Updates on the Next Accreditation System
Drs. Edgar, Amdur and Ling

Radiation Oncology
March 19, 2014

ACGME

First Update

- New Executive Director for RRC-RadOnc

- Laura Edgar. EdD, MBA, CAE
- Since January 1, 2014
- ACGME since 2011, Outcomes Assessment
- Executive Director for Milestone Development

- Linda Thorsen, MA retired after 26 years at the ACGME

ACGME

Goals of
The "Next Accreditation System"

- To begin the realization of the promise of Outcomes

- To free good programs to innovate

- To assist poor programs to improve

- To reduce the burden of accreditation

- To provide accountability for outcomes (in tandem with ABMS) to the Public

ACGME

Where are we going?
The Next Accreditation System

- Continuous Accreditation Model

- Review programs every 10 years with self-study

- Leave Good Programs alone

- Good Programs can innovate detailed standards

- Identify weak programs earlier

- Site visit or progress report from weak programs

- Weak programs held to detailed standards

ACGME

Where did we come from?

- 2002 Six Core competencies in PR
- 2012 work done so far
  - Core and Detailed Process
  - Outcome in Requirements
  - New policies and procedures
  - ADS rebuilt to prepare for NAS
  - Annual update: free text replaced by data
  - Scholarly activity replaces CVs
  - 2012 Milestones 1.0 developed

ACGME

Decisions in the NAS
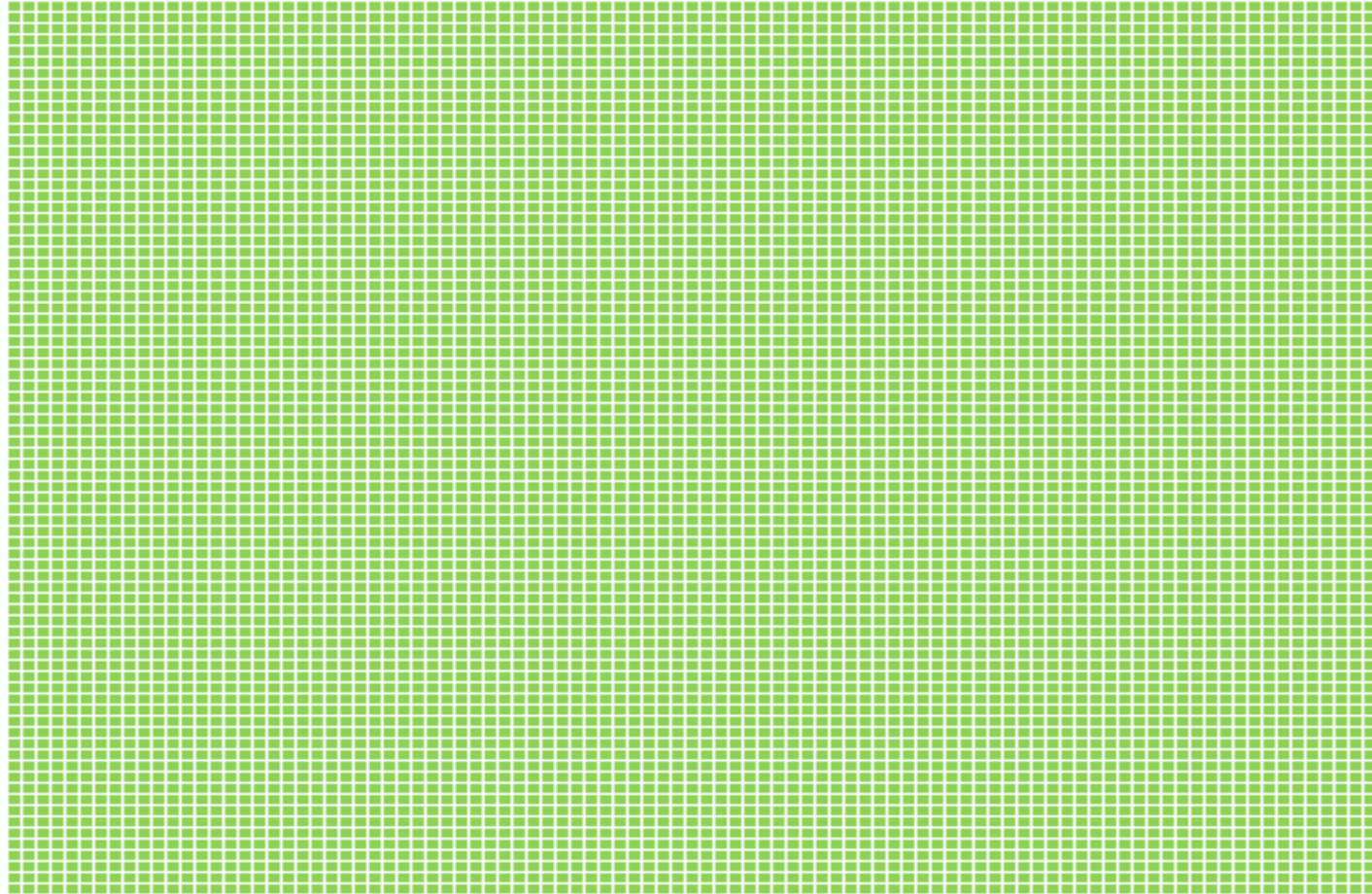# New Program Requirements
Clinical Competency Committee
Program Evaluation Committee

