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# Practical Advice for Coordinators: Milestones Reporting, the CCC and ADS

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ACGME Webinar – October 15, 2013

Internal Medicine, Pediatrics , Internal Medicine-Pediatrics



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# Disclosures

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- No financial disclosures



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# The Next Accreditation System

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- The name “Next Accreditation System” will remain unchanged until the Phase II specialties are on board on July 1<sup>st</sup>, 2014



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# Objectives

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- Describe the basic elements of NAS
- Describe reporting of the Milestones
- Discuss the structure and function of the Clinical Competency Committee
- Practical information regarding ADS

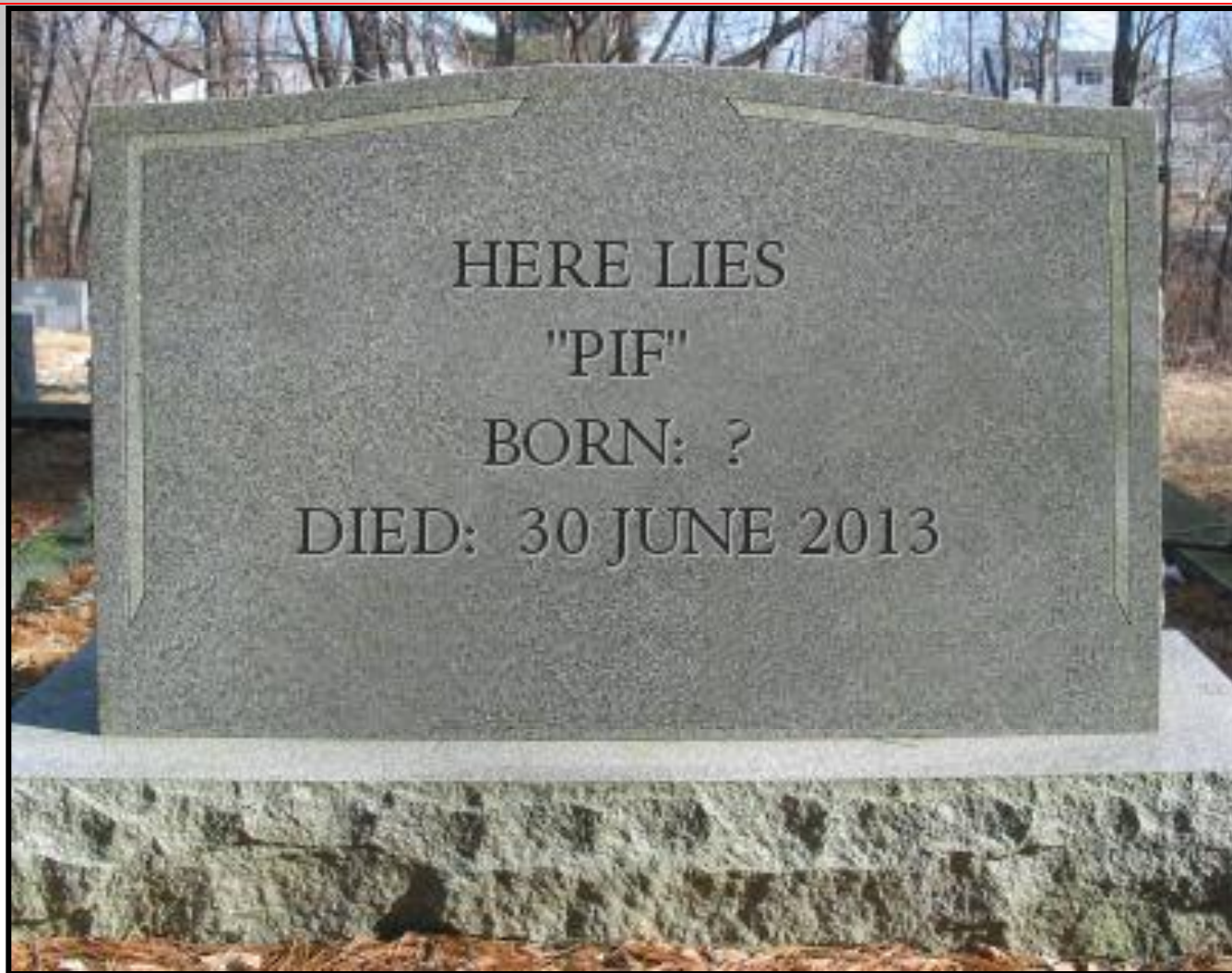


# NAS: What is Different?

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- *Continuous* accreditation model
- No cycle lengths





