

**Updates on the Next  
Accreditation System  
Drs. Potts Ciotti, Bienstock,  
and MJ Turner**

**RC for Obstetrics & Gynecology  
November 18, 2013**

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**Where are we going?  
The Next Accreditation System**

**John Potts, III, MD  
Senior Vice President,  
Surgical Accreditation**



# Where are we going?

## The Next Accreditation System

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- Continuous Accreditation Model
- Review programs every 10 years with self-study
- Leave Good Programs alone
- Good Programs can innovate detailed standards
- Identify weak programs earlier
- Site visit or progress report from weak programs
- Weak programs held to detailed standards

# Where did we come from?

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- 2002 Core competencies in PR
- 2012-13 work done so far
  - Core and Detailed Process
  - Outcome in Requirements
  - ADS rebuilt
  - Annual update data replaces free text
  - New policies and procedures
  - Scholarly activity replaces CVs
  - 2013 Milestones 1.0 developed

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# **NAS: What happens at my program?**

**Mary C. Ciotti, MD**

Chair, RC for Obstetrics & Gynecology  
Program Director- University of Southern California  
(LAC+USC)



ACGME

# Next Accreditation System: Goals

- Accredit programs based on outcomes
- Provide public accountability for outcomes
- Produce physicians for 21<sup>st</sup> century
- Reduce the burden of accreditation



# Next Accreditation System

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What Happens at *My* Program?



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# NAS and ADS Annual Updates

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- Each year, programs data will be required to entered in ADS such as:
  - Faculty information
  - Fellow information and Resident information
  - Block diagrams/curricular information
  - Scholarly activity
  - Participating site
  - Responses to previous citations
  - Duty Hour, Patient Safety and Learning Environment Evaluation
  - Reporting of major changes in the program




# Annual Update (ADS)

 Update the major changes section.


[View](#)

 Update the Overall Evaluation Methods section.

[View](#)

 Enter a valid Program Director email.

[View](#)

 Update the Program Director certification information.

[View](#)


 Update the Sites tab and complete all missing data for each institution.

[View](#)


 Upload current block diagram.

[View](#)

## Resident Information:


 Confirm all residents.

[View](#)


 Update scholarly activity for each resident.

[View](#)


## Faculty Information:

 Enter a valid email for each physician faculty member.

[View](#)

 Enter a specialty, certification type and certification status for each active physician faculty member.

[View](#)

 Update scholarly activity for each physician faculty member.

[View](#)

# 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	IPMID 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

# 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.
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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

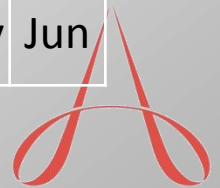
Categories for points:

Peer Review Publication      Other Scholarly      Grantsmanship      Leadership / Peer Review      Education



# NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Case Logs	Yr 0						Yr 1					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



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# NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>ADS Update</b>	Yr 1											
<b>Case Logs</b>	Yr 0											Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



# NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Resident Survey</b>												
<b>ADS Update</b>												
<b>Case Logs</b>												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



# NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Faculty Survey</b>					Yr 1							
<b>Resident Survey</b>							Yr 1					
<b>ADS Update</b>	Yr 1											
<b>Case Logs</b>	Yr 0											Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun





# NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Milestones</b>						Yr 1						Yr 1
<b>Faculty Survey</b>					Yr1							
<b>Resident Survey</b>							Yr 1					
<b>ADS Update</b>	Yr 1											
<b>Case Logs</b>	Yr 0											Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



# When Is *My* Program Reviewed?

- *Each* program reviewed *at least* annually
- NAS is a continuous accreditation process
  - Review of annually submitted data
  - Supplemented by:
    - Reports of self-study visits every ten years
    - Progress reports (when requested)
    - Immediate site visit (potential egregious violation)
- **OBG STARTS - JULY 2014**



# What Happens at *My* Program?

- Core and subspecialty (**FPMRS only**) programs together
- Independent subspecialty programs subject to:
  - Program Requirements and program review
  - Institutional Requirements and institutional review
  - CLER visits
- No new independent sub. programs after 7/2013