Louis Ling, MD
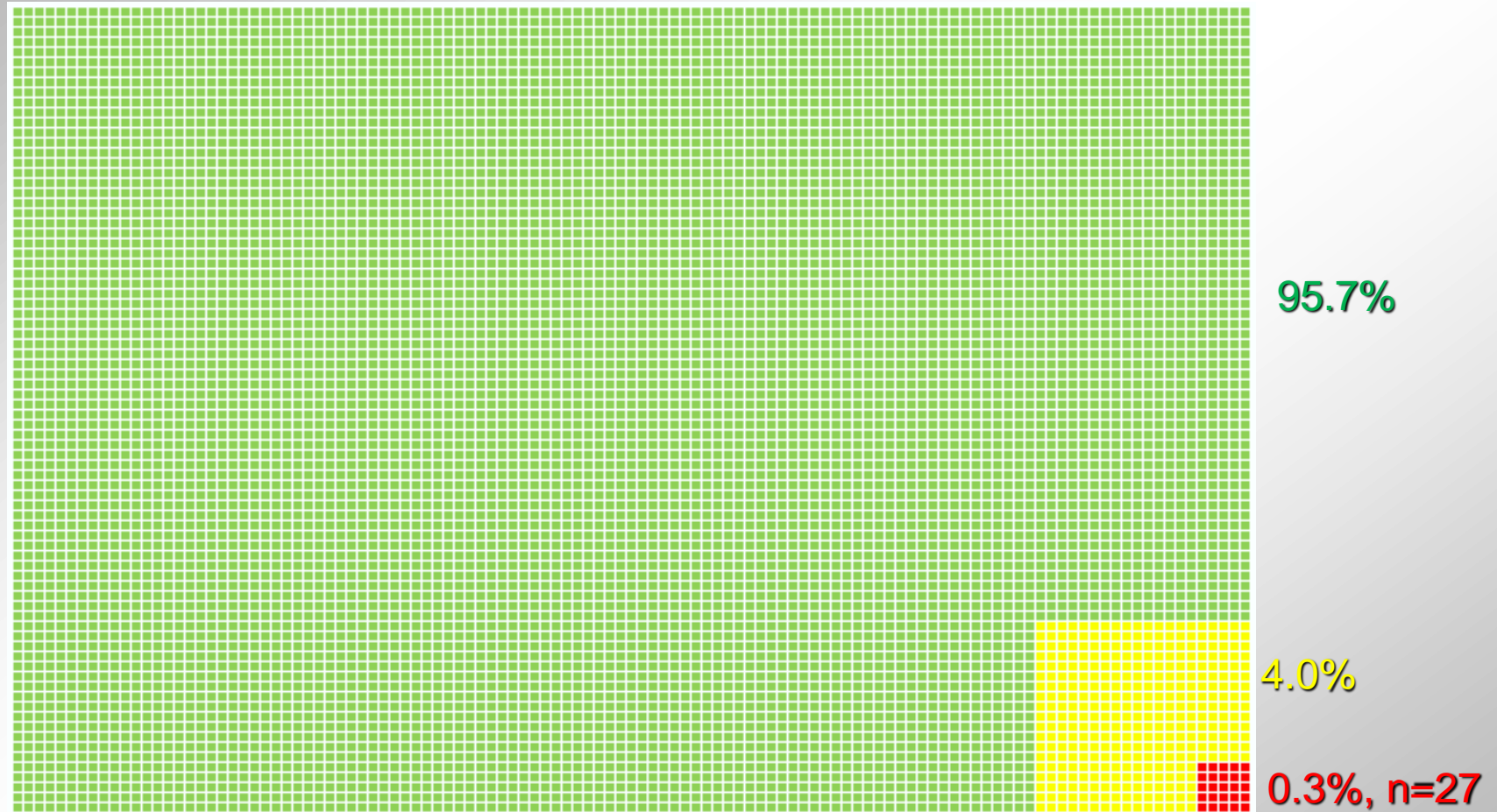## Senior VP, Hospital-based Accreditation
ACGME

All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*
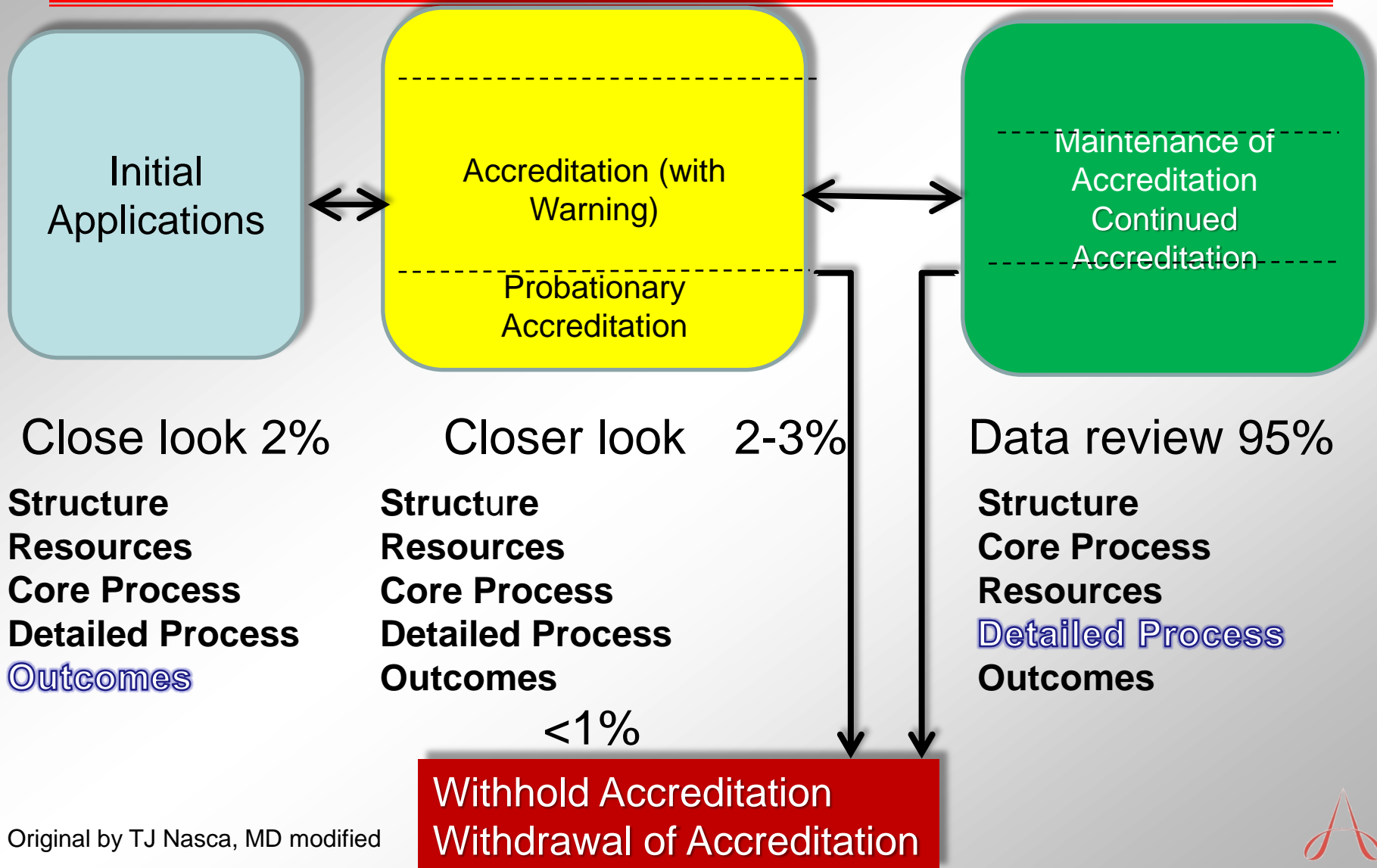