# NAS: What's Different?

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- No PIFs
- No “Infernal Review”
- Programs notified at least annually
- Requirements revised every ten years



# NAS: What's Different?

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- Citations *can* be levied by RRC
- Citations reviewed annually by RRC
- But, could be removed quickly based upon:
  - Progress report
  - Site visit (focused or full)
  - New annual data from program





# NAS: What's Different?

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- No site visits (as we know them)

but...

- Focused site visits for an “issue”
- Full site visit (no PIF)
- Self-study visits every ten years



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# Reasons for Focused Site Visits

- 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



# Reasons for Full Site Visits

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- Application for new core program
- At the end of the initial accreditation period
- RRC identifies broad issues/concerns at annual data review
- Other serious conditions or situations identified by the RRC



# Format for Site Visits

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- Minimal notification:
  - 30 days for Focused Site Visit
  - 60 days for Full Site Visit
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC



# Some Data Reviewed by RRC

*Most already in place*

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- ✓ Board Pass Rate
- ✓ Resident Survey
- ✓ Clinical Experience – Case logs
- ✓ Semi-Annual Resident Evaluation & Feedback
  - Milestones
  - Faculty Survey
  - Ten year self-study

- |                    |
|--------------------|
| ✓ Already in place |
| ➤ New or changed   |



# Some Data Reviewed by RRC

*Most already in place*

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- ✓ Annual ADS Update
  - ✓ Program Characteristics – Structure & resources
  - ✓ Program Changes – PD/core faculty/residents
  - ✓ Participating Sites
  - ✓ Educational environment including duty hour reporting
  - Scholarly Activity – Faculty and residents
  - Omission of data
  - Block schedule

- |   |                  |
|---|------------------|
| ✓ | Already in place |
| ➤ | New or changed   |



# Annual Update

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**Billy Hart**

Associate Executive Director

Internal Medicine



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# Annual Update

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- Parts of the annual update
- Overall, for annual updates, ensure the following:
  - accurate entry of residents and confirmation of their status each year
  - accurate reporting of faculty with the appropriate certification information





# Annual Update - Deadline

Overview Program Faculty Residents Sites Summary Reports


**1409999999 – INTERNAL MEDICINE PROGRAM**  
*Internal Medicine – Chicago, IL*

**Original Accreditation Date:** June 4, 1974  
**Accreditation Status:** Continued Accreditation  
**Accreditation Effective Date:** May 22, 2010  
**Program Format:** Standard

**Core Positions:** 48  
**Combined Positions (.5 per resident):** 0  
**Total Approved Resident Positions:** 48  
**Total Filled Resident Positions\*:** 50  
**Temporary Increase\*\*** 1 Effective from 09/01/2013 thru 11/18/2013

\*Total filled will reflect the previous academic year until the annual update is completed for the current academic year.  
\*\*Temporary Increase(s) not reflected in the approved positions.

### Important Dates

 **Annual Update Status:**  
August 14, 2013 - September 18, 2013

**Next Site Visit :**  
NOT SCHEDULED

**Self Study Date (APPROX) :**  
May 01, 2016



# ADS – Overview Tab

Overview

Program

Faculty

Residents

Sites

Summary

Reports

## 1409999999 – INTERNAL MEDICINE PROGRAM

*Internal Medicine – Chicago, IL*

### Annual Update



**Date Required by:** September 18, 2013

**Complete:** Yes

**Completion Date:** September 17, 2013

**New Feature:** All required sections of the annual update are listed below and are available throughout the academic year by accessing the tabs at the top of the screen.

Any section with a yellow triangle symbol [ ⚠ ] requires attention.

Any section with a green check [ ✓ ] is complete and does not require attention.