# NAS: RRC Meeting Timeline

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>Review <u>annual</u> data <u>all</u> programs</b>						<b>Yr 1</b>													<b>Yr 2</b>							
<b>Review information from requested PRs and SVs</b>						<b>Any</b>														<b>Any</b>						
<b>Review Self-Studies</b>																										
<b>Review information from requested PRs and SVs</b>	<b>Any</b>												<b>Any</b>												<b>Any</b>	

- CASE LOGS
- RESIDENT SURVEY
- FACULTY SURVEY
- BOARD PASS RATE
- SCHOLARLY ACTIVITY
- ADS UPDATE



# What happens at MY Program?

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- “Cycle Lengths” will not be used
- Programs will receive feedback from RRC each time they are reviewed
- Status:
  - Continued Accreditation ■
  - Accreditation with Warning ■
  - Probationary Accreditation ■
  - Withdrawal of Accreditation ■



# NAS Accreditation Status

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1. Continued Accreditation
2. Request more information
  1. Progress report
  2. Site visit, focused or full
3. Continued accreditation (with warning)
4. Probation
5. Continued probation (max 2 years)
6. Withdraw accreditation

# OBG RC Accreditation Statistics

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## October 2013

<b>Accreditation Status</b>	<b>Core</b>	<b>FPMRS</b>
Initial Accreditation	2	44
Continued Accreditation	210	NA
Continued Accreditation with Warning	28	NA
Probation	3	NA
Request for Progress Reports	10	NA



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# RC Decisions in NAS



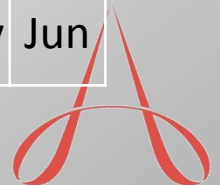
# The Next Accreditation System

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- RC screens all programs based on annual data-
  - ADS annual update, Resident & Faculty Survey
  - Milestones Data, Case Log, Board Pass rate
- All programs reviewed by set performance indicators and thresholds
  - Identify programs with potential problems require more information with a progress report or site visit
  - High performing programs-informed of continued accreditation

