The Next Accreditation System

Specialty Specific Webinar: Internal Medicine

Mary W. Lieh-Lai, MD, FAAP, FCCP
Senior Vice President for Medical Accreditation
Aims of NAS

- Enhance the ability of the peer-review system to prepare physicians for practice in the 21st century
- To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes
- Reduce the burden associated with the current structure and process-based approach
  - Note: this may not be evident right away
Competencies/Milestones
Mid-late this past decade

- Competency evaluation stalls at individual programmatic definitions
- MedPac, IOM, and others question
  - the process of accreditation
  - preparation of graduates for the “future” health care delivery system
- House of Representatives codifies “New Physician Competencies”
- MedPac recommends modulation of IME payments based on competency outcomes
- Macy issues 2 reports (2011)
- IOM 2012-2013
How is Burden Reduced?

- Most data elements are in place (more on this later)
- Standards revised q 10y
- No PIFs
- Scheduled (self-study) visits every 10 years
- Focused site visits only for “issues”
- Internal Reviews no longer required
Instead of biopsies, annual data collection
- Trends in annual data
- Milestones, Residents, fellows and faculty survey
- Scholarly activity template
- Operative & case log data
- Board pass rates
- PIF replaced by self-study

High-quality programs will be freed to innovate: requirements have been re-categorized
(core, detail, outcome)
The Conceptual Change
From…

The Current Accreditation System

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

“Do this or else…..”
The Conceptual Change
To…

The “Next Accreditation System”

Continuous Observations

Assure that the Program Addresses the Areas that Need Improvement

Promote Innovation

Identify Areas that need Improvement

Number of Opportunities For Improvement

Original slide by Dr. T. Nasca, revised by M. Lieh-Lai
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The Next Accreditation System
July 1st, 2013
NAS Timeline

Phase I specialties
- Diagnostic Radiology
- Emergency Medicine
- **Internal Medicine**
- Neurological Surgery
- Orthopaedic surgery
- Pediatrics
- Urology

JGME 2012; 4:399
### Key Dates for Phase I specialties under NAS

**ACGME News and Reviews, J Grad Med Educ, 2012; 4(3): 399**

<table>
<thead>
<tr>
<th>Month &amp; Year</th>
<th>ACGME Activities</th>
<th>Program and Institutional Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2012</td>
<td>CPR &amp; PR for Phase I specialties categorized into core, detail &amp; outcomes</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>SV for Phase I programs with cycle length 3,4,5y moved to NAS</td>
<td>Completed</td>
</tr>
<tr>
<td>7/1/12-6/30/13</td>
<td>Phase I programs provide data including the annual ADS update, resident survey, faculty survey, case log data, and data on scholarly activities</td>
<td>Ongoing</td>
</tr>
<tr>
<td>July &amp; Aug 2012</td>
<td>Alpha testing of CLER process</td>
<td>Completed</td>
</tr>
<tr>
<td>September 2012</td>
<td>Beta testing of CLER visits</td>
<td>Ongoing</td>
</tr>
<tr>
<td>December 2012 February 2013</td>
<td>Milestones published for all core specialties</td>
<td>Completed</td>
</tr>
</tbody>
</table>
## Key Dates for Phase I specialties under NAS

ACGME News and Reviews, J Grad Med Educ, 2012; 4(3): 399

http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf

<table>
<thead>
<tr>
<th>Month &amp; Year</th>
<th>ACGME Activities</th>
<th>Program and Institutional Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2013</td>
<td>Final SVs in current accreditation system are completed for Phase I programs with a short cycle length</td>
<td>Identify and train CCC members</td>
</tr>
<tr>
<td>June 2013</td>
<td>Phase I programs form CCC and faculty members prepare to assess milestones</td>
<td></td>
</tr>
<tr>
<td>July 1, 2013</td>
<td>NAS GO LIVE</td>
<td></td>
</tr>
<tr>
<td>7/1/13-6/30/14</td>
<td>Phase I milestones assessments begin for core programs</td>
<td></td>
</tr>
<tr>
<td>Fall 2013</td>
<td>RRC in Phase I specialties review annual data from Academic year 2012-2013 (without milestone data)</td>
<td></td>
</tr>
</tbody>
</table>
# Key Dates for Phase I specialties under NAS

