

Accreditation Council for Graduate Medical Education

Accreditation Process for Psychiatry Residency Programs – The RRC Essentials

Victor Reus, MD, RRC Chair
Pamela Derstine, PhD, Executive Director

*AADPRT Annual Meeting
Austin, Texas
Thursday, March 3, 2011; 1:30 pm to 2:15 pm*



Discussion Topics

- RRC membership
- Overview accreditation process
- Specialty/subspecialty update
- New duty hour requirements
- ACGME Milestone Project



RRC Membership

- 16 voting members
 - ABPN – 5 members
 - APA – 5 members
 - AMA (CME) – 5 members
 - 1 resident member
- Leadership
 - Victor I. Reus, MD, Chair (*ABPN*)
 - James J. Hudziak, MD, Vice-Chair (*APA*)



Appointment Process

- Identify geographic and specialty needs
- Request nominations (ABPN, APA, AMA)
- Review qualifications of nominees
- Recommend appointment to ACGME
- ACGME Board confirmation



RRC Membership

- Elizabeth L. Auchincloss, MD
- Jonathan F. Borus, MD
- Carlyle H. Chan, MD
- Stephen P. Cuffe, MD
- Mina Dulcan, MD
- Larry Faulkner, MD
ABPN Ex-Officio
- Marshall Forstein, MD
- Deborah J. Hales, MD
APA Ex-Officio
- James J. Hudziak, MD
RRC Vice-Chair
- Gail H. Manos, MD
- Carla B. Marienfeld, MD
Resident Member
- Burton V. Reifler, MD
- Victor I. Reus, MD
RRC Chair
- Donald E. Rosen, MD
RRC Vice-Chair Elect
- Mark Servis, MD
- Christopher R. Thomas, MD
RRC Chair Elect
- Michael J. Vergare, MD



Incoming RRC Members

- *Robert J. Ronis, MD, MPH*
replacing Victor Reus, MD
- *Dorothy E. Stubbe, MD*
replacing James Hudziak, MD
- *Alik Sunil Widge, MD, PhD*
replacing Carla Marienfeld, MD

Welcome!!!!



ACGME Staff

RRC Staff

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

Other Important ACGME Contacts

- Timothy Goldberg – *ADS Representative*
- Jane Shapiro – *Department of Field Activities*



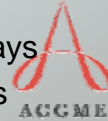
Upcoming Meeting Dates

- April 15-16, 2011
Agenda is closed
- October 14-15, 2011
Agenda closing date: August 5, 2011
- April 20-21, 2012 (tentative)
Agenda closing date: Feb. 10, 2012 (tentative)



Accreditation Process Overview

- Program receives notice of site visit date
 - 90-120 days in advance
- Program completes program information form (PIF)
 - Begin one year in advance of anticipated SV date
- Site visit takes place
- RRC reviews program
 - Site visit report (SVR) must be received by agenda closing date
- E-mail accreditation decisions within 5 business days
- Letter of notification (LON) within 60 business days



PIF Preparation

- Read the Program Requirements!
- Prepare and share the PIF with program faculty and residents, and other experienced program coordinators
- Seek early review and feedback from GMEC/DIO
- Review the PIF
- Review the PIF
- Review the PIF



PIF Preparation

- Review your Internal Review
- Review your annual program evaluations and action plans
- Check program files for accuracy and completeness
- Pay special attention to prior citations
- Emphasize program strengths
- Hear problems before the site visit

Hint: Don't hide problems. Instead, incorporate them into current action plan and demonstrate that progress is being made.



Program Letters of Agreement

- List local site director and faculty with supervisory responsibilities
- Specify responsibilities for teaching and evaluation
- Specify duration and content of experience
- State policies that govern resident education
- Must be renewed every five years – make sure each PLA is dated and signed!