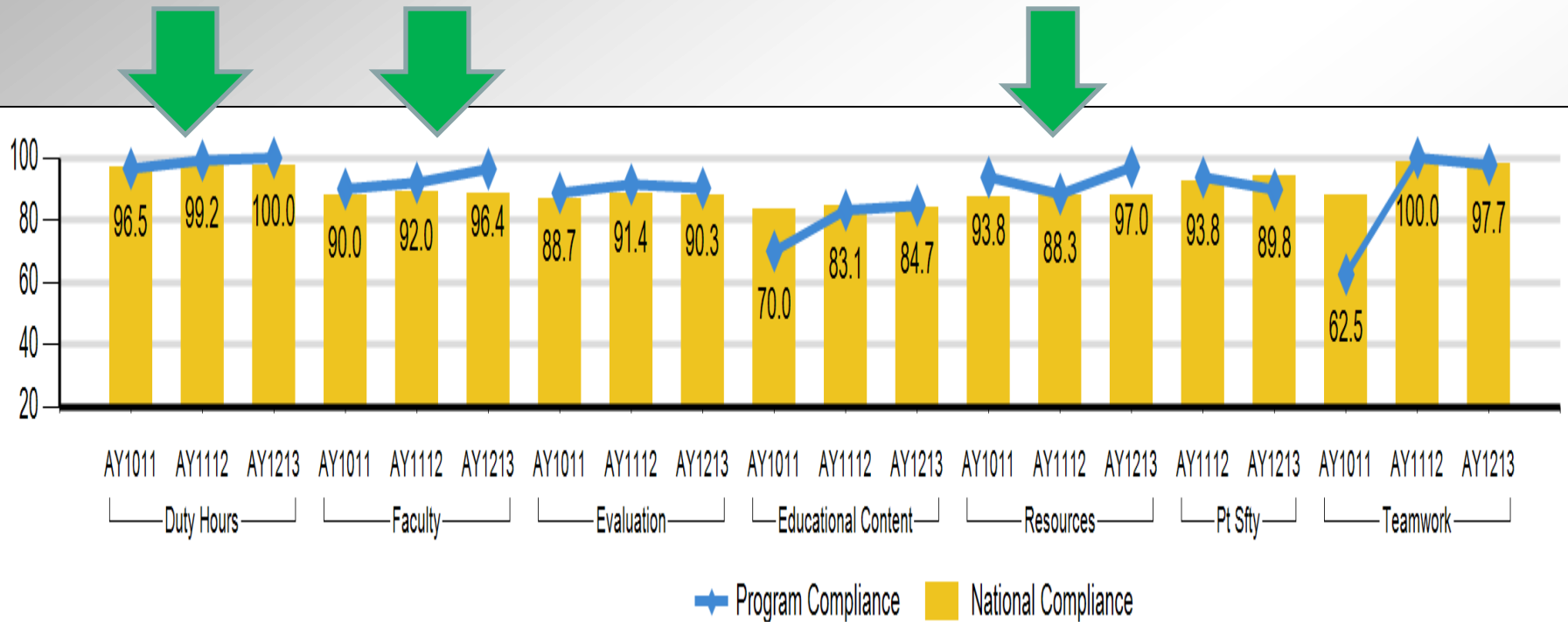
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	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Milestones</b>						Yr 1						Yr 1
<b>Faculty Survey</b>					Yr 1							
<b>Resident Survey</b>							Yr 1					
<b>ADS Update</b>	Yr 1											
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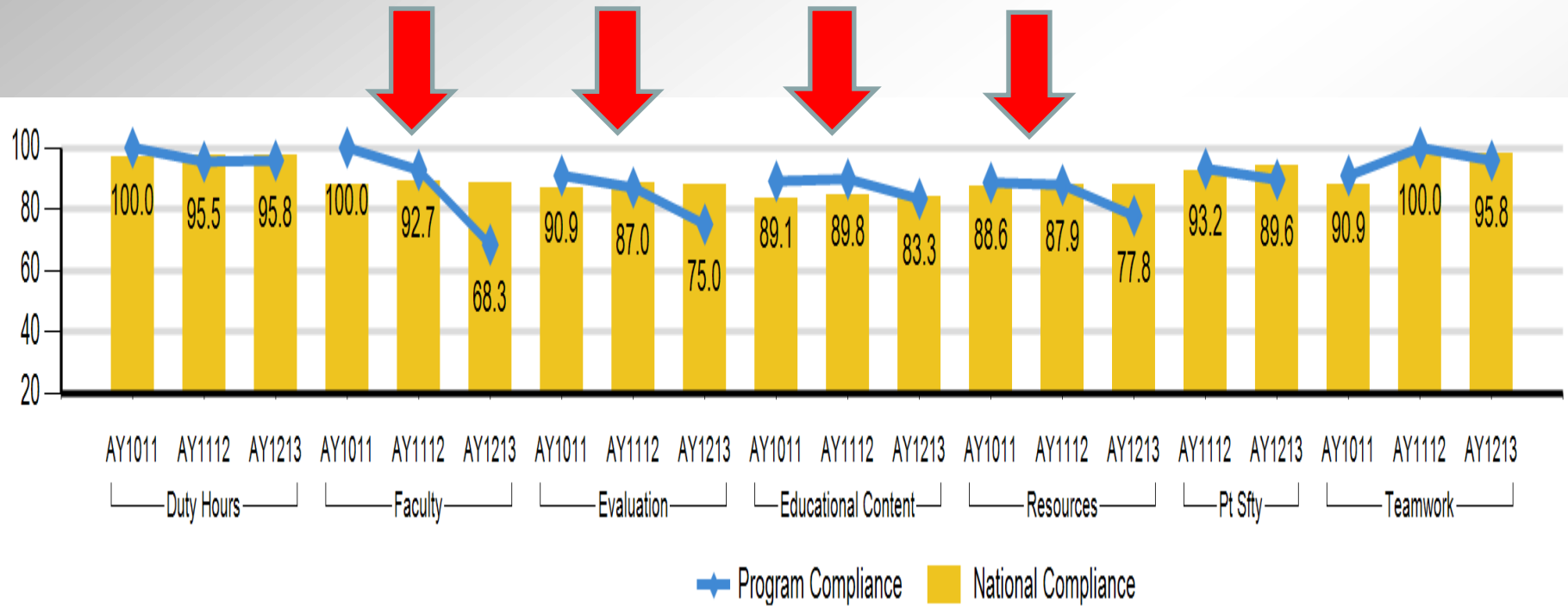


