

Accreditation Council for Graduate Medical Education

Otolaryngology Review Committee Update

Pamela Derstine, PhD, MHPE

Review Committee Executive Director

OPCO Annual Meeting
November 3, 2012
Chicago IL



Discussion Topics

- Accreditation Update
- Case Log Update
- Next Accreditation System
 - Overview
 - Program Requirements
 - Self-study Visits
 - Milestones
 - Timeline



RRC Membership

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



RRC Membership

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



Incoming RRC Member

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

Welcome!!!!



ACGME RRC Staff

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



Also.....

Jenna Walls
WebADS Representative



ACGME Reorganization

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



Accreditation Statistics: Current

Number of Accredited Programs			
	Core	105 (2 Initial Accred.)	
	Neurotology	18 (3 Initial Accred.)	
	Pediatric Oto	18 (10 Initial Accred.)	
Number of Residents/Fellows			
	Core	Total	1465
		Male/Female	935/486
	Neurotology	Total	26
		Male/Female	15/11
	Pediatric Oto	Total	22
		Male/Female	13/6

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Accreditation Statistics: Current

Current Cycle Length Breakdown

Cycle Length	Core	Neurotology	Pediatric Oto
1-yr	1	0	0
2-yr	4	1	6
3-yr	31	4	6
4-yr	48	4	2
5-yr	21	9	4

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Case Log Update

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

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Case Log Minimum Numbers

Category	Procedure	Min. #
Head & Neck	Parotidectomy (all types)	15
	Neck Dissection (all types)	27
	Oral Cavity Excision	10
	Thyroid/Parathyroidectomy	22
Otology/Audiology	Tympanoplasty (all types)	17
	Mastoidectomy (all types)	15
	Stapedectomy/Ossiculoplasty	10



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Case Log Minimum Numbers

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



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Case Log Reports



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- Home
- Log Off
- My Profile
- Case Entry
- Program Setup
- Report List Menu
- Year End Menu

Reports Menu

Report Name	HTML View	Java View
Resident Operative		
Resident Full Detail		
Key Indicator Report		
Resident Activity		
Resident Brief Detail		
Available CPT Codes by Code		
Available CPT Codes by Area and Type		
CPT Summary		
List Residents		
Resident Operative - Archived Data		

Please report any problems or suggestions to the oplog@acgme.org.

Please note: Firefox v10 and v11 users must use HTML option to view reports at the current time.

Case Log Reports

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



Case Log Reports: Resident Activity

Resident Activity Report

Program ID: 1601234567 Program Name: Neurological Surgery Test Program
 For All Attendings at All Institutes
 Resident NeurologicalSurgery
 For Procedures In All Years For All Patient Types For All Resident Roles
 Primary & Secondary Procedures For For All CPT Codes in All Areas and All RRC Procedures
 As Of 5/3/2012

Resident Name	Current Year	Cases	CPT Codes	Last Case Date	Last Updated
NeurologicalSurgery, Resident	1 Active	92	130	5/3/2012	5/3/2012

Use this report to answer:

- Are residents logging data?
- How much data are they logging and with what frequency?
- How can I quickly and easily see what residents are doing?

Case Log Reports: Resident Operative

Resident Operative Experience Report

Primary & Secondary Procedures
 Program ID: 1601234567 Program Name: Neurological Surgery Test Program
 For All Attendings at All Institutes
 Resident NeurologicalSurgery
 For All Resident Years For All Resident Roles For All Patient Types
 For All CPTs in All Areas and All RRC Procedures
 As Of 5/3/2012

	Assistant Surgeon	Resident Surgeon	Resident Supervisor
Cranial Procedures - Vascular			
Aneurysm - craniotomy	2	2	4
Aneurysm - endovascular	2	1	3
AVM/other malformation - craniotomy	0	1	1
AVM/other malformation - endovascular	0	1	1
AVM/other malformation - stereotactic radiosurgery	1	0	1
Hematoma non-traumatic	0	0	0
Other - vascular (open or endovascular)	1	9	10
Total Cranial Procedures - Vascular	6	14	20
Cranial Procedures - Tumor			

Use this report to answer:

- What is the overall experience for (as filtered)?

Case Log Reports: Resident Full Detail

Neurological Surgery Resident Record Report			
Primary & Secondary Procedures Program ID: 1601234567 Program Name: Neurological Surgery Test Program For All Attendings at All Institutes All Active Residents For All Resident Years For All Resident Roles For All Patient Types For All CPTs in All Areas and All RRC Procedures As Of 5/3/2012			
Resident Name: Resident NeurologicalSurgery		Current Year: 1	
Procedure Date: 5/12/1980	Resident Year: 1	Resident Role: Other	Case Id: 121213
Attending: Attending 2 Example			Patient Type: Adult
Institution: Neurological Surgery Insitute number 1			
Area		RRC Procedure	
UnAssigned		UnAssigned	
*15100 Skin spl't grft, trnk/arm/leg			
Procedure Date: 7/30/2002	Resident Year: 2	Resident Role: Other	Case Id: sp0
Attending: Attending 1, Example			Patient Type: Adult
Institution: Neurological Surgery Medical Health Sciences Center			
Area		RRC Procedure	
Cranial Procedures - Tumor		Intra-axial and/or extra-axial craniotomy	
*61526 Removal of brain lesion			

Use these reports to answer:

- How do I view data on a case-by-case basis?
- What are the specifics of each case?
- What are the details of the “unassigned” cases?