Site Visit

- During the site visit, field staff:
 - Meet with residents, program director, faculty, DIO; may tour facilities
 - Verify and clarify the PIF and most recent resident survey
- Site visitor reports findings (SVR)
- Site visitor:
 - does not make any recommendations
 - does not participate in RRC discussions
 - cannot tell you how your program did



Program Review

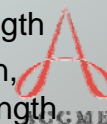
Accreditation decisions are based on substantial compliance with program requirements, through review of:

- PIF
- SVR
- Resident survey (3 most recent are reviewed)
- Program history
- Institutional history
- Program/RRC correspondence prior to site visit



Accreditation Decisions

- Based on information current at the time of the site visit
- Adverse actions rare
 - Proposed: requires program response
 - Confirmed: new site visit date is set
- Citations – it's not the number, it's the type
 - Administrative: usually easy to fix; have little effect on cycle length unless there are many
 - Programmatic: will result in 3-4 year cycle length
 - Serious (e.g., duty hours, resident intimidation, safety issues): may result in 1-2 year cycle length



Accreditation Resources

- RRC website:
 - http://www.acgme.org/acWebsite/navPages/nav_400.asp
 - RRC Newsletters (two per year)
 - Application guidelines
 - Resident transfers
 - Resident complement changes
- ACGME weekly e-communication
- Phone and email RRC staff
- ACGME/Program Directors and Coordinators website:
 - http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp
 - ACGME policies and procedures
 - Resident survey information
 - Resident duty hour documents



Specialty/Subspecialty



2011 Awardees

David C. Leach, MD Award Recipients 2011

In an effort to honor the former Executive Director of the ACGME (1997 – 2007), David C. Leach, MD, and his contributions to resident education and well being, the ACGME created this award in 2008. This award is unique in that it acknowledges and honors residents, fellows, and resident/fellow teams and their contribution to graduate medical education. Congratulations to this year's recipients!

Award Recipient:

Claudia Reardon, MD

Psychiatry, University of Wisconsin Madison, WI

Team Members:

Dean Krahn, MD, MS

Eric Heiligenstein, MD

Ken Loving, MD

Douglas Kirk, LCSW

Nicholas Stanek, MD





2011 Awardees

GME Program Coordinator Excellence Award 2011

The ACGME is proud to announce the five recipients of the *GME Program Coordinator Excellence Award*. This award was created to honor and recognize the very crucial role that program coordinators play in the success of a residency program. Congratulations to this year's recipients!

Award Recipient:

Tammy Samuels, MPA

Psychiatry (Core & Subspecialty Programs)