ACGME News and Reviews, J Grad Med Educ, 2012; 4(3): 399

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<thead>
<tr>
<th>Month &amp; Year</th>
<th>ACGME Activities</th>
<th>Program and Institutional Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td></td>
<td>Internal Medicine Core Programs submit the first set of Phase I milestones assessments to ACGME</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2014</td>
<td>RRCs in Phase I specialties review annual data from AY 2013-2014 (with milestones)</td>
<td></td>
</tr>
<tr>
<td>2015 - 2016</td>
<td>First self-study SVs for Phase I Programs</td>
<td></td>
</tr>
</tbody>
</table>
### Subspecialties under NAS

<table>
<thead>
<tr>
<th>Month &amp; Year</th>
<th>ACGME Activities</th>
<th>Program and Institutional Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2013 – June 2014</td>
<td>Help convene milestones working groups</td>
<td>Milestones developed for subspecialty programs</td>
</tr>
<tr>
<td>December 2014??</td>
<td></td>
<td>First milestones reporting for subspecialty programs??</td>
</tr>
<tr>
<td>???</td>
<td>Milestones for Multidisciplinary Subspecialties: Sleep, HPM, PEM</td>
<td></td>
</tr>
</tbody>
</table>

Note: Subspecialties might not need a full year to develop Milestones – work will focus on medical knowledge and patient care
Decisions on Program Standing in NAS

STANDARDS
- Outcomes
- Core Process
- Detail Process

Outcomes
- Core Process
- Detail Process

Continued Accreditation

Slides by Dr. J. Potts
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Decisions on Program Standing in NAS

Application for New Program → Initial Accreditation → Continued Accreditation

STANDARDS
Outcomes Core Process Detail Process
Outcomes Core Process Detail Process
Outcomes Core Process Detail Process
Outcomes Core Process Detail Process
Decisions on Program Standing in NAS

Application for New Program

Withhold Accreditation

STANDARDS
Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process
Decisions on Program Standing in NAS

STANDARDS
- Outcomes
- Core Process
- Detail Process

Accreditation With Warning

Continued Accreditation

Outcomes
- Core Process
- Detail Process
Decisions on Program Standing in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Probationary Accreditation

Continued Accreditation

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Decisions on Program Standing in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation
with Warning

Probationary
Accreditation

Continued
Accreditation

Withdrawal of Accreditation

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

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Decisions on Program Standing in NAS

**STANDARDS**
- Outcomes
- Core Process
- Detail Process

**Application for New Program**
- 2-4%

**Accreditation with Warning**
- 10-15%

**Probationary Accreditation**

**Continued Accreditation**
- 75-80%

**NAS: No Cycle Lengths**

**Withdrawal of Accreditation**
- <1%
How Can Programs Innovate?

- Program Requirements classified:
  - Outcome
  - Core
  - Detail

- Programs in good standing*:
  - May freely innovate in detail standards

* “Green Bucket”
How can programs “innovate?”

- Program Requirements (PRs) classified:
  - Core
  - Outcome
  - Detail

- Programs in good standing:
  - May freely innovate in detail standards
Examples of “Core” PRs

- Faculty qualifications (e.g. certification)
- Minimum number of faculty/minimum hours devoted to program
- Overall resources needed “for resident/fellow education” (e.g. sufficient patient population)
- Continuity ambulatory experience
- Major duty hours rules
Examples of “Detail” PRs

- Specific categories of disorders
- Specifics of continuity ambulatory experience
- Specific conference/didactics structure
Examples of “Outcome” PRs

- Sections listed under the 6 competencies, particularly PC and MK
  - (e.g., “must demonstrate competence in diagnosis and management of patients specific disorders in outpatient/inpatient settings)

- Board take/pass rate

- “newer” PR’s related to professionalism, supervision, and clinical environment
What Happens at My Program?