#### Program Information:

✓ You must have a primary teaching site.

View

✓ Update the Duty Hour/Learning Environment section.

View

✓ Update program address information.

View

✓ Update responses for all current citations.

View

✓ Update the major changes section.

View

# ADS – Faculty Tab

Overview Program **Faculty** Residents Sites Summary Reports

## 1409999999 – INTERNAL MEDICINE PROGRAM

*Internal Medicine – Chicago, IL*

Faculty Roster Instructions

Physician Faculty Definition

Non-Physician Faculty Definition

### Faculty Members

+ Add Faculty Reorder

Physician Faculty Search Faculty

Last First Degrees Title

**Important Dates**

- Annual Update Status:**  
August 14, 2013 - September 18, 2013
- Next Site Visit:**  
NOT SCHEDULED
- Self Study Date (APPROX):**  
May 01, 2016

**Scholarly Activity**

Scholarly Activity

**Faculty Legend**



# Faculty CV (PIF)

First Name: <b>John</b>		MI: <b>A</b>		Last Name: <b>Smith</b>	
Present Position: <b>Department Chairman</b>					
Medical School Name: <b>North Univ, Roots, CA</b>					
Degree Awarded: <b>MD</b>			Year Completed: <b>1993</b>		
Graduate Medical Education Program Name: <b>State Program</b>					
Specialty/Field: <b>Urology</b>				Date From: <b>7/1993</b>	Date To: <b>6/1998</b>
Certification Information				Current Licensure Data	
Specialty	Certification Year	Certification Status	Re-Cert Year	State	Date of Expiration
Urology	2001	Original Certification Valid		CA	1/2014
Academic Appointments - List the past ten years, beginning with your current position.					
Start Date	End Date	Description of Position(s)			
7/2009	Present	State Program			
7/1999	Present	State Program			
3/2002	6/2009	State Program			
<b>Concise Summary of Role in Program:</b>					
Fellowship-trained in female urology and urodynamics. Dr. Smith brings an expertise that is vital to resident training in urology. Along with Dr. James, he coordinates all resident research activities. He is an active participant at all urology conferences.					
<b>Current Professional Activities / Committees (limit of 10):</b>					
<ul style="list-style-type: none"> <li>[2009 - Present] Chairman, Department of Urology; Medical Center</li> <li>[2009 - Present] Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology; City Hospital</li> <li>[2009 - Present] President, Urological Society</li> <li>[2009 - Present] Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery; Medical Center</li> <li>[1999 - Present] Member, Society for Urodynamics and Female Urology</li> <li>[1999 - Present] Member, American Urogynecologic Society</li> <li>[1999 - Present] Member, International Continence Society</li> <li>[1999 - Present] Member, Section of the American Urological Association</li> <li>[1999 - Present] Member, Urologic Society</li> <li>[1998 - Present] Member, American Urological Association</li> </ul>					
<b>Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):</b>					
<ul style="list-style-type: none"> <li>Names. Historical perspective and outcomes for neurogenic bladder. <i>Future Medicine</i> 6(2)165-175, 2009.</li> <li>Names. Application and comparison of the American Urological Association and European Association of Urology current recommendations for antibiotic prophylaxis in the urologic patient undergoing office procedures. <i>Future Medicine</i> 6(2)145-149, 2009.</li> <li>Names. Two popular treatment options for neurogenic bladder <i>Therapy</i> 2009 6:2, 133-134</li> <li>Names. Editorial comment. Effect of pelvic floor interferential electrostimulation on urodynamic parameters and incontinency of children with myelomeningocele and detrusor overactivity. <i>Urology</i>.</li> </ul>					

2009 Aug;74(2):329; author reply 329-30.

- Names. Tethered cord syndrome in a 24-year-old woman presenting with urinary retention. *Int Urogynecol J Pelvic Floor Dysfunct.* 18(6) 679-81, 2007.

#### Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):

- The Accidental Sisterhood: Take control of your bladder and your life. Names. 3rd Edition, Pelvic Floor Health, City, State, 2009
- The Accidental Sisterhood: Take control of your bladder and your life. Names. 2nd Edition, Pelvic Floor Health, City, State, 2007
- The Accidental Sisterhood: Take control of your bladder and your life. Names. Pelvic Floor Health, City, State, 2006
- Names. Whitmore, K.E. Hypersensitivity Disorders of the Lower Urinary tract. *Urogynecology and Reconstructive Pelvic Surgery*, 3rd edition. Mosby-Year Book, City, State, 2007.

#### Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

- Incontinence in Women: An objective look at the options. Course faculty member AUA Annual Meeting, San Francisco, CA 2010 AUA Annual Meeting, Chicago, IL 2009 AUA Annual Meeting, Orlando, FL 2008 AUA Annual Meeting, Anaheim, CA 2007
- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neurogenic bladder with incontinence. Urological Annual meeting 2010 (presented by Katherine Hubert)
- Overactive bladder and Interstim Therapy, AdvaMed-Advanced Medical Technology Association, Washington, DC. 2008
- Stress Urinary Incontinence and Prolapse, Case presentations and complications Urologic Society Annual meeting 2007.
- Acute urinary retention status post suburethral sling, Names. Urologic Society Annual meeting 2007
- Commercial Prolapse Repair "Kits" vs. Traditional Transvaginal Prolapse Repairs: A Comparison of Efficacy and Cost. Names, A. Society for Urodynamics and Female Urology (SUFU), February 22, 2007 (Poster) Southeastern Section of the AUA, March 8-11, 2007 (Poster)
- Abdominal Sacral Colpopexy with Soft Polypropylene Mesh is Safe and Effective at Three-Year Follow-Up. Names. SUMMA Postgraduate Day, 2006.
- Early Complication Rates of the Apogee Perigee? Prolapse Repair System for Vaginal Vault Prolapse. Names. Accepted for oral presentation, SUMMA Postgraduate Day, 2006.
- The Correlation Between Valsalva Leak-Point Pressure (VLPP) and MUCP in Determining Genuine Stress Urinary Incontinence and Intrinsic Sphincter Deficiency. Names. Postgraduate Day, Locations, June 6, 2005 Section of the AUA, September 2005

If not ABMS board certified, explain equivalent qualifications for RC consideration:

# ADS – Faculty Tab

Overview Program **Faculty** Residents Sites Summary Reports

## 1409999999 – INTERNAL MEDICINE PROGRAM

*Internal Medicine – Chicago, IL*

Faculty Roster Instructions

Physician Faculty Definition

Non-Physician Faculty Definition

**Faculty Members** [+ Add Faculty](#) [≡ Reorder](#)

Physician Faculty

Last First Degrees Title

**Important Dates**

- Annual Update Status: August 14, 2013 - September 18, 2013
- Next Site Visit: NOT SCHEDULED
- Self Study Date (APPROX): May 01, 2016

**Scholarly Activity**

Scholarly Activity

**Faculty Legend**



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# Faculty Tab- Scholarly Activity

[← Back To Faculty](#)

## Faculty Scholarly Activity

Please review the Faculty Roster located within the 'Faculty' Tab to ensure that your faculty roster is up-to-date before proceeding. Once verified, enter scholarly activity that occurred during the previous academic year only.

To add scholarly activity (add one year of activity only), click the "Add" link. If there was no scholarly activity for the previous academic year, click "No Scholarly Activity".

If this is a specialty program, only complete for core faculty.

If this is a subspecialty program, complete for all faculty.

[Download Scholarly Activity Template](#) [Download Scholarly Activity FAQs](#)

Faculty Member	<a href="#">PMID 1</a>	<a href="#">PMID 2</a>	<a href="#">PMID</a>	<a href="#">PMID 4</a>	<a href="#">Conference Presentations</a>	<a href="#">Other Presentations</a>	<a href="#">Chapters Textbooks</a>	<a href="#">Grant Leadership</a>	<a href="#">Leadership or Peer-Review Role</a>	<a href="#">Teaching Formal Courses</a>
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# Scholarly Activity Template

