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

UPDATE!

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
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

<table>
<thead>
<tr>
<th></th>
<th>Approved</th>
<th>On Duty</th>
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<tbody>
<tr>
<td>Total # Residents</td>
<td>5733</td>
<td>5010</td>
</tr>
<tr>
<td>Max # Residents/Program</td>
<td>86</td>
<td>74</td>
</tr>
<tr>
<td>Min # Residents/Program</td>
<td>6</td>
<td>0</td>
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<tr>
<td>Average ± SD # Residents/Program</td>
<td>31.5 ± 15.0</td>
<td>27.5 ± 13.3</td>
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Cycle Length

<table>
<thead>
<tr>
<th>% Total Programs/Specialty</th>
<th>1 Year</th>
<th>2 Years</th>
<th>3 Years</th>
<th>4 Years</th>
<th>5 Years</th>
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<tbody>
<tr>
<td>Core</td>
<td>10</td>
<td>21</td>
<td>45</td>
<td>101</td>
<td>25</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
<td>17</td>
<td>22</td>
<td>81</td>
<td>25</td>
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<tr>
<td>Addiction</td>
<td>1</td>
<td>11</td>
<td>7</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Forensic</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Geriatric</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Psychosomatic</td>
<td>8</td>
<td>16</td>
<td>20</td>
<td>25</td>
<td>37</td>
</tr>
</tbody>
</table>

Last Year’s RRC Actions

<table>
<thead>
<tr>
<th>Number of Site Visits Reviewed</th>
<th>104</th>
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<tbody>
<tr>
<td>Proposed Adverse Actions</td>
<td>6</td>
</tr>
<tr>
<td>Adverse</td>
<td>1</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>15*</td>
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<tr>
<td>Continued Accreditation</td>
<td>88</td>
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*Site visits not required for fellowship applications (6 of 15)

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<tr>
<th>Number of Other Reviews</th>
<th>93</th>
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<tbody>
<tr>
<td>Increase Requests (approved)</td>
<td>29</td>
</tr>
<tr>
<td>Increase Requests (denied)</td>
<td>10</td>
</tr>
<tr>
<td>Progress Reports Reviewed</td>
<td>15</td>
</tr>
<tr>
<td>Rebuttals and Complaints Reviewed</td>
<td>5</td>
</tr>
<tr>
<td>Other Non-status (participating site changes, curriculum, etc.)</td>
<td>34</td>
</tr>
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</table>
### 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)

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*

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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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Post for Public Review and Comment</th>
<th>ACGME Board Review &amp; approval</th>
<th>Effective Date</th>
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<tr>
<td>Adult Psychiatry</td>
<td>1/2012</td>
<td>6/2013</td>
<td>7/2014</td>
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<tr>
<td>Child and Adolescent Psychiatry</td>
<td>1/2012</td>
<td>6/2013</td>
<td>7/2014</td>
</tr>
<tr>
<td>Other Fellowships</td>
<td>7/2011</td>
<td>9/2012</td>
<td>7/2013</td>
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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


Green, ML, et. al. (2009) charting the road to competence: developmental milestones for internal medicine residency training. JGME 1 (2): 5-18.


THANK YOU!