Case Log Update

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



Next Accreditation System Goals

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



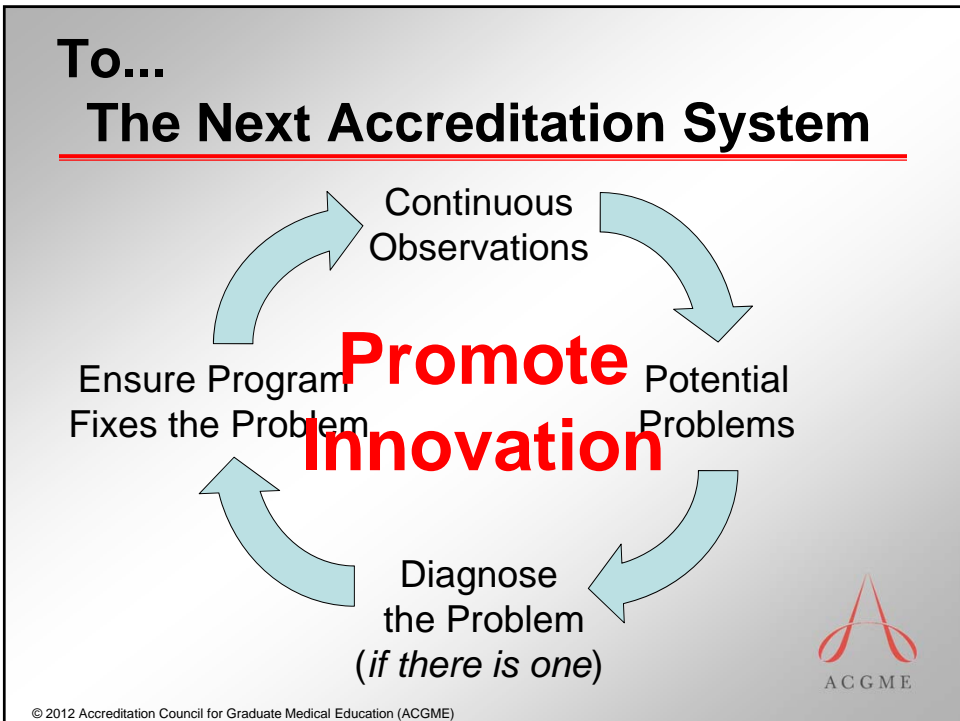
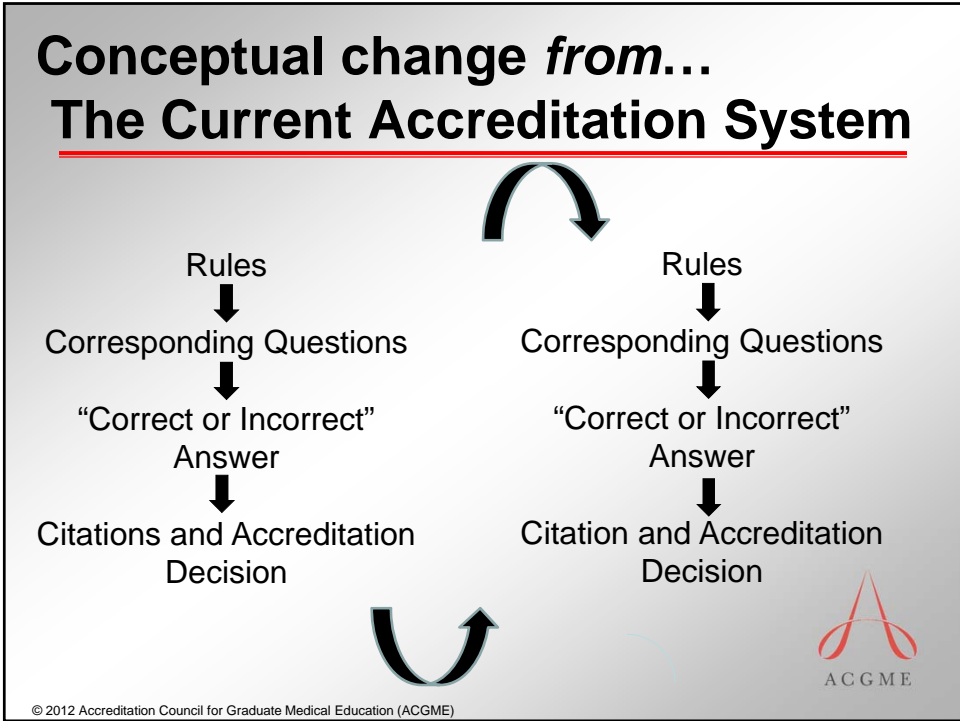
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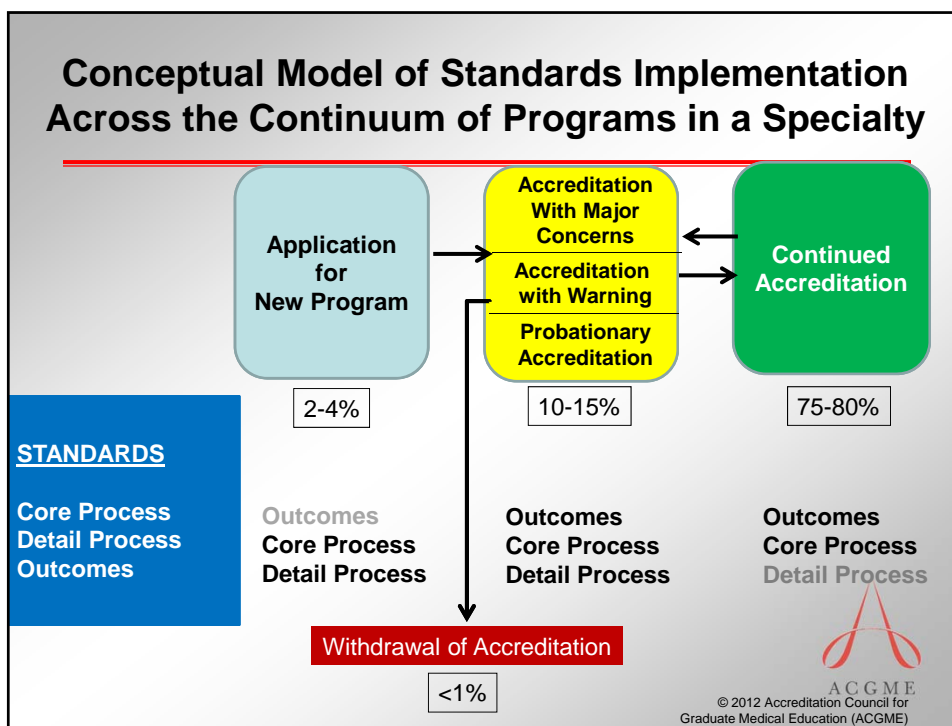
NAS in a Nutshell

