Next Accreditation System: What it Means for Plastic Surgery Programs, Residents, and GME

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Chair, Plastic Surgery RRC

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Executive Director, RRCs for Plastic Surgery, Surgery, and Thoracic Surgery, ACGME
Disclosures

• Fiduciary
  • Full-time employees of ACGME (Potts, Simpson)

• Financial
  • None (Potts, Rohrich, Simpson)
RRC—Plastic Surgery Members

- Rod J. Rohrich, MD, Chair
- Donald Mackay, MD, Vice Chair
- Donald William Buck, MD Resident Member
- James Chang, MD
- Kevin C. Chung, MD
- Arun K. Gosain, MD
- Juliana E. Hansen, MD
- Robert A. Weber, MD
- James E. Zins, MD
- Ajit Sachdeva, MD Ex-Officio
- R. Barrett Noone, MD, Ex-Officio
## PS RRC Program Status

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Continued Accreditation</th>
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NAS & Milestones

• NAS: Background
• NAS: Goals
• NAS: Structural overview
• NAS: What’s different?
• Milestones
NAS & Milestones

• NAS: Background
• NAS: Goals
• NAS: Structural overview
• NAS: What’s different?
• Milestones
NAS Background

NAS Background

- GME is a public trust
- ACGME accountable to the public
NAS Background

• Patients & payers expect doctors to be:
  • Health information technology literate
  • Able to use HIT to improve care
  • Sensitive to cost-effective care
  • Involve patients in their own care
NAS Background

• ACGME created 1981

• From inception, emphasized:
  • Program structure
  • Increase in quality & quantity of formal teaching
  • Balance between service and education
  • Resident evaluation & feedback
  • Financial & benefit support for trainees
NAS Background

- Efforts rewarding by many measures
- But:
  - Program requirements increasingly prescriptive
  - Innovation squelched
  - PDs have become “Process Developers”*

*Term borrowed from Karen Horvath, M.D.
NAS & Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
- Milestones
Next Accreditation System: Goals

- Produce physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation
Next Accreditation System: Goals

- Free *good* programs to innovate
- Help *underperforming* programs improve
- Realize the promise of “Outcomes Project”
- Provide public accountability for outcomes
- Reduce the burden of accreditation
NAS & Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
- Milestones
The “Old” Accreditation System

Rules
- Corresponding Questions
  - “Correct or Incorrect” Answer
    - Citations and Accreditation Decision

Rules
- Corresponding Questions
  - “Correct or Incorrect” Answer
    - Citation and Accreditation Decision
The Next Accreditation System

- Assess Program Improvement(s)
- Identify Opportunities for Improvement
- Program Makes Improvement(s)
- Continuous Observations

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The Next Accreditation System

Promote Innovation

Continuous Observations

Identify Opportunities for Improvement

Program Makes Improvement(s)

Assess Program Improvement(s)
NAS & Milestones

- NAS: Background
- NAS: Goals
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The Old Accreditation System - Sample of RRC Data

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Percentage of Programs</th>
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<tr>
<td>Five years</td>
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<tr>
<td>Four years</td>
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<td>Three years</td>
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<tr>
<td>One Year</td>
<td>2%</td>
</tr>
<tr>
<td>Probation</td>
<td>1%</td>
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</table>
NAS: What’s Different?

• Continuous accreditation model

• No cycle lengths
NAS: What’s Different?

"The rumors of my death have been greatly exaggerated"
NAS: What’s Different?

HERE LIES
"PIF"
BORN: ?
DIED: 30 JUNE 2013
NAS: What’s Different?

- No PIFs
- No Internal Review
- Programs notified of status at least annually
- Requirements revised every ten years
NAS: What’s Different?

- Citations *can* be levied 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?