University of Colorado Denver

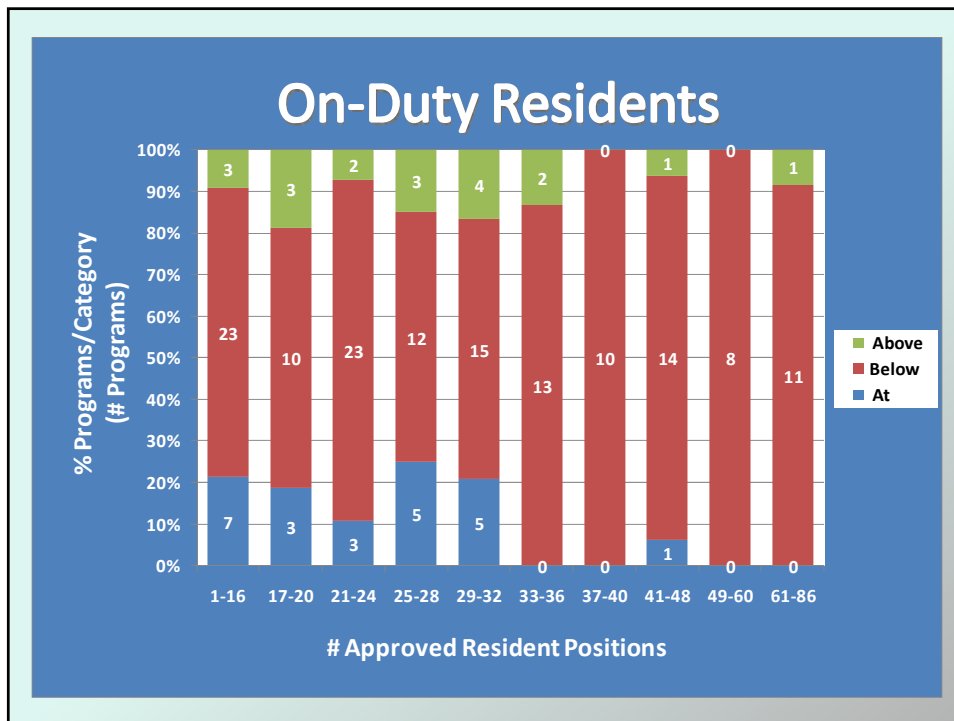
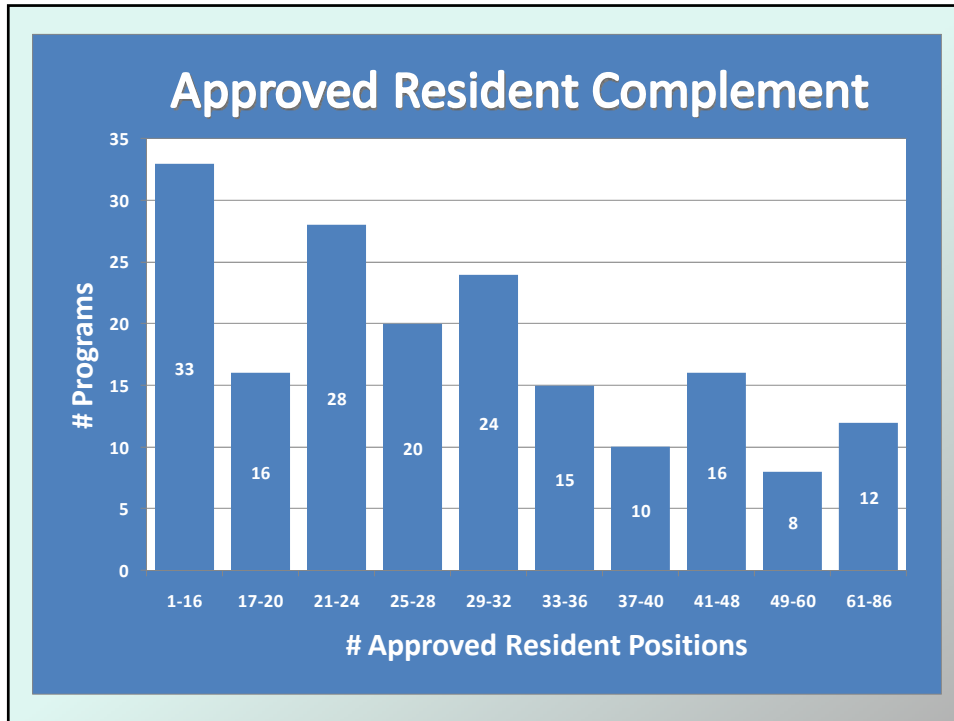
Aurora, CO