FacSchActTemplate - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Acrobat

Clipboard Font Alignment Number Styles Cells Editing

B4 fx

A B C D E F G H I J K L

1 Template for Faculty Scholarly Activity

2

3

4

5

6

Faculty Scholarly Activity	<p>Definitions:</p> <p>Pub Med Ids (assigned by PubMed) for articles published between 7/1/2012 and 6/30/2013. List up to 4. Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.</p>				<p>Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2012 and 6/30/2013</p>	<p>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 7/1/2012 and 6/30/2013. Articles without PMIDs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine.</p>	<p>Number of chapters or textbooks published between 7/1/2012 and 6/30/2013</p>	<p>Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2012 and 6/30/2013</p>	<p>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 7/1/2012 and 6/30/2013.</p>	<p>Between 7/1/2012 and 6/30/2013, held responsibility for seminars, 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.</p>
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations (#)	Other Presentations (#)	Chapters / Textbooks (#)	Grant Leadership (#)	Leadership or Peer-Review Role (Y/N)



# Faculty 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.			
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4
	John Smith	12433	32411		

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

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.

Teaching Formal Courses

N

Enter Pub Med ID #'s

PMID 1	PMID 2	PMID 3	PMID 4
12433	32411		



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# Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012 List up to 4.				Conference Presentations
	PMID 1	PMID 2	PMID 3	PMID 4	
John Smith	12433	32411			3

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Active Leadership	Teaching Formal Courses
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.	
Y	N

Enter a number

Conference Presentations  
3



# Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.				Conference Presentations	Other Presentations
	PMID 1	PMID 2	PMID 3	PMID 4		
	John Smith	12433	32411			

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

Other Presentations

1

Enter a number

<p>30/2012; held r, conference series, or ch as arrangement of ers, organization of of participants' actic training within the program. This includes ical students. her health s not include single individual lectures or</p>
<p>mal Courses</p>
<p>N</p>



# Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4			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.
	PMID 1	PMID 2	PMID 3				
John Smith	12433	32411		1	3	Y	N

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Textbooks  
1

Enter a number



# Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.		
	PMID 1	PMID 2	PMID 3
	John Smith	12433	32411

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

Grant Leadership

3

Number of articles or books 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.
Articles / Books	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
1	3	Y	N

Enter a number





# Faculty Scholarly Activity

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

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (PubMed) published 7/1/2011 and List up	
	Faculty Member	PMID 1	IPMID 2
	John Smith	12433	32419

IS	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.
hip	Leadership or Peer-Review Role	Teaching Formal Courses
	Y	N

Answer Yes or No

Leadership or Peer-Review Role  
Y



# Faculty Scholarly Activity

Between 7/1/2011 and 6/30/2012, held responsibility for seminars, 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 Scholarly Activity	Mouse-over definitions:	Pub
		7
	Faculty Member	PM
	John Smith	124

	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.
Teaching Formal Courses	
	N

Answer  
Yes or No

Teaching Formal Courses

N

# Core Faculty\*:

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- All physician faculty with a significant role in the education of residents/fellows
- Who have documented qualifications to instruct and supervise
- Must devote at least 15 hours per week to resident education and administration
- Should evaluate the competency domains
- Work closely with and support the program director
- Assist in developing and implementing evaluation systems; and teach and advise residents.

\*From ACGME Glossary of Terms



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# Core Faculty

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- Core faculty complete scholarly activity
- Core faculty complete faculty survey





# Core Faculty

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- Examples of faculty members that do not meet the definition of core faculty:
  - A physician who conducts rounds two weeks out of the whole year and has no other responsibilities (administrative, didactics, research) other than clinical work during those two weeks
  - A faculty member with a PhD, who is not a physician, and who works in the basic science laboratory without any administrative, didactics or clinical responsibilities



# Core Faculty

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- Examples of faculty members that meet the definition of core faculty:
  - A physician who works in the ICU with responsibilities that include clinical supervision of residents; is a member of the Clinical Competency Committee; runs simulation; helps write resident curriculum, devoting at least 15 hours per week to resident education and administration
  - A physician scientist who spends most of his time conducting clinical outcomes research, with only 4 weeks per year of clinical time, but supervises residents in their research projects; writes and provides didactics related to scholarship; and writes the curriculum for scholarship such as statistics, and conducts evidence-based journal club, devoting at least 15 hours per week to resident education and administration