- No site visits (as we know them)
  but…
- Focused site visits for an “issue(s)” (no PIF)
- Full site visit (no PIF)
- Self-study visits every ten years
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
Focused Site Visits

- Minimal notification given (30 days)
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC
Full Site Visits

- Application for new program
- At the end of the initial accreditation period
- RRC identifies broad issues / concerns
- Other serious conditions or situations identified by the RRC
Full Site Visits

- Minimal notification given (60 days)
- Minimal document preparation expected
- Team of site visitors
Ten Year Self-Study Visit

- *Not* fully developed
- *Not* a traditional site visit
- Will be implemented in 2016
Self-Study

- A Departmentally Coordinated Effort
  - Response to any active citations
  - Evaluate Program Performance against Goals
    (written plans of action)
  - Review prior “Annual Program Evaluations”
  - Demonstrate effective modifications of program
  - Establish programmatic goals for the future
Ten Year Self-Study Visit

- Assess broader unit of educational environment
- Review **core** and **sub** programs **together**
  - Plastic Surgery-Independent
  - Plastic Surgery-Integrated
  - Craniofacial Surgery
  - Hand Surgery
Self-Study Visit (*Draft*)

- Team of site visitors
- Review the department self-study
- Conduct a “PIF-less” site visit
- Validate most recently submitted Annual Data
- Potentially serve as a vehicle for:
  - Description of salutary practices
  - Accumulation of innovations in the field
Ten Year Self-Study Visit

- Review annual program evaluations (PR-V.C.)
  - Response to citations
  - Faculty development
- Judge program success at CQI
- Learn future goals of program
- Verify compliance with Core and Outcome reqs
Ten Year Self-Study Visit

Yr 0  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7  Yr 8  Yr 9  Yr 10
Ten Year Self-Study Visit

Yr 0  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7  Yr 8  Yr 9  Yr 10

Self-Study VISIT
Ten Year Self-Study Visit

Yr 0
APE
Yr 1
Yr 2
Yr 3
Yr 4
Yr 5
Yr 6
Yr 7
Yr 8
Yr 9
Yr 10

Self-Study VISIT
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-Study VISIT

Years:
- Yr 0
- Yr 1 (APE)
- Yr 2
- Yr 3
- Yr 4
- Yr 5
- Yr 6
- Yr 7
- Yr 8
- Yr 9
- Yr 10

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Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
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Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
• Resident performance
• Faculty development
• Graduate performance
• Program quality
• Documented improvement plan

Self-Study VISIT

Ongoing Improvement

Yr 0
APE

Yr 1
APE

Yr 2
APE

Yr 3
APE

Yr 4
APE

Yr 5
APE

Yr 6
APE

Yr 7
APE

Yr 8
APE

Yr 9
APE

Yr 10
APE

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Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement
Going beyond minimum standards

Self-Study VISIT

Yr 0: APE
Yr 1: APE
Yr 2: APE
Yr 3: APE
Yr 4: APE
Yr 5: APE
Yr 6: APE
Yr 7: APE
Yr 8: APE
Yr 9: APE
Yr 10: APE

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Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ten Year Self-Study Visit

Self-Study PROCESS

Self-Study VISIT

Yr 0    Yr 1    Yr 2    Yr 3    Yr 4    Yr 5    Yr 6    Yr 7    Yr 8    Yr 9    Yr 10
APE    APE    APE    APE    APE    APE    APE    APE    APE    APE    APE
AY 2012-2013 Citation Data
76 total citations issued

- Procedural Experience: 23 citations
- PD Responsibilities: 8 citations
- Faculty Responsibilities: 7 citations
- Program Evaluation: 6 citations
- Institutional Support: 5 citations
- Goal and Objectives: 3 citations
- Evaluation of Residents: 3 citations
- Scholarly Activities: 3 citations
- Curricular Development: 2 citations
- Patient Care Competency: 2 citations
- Progressive Resident Responsibility: 1 citation

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Next Accreditation System

• Program Requirements revised every 10 years

• Each standard categorized:
  • Outcome - All programs must adhere
  • Core - All programs must adhere
  • Detail - Good programs may innovate
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Continued Accreditation

Outcomes
Core Process
Detail Process
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation With Warning

Continued Accreditation

Outcomes
Core Process
Detail Process

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Probationary Accreditation

Continued Accreditation

Outcomes
Core Process
Detail Process

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Withdrawal of Accreditation

Outcomes
Core Process
Detail Process

Accreditation with Warning

Probationary Accreditation

Continued Accreditation

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Some Data Reviewed by RRC
Most already in place