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



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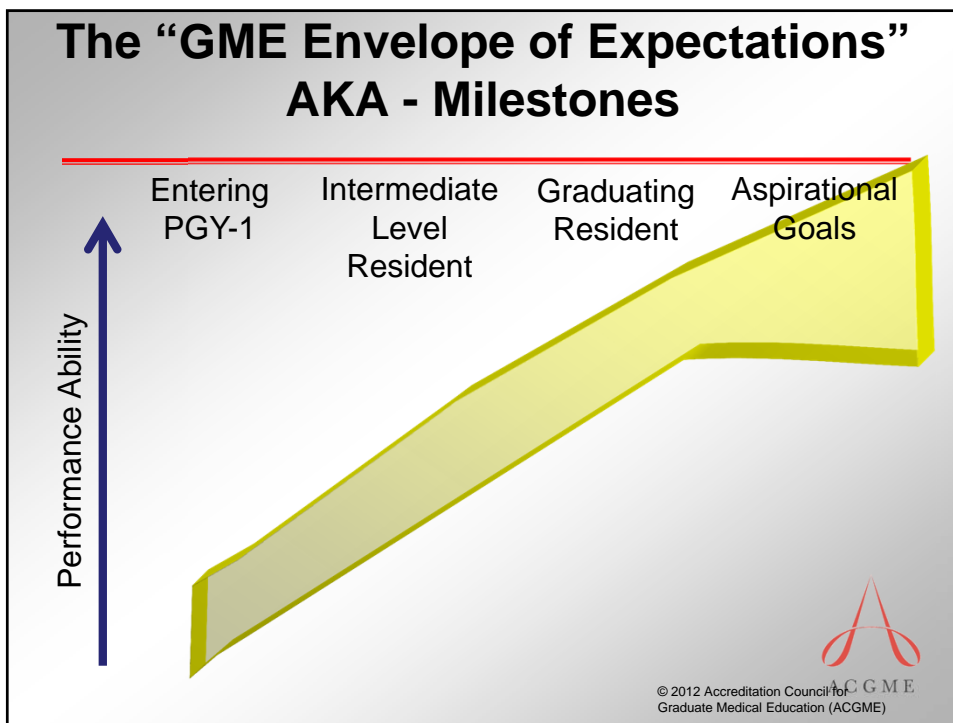
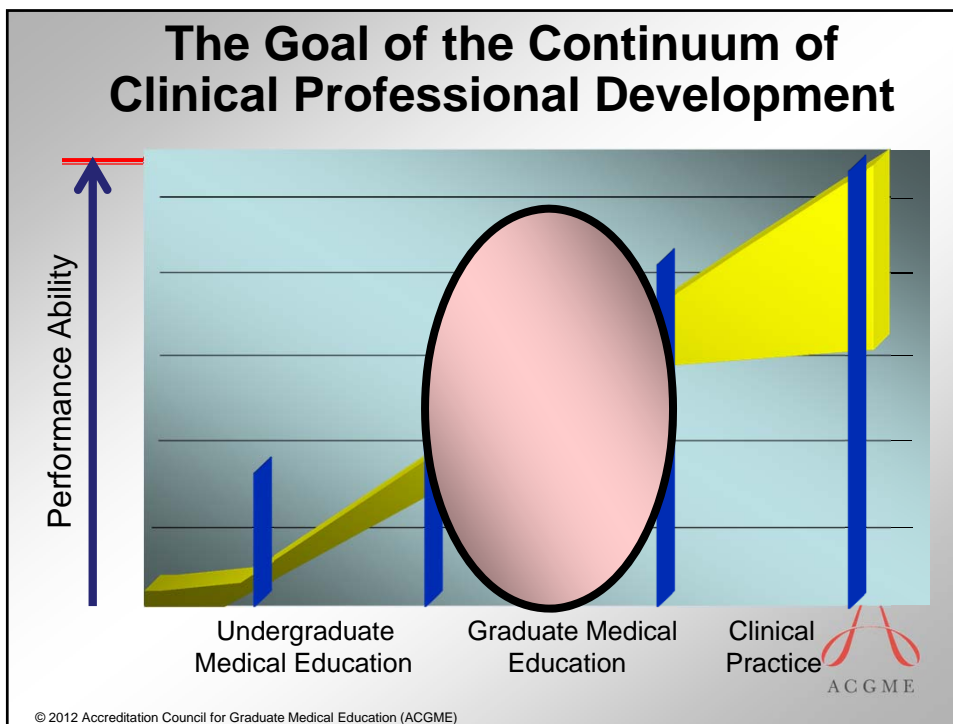
Trended Performance Indicators