# ADS – Residents Tab

Overview Program Faculty **Residents** Sites Summary Reports

1409999999 – INTERNAL MEDICINE PROGRAM  
*Internal Medicine – Chicago, IL*

2013 - 2014 + Add Resident

-- Filter by Type -- Search by Name Print

Last	First	Year in Program	Status	Start	End
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**Important Dates**

- ✓ **Annual Update Status:**  
August 14, 2013 - September 18, 2013
- Next Site Visit:**  
NOT SCHEDULED
- Self Study Date (APPROX):**  
May 01, 2016

**Scholarly Activity**

Scholarly Activity



# 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	PMID 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

# Resident Scholarly Activity

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

Same as Faculty Template





# Resident Scholarly Activity

Resident Scholarly Activity	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	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  Teaching / Presentations
	Teaching / Presentations	Answer Yes or No
	Y	

# ADS – Sites Tab

Overview Program Faculty Residents **Sites** Summary Reports

## 1409999999 – INTERNAL MEDICINE PROGRAM

Internal Medicine – Chicago, IL

Participating Site Definition ▼

Sponsoring Institution Definition ▼

**Block Diagram Upload** Complete ▲

[Block Diagram Instructions/Sample](#)

The last diagram that the ACGME requires for your program is from July 01, 2013. You can view the file by clicking the link below, or you can upload a new PDF diagram using the "Upload New" button.

[View Block Diagram](#)

Participating Site Information + Add Site ≡ Reorder

#	ID	Site Name	Required Rotation	Rotation Months		
				Y1	Y2	Y3

### Important Dates

✓ **Annual Update Status:**  
August 14, 2013 - September 18, 2013

**Next Site Visit:**  
NOT SCHEDULED

**Self Study Date (APPROX):**  
May 01, 2016

### Legend

- Site Sponsor
- Primary Teaching Site
- Missing Data

### Reference Materials

### Journal of GME





# ADS – Summary Tab



Overview Program Faculty Residents Sites **Summary** Reports

## 1409999999 – INTERNAL MEDICINE PROGRAM


*Internal Medicine – Chicago, IL*

**Approximate Date of Next Site Visit:** *No Information Currently Present*  
**Self Study Date:** May 01, 2016

### Program Summary

[View Summary](#)  [Print Summary PDF](#) 

#### Important Dates

 **Annual Update Status:**  
August 14, 2013 - September 18, 2013

**Next Site Visit :**  
NOT SCHEDULED

**Self Study Date (APPROX) :**  
May 01, 2016

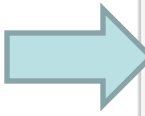

#### Site Visit Results

[Current Citations](#)

[Site Visit Evaluation](#)

#### Notification Letters

[View Notification Letters](#)



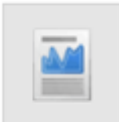




# ADS- Reports Tab

Overview Program Faculty Residents Sites Summary **Reports**

## 1409999999 – INTERNAL MEDICINE PROGRAM

*Internal Medicine – Chicago, IL*

 <b>Program Annual Report</b> Program Annual Reports	↔	 <b>Survey</b> Aggregate program, national, and specialty-specific reports (if applicable)	↔
 <b>Download My Data</b> Download Data for the Program	↔	 <b>Resident Detail</b> Resident Detail information for a program.	↔



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# Milestones



Via Ignatia



Key West, FL



Yorkshire Moors



Portadon Ireland



Gemas  
Malaysia



Milion of  
Constantinople



Boston, MA



County Cork



ORNAMENTED FIRST CENTURY STONE FRAGMENT FROM ALONG THE APPIAN WAY (QUEEN OF ROADS) LEADING INTO ROME

Apian Way

# Milestones

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- Created by each specialty
- Organized under six domains of clinical competency
- Observable steps on continuum of increasing ability
- Describes the track of a resident learner
- Provide framework & language to describe progress
- Milestones are *not* evaluation tools
- Articulates shared understanding of expectations