✓ Annual ADS Update
  ✓ Program Characteristics – Structure and resources
  ✓ Program Changes – PD / core faculty / residents
    ➢ Scholarly Activity – Faculty and residents
    ➢ Omission of data
✓ Board Pass Rate – 5 year rolling averages
✓ Resident Survey – Common and specialty elements
✓ Clinical Experience – Case logs
✓ Semi-Annual Resident Evaluation and Feedback
  ➢ Milestones
  ➢ Faculty Survey
  ➢ Ten year self-study
RRC Actions in NAS

- Programs notified of status *at least* annually
- Citations *may* be levied by RRC based on annual data provided
  - *Could* be removed quickly based upon
    - Progress report
    - Site visit (focused or full)
    - New annual data from program
With Annual Data, RRC can…

- Request Progress Report
- “Resolve” Citation(s)
  - Need to continue to respond is removed
- “Continue” Citation(s)
  - Need to respond with updates continues
- Change Accreditation Status, e.g.:
  - Continued Accreditation with Warning → Continued Accreditation
- Require Site Visit (Focused or Full)
  - All Site Visits are PIFLess

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With Annual Data, RRC will...

- Post a letter to every program
  - Confirm accreditation status
    - Self-Study Visit Dates do not change
  - Indicate which citations are continued and which citations are resolved
  - Indicate if additional information is needed
    - Progress report
    - Clarifying report
    - Interim Site Visit (Focused or Full)
NAS & Milestones

- NAS: Background
- NAS: Goals
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- NAS: What’s different?
- Milestones
Milestones

Via Ignatia

Key West, FL

Yorkshire Moors

Portadon Ireland

Gemas Malaysia

Milion of Constantinople

Boston, MA

County Cork

Aplian Way

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Milestones

- Why?
- What?
- Who?
- When?
Milestones

• Why?
• What?
• Who?
• When?
The Continuum of Clinical Professional Development

Physical Diagnosis
The Continuum of Clinical Professional Development

- Physical Diagnosis
- Clerkship
- Sub-internship
- PGY-1 year
- Residency
- Fellowship
- Attending
The Continuum of Clinical Professional Development

- Physical Diagnosis
- Clerkship
- Sub-internship
- PGY-1 year
- Residency
- Fellowship
- Attending
The Continuum of Clinical Professional Development

- Physical Diagnosis
- Clerkship
- Sub-internship
- PGY-1 year
- Residency
- Fellowship
- Attending

Supervision to Independence
The Continuum of Clinical Professional Development

Supervision

Independence

Physical Diagnosis

Clerkship

Sub-internship

PGY-1 year

Residency

Fellowship

Attending

Low Authority and Decision Making

High Authority and Decision Making

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The Continuum of Clinical Professional Development

“Graded or Progressive Responsibility”

Physical Diagnosis
Sub-internship
PGY-1 year
Clerkship
Residency
Fellowship
Attending

Low Authority and Decision Making → High

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The Continuum of Professional Development
The Three Roles of the Physician

Clinician → Teacher → Manager of Resources

The Continuum of Professional Development
The Three Roles of the Physician

The Continuum of Professional Development
The Three Roles of the Physician

The Continuum of Professional Development
The Three Roles of the Physician

Sample Professional Development for a Plastic Surgeon in the integrated program format
Sample Professional Development for a Plastic Surgeon in the integrated program format
Sample Professional Development for a Plastic Surgeon in the integrated program format

- Systems-Based Practice, OR Team Skills
- PS Related Technical Skills
- Patient Care, Non-Procedural

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5  PGY 6

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Sample Professional Development for a Plastic Surgeon in the integrated program format

Systems-Based Practice, OR Team Skills
PS Related Technical Skills
Patient Care, Non-Procedural

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5  PGY 6
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Sample Professional Development for a Plastic Surgeon in the integrated program format

- Systems-Based Practice, OR Team Skills
- PS Related Technical Skills
- Patient Care, Non-Procedural
Miller’s¹ Pyramid of Clinical Competence

¹Miller, GE. Assessment of Clinical Skills/Competence/Performance. Academic Medicine (Supplement) 1990. 65. (S63-S67)
van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. Medical Education 2005; 39: 309–317

- Knows
- Shows How
- Does

Clinical Observations, Multi-Source Feedback, Teamwork Evaluation, Operative (Procedural) Skill Evaluation, Mini CEX