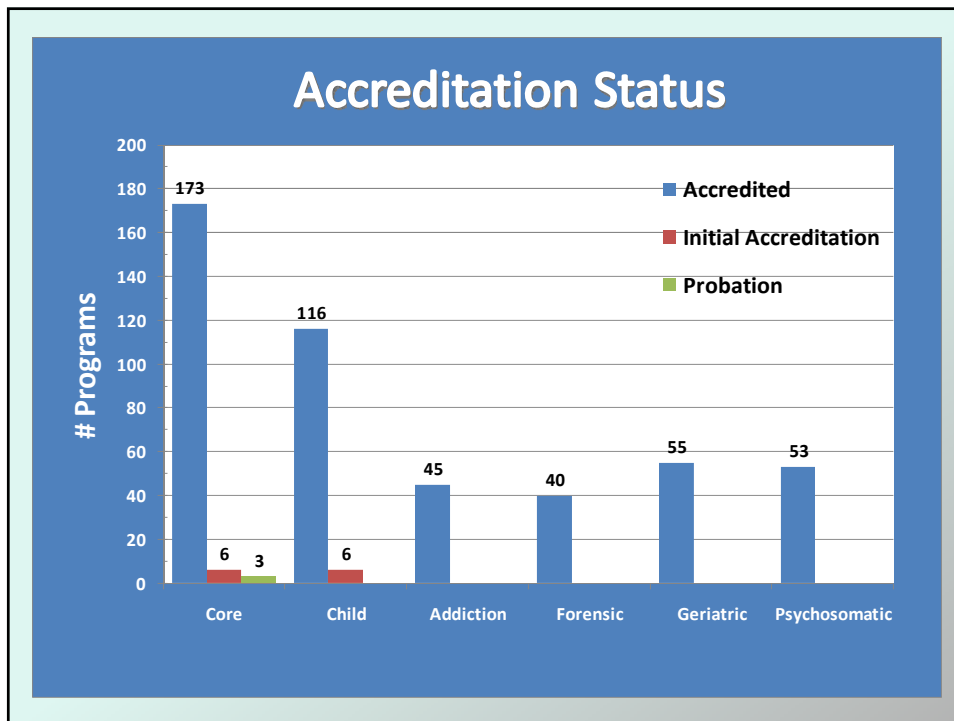
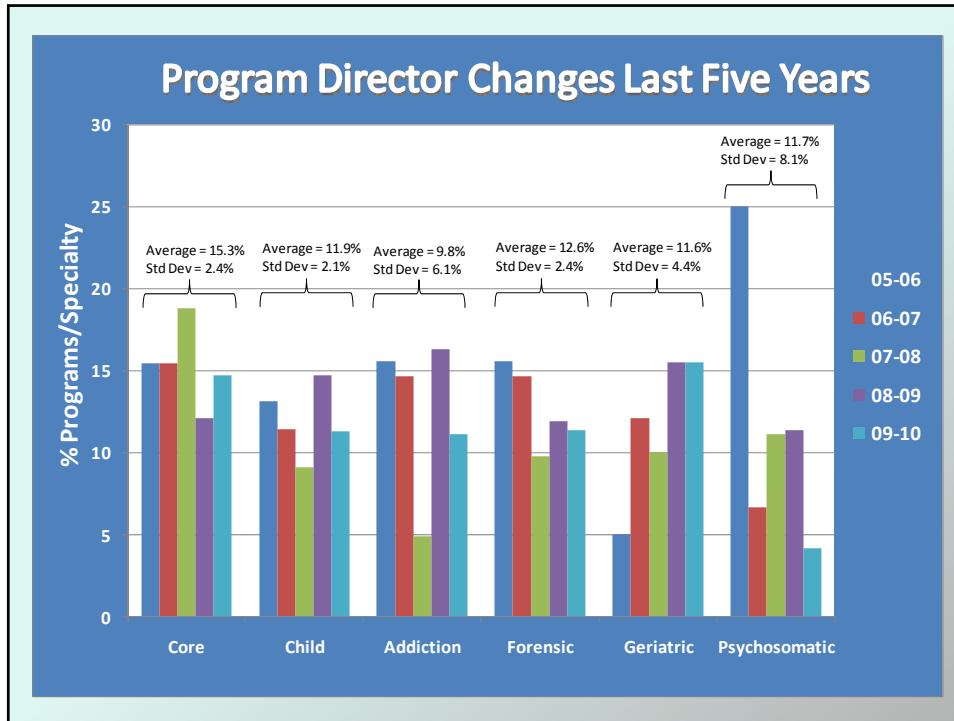