* Excludes programs with Initial Accreditation

All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*

95.7%

4.0%

0.3%, n=27

Excludes programs with Initial Accreditation

Program Review in the NAS 2013

Initial Applications	Accreditation (with Warning) --- Probationary Accreditation	Maintenance of Accreditation Continued Accreditation

Close look 2%

Structure
Resources
Core Process
Detailed Process
Outcomes

Closer look   2-3%

Structure
Resources
Core Process
Detailed Process
Outcomes

Data review 95%

Structure
Core Process
Resources
Detailed Process
Outcomes

<1%

Withhold Accreditation
Withdrawal of Accreditation

Original by TJ Nasca, MD modified

ACGME

The Next Accreditation System

- Screening based on annually submitted data
  - ADS annual update
  - Resident Survey
  - Faculty Survey (new for core faculty)
  - Milestones Data (new, will be phased in)
  - Procedure or Case Logs
  - Boards Pass Rate Data
  - Scholarly Activity (new format replaces CVs)
- RRC review programs based on RRC set performance indicators and thresholds
  - High performing programs moved to consent agenda
  - Programs with potential problems require more information with a progress report or site visit

ACGME

Review Process in the Next Accreditation System

1. RRC screens programs using annual outcome data – high level screening
   1. No review comparing to requirements
   2. Identify some programs for closer look
   3. Decide what information to gather
2. For some programs, RRC reviews additional information or site visit and may compare to requirements
3. Every program will get an accreditation letter every year

ACGME

RRC Decisions for the Green Box

1. Continued accreditation (likely)
    1. No cycle length any more
    2. May note areas for improvement
    3. May note trends
    4. May issue citations (unlikely)
2. RRCs wants more information
    1. Clarification or progress report from PD
    2. Focused site visit for specific concern
    3. Full site visit for general concern

ACGME

From the Green to the Yellow Box

1. Continued accreditation (with warning)
   1. Public status is Continued Accreditation
   2. Analogous to old 1-2 year cycle
   3. RRC data review next year
2. Probation*
   1. Requires a site visit before going on probation
   2. Site visits will have short notice and no PIF
   3. Requires a site visit before going off probation

   *No programs on probation

ACGME

Decisions for the Yellow Box

1. Continued accreditation (green box)

   Probation can only be lifted after a site visit

2. Continued accreditation (with warning)

3. Probation (max 2 years)

4. Withdraw accreditation (red box)

5. Request additional information

   1. Progress report

   2. Site visit, focused or full

ACGME

Proposed Adverse Actions Gone

- No longer <u>proposed</u> adverse actions
- Can go directly to (warning) from any status
- Can go directly to probation from any status (site visit required)

- Faster to get off an adverse action after a site visit

Decisions for Applications

1. Withhold accreditation
2. Initial accreditation

- Subspecialties based on application only
- Core programs require an application and a site visit

ACGME

Decisions for Initial Accreditation

- Requires a full site visit within 2 years

1. Continued Accreditation (green box)
2. Initial accreditation with warning
   (for one more year)
3. Withdrawal accreditation (red box)
4. No probation (either up or out)

ACGME

Program Review in the NAS

Initial Applications	Accreditation (with Warning)	Maintenance of Accreditation Continued Accreditation
	Probationary Accreditation	

Close look 2%

Close look 2-3%

Data review 95%

**Structure
Resources
Core Process
Detailed Process
No Outcomes Yet**

**Structure
Resources
Core Process
Detailed Process
Outcomes**

<1%

**Structure
Resources
Core Process
No Detailed Process
Outcomes**

Withhold Accreditation
Withdrawal of Accreditation

Original by TJ Nasca, MD modified

ACGME

New Program Requirements

- Requirement on Clinical Competency and Program Evaluation Committees
- Approved June 9, 2013
- (Effective July 1, 2013 for Phase 1)
- Effective July 1, 2014 for Phase 2

New CCC Program Requirement

- Program director appoints a CCC
- Must be at least three faculty members
    - Can include non-physician faculty
    - Subs can include faculty from cores
    - Can include program director
    - PD role is undefined, but consider conflicts
- Optional members in addition
    - Other physicians and non-physicians
    - No residents

ACGME

New CCC Program Requirement

Written description of responsibilities

1. CCC reviews all resident evaluations
   Semi-annually

2. Assure semi-annual reporting to ACGME

3. Advise the Program Director
   1. Promotion
   2. Remediation
   3. Dismissal

ACGME

New CCC Program Requirement

- General concept: many is better than one
- Program size and structure varies wildly
- Program Requirement is broad on purpose

- Each Program will have to decide what works best
- E.g. subcommittees, individual reviewers, multiple meetings and other innovative formats are allowed

ACGME

New PEC Program Requirement

- Program Evaluation Committee
- Can be same or different or overlap with CCC or Education Committee, APDs

- Adds structure to current requirement for annual review so should it not be new process

