from PDs

When is low pass rate a citation and when is it an AFI?

Answer:

The Preventive Medicine requirement for pass rate [V.C.7] is for 75% averaged over 5 years. If the program’s 5 year pass rate is below 75%, a citation will be issued. If the 3-year pass rate is below 75%, an AFI may be issued.
Why did I get an AFI and now what do I do?

Answer:
If programs fail one key indicator, they may get a note in their Letter of Notification under areas for improvement, concerning trends. These are NOT citations, the program does not need to provide a response back to the Committee. These are a ‘heads up’ of data the RC noted and may need further review.
1. Describe the third annual review of programs in the Next Accreditation System

2. Describe changes related to revision of Section VI of the common program requirements

3. Describe self study and 10-year site visit process
Revision of Common Program Requirements

Beginning 2015 ACGME undertook a full review of Common Program Requirements

Revisions to Section VI, the Learning and Working Environment (formerly duty hours) completed first

Revisions to Section I through V underway
Section VI in a nutshell

- Pay attention to patient safety and resident/faculty well-being
- Support the well-being of residents, faculty members, students, and all members of the health care team
- Support the development of professionalism
- Eliminate burdensome documentation requirements
- Enhance appropriate flexibility as a shared responsibility of the program and residents

See: https://www.acgmecommon.org/
Italicized language: Describes the underlying philosophy of the requirements within the section. IS NOT citable

Background and Intent: Provides additional guidance on how to implement the requirements in a manner consistent with the intent

FAQs will be available soon
Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- **Excellence in the safety and quality of care rendered to patients by residents today**
- **Excellence in the safety and quality of care rendered to patients by today’s residents in their future practice**
- **Excellence in professionalism through faculty modeling of**
  - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- **Commitment to the well-being of students, resident, faculty members, and all members of the health care team.**
Culture of Safety

VI.A.1.a).(1).(a)

Program, faculty, residents and fellows must participate in patient safety systems and contribute to a culture of safety.

Education on Patient Safety

VI.A.1.a).(2)

Program must provide formal educational activities that promote patient safety-related goals, tools, and techniques.
Quality Improvement examples

Education in Quality Improvement

VI.A.1.b).(1).(a)
Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities

Quality Metrics

VI.A.1.b).(2).(a)
Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.
Professionalism - examples

Fitness for Work

VI.B.4.c)

Residents and faculty members must demonstrate an understanding of their personal role in the assurance of their fitness for work.

Learning Environment

VI.B.6

Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating and addressing such concerns.
Well being - examples

VI.C.1 a) and b)

Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as to evaluate other aspects of competence this responsibility must include:

Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.

Attention to scheduling, work intensity and work compression that impacts well-being.
VI.C.1.c) Evaluating workplace safety data and addressing the safety of residents and faculty members.

Opportunity to access medical and dental care

VI.C.1.d).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours.
Clinical Experience and Education

“Duty Hours” replaced with “Clinical Experience and Education”

• Get away from the term ‘duty’ that translates to clocking out rather than the resident’s duty to the patient

A few changes

Time working at home counts – NOT study for coursework
16-hour limit for PGY-1 is removed
1. Describe the third annual review of programs in the Next Accreditation System

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ELEMENTS OF THE SELF-STUDY

1. Program Aims

2. SVOT/SLOT Analysis: Assessment of internal factors
   - Program strengths
   - Areas for improvement/vulnerabilities/limitations
   - External environmental context
   - Opportunities and Threats

3. A 5-year “look back” on changes, improvements

4. A 5-year “look forward” on plans for the future
   - Consideration of/answer to the question “What will take this program to the next level”
PROGRAM AIMS

• A way to differentiate programs, create priorities for improvement
• Included in each Annual Program Evaluation
• Stakeholder input, including
  • Internal constituents (residents, faculty, institutional leaders)
  • External stakeholders (RAC)
• Relevant considerations
  • Who are our residents?
  • What do we prepare them for?
• Ultimate goal: **Intentionality in program design**
AFTER THE SELF-STUDY, PROGRAMS SUBMIT THE SELF-STUDY SUMMARY

- ACGME Template: 2550 – 2800 word (~5 pages) for core program
- **Sections:** Key Self-Study dimensions
  - Aims
  - Program Strengths, Opportunities and Threats
  - Five-year look-back and look-forward
  - Self-study process (who was involved, data collected and interpreted)
- Omitted by design: information on areas for improvement
- Uploaded through the Accreditation Data System (ADS)
THE 10-YEAR SITE VISIT

- A full accreditation site visit with review of all applicable requirements
- 12- to 18-month period after the self-study to allow programs implement improvements
  - Programs submit “Summary of Achievements” detailing improvements made as a result of the self-study
- Site Visit assesses maturity of the program improvement effort
- Site visit opens with the review of the self-study to provide the context for the accreditation section of the site visit
REVIEW OF THE 10-YEAR VISIT

Remains the same:

- Review Committee (RC) provides Letter of Notification from the 10-year (Full Accreditation) Site Visit
- Citations and Areas for Improvement

New elements:

- Formative feedback (no accreditation impact) for the RC assessment of the self-study
- Focus will be on the on “improvement process,” not the priorities the program has selected
THANK YOU

got questions