ACGME

# Clinical Competency Committee

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V.A.1. The program director must appoint the Clinical Competency Committee. <sup>(Core)</sup>

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. <sup>(Core)</sup>

V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. <sup>(Detail)</sup>

# Clinical Competency Committee

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

ACGME Common Program Requirements

Approved: February 7, 2012; Effective: July 1, 2013

Approved focused revision: June 9, 2013; Effective: July 1, 2013





# Clinical Competency Committee

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V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all resident evaluations semi-annually; <sup>(Core)</sup>

V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, <sup>(Core)</sup>

V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. <sup>(Detail)</sup>

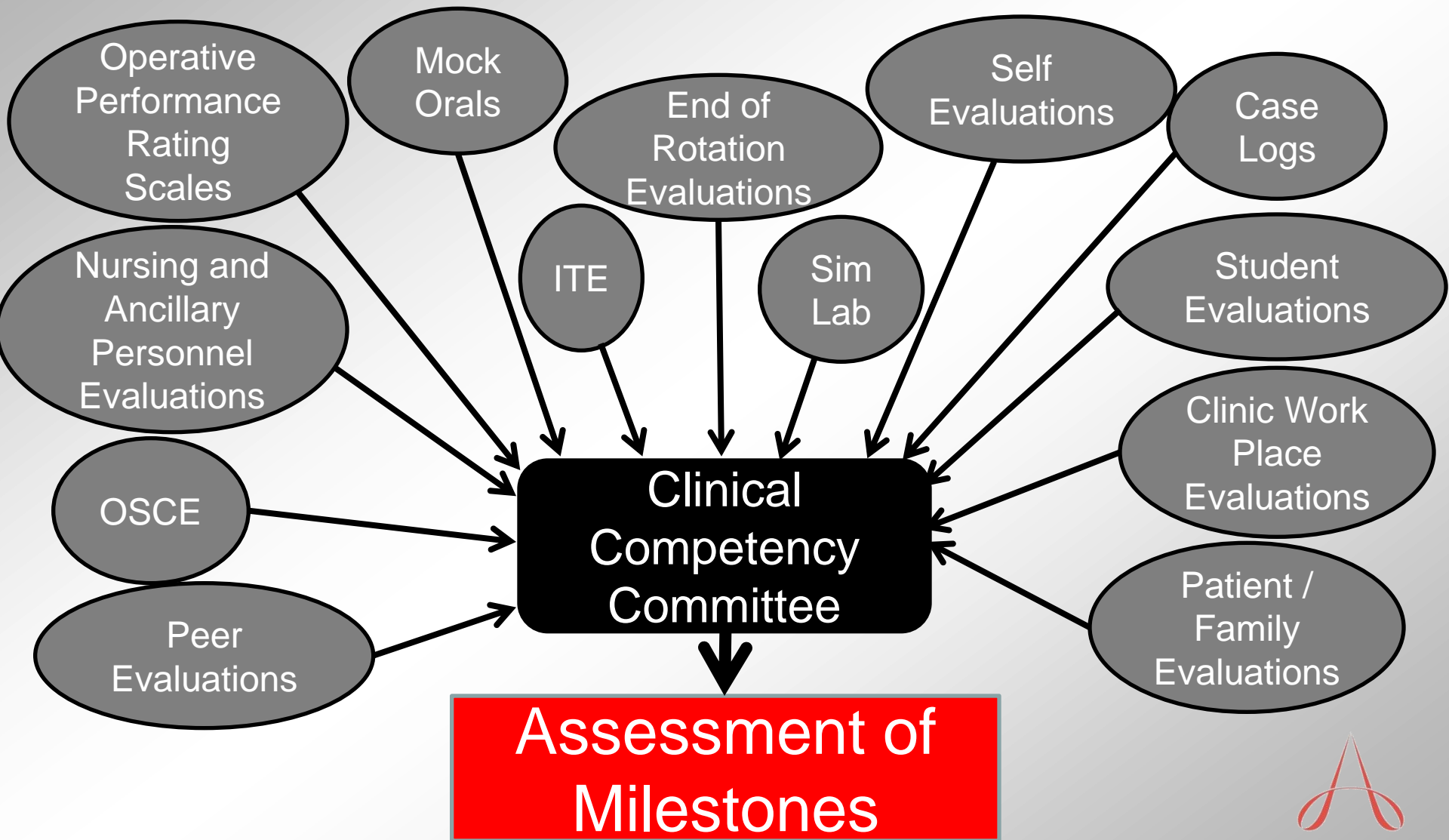


# Clinical Competency Committee

- Program Director role in CCC is undefined



# Clinical Competency Committee



# CCC Meetings

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- It is important for the coordinators to sit in at CCC Meetings