New PEC Program Requirement

- Appointed by program director
- <u>Must</u> be at least 2 members of the faculty and can include PD
- PD role is undefined
- <u>Should</u> include at least one resident
  - <u>(recognizes sometimes no resident/fellow)</u>
- Should meet even if no residents
- Written description

New PEC Program Requirement

Active participation (deliberately broad):

1. Plans, develops, implements and evaluates program activities

2. Recommend Goals and Objectives revisions

3. Annually review the program

4. Address (not fix) non-compliant areas

New PEC Program Requirement

- Produce annual program evaluation (APE)
- Written (not necessarily long)
- Systematic review of the curriculum
- Use faculty and resident feedback
- Document action plan to improve
- Monitor improvement

(Program responsibility, not GMEC or DIO)

Guide to Successful Continued Accreditation

- Accreditation Status

- Common Citations

- Annual Data

- Milestones

- Clinical Competency Committee

- Program Evaluation Committee

- Preparation

- Implementation

- ACCURACY AND COMPLETENESS COUNT

Annual Data Collection

- Every program submits data every year

- Every program is reviewed every year

- Site visit only if RRC asks for it after review of program

ACGME

Annual Data Collection

- Annual Program, Faculty and Resident Update

- 5 year first-time Board pass rate

- Case Logs

- Resident Survey

- Faculty Survey

- Scholarly Activity of <u>Core</u> Faculty

- Scholarly Activity of Residents

- Milestones

Annual Data Collection

Annual Program, Faculty and Resident Update

- Most common error is outdated or missing information: certification dates, updates to resident list, updates to faculty list

Annual Data Collection

5 year first-time Board pass rate (all exams)

- Low pass rate

Case Logs

- Incomplete data

ACGME

Annual Data Collection

Resident Survey

- Somewhat is noncompliant

Faculty Survey

- Only sent to core faculty (>15 hours)
- Must complete
- Somewhat is noncompliant

Annual Data Collection

Scholarly Activity of <u>Core</u> Faculty

Scholarly Activity of Residents

- Must be entered to be counted

Annual Data Collection

Milestones

ARE YOU READY??

Radiation Oncology Milestones

Head and Neck — Patient Care				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
• Acquires accurate and relevant history and performs a general physical examination • Appropriately identifies relevant anatomy • Recognizes situations with a need for urgent or emergent medical care, including life-threatening conditions	• Performs a detailed directed history and physical examination; integrates pathology and imaging reports; accurately stages a patient and designates prognostic factors • Identifies treatment options • Lists organs at risk; understands proper patient positioning and immobilization • Recognizes toxicities/symptoms seen in head and neck cancer patients treated with radiotherapy	• Explains the main treatment options • Outlines an appropriate comprehensive treatment plan regarding radiotherapy and other treatment modalities • Contours target(s) and normal tissue with minimal inaccuracies; states appropriate dose planning objectives for normal tissues and target(s) • With supervision, manages patients with toxicities/symptoms seen in head and neck cancer patients treated with radiotherapy	• Makes a comprehensive treatment recommendation that is appropriate; describes evidence that supports a comprehensive treatment plan • Contours normal tissue and target(s) accurately; critically evaluates treatment plan options • Independently manages patients with toxicities/symptoms seen in head and neck cancer patients treated with radiotherapy	• Conducts clinical research • Develops special expertise to treat and manage the most complex cases • Develops protocols to minimize toxicities/symptoms *or* has an exceptional understanding of management of toxicities/symptoms

Comments:

Not yet rotated ☐

First reporting date is November/December 2014

ACGME

Radiation Oncology Milestones

2013-2014 Resident Milestone Evaluations - Diagnostic Radiology

Resident:
Year in Program:
Position Type:
Start Date:
Expected End Date:

Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

Patient Care

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Consultant	○	○	○	○	○	○	○	○	○	○
b) Competence in procedures	○	○	○	○	○	○	○	○	○	○

Medical Knowledge

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Protocol selection and optimization of images	○	○	○	○	○	○	○	○	○	○
b) Interpretation of examinations	○	○	○	○	○	○	○	○	○	○

Systems-Based Practice

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Quality Improvement	○	○	○	○	○	○	○	○	○	○
b) Health care economics	○	○	○	○	○	○	○	○	○	○

Practice-Based Learning and Improvement

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Patient safety: contrast agents; radiation safety; MR safety; sedation	○	○	○	○	○	○	○	○	○	○
b) Self-Directed Learning	○	○	○	○	○	○	○	○	○	○
c) Scholarly activity	○	○	○	○	○	○	○	○	○	○

Professionalism

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Professional Values and Ethics	○	○	○	○	○	○	○	○	○	○

Interpersonal and Communication Skills

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Effective communication with patients, families, and caregivers	○	○	○	○	○	○	○	○	○	○
b) Effective communication with members of the health care team	○	○	○	○	○	○	○	○	○	○

Submit

ACGME Reporting Tool

2013-2014 Resident Milestone Evaluations - Emergency Medicine

Resident:
Year in Program:
Position Type:
Start Date:
Expected End Date:

Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

Patient Care

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a) Emergency Stabilization: Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.	○	○	○	○	○	○	○	○	○	○
b) Performance of Focused History and Physical Exam: Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations.	○	○	○	○	○	○	○	○	○	○
c) Diagnostic Studies:										

Mouse-over Description

lable data, narrows and ~ighted differential diagnoses to management.	○	○	○	○	○	○	○	○
appropriate pharmaceutical ~evant considerations such as ~tended effect, financial ~e adverse effects, patient ~otential drug-food and ~ institutional policies, and ~effectively combines agents ~venes in the advent of adverse	○	○	○	○				
~essment: ~ndergoing ED observation (and ~appropriate data and resources, ~tial diagnosis and, treatment	○	○	○	○	○	○	○	○

Constructs a list of potential diagnoses, bas
on the greatest likelihood of occurrence
Constructs a list of potential diagnoses with
the greatest potential for morbidity or
mortality

ACGME

Implementation

- How many of you have thought about how to implement NAS into your program?

- Have you "cross-walked" your assessment tools to the milestones?

- Have you had a dry run with the CCC?