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# Resident Survey Areas Trending Upward



# Resident Survey Downward Trend



# Case Log Minimums- Citations

RRC Procedure	Minimum	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed
Spontaneous deliveries	200	245	292	229	227	325	265
Cesarean deliveries	145	264	295	264	266	221	310
Operative vaginal deliveries	15	5	13	20	10	13	19
Obstetric ultrasound	50	4	55	73	74	68	60
Abdominal hysterectomy	35	36	31	30	29	43	40
Vaginal hysterectomy	15	12	10	9	11	5	7
Laparoscopic hysterectomy	20	13	29	33	26	32	26
Incontinence and pelvic floor	25	15	91	67	29	27	12
Cytoscopy	10	15	28	36	16	11	6
Laparoscopy	60	73	101	93	70	98	80
Operative hysteroscopy	40	66	76	74	54	86	59
Abortion	20	72	65	74	79	68	87
Transvaginal ultrasound	50	31	83	68	65	59	54
Total Invasive Cancer	25	34	32	50	21	33	56

# Case Log Minimums - Concerns

RRC Procedure	Minimum	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed
Spontaneous deliveries	200	334	286	356	326	386	364
Cesarean deliveries	145	256	181	265	218	234	216
Operative vaginal deliveries	15	25	22	29	22	61	27
Obstetric ultrasound	50	36	11	9	5	30	37
Abdominal hysterectomy	35	63	47	57	55	55	50
Vaginal hysterectomy	15	17	16	22	20	21	18
Laparoscopic hysterectomy	20	41	21	35	40	34	27
Incontinence and pelvic floor	25	45	53	28	52	36	41
Cytoscopy	10	27	16	34	20	20	32
Laparoscopy	60	90	105	90	95	89	88
Operative hysteroscopy	40	102	114	81	104	75	97
Abortion	20	64	26	48	62	64	34
Transvaginal ultrasound	50	104	95	65	73	100	144
Total Invasive Cancer	25	69	59	76	56	49	53

# Focused Site Visits

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- 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



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



# Decisions for Initial Accreditation

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- Requires a full site visit within 2 years
  1. Continued Accreditation 
  2. Initial accreditation with warning  
(for one more year)
  3. Withdrawal accreditation 
  4. No probation (either up or out)

# Decisions for Applications

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1. Withhold accreditation
  2. Initial accreditation
- Subspecialties (**FPMRS only**) and Core programs require a site visit

# Full Site Visits

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- 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

# Full Site Visits

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

# PD and Coordinator 2013-2014

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- July to October 2013 - ADS update
  - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
  - ✓ Program Characteristics – Structure and Resources
  - ✓ Scholarly Activity – Faculty and Residents
- Nov – Dec 2013- Faculty survey \*\*\*new
- Jan – Feb 2014-Resident survey
- *Working on*
  - *CCC, PEC,*
  - *Milestones- Examine assessment Tools,*
  - *Faculty development incorporating Milestone*

# PD and Coordinator

## 2014-2015

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- July to Sept 2014- ADS update
  - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
  - ✓ Program Characteristics – Structure and Resources
  - ✓ Scholarly Activity – Faculty and Residents
- July 15- Aug 1 2014- Case log closes
- December 2014- 1<sup>st</sup> Milestone reporting
- Nov- Dec 2014- Faculty survey
- Jan- Feb 2015- Resident survey
- May 2015- 2<sup>nd</sup> Milestone report
- July 2015- ADS Update