ACGME



**Program Name - Internal medicine**

**Resident Name:**

**Year in Program:**

**Position Type:**

**Start Date:**

**Expected End Date:**

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Milestone levels do not correspond to the resident's year in your program. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

There may be cases in which a resident had no experiences or education within an individual competency area during the previous six months. This could be because a resident did not have a rotation addressing that area, or recently returned from a leave of absence. In these cases, the reported milestone level should remain the same as the one reported during the previous evaluation. Do not increase (or decrease) the milestone level simply because time has passed; an evaluation of each competency area must occur every six months. To review previously completed milestone evaluations, go to the 'Reports' tab in ADS and select "Milestone Evaluations".

Evaluation to be completed:

**Patient Care**

	Not Yet Assessed	Critical Deficiencies						Ready for Unsupervised Practice		Aspirational
a) Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Develops and achieves comprehensive management plan for each patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Manages patients with progressive responsibility and independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Skill in performing procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Requests and provides consultative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, timely, equitable, effective and patient-centered care.

- Yes
- No
- Marginal



# Mouse-over Description

<p>able data, narrows and ighted differential diagnoses to management.</p>	•	•	•	•	•	•	•	•
<p>appropriate pharmaceutical vant considerations such as ntended effect, financial e adverse effects, patient otential drug-food and . institutional policies, and effectively combines agents venes in the advent of adverse</p>	•	•	•	•	•	•	•	•
<p><u>essment:</u> ndergoing ED observation (and appropriate data and resources, itial diagnosis and, treatment</p>	•	•	•	•	•	•	•	•

Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence  
Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality





## 2013-2014 Resident Milestone Evaluations - Diagnostic Radiology

**Resident:**  
**Year in Program:**  
**Position Type:**  
**Start Date:**  
**Expected End Date:**

### Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

### Patient Care

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4	
a) Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Competence in procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Uses established evidence-based imaging guidelines such as American College of Radiology (ACR) Appropriateness Criteria®

Appropriately uses the Electronic Health Record to obtain relevant clinical information

### Medical Knowledge

	Level 1 Not Yet Achieved	Level 1						Level 4	
a) Protocol selection and optimization of images	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Interpretation of examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Pediatric Milestone Reporting



## 2013-2014 Resident Milestone Evaluations - Pediatrics

Resident:  
 Year in Program:  
 Position Type:  
 Start Date:  
 Expected End Date:

### Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

### Patient Care

	Not yet assessable	Level 1		Level 2		Level 3		Level 4		Level 5
a) Gather essential and accurate information about the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Provide transfer of care that ensures seamless transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Develop and carry out management plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories

### Medical Knowledge







# Previous Webinars

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- Previous webinars available for review at:  
<http://www.acgme-nas.org/index.html> under  
“ACGME Webinars”
  - CLER
  - Overview of Next Accreditation System
  - Milestones, Evaluation, CCCs
  - Specialty specific Webinars (Phase I)



# Upcoming Webinars

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- Coordinator Webinars (surgical and non-surgical)
- Self-Study Process (what programs do)
- Self-Study Site Visit (what site visitors do)
- Specialty specific Webinars (Phase II): Oct - May



# Slide Decks

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- For use by PDs and GME community:
  - NAS
  - CLER
  - CCC/PEC
  - Milestones
  - Updates on Policies & PRs
  - Self Study
- <20 min each
- November 2013



# Objectives

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- Describe the basic elements of NAS
- Describe reporting of the Milestones
- Discuss the structure and function of the Clinical Competency Committee
- Practical information regarding ADS