ACGME

ACCURACY AND COMPLETENESS COUNT

We are here to help

- Executive Director: Laura Edgar, EdD, CAE
- ledgar@acgme.org   312-755-5029

- Accreditation Administrator: Nicole Wright
- nwright@acgme.org   312-755-5491

- ADS Representative: Raquel Running
- webads@acgme.org   312-755-7111

ACGME

Summary

Submit Questions on the bottom of the screen
Reviewed and returned by e-mail

Thanks.

ACGME

Radiation Oncology RRC Chair

Robert Amdur, MD

Residency Program Director

University of Florida

I will be showing you examples of forms and templates that I use. If you want digital copies of these, contact me at:

amdurr@shands.ufl.edu

Accreditation Actions in NAS

Accreditation Policies and Procedures

Effective date: 7/1/2013

ACGME

Accreditation Actions – pre-NAS

- **Application**
- **PROPOSED Withhold - WITHHOLD**
- **Initial Accreditation [1-3 years]**
- **Accreditation (Continued)**
- **PROPOSED Probation**
- **Probation [2 years]   Continued PR [1 additional year]**
- **PROPOSED Withdraw**
- **Withdrawal of Accreditation**
- **Expedited WD**
- **Voluntary WD *[may be requested at any time]***

ACGME

Accreditation Status - NAS

- **Application (Single Electronic Process)**
- **Accreditation Withheld**
- **Initial Accreditation (Site Visit within 2 years)**
- **Initial Accreditation with Warning (1 year)**

  (Note: Program may not request permanent increase in complement during period of Initial Accreditation)

- **Continued Accreditation**
- **Continued Accreditation with Warning**

  (Note: Program may not request permanent increase in complement when CA w/warning has been conferred by RRC)

- **Probationary Accreditation (NO PROPOSED Probation) (2 years)**
- **Withdrawal of Accreditation**
- **Withdrawal of Accreditation Under Special Circumstances**
- **Voluntary Withdrawal**
- **Administrative Withdrawal**

ACGME

Rad Onc starts NAS July 2014

Every program submits data every year and is reviewed every year (site visit only if RRC asks for it)

- **5 year ABR board first-time pass rate**

- **Case Logs of last year grads**

  450 EBRT, 12 peds, brachy 15/5, 20 SRS,10 SBRT, 3 RAI, 3 IV

- **Resident ACGME survey** "somewhat" is noncompliant

- Faculty survey of Core Faculty

  (Core faculty: MD only, 15 hrs/wk resident education)

- **Scholarly Activity of <u>Core</u> Faculty**

- **Scholarly Activity of Residents**

- **Milestones: Not sure how this will work**

To do before July 2014

- **Rad Onc PR revisions: effective July 2014**

- **Clinical Competence Committee**
  Responsibility Document
  Meeting minutes template

- **Program Evaluation Committee**
  Responsibility Document
  Meeting minutes template
  APE: Annual Program Evaluation template

- **Milestones**

  How to get the info the CCC needs

- **Quality Improvement Project Requirement**

CCC and PEC are in addition to:
Annual Dept Review

Minutes template

ACGME

Rad Onc PRs: Effective July 1, 2014

acgme.org

3 Meeting Evals: Folder Organization

📁 UF Rad Onc Residency Program ➡️ 📂 CCC and PEC and Annual Dept Review

CCC
2 docs

📁 Clinical Competence Committee
📄 2012-2013_2nd half_CCC Rad Onc_Meeting Minutes.docx
📄 CCC Responsibilites_Rad Onc 8-26-13.docx

PEC
3 docs

📁 Program Eval Committee
📄 2014 April or May_PEC Rad Onc_APE.docx
📄 2014 April or May_PEC Rad Onc_Minutes.docx
📄 PEC Responsibilites_Rad Onc 9-2-13.docx

ADR
1 doc

📁 Annual Dept Review of Residency
📄 2014_Annual Resident Program Review_Rad Onc.docx

ACGME

CCC: Responsibilities-

Clinical Competence Committee (CCC)
UF Department of Radiation Oncology Residency Program

Mission of the CCC:

To provide broad input from several individuals to assist the program director in evaluating the full range of activities that reflect resident performance in the 6 core competencies (ACGME FAQs 2013 and general ACGME presentations).

ACGME CPRs (approved focused revision: June 9, 2013): V.A.1
(Continued on the next page: Written description of responsibilities)

- CCC members are appointed by the Program Director (PD)
- The PD should not chair the committee (FAQ 2013)
- Minimum CCC member number is 3, including the PD
- CCC members may include Rad Onc faculty, faculty from other programs, or non-physician members of the health care team. The CCC may be composed entirely of Rad Onc faculty. Residents are not permitted to serve on the CCC
- The CCC must review all resident evaluations semi-annually
- The CCC must report Milestone evaluations for each resident semi-annually to ACGME
- The CCC advises the PD regarding resident progress, including promotion, remediation, and dismissal
- The PD has final responsibility for the program's evaluation and promotion decisions (FAQ 2013)

There must be a written description of the responsibilities of the CCC (CPR V.A.1.b):

Responsibilities of the UF Radiation Oncology CCC:

- Meet at least semiannually to assist the program director in evaluating the full range of activities that reflect resident performance in the 6 core competencies.