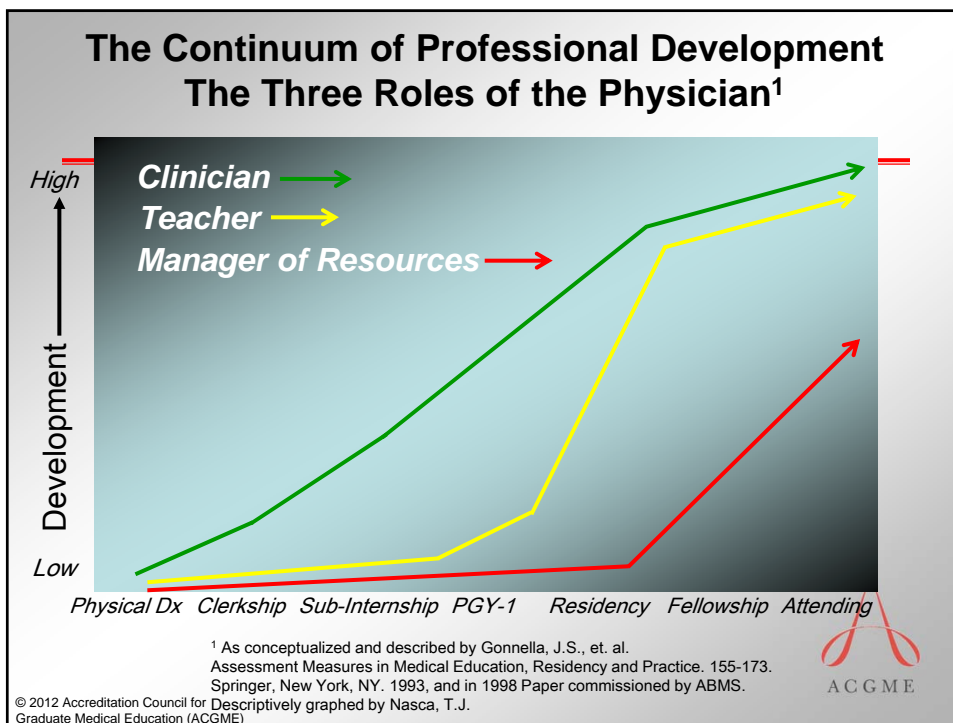
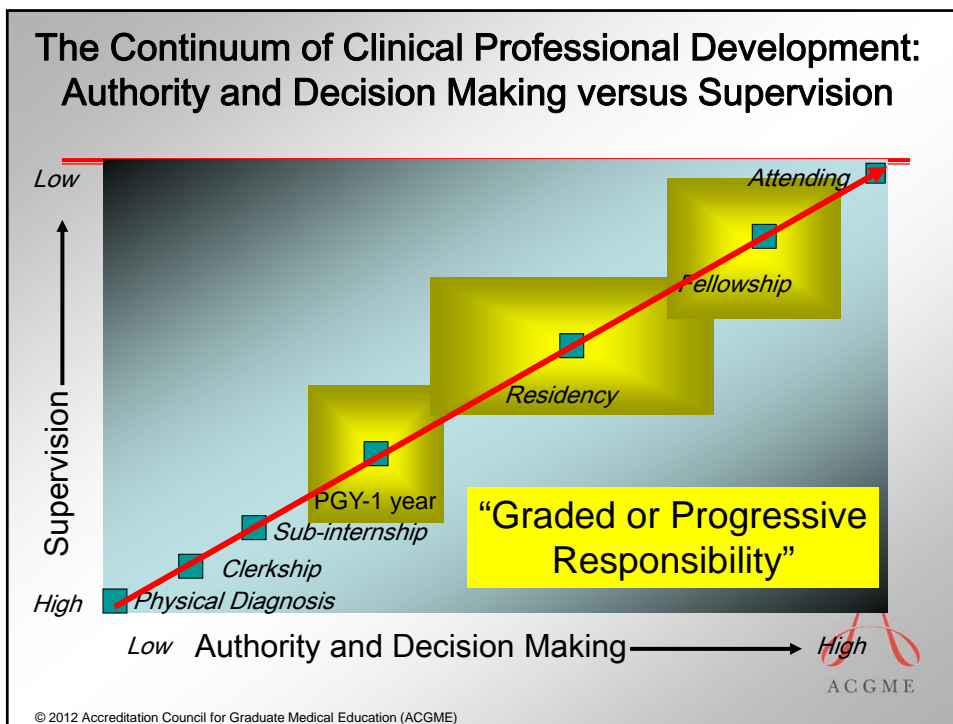
- ✓ Annual ADS Update
 - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
 - ✓ Program Characteristics – Structure and Resources
- ✓ Scholarly Activity – Faculty and Residents
- ✓ Board Pass Rate – Rolling Rates
- ✓ Resident Survey – Common and Specialty Elements
- ✓ Faculty Survey – Core Faculty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