# RRC as it goes into NAS

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- Fall 2013-Current accreditation system
  - Start process to set performance indicators
  - ADS, Resident survey, ABOG pass rate, minimal numbers
- Spring/Fall 2014- Current Accreditation system/reviews
  - Set / Test performance indicators
- March 2015
  - First time to accredit all programs using performance indicators
  - **Start** collect information re: the Milestones
  - Letters sent to programs re: continued accreditation and..
  - July 2016- First self study

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# New Common Program Requirements

Mary Joyce Turner, MJ, RHIA

Executive Director, Obstetrics & Gynecology





# New Common Program Requirements

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- Requirement on Clinical Competency and Program Evaluation Committees
- Approved June 9, 2013
- Effective July 1, 2014 for Phase 11

# New CCC Program Requirement

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- Program director appoints a CCC
- Must be at least three faculty members
  - Can include non-physician faculty
  - Subs can include faculty from cores
  - Can include program director
  - PD role is undefined, but consider conflicts
- Optional members in addition
  - Other physicians and non-physicians
  - No residents

# New CCC Program Requirement

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Written description of responsibilities

1. CCC reviews all resident evaluations
  1. Semi-annually
2. Assure semi-annual reporting to ACGME
3. Advise the Program Director
  1. Promotion
  2. Remediation
  3. Dismissal

# New CCC Program Requirement

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- General concept: many is better than one
- Program size and structure varies wildly
- Program Requirement is broad on purpose
- Each Program will have to decide what works best
- Subcommittees, individual reviewers, multiple meetings and other innovative formats are allowed



# New PEC Program Requirement

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- Program Evaluation Committee
- Can be same or different or overlap with CCC or Education Committee, APDs
- Adds structure to current requirement for annual review so should it not be new process

# New PEC Program Requirement

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- Appointed by program director
- Must be at least 2 members of the faculty and can include PD
- PD role is undefined
- Should include at least one resident
  - (recognizes sometimes no resident/fellow)
- Should meet even if no residents
- Written description



# New PEC Program Requirement

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Active participation:

1. Plans, develops, implements and evaluates program activities
2. Recommend Goals and Objectives revisions
3. Annually review the program
4. Address non-compliant areas



# New PEC Program Requirement

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- Produce annual program evaluation (APE)
- Written
- Systematic review of the curriculum
- Use faculty and resident feedback
- Document action plan to improve
- Monitor improvement

(Program responsibility, not GMEC or DIO)





# Highlights

## Program Requirement Revisions

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- PD to identify a **Subspecialty Faculty Educator** in each of the following subspecialties of obstetrics & gynecology: MFM, GO, REI FPMRS. (Core)
- The Subspecialty Faculty Educator should be:
  - certified in the subspecialty by **American Board of Obstetrics and Gynecology (ABOG)**, or possess qualifications that are acceptable to the Review Committee. (Core)
  - accountable to the program director for coordination and reach the goals of the residents' educational experiences in the subspecialty. (Detail)

# Highlights

## Program Requirement Revision

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- A program's graduates must achieve a pass rate on the ABOG written certifying examination of at least 80 percent for first-time takers of the examination in the most recently defined three-year period. (Outcome)
- At least 80 percent of the program's graduates from the preceding three-year period must have taken the written certification examination of the American Board of Obstetrics and Gynecology (ABOG). (Outcome)



# Highlights

## Program Requirement Revisions

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- There must be at least **three** approved categorical positions per PGY level. (Core)
- Sponsoring institution must sponsor **one** other ACGME program in IM, Peds, Surgery or FM

# OBG Program Requirement Areas

## Not Being Revised

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- Curriculum Organization and Resident Experiences
  - Chief Resident Experience
  - Continuity of Care
    - Clinics
    - Peri-operative Management
  - Family Planning and Contraception

# Milestones in Practice

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Jessica Bienstock, MD MPH

Vice-Chair RC

Chair, Milestones Working Group

Program Director, Johns Hopkins University  
School of Medicine



# Content of Session

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- Ob/Gyn Milestones Basics
- Process of Evaluation
- Milestone Assessment Methods
- Value of experience - the emergence of Best Practices