- Annual data submission
- Annual Program Evaluation (PR V.C.)
  - Program Evaluation Committee
- Self-study visit every ten years
- **Possible** actions following RRC Review:
  - Progress reports for potential problems
  - Focused site visit
  - Full site visit
  - Site visit for potential egregious violations
What Happens at My Program?

- Core and subspecialty programs together
- Independent subspecialty programs subject to:
  - Program Requirements and program review
  - Institutional Requirements and institutional review
- CLER visits
- No new independent subspecialty programs allowed after 7/2013
What is a Self-Study Visit?

- Scheduled every ten years
- Conducted by a team of visitors
- Minimal document preparation
- Interview residents/fellows, program directors, faculty, leadership
What is a Self-Study Visit?

- Examine annual program evaluations (APE)
  - Response to citations
  - Faculty development
  - Strengths/Weaknesses/Opportunities/Threats (SWOT)
- Focus: Continuous improvement in program
- Learn future goals of program
- Verify compliance with Core requirements
Human Nature:

“Why do today what you can put off until tomorrow?”
Ten Year Self-Study Visit

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

Slide by Dr. J. Potts

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What is a Focused Site Visit?

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
What is a Focused Site Visit?

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

- Application for new program
- At the end of a program’s initial accreditation period
- RRC identifies broad issues/concerns
- Other serious conditions or situations identified by the RRC
When Is My Program Reviewed?

- Each program reviewed at least annually
- NAS is a continuous accreditation process
  - Review of annually submitted data
  - Supplemented by:
    - Reports of self-study visits every ten years
    - Progress reports (when requested)
    - Reports of site visits (as necessary)
When Is My Program Reviewed?

- “Cycle Lengths” will not be used
- Programs will receive feedback from RRC each time they are reviewed

Status:
- Continued Accreditation
- Accreditation with Warning
- Probationary Accreditation
- Withdrawal of Accreditation
The Continuum of Clinical Professional Development
Authority and Decision Making versus Supervision

High

Supervision

Low

Authority and Decision Making

High

Low

Physical Diagnosis
Clerkship
Sub-Internship
Internship
Residency
Fellowship
Attending

“Graded or Progressive Responsibility”

Slide by Dr. T. Nasca
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When do you hand over the car keys to your teenager?
Competence: Teenagers and Driving

Authority and Decision Making

Low → High

Supervision

High → Low

Appropriate Age

Passees Written Exam

Practicing in a parking lot/city streets

Unsupervised Driving

Supervised Freeway driving

Passees Driver’s Exam

Unsupervised Driving

in Difficult Conditions

“Graded or Progressive
Responsibility”

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I don’t want my program to “look bad”
My program will lose accreditation if my residents are not all perfect
How do I use milestones as a tool for evaluation of residents?
Milestones and Competencies:
No need to freak out

- Implications of terms - high stakes/low stakes
  - Neither – milestones are important
- Do it and do it well
- It does not have to be perfect

“Do or do not, there is no try”
Lake Wobegon

"Well, that's the news from Lake Wobegon, where all the women are strong, all the men are good looking, and all the residents are above average."

a fictional town in the U.S. state of Minnesota, said to have been the boyhood home of Garrison Keillor, who reports the News from Lake Wobegon on the radio show A Prairie Home Companion.
Lake Wobegon Residency Program
Overall Rating of Six Competencies across All Specialties

Expert

Proficient

Competent

Advanced Beginner

Novice

The Actual Expected Trajectory

Seriously?????

Professionalism
Communications
Medical Knowledge
Patient Care
PBLI
SBP

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Lake Wobegon Residency Program
Overall Rating of Six Competencies across All Specialties

- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

Might not be very believable if not supported by other data points: e.g. board scores are dropping; resident survey not favorable, etc.
Singapore End of PGY-1, Mid PGY-2 Year Evaluation, Overall Rating of Six Competencies across All Specialties

- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

End PGY 1 - Mid PGY 2

n=122 paired observations

Increase the Accreditation Emphasis on Educational Outcomes

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Singapore Milestone Data, End of PGY 1 to Mid Year PGY 2
All Specialties (n=122, 100%)

Professionalism Communications  Med Knowl  Pt Care/Tech Sk  PBLI  SBP

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In closing

“Fear is the path to the dark side. Fear leads to anger. Anger leads to hate. Hate leads to suffering”
“All great changes are preceded by chaos”

Deepak Chopra
Educational Sessions - Webinars

- Completed/posted: CLER, NAS Milestones/CCC
- Future ACGME webinars
  - Phase 1 specialties
  - Self-study: September 2013?
- Previous webinars available for review at: http://www.acgme-nas.org/index.html under “ACGME Webinars”.