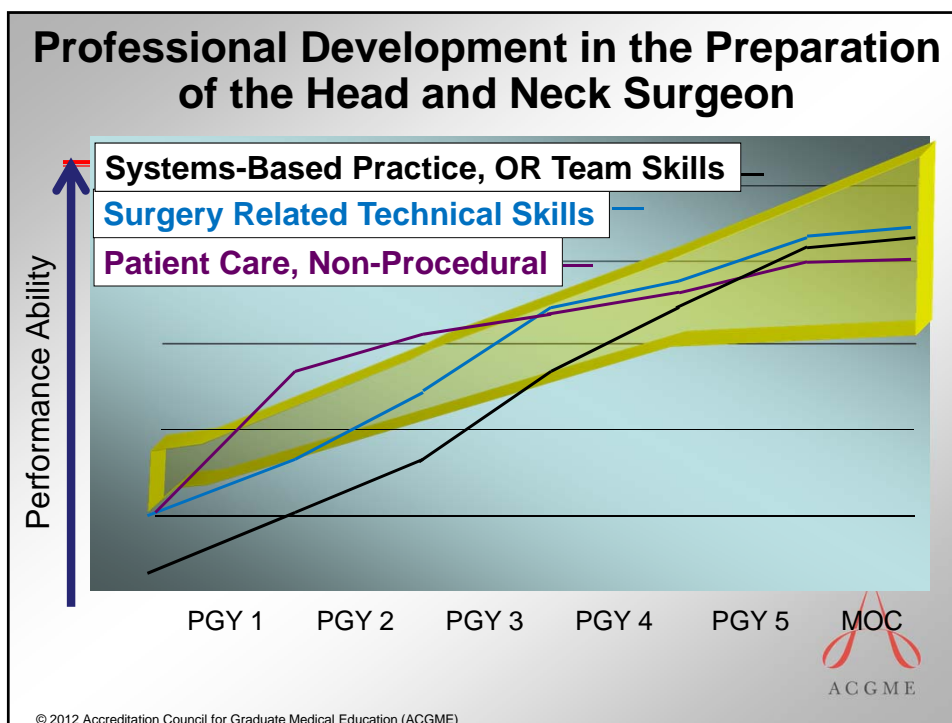
* New

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Milestones

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



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Move from Numbers to Narratives

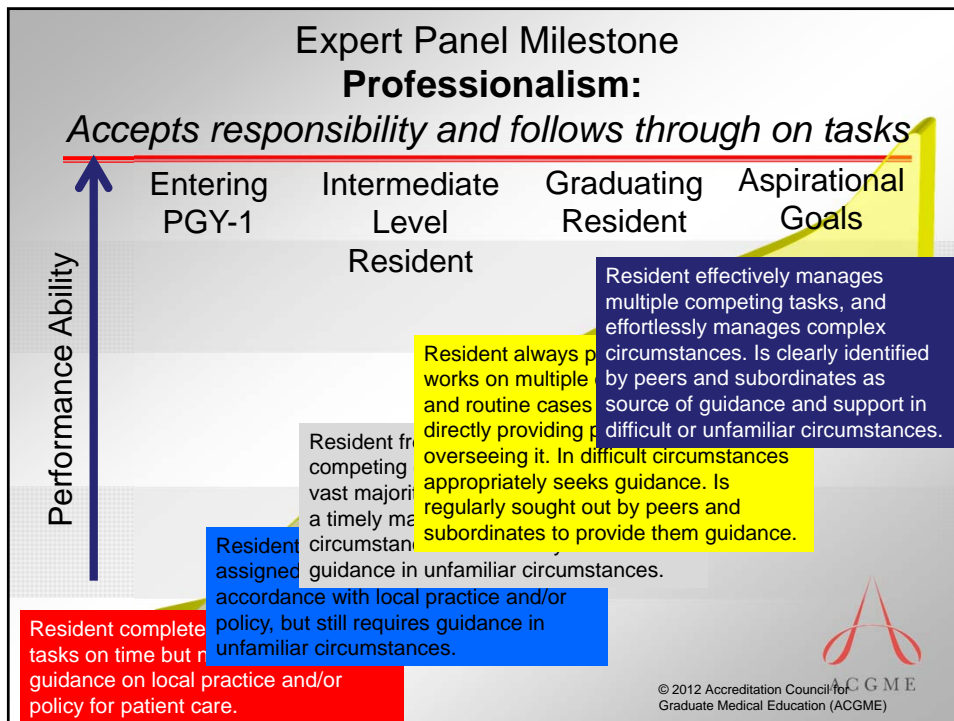
- Numerical systems produce range restriction
- Narratives:
 - easily discerned by faculty
 - shown to produce data without range restriction¹

¹ Hodges and others

Most recent reference: Regehr, et al. Using "Standardized Narratives" to Explore New Ways to Represent Faculty Opinions of Resident Performance. *Academic Medicine*. 2012. 87(4); 419-427.