# Key Points: Milestones

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- Articulate shared understanding of expectations
- Describe trajectory from beginner in the specialty to exceptional resident or practitioner
- Organized under six domains of clinical competency
- Represent a subset of all sub-competencies
- Set aspirational goals of excellence

# Obstetrics & Gynecology Milestones

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- Based on Core Competencies:
  - Patient Care - 11
  - Medical Knowledge - 7
  - Systems-based Practice -2
  - Practice-based Learning and Improvement – 2
  - Professionalism – 3
  - Interpersonal and Communication Skills – 3

**A total of 28 Milestones**



# Obstetrics & Gynecology

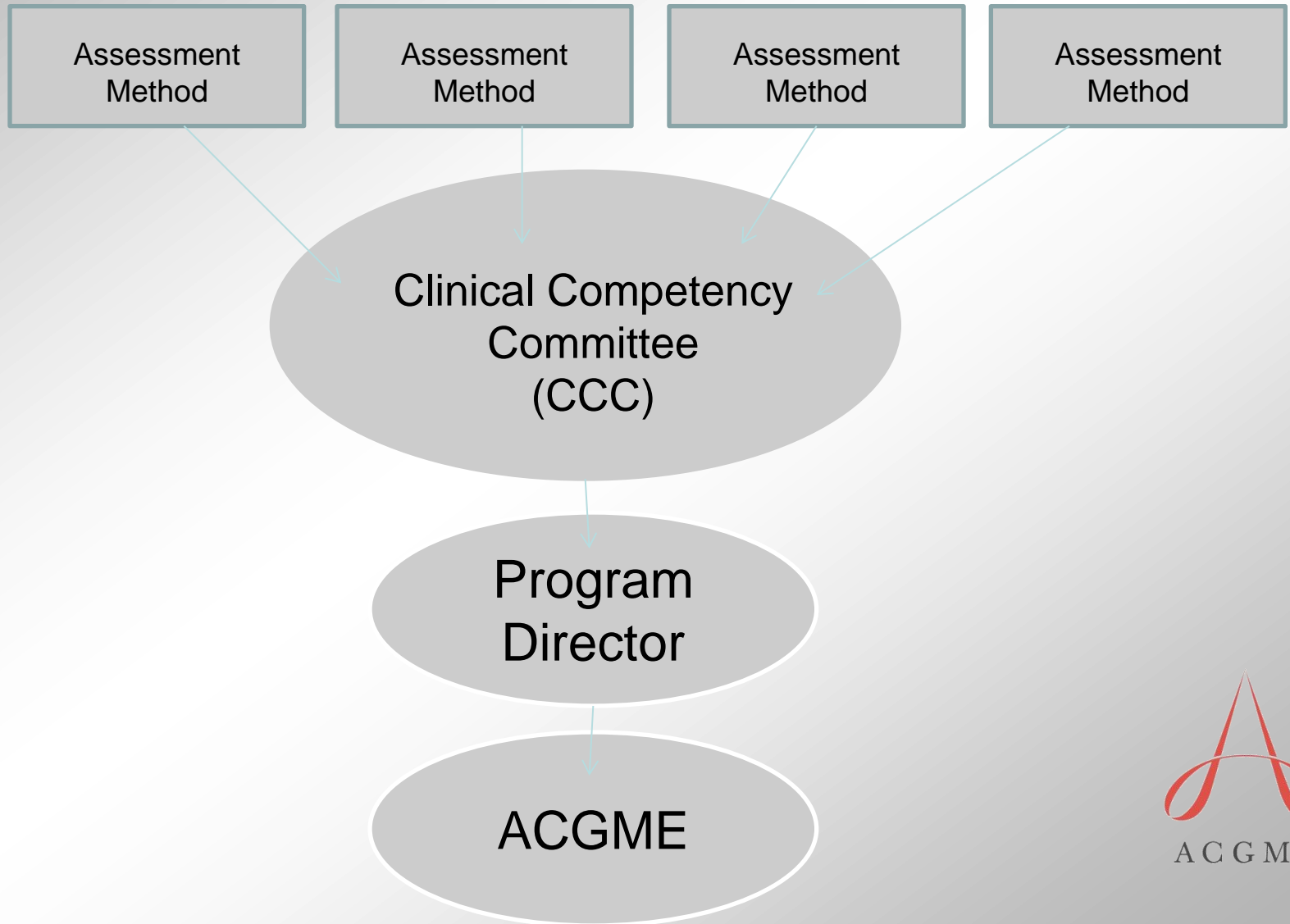
## Milestones Unique Aspects

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- Level 4 designed as the **graduation target** but does not represent graduation requirement.
- Examples are provided with some milestones. Please note the examples are not the required element or outcome; they are provided as a way to share the intent of the element.
- All milestones went through a rigorous validity evaluation with proficiency level comparison and reconciliation of Obstetric and Gynecology Milestone Working Group with Ob/Gyn end users/faculty across the country

# Process of Evaluation

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# General Milestone Assessment Basics

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- The farther from patient care (real or simulated) an assessment is made, the more it resembles a subjective global ratings scale
- The closer to direct patient care (real or simulated) assessment is made the more objective