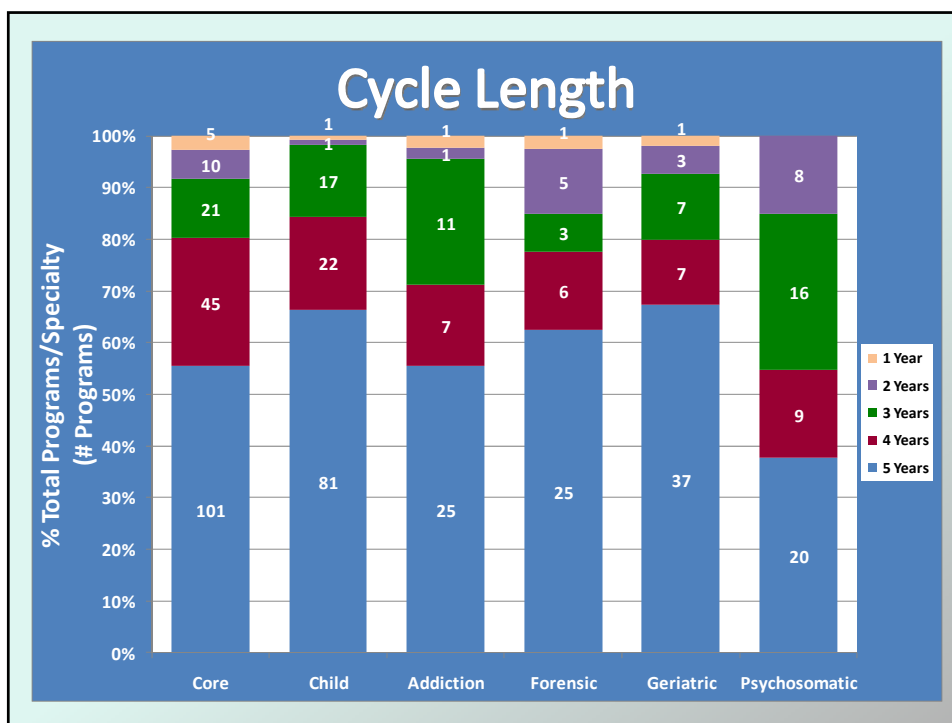
Resident Complement

	Approved	On Duty
Total # Residents	5733	5010
Max # Residents/Program	86	74
Min # Residents/Program	6	0
Average \pm SD # Residents/Program	31.5 \pm 15.0	27.5 \pm 13.3