  Each semiannual meeting will include review of:

  - Case logs
  - Attending evaluations from clinical rotations
  - Nursing and therapist evaluations
  - ACR Inservice examination results
  - ABR exam results
  - In-house oral board examination results
  - Resident scholarly activity
  - ACGME Resident survey results
  - Milestone evaluations
  - Unsolicited comments or miscellaneous issues

- Report Milestone evaluations for each resident semi-annually to ACGME

- Advise the PD regarding resident progress, including promotion, remediation, and dismissal

I end the Responsibilities document with a meeting summary table

UF Radiation Oncology Residency Program Clinical Competence Committee			
Evaluation period	Meeting date	Members participating	Action taken
2013: 1/1-6/30	8/28/2013	Yeung (Chair), Amdur, Dagan	Approved evaluation letters Submitted Milestones
2013: 7/1-12/31			

ACGME

CCC: Minutes ➔

MEETING MINUTES
Clinical Competence Committee
UF Department of Radiation Oncology Residency Program

Meeting date: August 28, 2013: 4-5p

Meeting purpose: To evaluate the full range of activities that reflect resident performance in the 6 core competencies

Evaluation Period: 2013: Jan 1 to June 30

Members present: Anamaria Yeung (Chair), Robert Amdur, Roi Dagan

Minutes prepared by: Robert Amdur *Robert Amdur*

INFORMATION REVIEWED AND DISCUSSED FOR ALL RESIDENTS:

Summarized in the latest semiannual performance evaluation letter:

Case logs
Attending evaluations from clinical rotations
Nursing and therapist evaluations
ACR Inservice examination results
ABR exam results
In-house oral board examination results
Resident scholarly activity

ACGME Resident survey results: 2012-2013

Milestone evaluations: Completed Milestones for this evaluation period

Unsolicited comments or miscellaneous issues: None

ACTIONS TAKEN:

1. Approved semiannual performance evaluation letters

2. Directed our program administrator to report Milestone evaluations for each resident to ACGME

NEXT CCC MEETING PLANNED FOR: Late January or Early February 2014

Resident Survey results sent early June

PEC: Responsibilities →

📁 Program Eval Committee

📄 2014... nc_APE.docx
📄 2014... nc_Minutes.docx
📄 PEC... 9-2-13.docx

Change to June-July

Program Evaluation Committee (PEC)
UF Department of Radiation Oncology Residency Program

Mission of the PEC:

To evaluate the full range of activities related to resident training with focus on improving training in the 6 core competencies

ACGME CPRs related to PEC (approved focused revision: June 9, 2013): V.C.1 (Continued on the next page: Written description of responsibilities)

- PEC members are appointed by the Program Director (PD)
- The PD may chair the PEC (assumed because no wording otherwise)
- Minimum PEC member number is 3
- PEC must be composed of at least two program faculty and at least one resident
- The PEC must meet at least once-a-year (annually)

There must be a written description of the responsibilities of the PEC (CPR V.C.1.a).(2):

Responsibilities of the UF Radiation Oncology PEC:

- Meet at least once-a-year (annually) to evaluate the full range of activities related to resident training with focus on improving training in the 6 core competencies

- Actively participate in planning, developing, implementing, and evaluating educational activities of the program

- Review and make recommendations for revision of competency-based curriculum goals and objectives

- Address areas of non-compliance with ACGME standards

- Submit (render) a written **Annual Program Evaluation (APE)** at least once-a-year. The APE will document formal, systematic review and evaluation by the PEC of:

  - Curriculum goals and objectives
  - Evaluations by faculty, residents, and others
  - Resident performance
  - Faculty development
  - Graduate performance, including performance on the certification examination
  - Program Quality
  - Faculty opportunity to evaluate the program confidentially and in writing at least annually
  - Resident opportunity to evaluate the program confidentially and in writing at least annually
  - How the program is using the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program
  - Progress on the previous year's action plan(s).
  - A *Plan of action* that documents initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as how they will be measured and monitored
  - Documentation in meeting minutes that the *action plan* was reviewed and approved by the teaching faculty


I end the Responsibilities document with a meeting summary table

Meetings: UF Radiation Oncology Program Evaluation Committee			
Evaluation period	Meeting date	Members participating	Action taken
2014: 4 or 5/xx	xx/yy/2014	Amdur Roi Dagan Deraniyagala (Resident)	Approve APE 2014
2015: 4 or 5/xx			

PEC: Annual Program Eval Minutes

Resident Survey results sent early June
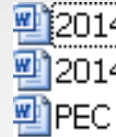
Change to June-July

I use same template for the 3 Annual Program Evaluation documents:
- PEC Annual Program Evaluation (APE)
- PEC Meeting Minutes
- Annual Dept Review Minutes

MEETING MINUTES or PEC ANNUAL PROGRAM REVIEW
Program Evaluation Committee or Department Annual Review
UF Department of Radiation Oncology Residency Program

Meeting date:

Primary academic year under review:

Meeting purpose: To evaluate the full range of activities related to resident training with focus on improving training in the 6 core competencies

Meeting Participants: Different for PEC vs Annual Dept Review

Minutes prepared by: Robert Amdur

Program Director: Robert Amdur, MD
Associate Program Director: Roi Dagan, MD

ACGME Accreditation: Full accreditation

Resident FTE positions

July 2012 to June 2013: 9 approved by ACGME
8 occupied if no unexpected departures (2 graduate, 2 start)
Funding: UF Gainesville has approve 8 FTEs

July 2013 to June 2014: 8 approved by ACGME (Decreased by 1 on my request)
8 occupied if no unexpected departures (2 graduate, 2 start)
Funding: UF Gainesville has approved 8 FTEs

To start July 1, 2013: Kate Hitchcock, MD PhD (Ohio)
Justin Wray, MD PhD (New Mexico)

July 2014 to June 2015 To start July 1, 2014: Adam Holtzman, MD (UF)
He Zhu, MD (UCSD)

Curriculum

The PEC conducted a formal, systematic review and evaluation of the overall curriculum for the 4 year residency program and the goals and objectives for each major rotation. The Curriculum and rotation Goals and Objectives, are described in separate documents.

The instructions for the UPTI rotation were revised to reflect changes that have taken place in the faculty and practice at UFPTI.

Conclusion: The Curriculum is working well in most situations. The committee does not recommend substantive changes.

Evaluation of the program by the RESIDENTS

2011-2012 ACGME Resident Survey results
The committee reviewed the survey results.
No items of noncompliance
No "Never, rarely or sometimes" answers
88% Overall evaluation of the program "Very Positive"

Conclusion: XXXX

Survey of residents a year after completing their training:
The committee reviewed the survey results from graduates who completed their residency approximately one year ago: XXXXX and XXXXX

Conclusion: XXXX

Evaluation of the program by the FACULTY

2013-2014 UF Faculty Survey results
The committee reviewed the survey results.