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Otolaryngology Milestones (16)

Patient Care

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

Medical Knowledge

- Upper aerodigestive tract malignancy
- Hearing loss
- Dysphagia-dysphonia
- Inhalant allergy

Other Competency Domains

- ICS
- PBLI
- Professionalism
- SBP-patient safety
- SBP-resource utilization



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Sample Oto Milestone

Milestone Description: Hearing Loss - MK				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Demonstrates limited knowledge of temporal bone and cochleovestibular anatomy • Demonstrates limited understanding of the physiology of hearing • Demonstrates limited understanding of the natural history of hearing loss 	<ul style="list-style-type: none"> • Demonstrates proficient knowledge of temporal bone and cochleovestibular gross anatomy/embryology • Understands normal middle ear mechanics and cochlear physiology • Understands the natural history of presbycusis and noise-induced hearing loss • Recognizes normal ear exam and normal audiometry; Able to identify basic hearing loss classifications on an audiogram; Limited knowledge of options for diagnostic workup of hearing loss • Demonstrates awareness of non-surgical aural rehabilitation options; understands importance of hearing surveillance 	<ul style="list-style-type: none"> • Demonstrates proficient knowledge of normal temporal bone and cochleovestibular histopathology • Generates differential diagnosis for hearing loss in adult patients • Understands the natural history of adult onset hearing loss • Recognizes an abnormal ear exam/audiogram; Orders appropriate routine audiometric, laboratory, and imaging tests for workup • Demonstrates comprehensive awareness of aural rehabilitation options, including surgical management of hearing loss 	<ul style="list-style-type: none"> • Understands congenital variations of temporal bone and cochleovestibular anatomy • Generates differential diagnosis for hearing loss in children and identifies uncommon causes of hearing loss in adults • Understands the natural history of pediatric hearing loss and uncommon causes of adult-onset hearing loss • Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory and imaging studies • Describes indications/contraindications and complications of the surgical aural rehabilitation techniques; Tailors aural rehabilitation to patient-specific needs 	<ul style="list-style-type: none"> • Demonstrates knowledge of central auditory pathways
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Milestones

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



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ACGME Goal for Milestones

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



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NAS Timeline for Otolaryngology

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



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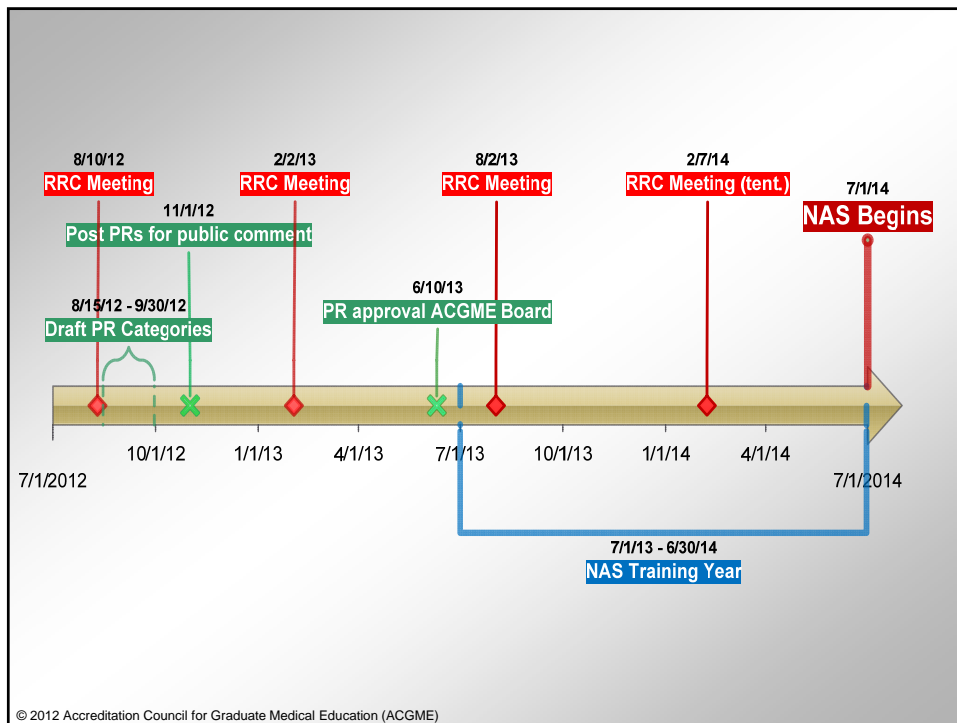
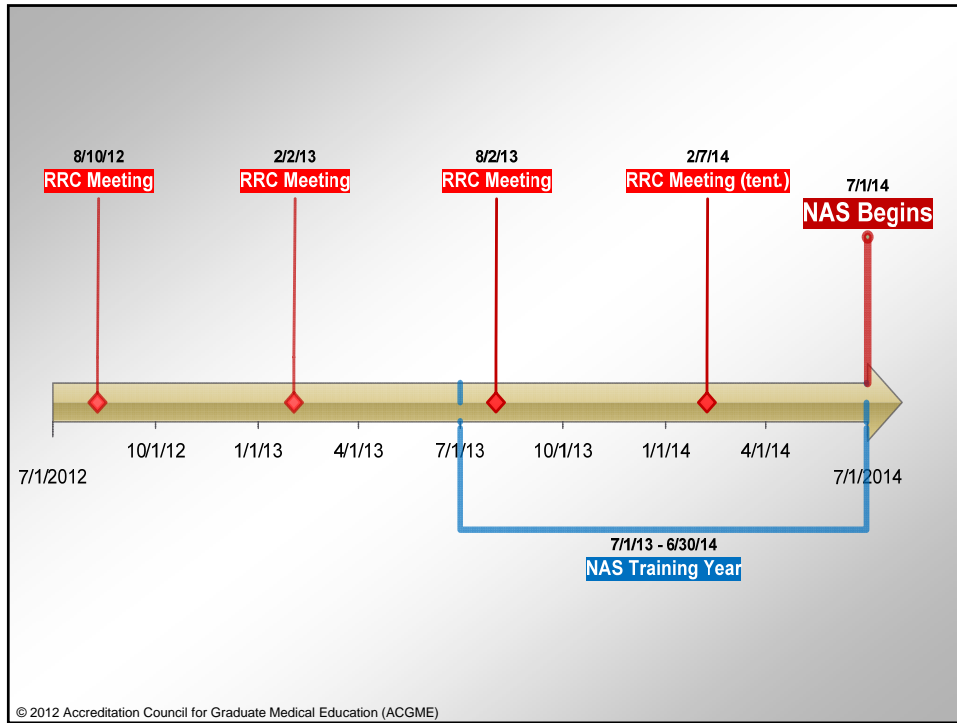
NAS Timeline for Otolaryngology