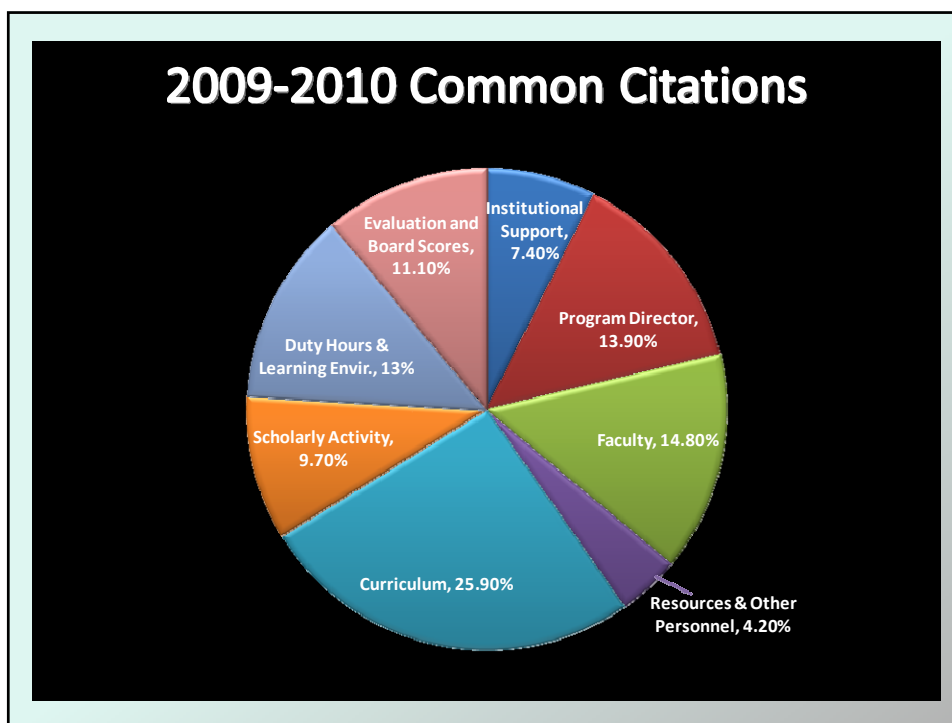
Last Year's RRC Actions

Number of Site Visits Reviewed	104
Proposed Adverse Actions	6
Adverse	1
Initial Accreditation	15*
Continued Accreditation	88

*Site visits not required for fellowship applications (6 of 15)

Number of Other Reviews	93
Increase Requests (approved)	29
Increase Requests (denied)	10
Progress Reports Reviewed	15
Rebuttals and Complaints Reviewed	5
Other Non-status (participating site changes, curriculum, etc.)	34





Common Citation Areas

Curriculum

- Competency-based and level-specific goals and objectives for each rotation/assignment
- Required rotations and patient care experiences (issues related to block schedules or narrative descriptions indicating non-compliance with requirements)
- Didactics (regularly scheduled; content areas; attendance)
- Education/Service balance

Program Director

- Responsibilities: ACGME required info accurate and complete (PIF; ADS)
- Responsibilities: resident appointment issues (verify previous education)



Common Citation Areas

Faculty

- Qualifications (board certification)
- Sufficient number (esp. related to supervision issues)
- Responsibilities (attendance at didactics; availability for clinical teaching and supervision)

Duty Hours & Learning Environment

- Oversight: monitoring and backup support
- 24 + 6 rule

Evaluation

- Program (documentation; graduate board performance; participants)
- Resident (semiannual performance evaluation with feedback)
- Faculty (annual confidential evaluation by residents)



Common Citation Areas

Scholarly Activity

- Faculty (lack of pubs, presentations)

Sponsoring Institution

- Internal reviews
- PLAs

Resources

- Program Coordinator/clerical support



2011 Duty Hours

PRINCIPLES

- graded and progressive responsibility
- supervision that:
 - assures safe and effective care to individual patient
 - assures each resident's development of skills, knowledge and attitudes
 - establishes a foundation for continued professional growth
- includes residents AND faculty



2011 Duty Hours

New Sections

- Professionalism, Personal Responsibility, and Patient Safety
- Transitions of Care
- Clinical Responsibilities*
- Teamwork*
- Maximum Frequency of In-House Night Float*

* Specialty-specific PRs



2011 Duty Hours

Professionalism, Personal Responsibility, and Patient Safety

- educate residents & physicians re: “fitness for duty”
- resident active participation in interdisciplinary clinical QI and patient safety programs
- compromising education with non-physician service obligations
- culture of professionalism that supports patient safety and personal responsibility for residents & faculty – 8 specific requirements



2011 Duty Hours

Transitions of Care

- clinical assignments designed to minimize number of transitions in patient care
- effective, structured hand-over processes
- resident competence in communicating with team members in hand-over process
- schedules that inform all members of team of who is responsible for what



2011 Duty Hours

Clinical Responsibilities

- based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services

**Specialty-specific optimal clinical workload TBD*

Teamwork

- opportunity to work in interprofessional teams

**Specialty-specific requirements for elements repeats or expands current requirements*



2011 Duty Hours

Expanded Section - Supervision

- identifiable practitioner responsible for each patient*
- levels of supervision
 - *direct (physically present with resident and patient)*
 - *indirect with direct immediately available (supervisor physically within site of patient care and available to provide direct)*
 - *indirect with direct supervision available (supervisor immediately available by phone, etc. and is available to provide direct)*
 - *oversight (supervisor provides review and feedback after care is delivered)*