Conclusion: XXXX

Resident Performance: Current Residents

Case logs in ACGME system for each resident
The committee reviewed the case logs for each resident for that last semi annual evaluation period. The log values for each resident, relative to target requirements, are documented in the resident semi annual evaluation letters.

Conclusion: Residents are on track to meet training requirements by the time of graduation.

ABR board examinations
The committee reviewed the status of current residents relative to registering for and passing the ABR written examinations in Physics and Cancer Biology

Conclusion: All residents have passed these exams on schedule as first-time takers with the exception of:

Faculty Development
The committee reviewed two indicators of Faculty Development:
- The list of Core Residency Program Faculty who have completed the SAFER training
- Scholarly Activity of the Core Residency Program Faculty

Conclusion: Faculty development is satisfactory

Areas of non-compliance with ACGME standards
The committee did not identify areas of non-compliance with ACGME standards

Quality initiatives involving the residency Program

We continue to view the Radiation Oncology Outcome Tracking Project as an important QA/QI activity in addition to the research and education benefits that this comes from doing a subproject related to this protocol. Our goal is that each resident do one QI/Safety project during their residency

2013 project: Error reporting system for the Gainesville UF Radiation Oncology dept
Resident: Rohan Deraniyagala, MD
QI project faculty Director: Anamaria Yeung, MD
Results presented at the UF Radiation Oncology Research Meeting February 22, 2013

2014 project: Checklists for core radiation oncology clinical activities
Resident: Julie Greenwalt, MD
QI project faculty Director: Anamaria Yeung, MD
Results presented at the UF Radiation Oncology Research Meeting February xx, 2014

Consideration of any institutional issues which are hindering optimal residency training at the University of Florida:
The committee did not identify issues in the category

Resident rotations at non-affiliated institutions: None

Impact of other learners on the training program:
Medical student electives in Gainesville, and medical student, and fellow rotations at UFPTI are the regular activities in this category. These other learners do not detract from the quality of resident education and in most cases that add a positive element to the educational environment.

Program Quality
The committee discussed evaluated program quality based on the overall picture after reviewing the Curriculum, Goals and Objectives for each major rotation, Evaluation of the program by residents and faculty, Resident Performance, Graduate Performance, Areas of non-compliance with ACGME standards, Quality initiatives involving the residency Program, and Institutional Issues which are hindering optimal residency training at the University of Florida.

Conclusion: Our residency program is high quality but there are opportunities for improvement (see Action Plan).

Faculty opportunity to evaluate the program confidentially in writing annually
The committee confirmed that our system in New Innovations for administering the Faculty Survey meets ACGME standards

Resident opportunity to evaluate the program confidentially in writing annually
Our primary method for Resident evaluation of the program is the ACGME annual resident survey. The committee confirmed that our use of the ACGME Resident Survey meets ACGME standards

Reporting Milestone results to the ACGME
The committee directed our program administrator to report Milestone evaluations for each resident to ACGME

How the program is using the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program

The Program Director meets frequently with the program administrator, residents, and teaching faculty, to discuss things that are not working optimally and ways to improve the program. Many of these meetings are one-on-one meetings that take place on an as-needed basis. The Program Direct meets frequently with the residents as a group after the Monday teaching conference.

In addition to these less formal discussions, the program uses the PEC and Annual Department Program Evaluation meetings to review the results of program evaluations and to use these results to improve the program. The Minutes from these meetings document specific Action Plans.

PROGRESS ON THE PREVIOUS YEAR'S ACTION PLAN(S)

Program Evaluation Committee
UF Department of Radiation Oncology Residency
Meeting date: April xx or May xx, 2014
Primary academic year under review: July 2013 to June 2014

Previous year action plan and progress report:

The only Action Plan item for the 2013-2014 academic year was:

Prepare to implement the Next Accreditation System and Milestone Program

Progress report: The program director (Dr. Amdur) and administrator (Shana Nelson) have educated themselves about the expectations of the NAS. Specific actions taken:

- Implemented new software to facilitate data entry and reporting for the NAS
- Prepared to enter data in the NAS Annual Data Survey (ADS)
- Prepared software and a system for entering Resident and Scholarly Activity annually
- Set up the Clinical Competency Committee and Program Evaluation Committees

---

PLAN OF ACTION TO IMPROVE PERFORMANCE IN ONE OR MORE OF THE AREAS LISTED IN SECTION V.C.2. OF THE CPR, AS WELL AS HOW THEY WILL BE MEASURED AND MONITORED

Program Evaluation Committee
UF Department of Radiation Oncology Residency
Meeting date: April xx or May xx, 2014

1. Preparation for the ABR Physics Exam:

A resident did not pass the ABR Physics exam on the first try: We discussed the current structure of the Department Physics course for our residents (Taught by Jonathan Li, Ph.D.) and other physics courses.

Dr. Li will meet with the resident that did not pass the ABR exam and get her feedback on areas for which she thinks her preparation was suboptimal.

Dr. Li will put increased emphasis on these areas in the 2014 Resident Physics course

If the residents think it will help them prepare for the next ABR Physics exam, Dr. Li will spend additional time-in addition to class time-with the resident that did not pass the ABR exam the first time, and the two additional residents who will take the ABR Physics exam for the first time, before the they take the ABR Physics exam in July of 2014.

The department will give the residents who plan to take the ABR Physics exam in July 2014 protected time, and pay all reasonable expenses, to take the U. of Maryland review course. The department is not requiring any resident to take this review course but is offering it to them if they think it will be valuable.

We will consider scheduling Albert Caggiano to come to UF in April or May of 2015 to teach his condensed Physics Review Course

2. Implementing Milestone evaluations:

Most faculty and residents are unclear about how to implement the Milestone program in a way that improves resident education.

We will start with the Milestones developed by the ACGME for radiation oncology. We will discuss the use of these Milestones in an ongoing way.

Using the 2014-2015 academic year, we will try to develop at least one additional Milestone-in addition to those developed by the ACGME.

