Accreditation Council for Graduate Medical Education

ACGME

AADPRT – 2008
Psychiatry Update

Residency Review Committee

for

Psychiatry

Victor Reus, MD, Chairman

Review Committee Staff

- Larry Sulton, Ph.D. Senior Executive Director
- Lynne Meyer, PhD, MPH, Executive Director
- Susan Masker, Associate Executive Director
- Jennifer Luna, Accreditation Administrator
- Sandra Benitez, Accreditation Assistant

Review Committee

Elizabeth L. Auchincloss, MD

Jonathan F. Borus, MD

Marshall Forstein, MD

James J. Hudziak, MD

David Mrazek, MD,

Gail Manos, MD

Jonathan E. Morris, MD

Kayla Pope, MD (resident)

D. Burton V. Reifler, MD

Cynthia Santos, MD

Kailie Shaw, MD

Aradhana A. Sood, MD

Allan Tasman, MD

Christopher Thomas, MD

Michael J. Vergare, MD

Review Committee Appointing Organizations

American Board of Psychiatry and Neurology

Larry Faulkner, MD, Ex-Officio

American Medical Association

Barbara Schneidman, MD, Ex-Officio

American Psychiatric Association

Deborah Hales, MD, Ex-Officio

Review Committee Appointment Process

- ✓ Identify geographic and specialty needs
- ✓ Review qualifications of nominees
- ✓ Recommend appointment to ACGME
- ✓ ACGME confirms appointments

Number of Accredited Programs July 1, 2007 – June 30, 2008

Specialty	Programs	Residents
Psychiatry	181	4839
Addiction	41	57
Forensic	42	75
Geriatric	60	87
Psychosomatic	36	50

Average Survey Cycle Length

2006 - 2007

General Psychiatry	4.58
Addiction	4.43
Forensic	4.62
Geriatric	4.63

Review Committee Decisions (2007)

General Psychiatry

Status	Programs
Initial Accreditation	1
Continued Accreditation	40

New Program Directors

July 1, 2006 – June 30, 2007

Programs	New Directors	%
181	28	15.47

Program Requirements Frequently Cited

- Responsibilities of Program Faculty
  - -Devote sufficient time to the educational program
  - -Maintain an environment of inquiry and scholarship
  - -Participate regularly in the educational program

Program Requirements Frequently Cited

- **Institutional / Program Resources**
  - -Patient populations for each mode of education
  - -Adequate inpatient/outpatient facilities
  - -Office space for residents to interview patients

Program Requirements Frequently Cited

- Supervision

  -Each resident must receive a minimum of two hours of direct supervision per week, at least one of which is individual

Program Requirement Change: clinical skills assessment

1. The resident must make an organized presentation of pertinent history, including the mental status examination.
2. In at least 3 evaluations, residents must demonstrate competence in a) establishing an appropriate doctor/patient relationship, b) psychiatric interviewing, and c) case presentation.

Program Requirement Change: clinical skills assessment

1. The program must ensure that each of the required 3 evaluations is conducted by an ABPN-certified psychiatrist.
2. At least two of the evaluations must be conducted by different ABPN-certified psychiatrists.
3. Demonstration of the competencies during the 3 required evaluations is required prior to completing the program.

Future Review Committee Meetings

Meeting Date	Request Submission Deadline
April 4-5, 2008	Closed
October 17-18, 2008	August 28, 2008
April 24-25, 2009	March 2, 2009

Accreditation Council for Graduate Medical Education

ACGME

AADPRT 2008

Psychiatry Update

Child and Adolescent Psychiatry

Sandra Sexson, MD
Past
Review Committee Chair

Average Survey Cycle Length

2006 - 2007

Child Psychiatry	4.84

Review Committee Decisions (2007)

Child Psychiatry

Status	Programs
Initial Accreditation	6
Louisiana State U (Shreveport)	
Southern Illinois University	
Ponce School of Medicine (PR)	
Carilion Clinic/U VA	
U of Tennessee/Memphis	
UCLA Kern/Bakersfield	
Continued Accreditation	25

New Program Directors

July 1, 2006 – June 30, 2007

Programs	New Directors	%
114	13	11.4

Number of Accredited Programs
July 1, 2007 – June 30, 2008

Specialty	Programs	Residents
Child Psychiatry	121	796

Program Requirements Frequently Cited

- Responsibilities of PD (19%)
  - Incomplete/inaccurate PIF
  - Failure to insure adequate clinical experiences
    - Patient volume
    - Patient diversity
  - Failure to obtain prior approval for resident complement changes