2011 Duty Hours

Supervision - Principles

- evaluate each resident's abilities based on specific criteria
- set guidelines for circumstances/events when residents must communicate with supervisor
- supervision assignments long enough to assess resident and assign appropriate patient care authority & responsibility
- PGY-1 supervision
 - achieved competencies to progress to indirect supervision*



2011 Duty Hours

*Supervision – PGY-1

PGY1 residents may progress to being supervised indirectly with direct supervision available only after demonstrating competence in each of the following:

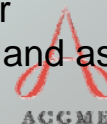
- a) ability and willingness to ask for help when indicated;*
- b) gather an appropriate history;*
- c) ability to perform an emergent psychiatric assessment;*
- d) present patient findings and data accurately to a supervisor who has not seen the patient*



2011 Duty Hours

*Supervision FAQ

- direct or indirect supervision by PGY-2, PGY-3
 - inform patients of respective roles in patient care
 - assignment based on needs of patient and demonstrated clinical and supervisory skills of supervising resident
 - attending physician must always be available for back-up (phone backup allowed)
- other non-physician, licensed, independent practitioners designated by program director (attending physician backup as appropriate and as needed)



2011 Duty Hours

Supervision

NOTE the following Common FAQ for VI.G.8.: At-Home Call

FAQ: Can PGY1 residents take at-home call, and if so, what are the work-hour restrictions for this?

Ans. PGY1 residents are limited to a 16-hour shift and are not allowed to take at-home call.



2011 Duty Hours

Work Hours

- 80 hours/wk (averaged)
 - includes in-house call and all moonlighting
 - PGY-1 cannot moonlight
- one day free every week (averaged)
 - no at-home call during free days
- PGY-1 must not exceed 16 hour duty period
- PGY-2 and above max. 24 hour duty period
 - no new clinical duties after 24 hours
 - 4 additional hours allowed (must document reasons)



2011 Duty Hours

Work Hours

- PGY-1
 - should have 10 hours; must have 8 hours between scheduled duty periods
 - Intermediate (*PGY-2*)
 - same but must have 14 hours free after 24 hours in-house duty
 - Residents in final years (*PGY-3-4*)
 - 8 hours free desirable*
- *Less than 8 hours off not allowed*



2011 Duty Hours

Work Hours

- In-house Night Float
 - no more than 6 consecutive nights
 - adult psychiatry: *no more than 4 consecutive weeks and 8 weeks total during required one-year full-time outpatient experience*



Current RRC Projects

- Revising all program requirements
- FAQs for current requirements
(will be posted to RRC website July 2011)
- Planning participation in ACGME Milestone Project



PR Revision Timelines

Specialty	Post for Public Review and Comment	ACGME Board Review & approval	Effective Date
Adult Psychiatry	1/2012	6/2013	7/2014
Child and Adolescent Psychiatry	1/2012	6/2013	7/2014
Other Fellowships	7/2011	9/2012	7/2013



Milestones

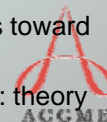
- Next step in the Outcome Project
- Milestone definition: description (in specific behavioral terms) of the performance level expected of a resident by a particular time during their residency
- Aggregate resident performance on the milestones used as an indicator of a program's educational effectiveness
- Board use as part of eligibility for certification



Milestones

References

- Nasca, TJ (2008) The next step in the outcomes-based accreditation project. ACGME Bulletin, May: 2-4.
- Nasca, TJ (2008) Where will the "milestones" take us? The Next Accreditation System. ACGME Bulletin, September: 3-5.
- Green, ML, et. al. (2009) charting the road to competence: developmental milestones for internal medicine residency training. JGME 1 (2): 5-18.
- Hicks, PJ, et. al. (2010) The pediatrics milestones: conceptual framework, guiding principles, and approach to development. JGME 2 (3): 410-418.
- Hicks, PJ, et. al. (2010) Pediatrics milestone project: next steps toward meaningful outcomes measurement. JGME 2 (4): 577-584.
- Frank, JR, et. al. (2010) Competency-based medical education: theory to practice. Medical Teacher 32 (8): 638-645.



THANK YOU!

Thank You!

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