Documentation that the ACTION PLAN was reviewed and approved by the teaching faculty

Addendum: The action plan was approved by the majority of the Core Residency Program Faculty at the Annual Department Review of the Residency Program that took place a few weeks after this PEC meeting.

The next PEC meeting
The plan is to schedule the next PEC meeting for: May 2015

Quality Improvement Requirement

FAQ: acgme.org/Program and Institution Accreditation/Rad Onc/FAQ/pages 11-12

Practiced-based Learning and Improvement	
What is the requirement for resident participation in Quality Improvement activities? *[Program Requirement IV.A.5.c).(4)]*	Residents should participate in a formal QI project at least once during their educational program. The resident must have a well-defined and meaningful role in the project design, data collection, data analysis, and presentation of the results to other members of the department. Multiple residents should not occupy the same role in the project, and simply observing or understanding the project is not a meaningful role. An examples of a QI project that would satisfy this requirement is one in which data is evaluated before and after a QI intervention to determine the effect of the intervention on system quality or patient safety. ▪ The project should be described in writing with categories that describe the main elements of the project such as: title, directors (the resident should be a director), purpose, rationale, methods, and endpoints for analysis. ▪ The boundary between QI and research is sometimes not clear and there are situations in which a research project has a QI component. The distinction between QI and research is important because a research project that involves human subjects requires IRB review. Most QI projects should not be classified as research. To avoid confusion, the
	description of pure QI projects should not use words like "investigator" and "study" because these words imply research intent. Project directors should consult their IRB if there is a question about the need for IRB review of the QI project prior to starting the project. (An article that explains the boundary between research and non-research activities in this setting is: *A practical guideline for identifying research intent with projects that collect private, identifiable health information.* Amdur RJ, Speers MA. Am J Clin Oncol. 2003 Jun;26(3):e7-12.) ▪ The scope and size of the project may be small and focused on a highly specific endpoint. ▪ The results of the project should be presented at a forum where the audience includes the other residents in the program and other members of the organization that are involved with the activity that is the subject of the project. Examples of QI projects that could be done with resident participation: ▪ Confirming that the pathology report documenting malignancy is in the radiation oncology medical record and confirms the expected diagnosis prior to starting radiation therapy in patients who are supposed to have a tissue diagnosis ▪ Decreasing the no-show rate for radiation oncology clinic appointments ▪ A system for confirming correct-side setup when delivering radiation therapy to lateralized targets

ACGME

Milestones: Rad Onc starts July 2014

acgme.org/NAS/Milestones/Hospital based/Rad Onc

22 Rad Onc Milestones:

- **Patient Care: 11**
- **System BP: 3**
- **Med Knowledge: 2**
- **Interpersonal skills: 2**
- **Professionalism: 2**
- **Practice BL: 2**

Lymphoma — Patient Care				Graduation
Level 1	Level 2	Level 3	Level 4	Level 5
• Acquires accurate and relevant history and performs a general physical examination • Identifies relevant anatomy • Recognizes situations with a need for urgent or emergent medical care, including life-threatening conditions	• Performs a detailed and directed history and physical examination; integrates pathology and imaging reports; accurately stages a patient and designates prognostic factors • Lists organs at risk; understands proper patient positioning and immobilization • Recognizes toxicities/symptoms seen in lymphoma patients treated with radiotherapy	• Explains the main treatment options • Designs blocks, contours target(s), and contours normal tissue with minimal inaccuracies; states appropriate dose planning objectives for normal tissues and target(s) • With supervision, manages patients with toxicities/symptoms seen in lymphoma patients treated with radiotherapy	• Makes a comprehensive treatment recommendation that is appropriate; describes evidence that supports the treatment plan • Designs blocks, contours target(s), and contours normal tissues accurately; critically evaluates treatment plan options • Independently manages toxicities/symptoms seen in lymphoma patients treated with radiotherapy	• Conducts clinical research • Develops special expertise to treat and manage the most complex cases • Develops protocols to minimize toxicities/symptoms *or* has an exceptional understanding of management of toxicities/symptoms

Comments: Not yet rotated ☐

No mention of objective evaluation methods
Not specific to an subtopic

CCC submits Milestone data Q 6 months

Where does the CCC get the info they need to complete Milestones?

CCC needs more than the standard Competency-Based Eval because these evals don't phrase things the way Milestones do in several areas

Understanding the controversy of using the Milestone tables as faculty evaluation forms

Impossible to substitute Milestones for Competency-based eval form in all areas because no Milestone for: Patient Care- Peds, Sarcoma, Skin, Non Neoplastic

ACGME

What Amdur does

All clinical rotations get the Competency-based eval

Plus the Patient Care Milestone(s) relevant to that rotation:
- only 1-3 tables
- single eDocument with eval form

PC 9 — Adult Brain Tumor — Patient Care

Level 1	Level 2	Level 3	Level 4	Level 5
Acquires accurate and relevant history and performs a general physical examination	Performs a detailed directed physical examination; integrates pathology and imaging reports; accurately stages a patient and designates prognostic factors	Explains the main treatment options	Makes a comprehensive treatment recommendation that is appropriate; describes evidence that supports the treatment plan	Conducts clinical research
Identifies relevant anatomy	Lists normal tissue at risk; understands proper patient positioning and immobilization	Contours target(s) and normal tissue with minimal inaccuracies; states appropriate dose planning objectives for normal tissues and target(s)	Contours normal tissue and target(s) accurately; critically evaluates treatment plan options	Develops special expertise to treat and manage the most complex cases
Recognizes situations with a need for urgent or emergent medical care, including life- threatening conditions	Recognizes toxicities/symptoms seen in patients with brain tumors treated with radiotherapy	With supervision, manages toxicities/symptoms seen in patients with brain tumors treated with radiotherapy	Independently manages patients with toxicities/symptoms seen in patients with brain tumors treated with radiotherapy	Develops protocols to minimize toxicities/symptoms or has an exceptional understanding of management of toxicities/symptoms

Level 1   Level 2   Level 3   Level 4   Level 5   N/A

Comments

Remaining Characters: 5,000

CCC relies on evals from the CB eval to determine Milestone in the Non Patient Care domains

ACGME