Clinical Observation, Simulation, Standardized Patients, Mini CEX

MCQ, Oral Examinations, Standardized Patients

MCQ, Oral Examinations

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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 restriction

1 Hodges and others

Milestones

- Why?
- What?
- Who?
- When?
Milestones

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

• Permits fruition of the promise of “Outcomes”
• Track what is important
• Uses *existing tools for observations*
• Clinical Competence Committee *triangulates* progress of each resident
  • Essential for valid and reliable clinical evaluation system
• RRCs track aggregated program data
• ABMS Board *may* track the identified individual
ACGME Goals for Milestones

- Specialty specific normative data
- Common expectations for individual resident progress
- Development of specialty specific evaluation tools
Uses for the Milestones

• Program Director
  • Provide feedback to residents
  • Benchmark her residents to program mean
  • Benchmark her residents nationally
  • Benchmark her program nationally
  • Determine program strengths
  • Determine program opportunities for improvement
Uses for the Milestones

• Resident
  • Get specific feedback
  • Benchmark herself against peers in program
  • Benchmark herself against peers nationally
  • Determine individual strengths
  • Determine individual opportunities for improvement
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<tr>
<th>Patient Care &amp; Procedural Skills</th>
<th>Medical Knowledge</th>
<th>Practice-based Learning &amp; Improvement</th>
<th>Interpersonal &amp; Communication Skills</th>
<th>Professionalism</th>
<th>Systems-Based Practice</th>
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<td>Resource Allocation</td>
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<td>Non-trauma Hand</td>
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<tr>
<td>Lung &amp; Airway</td>
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<td>Lower Extremity</td>
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<th>Level 5</th>
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<tr>
<td>Performs history and physical examination of the patient with breast cancer</td>
<td>Explains risks and benefits of breast reconstruction procedures and obtains consent</td>
<td>Formulates a treatment plan with assistance</td>
<td>Independently formulates a treatment plan, including for patients with comorbidities, previous surgeries, and complicating factors</td>
<td>Manages complicated patients with multiple previous treatment failures</td>
</tr>
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<td>Assists with procedures (e.g., making incisions, skin closures)</td>
<td>Performs routine procedures (e.g., flap elevation, tissue expanders) with assistance</td>
<td>Independently performs routine procedures; performs complex procedures (e.g., microsurgical procedure, treatment of opposite breast) with assistance</td>
<td>Helps lead interdisciplinary team and teaches breast reconstructive procedures</td>
<td>Performs complex procedures</td>
</tr>
<tr>
<td>Provides routine post-operative care</td>
<td>Recognizes complications (e.g., flap compromise, implant complication) and enlists help</td>
<td>Manages complications with assistance</td>
<td>Independently manages complications and secondary deformities</td>
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Comments:  

Not yet rotated ☐

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# PS Milestones-PC Breast Reconstruction

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<td>Explains risks and benefits of breast reconstruction procedures and obtains consent</td>
<td>Formulates a treatment plan with assistance</td>
<td>Independently performs routine procedures; performs complex procedures (e.g., microsurgical procedure, treatment of opposite breast) with assistance</td>
<td>Manages complicated patients with multiple previous treatment failures</td>
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<tr>
<td>Performs routine procedures (e.g., flap elevation, tissue expanders)</td>
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<td>Independently performs routine procedures; performs complex procedures (e.g., microsurgical procedure, treatment of opposite breast) with assistance</td>
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<td>Helps lead interdisciplinary team and teaches breast reconstructive procedures</td>
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<td>Provides routine postoperative care</td>
<td>Recognizes complications (e.g., flap compromise, implant complication) and enlists help</td>
<td>Manages complications with assistance</td>
<td>Independently manages complications and secondary deformities</td>
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Milestones

- Why?
- What?
- Who?
- When?
Creation of Milestones

ABPS  RRC  PDs  Residents  ACS

Milestones
PS Milestones Working Group

- Mary H. McGrath, MD, MPH (chair)
- Keith Brandt, MD
- Donald W. Buck, II, MD
- William Dzwierzynski, MD
- Laura Edgar, EdD, CAE
- Scott Hultman, MD
- Jeffrey E. Janis, MD
- Carolyn L. Kerrigan, MD
- Joseph E. Losee, MD
- Donald R. Mackay, MbChB, DDS
- Martha S. Matthews, MD
- Peggy Simpson, EdD
- Robert A. Weber, MD
Evaluation of Miller’s “Does”