Program Requirements Frequently Cited

- **Inadequate scholarly activity (12%)**
  - Primarily inadequate documentation of scholarly activity for faculty
- **Institutional support (12 %)**
  - Missing affiliation agreements
  - Missing program letters of agreement (PLAs)
  - Inadequate hospital records systems

ACGME

ACGME Requirements

Institutional Requirements (Sponsor)

Common Requirements (All Specialties)

Program Requirements (Psychiatry)

INSTITUTIONAL REQUIREMENTS

Institutional Requirement III.A.2.b

In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its ACGME-accredited programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available

Post Pediatric Portal Project

Background

AACAP submitted proposal to ACGME via Psychiatry RRC for a pilot program for combined training in general and child and adolescent psychiatry (8/25/06)

Letter to RRC to support the PILOT program from APA, ABPN, AADPRT, and a number of consumer organizations

Approved as an Educational Innovation Project by ACGME and Psychiatry RRC

Description and LOI and RFA on ACGME website

Summary of the Proposal

3 yr program for fully trained pediatricians to achieve ABPN eligibility for certification in both general and child psychiatry

Limited number of programs (max 10) for 5 years

Both psychiatry and CAP programs must be in same academic center and must have 4 year accreditation cycles – may be more flexible

RRC will monitor but will work with stakeholders to facilitate project, assess competency measures, etc. (AACAP, APA, AADPRT, ABPN)

Requirements

Also available on ACGME Website

Integration and Continuity between the programs optimal

Programs must meet all the specified requirements of both general and CAP training except for the following exceptions:

- Delineated areas which can be double counted
  - 1 mo ped neurology
  - 1 mo. Ped c/l
  - 1 mo. Addiction
  - Forensic and community experiences
  - 20% of outpatient experience
    - *Adult outpatient experience must include some cases that are seen for at least a year to facilitate psychotherapy training*
- Decreased adult inpatient requirement
  - Minimum 4 months but must be monitored carefully to demonstrate broad range of exposure to patients across gender, culture, and diagnostic categories

Project Objectives

- To offer abbreviated training to fully trained pediatricians as previously described
- To advance competency based education and outcomes based assessment
- The Process
  - + Psychiatry RRC will select proposals from fully accredited psychiatry and CAP programs that are in good standing with the RRC
  - + Psychiatry RRC will monitor resident progress, through demonstrated achievement of competencies throughout training as well as performance on in-training exams and certification exams
  - + Report to ACGME and to field the outcome to determine if such training should be supported by the Psychiatry RRC in the future

Scope of Project

- Maximum of 10 sites (Gen and CAP must apply together
- Limited to 2 trainees per year for each program
- Minimum of 5 years for study
- Oversight by Psychiatry RRC
  - + Annual reports from programs addressing PIF parameters
  - + RRC representatives to meet face to face with program directors at least 3 times, probably at AADPRT mtg.
  - + Ongoing feedback from Psychiatry RRC annually
  - + Input from stakeholders regarding ongoing assessment as well
  - + Resident reflections through portfolio process

Evaluation

- Measurement of core competencies
- Comparison of performance on standardized in-training examinations
- Comparison of performance on ABPN certifying examinations

Post Pediatrics Portal Project Update

3 Programs Approved

- Case Western Reserve University/University Hospitals of Cleveland effective July 1 2007
  - Maryellen Davis, MD
- Creighton University/University of Nebraska effective July 1 2008
  - Jamie Snyder, MD
- Children's Hospital of Philadelphia effective July 1 2008
  - Tami Benton, MD

4 Others Submitted LOI

- 1 withdrew because of lack of funding
- no other completed applications

Primary obstacle -- funding

Post Pediatrics Portal Project

RRC wants this to work!!! -- Call or email Susan Mansker (smansker@acgme.org) or visit the ACGME website if you have questions.

RRC has extended deadlines and will take LOI or applications at any time until further notice

RRC will relax some of the requirements if all other indicators are positive.

- Time length for accreditation cycle for either or both programs
- Time length PD has been in program

New CAP Requirements Effective July 1 2007 Changes

CAP training may be initiated at any point in the psychiatry residency sequence, including the PGY-I level

Electives that are integrated into a research training sequence are encouraged but must be approved by RRC for review and approval

Program Director

The program director must be provided a minimum of 50% (20 hours per week) protected time to fulfill program leadership responsibilities

Adequate lengths of appointment are essential for continuity…in general the minimum term of appointment must be at least the duration of the program plus one year

Changes Regarding Faculty

Programs with larger patient populations, multiple institutions and larger resident complements will be expected to have the number of faculty appropriate to the program's size and structure

The Physician Faculty will be looked at closely to be sure there is adequate supervision from physicians to foster identity development as a CAP.