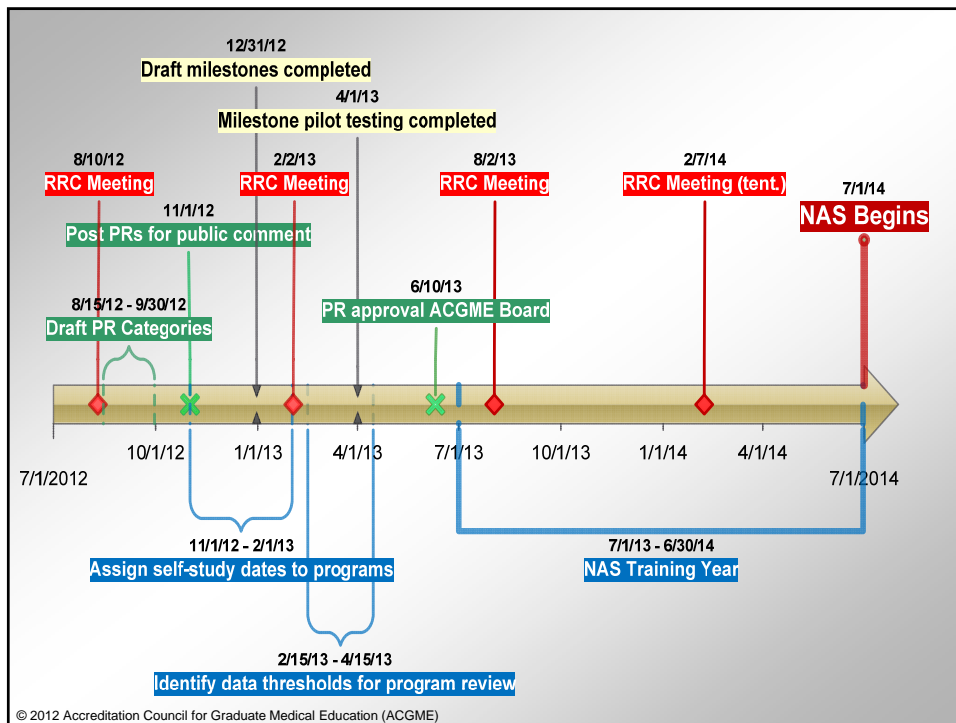
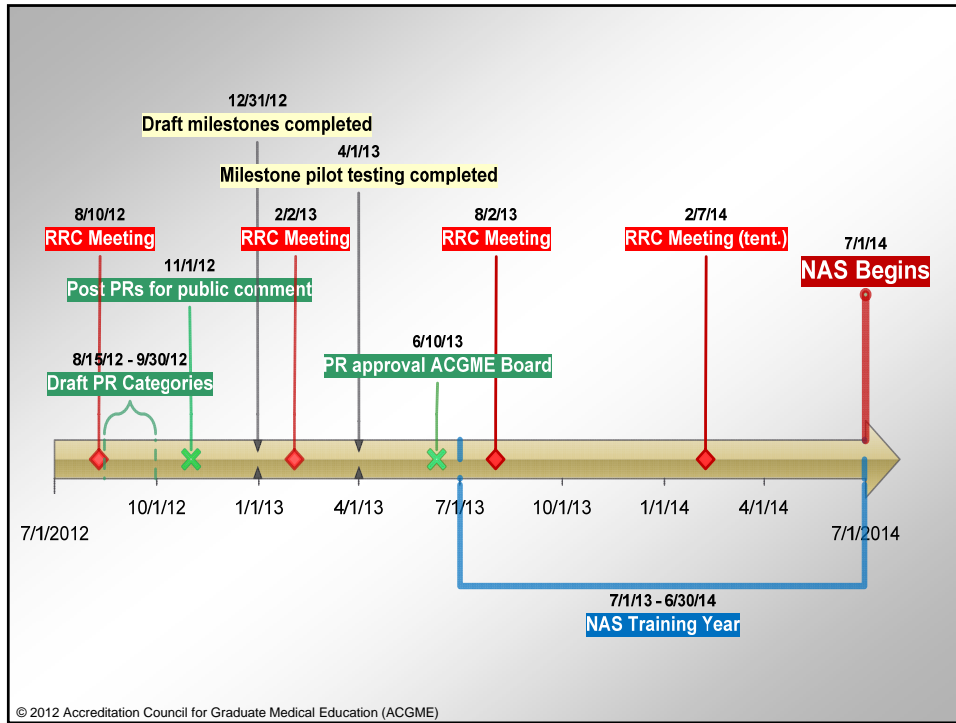
- Training phase activities
 - RRC reviews all data for all programs at spring 2014 meeting (includes 2013 surveys, annual ADS update info, case log reports)
 - RRC determines benchmarks for follow-up actions (e.g., progress report, focused site visit, etc.)
 - Traditional program reviews for programs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