- Trained observers
  - Common understanding of the expectations
  - Sensitive “eye” to key elements
  - Consistent evaluation of levels of performance
- Requires certain number of observations
- Interpreter/Synthesizer Experts
  - Clinical Competency Committee (Resident Evaluation Committee)
Clinical Competence Committee

- Operative Performance Rating Scales
- Mock Orals
- End of Rotation Evaluations
- Self Evaluations
- Case Logs
- Student Evaluations
- Clinic Work Place Evaluations
- Patient / Family Evaluations
- Nursing and Ancillary Personnel Evaluations
- ITE
- Sim Lab
- OSCE
- Peer Evaluations

Assessment of Milestones
ACGME Goals for Milestones

• Permit fruition of the promise of “Outcomes”
• Track what is important
• Uses *existing tools for observations*
• CCC *triangulates* progress of each resident
  • Essential for valid and reliable clinical evaluation system
• RRCs track unidentified individuals’ trajectories
• ABMS Board *may* track the identified individual
The “Envelope of Expectations”
Professionalism

Performance Ability

1 2 3 4 5
The “Envelope of Expectations”

Professionalism

Performance Ability

1. Understands basic bioethical principles and is able to identify ethical issues in plastic surgery.
2. Demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families.
The “Envelope of Expectations”
Professionalism

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4. Demonstrates behavior that shows insight into the impact of one’s core values and beliefs on patient care.
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5. Analyzes and manages ethical issues in complicated and challenging situations.
6. Understands the beliefs, values, and practices of diverse and vulnerable patient populations, and the potential impact on patient care.
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   - Uses a systematic approach to analyzing and managing ethical issues, including advertising, billing, and conflicts of interest.
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7. Uses a systematic approach to analyzing and managing ethical issues, including advertising, billing, and conflicts of interest.
8. Develops a mutually agreeable care plan in context of conflicting physician and patient values and beliefs.
9. Helps lead institutional and organizational ethics programs.
10. Develops programs to ensure equality of care in diverse, vulnerable, and underserved populations.

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# Sample Milestone: SBP

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- a.) Honesty, integrity and ethical behavior
- b.) Responsibility and follow through on tasks
- c.) Humanistic behaviors of respect, compassion and empathy
- d.) Receiving and giving feedback
# Sample Milestone: SBP

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- Understands basic health payment systems, including uninsured care
- Understands different practice models
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- **Patient Safety: SBP**
  - Codes routine diagnoses, encounters, and surgical procedures; documents medical necessity
  - Recognizes basic elements needed to establish practice (e.g., negotiations, malpractice insurance, contracts, staffing, compliance, facility accreditation)
## Sample Milestone: SBP

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- Participates in advocacy activities for health policy
- Creates curriculum to teach practice management
Milestones

• Why?
• What?
• Who?
• When?
## Milestones: When?

**Publication:**
Plastic Surgery: December 2013

**Implementation (data collection):**
Plastic Surgery Programs: AY 2014

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Jul</th>
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NAS & Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
- Milestones
Contact Information

• Peggy Simpson, EdD, Executive Director
  312.755-5499
  psimpson@acgme.org

• Cathy Ruiz, Sr. Accreditation Administrator
  312.755-5495
  cruiz@acgme.org

• Allean Morrow-Young
  Accreditation Assistant
  312.755-5038
  amh@acgme.org
Previous Webinars

- Previous webinars available for review at:
  
  http://www.acgme-nas.org/index.html under
  “ACGME Webinars”

- CLER

- Milestones, Evaluation, CCCs

- Specialty specific Webinars (Phase 1&2)

- Coordinators Webinars (Phase 1)
Upcoming Webinars

- Self-Study Process (what programs do)
- Self-Study Site Visit (what site visitors do)
- Specialty specific Webinars (Phase 2): Oct - May
Slide Decks

- For use by PDs and GME community
- < 20 minutes each
  - NAS
  - CCC
  - Milestones
  - Updates on Policies & PRs
  - PEC and Annual Program Eval
- Coming soon
  - Self Study
  - CLER
NAS & Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
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