More specifics about the Head of CAP

Program Personnel and Resources

There must be a residency coordinator who has adequate time, based on program size and complexity, to support the residency program

Library wording is changed to permit electronic vs. print format availability

Scholarly Activity Issues

- **Research Literacy for all**
- **Research opportunities and research skills training for all residents who are interested in research**
- **Active participation of faculty in evidence based discussions, with demonstrable research in the Division**

The Competencies

- **Requirements have been organized under the various competencies**
- **With the exception of Patient Care and Medical Knowledge, the Common Requirements will specify the competency requirements with only a few added that are specialty specific**

Patient Care

- **Work with patients from each developmental group over time, "whenever possible" for a year or more.**
- **Record to demonstrate variety, etc. available for review of site visitor**
- **Clinical record content is defined.**

Medical Knowledge

- **70% resident attendance to didactics which includes any absences because of duty hour restrictions**
- **No other major changes**

Practice-based Learning and Improvement

From the Common Requirements

Focuses on the goals and objectives and attendance at conferences

Lists performance evaluation, appraising evidence, using information technology and active participation in education of patients, families and health professionals as a requirement

Interpersonal and Communication Skills

Common Requirements regarding effective communication, leadership roles and consultation roles

Also addresses medical record keeping

Professionalism

Common Requirements includes responsiveness to needs of patients and society that supercedes self interest

Ethical standards based on AMA, APA and AACAP codes of ethics

Sensitivity and responsiveness to diversity in gender, age, culture, race, religion, disabilities and sexual orientation, etc.

Systems-based Practice

Common Requirements

- **Practice delivery systems, cost-effectiveness**
- **Advocacy (and for us) including disparities in mental health care for children and adolescents**
- **Acknowledging medical errors and examining systems to prevent them**
- **UR, QA, PI**

Supervision

"While supervision by nonphysician faculty is valuable, residents must be provided sufficient supervision from CAPs to enable each resident to establish working relationships that foster identification in the role of a CAP."

CAP continued the 2 hour individual rule, although general switched to 2 hours, one of which could be group

Moonlighting

Brought forward the requirements for moonlighting policies from the Common Requirements:

- **Can't be required to moonlight**
- **Need prospective written permission in resident's file**
- **Monitor performance for adverse effects**
- **Internal moonlighting must be included in 80 hour rule**

Assessment Issues

Lists some of the techniques approved by ACGME

Delineates more frequent evaluations if residents are having problems, including the need to remediate unsatisfactory performance as possible

FINAL EVALUATION – please remember the requirements – statement about absence of unethical behavior or clinical incompetence along with statement about ability to practice competently

Program Evaluation

Common requirements require organized review of the program with documentation and identification of any deficiencies which then must have an explicit plan of action for addressing problems

ABPN resident performance—for graduated residents eligible to sit for the exam over past 5 years, at least 50% should pass on first attempt and 70% should take

Program Requests

The program must obtain the prior approval of the DIO before requesting RRC approval, such as

- **a change in the format of the educational program**
- **a change in resident complement for those specialties that approve resident complement**
- **a request for experimentation or innovative project that may deviate from the program requirements (e.g., research tracks)**

Resident Transfers

A documented procedure must be in place for evaluating the credentials, clinical training experiences, past performance, and professional integrity of residents transferring from one program to another, including from a general psychiatry to a child and adolescent psychiatry program.

Program Technology

The program must have available audiovisual equipment and teaching material such as films, DVD, audio cassettes, and/or videotapes, as well as record and playback educational technology.

General →→→Child and Adolescent

For residents entering child and adolescent psychiatry, certain clinical experiences with children, **adolescents** and families taken during the period when the person is designated as a child and adolescent psychiatry resident may be counted toward general psychiatry requirements as well as child and adolescent requirements, thereby fulfilling Program Requirements in both general and child and adolescent psychiatry.

Double Counting - General / CAP

The following requirements must be met for these experiences:

i. limited to child and adolescent psychiatry patients

ii. up to a maximum of 12 months that can be double counted

iii. documentation by CAP PD of all areas for which credit is given in both programs

iv. no reduction in total length of time devoted to training in child and adolescent psychiatry, which must remain at 2 years

Double Counting - General / CAP

v. **Only the following experiences can be used to meet requirements in both general and child and adolescent psychiatry training:**

- a) **1 month FTE of child neurology**
- b) **1 month FTE of pediatric consultation**
- c) **1 month FTE of addiction psychiatry**
- d) **forensic psychiatry experience**
- e) **community psychiatry experience**
- f) **Up to 20% of outpatient experience of the Program Requirements for Psychiatry**