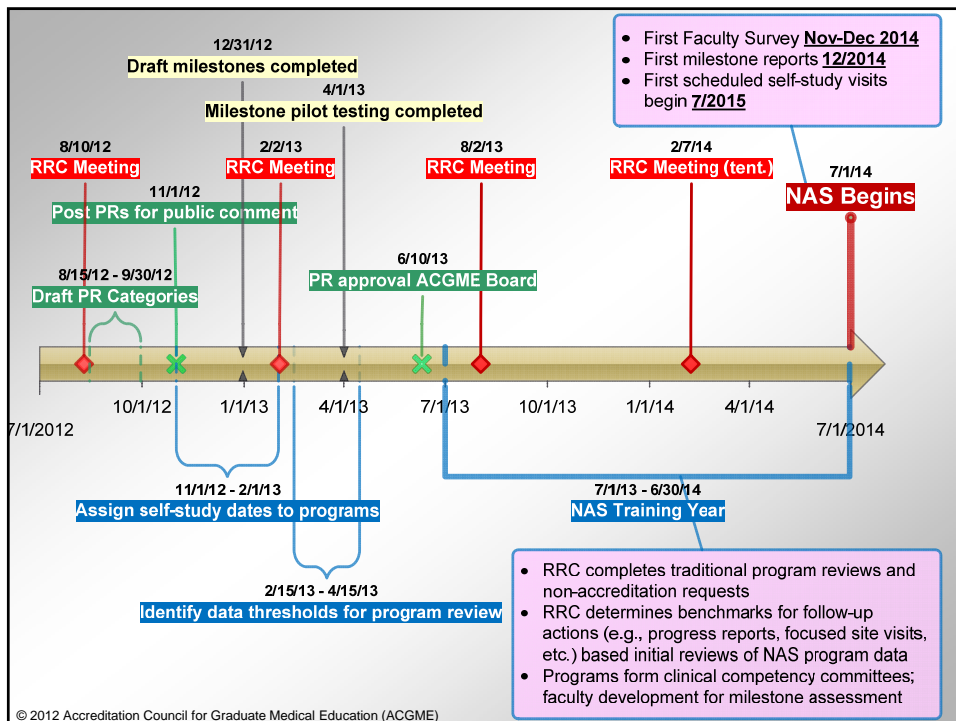
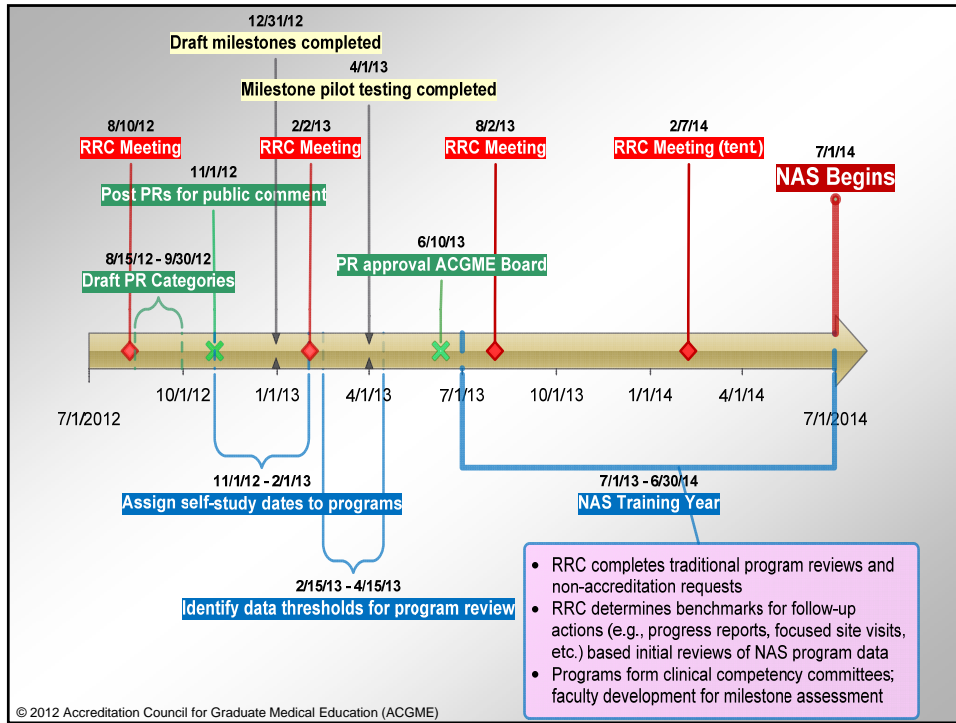
- **Enter NAS 7/2014**



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RESOURCES

- RRC Website:

<http://acgme.org/acgmeweb/tabid/141/ProgramandInstitutionalGuidelines/SurgicalAccreditation/Otolaryngology.aspx>

- ✓ Program Requirements and FAQs
- ✓ Program Information Forms
- ✓ Newsletters (discontinued)
- ✓ Required Minimum Number Key Indicator Procedures (coming soon)
- ✓ Case Log Coding Guidelines (coming soon)
- ✓ Neurotology Fellowship Surgical Case Log Reporting (coming soon)
- ✓ ACGME Glossary of Terms
- ✓ Program Director Guide to the Common Program Requirements
- ✓ Notable Practices
- ✓ Site visit Resources



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RESOURCES

- ACGME Website:

<http://acgme.org/acgmeweb/>

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



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RESOURCES

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



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Thank
You