

FAQs-Educational Innovation Project

Residency Review Committee-Internal Medicine

Eligibility

Q: I only recently became program director here, but have long experience and excellent local support. Are we eligible?

A: We will welcome your "Letter of Intent" even though your program does not appear to meet every entry criteria at this time.

Our goal is to select programs led by stable, committed, experienced program directors that have relationships with the decision makers at the sponsoring institution that will facilitate the goals of the EIP. program director tenure is a surrogate criterion for this expectation. The EIP committee will consider all applications carefully, and will consider flexibility for the program director tenure rule if the LOI can document leadership stability, experience, and the ability to successfully advocate for GME in their institution. Just make this case in your LOI. The LOI should reflect your involvement in the last accreditation visit, and note where your predecessor can be contacted for historical data and advocacy.

Q: Will there be annual or subsequent Requests for Application (RFA) for the EIP?

A: It has not yet been determined how subsequent participating programs will be brought aboard. Much of this will be dependent on initial interest and success of the first round of participants. There will certainly be additional RFAs.

Q: Our program was on probation a few years ago, but has made huge strides. Since then we have had cycle lengths of two & five years. Our sponsoring institution has also gone from an unfavorable to a favorable status. Are we eligible?

A: Probably not. Your program is unlikely to meet with EIP committee approval, because of the recent probationary status, and the recently unfavorable institutional review. The ACGME has insisted that programs meet the cycle length (eight years in past two cycles, most recent cycle at least four years) and Institutional Review Committee criteria. 2005 will almost certainly not be the last opportunity for program accrual. We are also confident that the RRC-IM and ACGME earnestly want to bring as many programs into outcomes-based accreditation as will be successful. Your program will probably not be included in the EIP inception cohort, but perhaps it will qualify for the validation or early implementation cohort in the future.

Letter of Intent (LOI)

Q: The LOI template requires both a "Project Description" and a "Brief Description". What's the difference?

A: The "Project Description" addresses readiness for innovation in your program and your sponsoring institution. We believe past behavior predicts future behavior. This is not a project for institutions contemplating a foray into quality improvement and viewing EIP as an introductory opportunity. This is for sponsors and programs with the tools in place to innovate.

The "Brief Description" is about innovation plans. What do you envision this project allowing you to do? What are your dreams?

Q: Does the LOI require CVs, biographical data, bibliography, or detailed proposals?

A: The Letter of Intent is designed to ascertain eligibility for participation, necessitating only bare bones innovation proposals. CVs, biographical, references, or detailed study designs are not necessary or expected. We do want some background as to your institution's quality improvement and innovation track record, and broad brush innovation proposals.

Q: Can programs or groups of programs present innovation proposals for exceptions to the Program Requirements RRC-IM outside the EIP process?

A: Such proposals are outside the scope of the EIP, and the RRC-IM currently has no mechanism for exceptions to the Program Requirements outside the EIP.

Q: Can groups of programs apply for EIP by presenting collaborative proposals?

A: All collaborators would be required to submit Letters of Intent (LOI) independently and be judged to meet the accreditation minimum and have favorable institutional reviews.

Formal Applications from eligible programs may include collaborative proposals.

Q: Will Letters of Intent (LOI) and Applications be confidential?

A: Absolutely

EIP requirements

Q: Any room for leniency in duty hours standards from EIP?

A: No.

Duty hours are outside the scope of EIP or RRC-IM. EIP flexibility centers on educational process and competency-based outcomes assessments.

Q: Must the program director always spend 0.75 FTE on educational leadership?

A: Note that the requirement reads “The sponsoring institution” should provide at least 75% salary support for the program director” which represents an increase from 50% for non-EIP core PDs.

This requirement is intended to emphasize the additional demands for time, for creativity, and for focus that innovation will place on these program directors. Success in the EIP will not be feasible for a program director supporting a significant part of their salary from outside duties. Innovation can be messy and results are unpredictable. Many blunders will occur for every success.

Also, remember how the RRC-IM interprets the 50% and 75% salary support issue: The PD must not be required to generate >50% (an additional 25% for EIP) of salary from clinical activities. The PD may spend this time teaching, attending in clinic/ hospital, mentoring, creating, or in administration. It is expected that sufficient administrative time will be available for PD responsibilities (PD self-identified on PIF). The RRC does not permit PDs to allocate this time to APDs, as there are separate requirements for APD time.

Q: We don't yet have an Electronic Health Record (EHR), but are planning to develop one. How close must we be to implementation for EIP eligibility?

A: We expect, at minimum, firm and specific plans and a timeline for implementation, particularly at the clinical sites where residents receive the majority of training. Highly performing systems of care depend on current information technology. We believe that the best graduate medical education environments include an EHR.

Q: Is this beginning of new method of accreditation?

A: That is one of our goals. The RRC-IM anticipates that there will be a two-tiered accreditation process for the foreseeable future. However, the RRC-IM hopes to use its experience with the EIP to inform future accreditation models.

Q: What will be expected from us for annual reporting of clinical and educational outcomes?

A: Many of the details remain “to be determined”. A few principles:

- Institutional clinical outcomes and safety data must be disclosed to RRC and will be held very confidentially
- Educational outcomes will be presented publicly, likely in conjunction with APDIM meetings or similar venues
- ADS resident surveys will be modified for EIP participants and administered annually
- Dissemination of successful methods is central to the project

Miscellaneous EIP ramifications

Q: RFA notification date is ominously close to match time and after we must declare our match quota.

How can we plan for its impact?

A: Sorry about that. This will present an initial opportunity to begin sharing problems and solutions with other participants.

Q: How will our participation in EIP affect our IRIS reports, our pass-through, and our sponsors' financial health?

A: We do not intend to inflict added costs by implementing the EIP. We hope eliminating waste and "nonvalue-added" tasks from teaching institutions will save some resources while optimizing return on others.

Q: How will our fellowships' accreditation cycles be affected by the core program's participation in EIP?

A: Site visits and RRC-IM review of subspecialty programs will still occur. The RRC-IM will try to synchronize fellowship reviews for your institution, as deemed reasonable by substantial compliance.

Q: We are concerned applicants may be wary of the uncertainty associated with EIP innovation.

A: We anticipate that applicants will be attracted to programs in the EIP. APDIM, ACP, AMA, and ABIM will publicly promote the advantages and prestige of participating programs. We hope that learners will find excitement and meaning in inventing the future of internal medicine, and that applicants will flock to participating programs.

Q: If we are accepted into the EIP how would that affect our RRC visit and when would we be expected to be compliant with the EIP guidelines?

A: Any site visits scheduled before 7/1/2006 would occur, but those scheduled after 7/1/2006 would be cancelled.