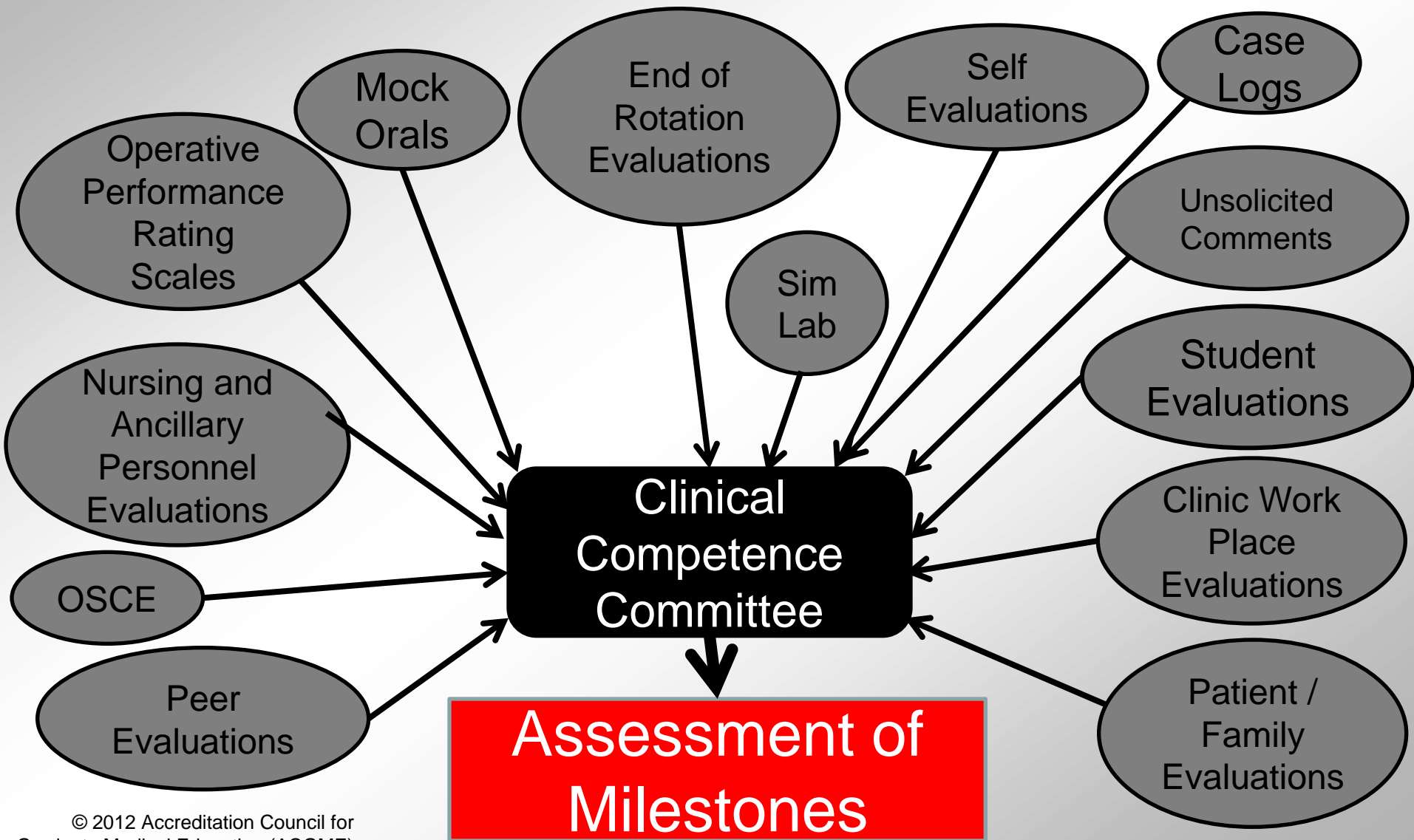
# The CCC

## How do we DO the evaluation?

- Understand the milestones & their use
- Leave personal bias at the door
- Review all evaluations for each resident
- For each resident, decide for each milestone the narrative that best fits that resident

# Clinical Competence Committee

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# Milestone Assessment

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- Goal is to develop objective methods of assessment
- Value of direct observation - whether in simulation (neonatal resuscitation), use of standardized patients, or clinical care
- ACGME avoiding too proscriptive of an approach
- Best Practices will emerge over time

# Milestones: Reporting

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- All programs within a specialty use the specialty's milestones
- Programs will report semi-annually
- Milestone data will be reported to ACGME through direct entry into ADS

# Care of Patient in Intrapartum Period – Patient Care

Care of Patients in the Intrapartum Period — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge of routine/uncomplicated intrapartum obstetrical care including, conduct of normal labor	Provides intrapartum obstetrical care for women with uncomplicated pregnancies (e.g., identification of fetal lie, interpretation of fetal heart rate monitoring, and tocodynamometry)  Differentiates between normal and abnormal labor  Recognizes intrapartum complications (e.g., chorioamnionitis, shoulder dystocia)	Manages abnormal labor  Manages intrapartum complications (e.g., cord prolapse, placental abruption)	Provides care for women with complex intrapartum complications and conditions  Identifies indications for consultation, referral, and/or transfer of care for patients with intrapartum complications  Effectively supervises and educates lower-level residents in intrapartum care  Collaborates and provides consultation to other members of the health care team in intrapartum care	Applies innovative approaches to complex and atypical intrapartum conditions and implements treatment plans based on emerging evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet rotated <input type="checkbox"/>



# Informed Consent and Shared Decision Making- Interpersonal and Communication Skills

Informed Consent and Shared Decision Making — Interpersonal and Communication Skills				
Level 1	Level 2	Level 3	Level 4	Level 5
Understands the importance of informed consent	Begins to engage patients in shared decision making, and obtains informed consent for basic procedures	<p>Uses appropriate, easy-to-understand language in all phases of communication, utilizing an interpreter where necessary</p> <p>Engages in shared decision making, incorporating patients' and families' cultural frameworks</p> <p>Obtains informed consent for complex procedures</p>	Organizes and participates in multidisciplinary family/patient/team member conferences	<p>Models and coaches shared decision making in complex and highly stressful situations</p> <p>Leads multidisciplinary family/patient/team member conferences</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

# Milestones Summary

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- Goal of the Milestones Project is to articulate a shared understanding of expectations
- Describe the process of how an individual resident moves from beginner to expert
- Assure that programs are enabling residents to develop expertise

# Covered a lot of ground...

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- Big picture reasons for NAS
- What happens to your program
- Decisions in NAS
- New Common Program Requirements
  - Clinical Competency Committee (CCC)
  - Program Evaluation Committee (PEC)
  - Revisions to Specialty Specific Requirements
- Milestones and Assessments

# Summary

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- NAS became the only accreditation system on July 1, 2013
- Like everything ...it will continue to evolve and improve