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Thank You!
The Next Accreditation System
Specialty Specific Webinar: Internal Medicine

James A. Arrighi, MD, RRC-IM Chair
Alpert Medical School of Brown University
Providence, RI
How Can Programs Innovate?
Specialty-Specific Examples

• Program Requirements classified:
  • Outcome
  • Core
  • Detail
Categorization of Program Requirements (Example of IM)

### Common Program Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Total #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>89</td>
<td>45%</td>
</tr>
<tr>
<td>Detail</td>
<td>66</td>
<td>34%</td>
</tr>
<tr>
<td>Outcome</td>
<td>42</td>
<td>21%</td>
</tr>
</tbody>
</table>

### IM Program Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Total #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>56</td>
<td>34%</td>
</tr>
<tr>
<td>Detail</td>
<td>83</td>
<td>51%</td>
</tr>
<tr>
<td>Outcome</td>
<td>24</td>
<td>15%</td>
</tr>
</tbody>
</table>

Majority of Common PRs -- “core”

Majority of IM PRs -- “detail”
Examples of Program Requirements

“Core”

- PD support from institution
- Inpatient caps
- Faculty qualifications (e.g. certification)
- Overall resources needed “for resident education”
  - Specific resources, e.g. angiography, are detail
- Continuity clinic experience inclusive of “chronic disease management, preventive health, patient counseling, and common acute ambulatory problems.”
- Major duty hours rules
Examples of Program Requirements

“Detail”

- Simulation
- Minimum 1/3 ambulatory, 1/3 inpatient
- Critical care min (3 mos) and max (6 mos)
- 130-session clinic rule
- Specific conference structure
- Specific aspects of evaluation structure
  - Semiannual evals remain core
- 5 year rule for PD’s
Evaluation Program Requirements in NAS

An Example

The program director must provide a summative evaluation for each resident upon completion of the program. (Core)

This evaluation must:
V.A.2.b).(1) become part of the resident’s permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Detail)

V.A.2.b).(2) document the resident’s performance during the final period of education; and, (Detail)

V.A.2.b).(3) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. (Detail)
Examples of Program Requirements
“Outcome”

- Sections listed under the 6 competencies
- 80%/80% board take/pass rule
- PR’s related to principles of professionalism
  - Safety, recognition of fatigue, commitment to LLL, honesty of reporting, etc.
- Effective hand overs
Annual Data Review Elements
A Mix of “Old” and “New”

Annual review of the following indicators:

1) Program Attrition
2) Program Changes
3) Scholarly Activity
4) Board Pass Rate
5) Clinical Experience
6) Resident/Fellow Survey
7) Faculty Survey
8) Milestones (Evaluation Process)
9) CLER site visit data*

- Collected now as part of the program’s annual ADS update.
- ADS streamlined this year: 33 fewer questions & more multiple choice or Y/N
- Boards provide annually
- Collected now as part of annual administration of survey
Annual Data Review Elements

Where did they come from?
• **Modeling**: What data predicted short cycles or adverse actions?
• **History**: What data did RRCs traditionally think was important?

**Work in-progress**
RRC controls weighting
RRC defines “triggers”
Determining How RRC Uses Annual Data Elements

- History of prior accreditation decisions
- Recent “annual” data elements from ADS

Analysis to determine what combination of data elements may predict a “problem” program.

- Adequate sensitivity
- Minimize false negative and positives
- Importance of trends
Annual Data Review Elements

1) Program Attrition
2) Program Changes
3) Scholarly Activity
4) Board Pass Rate
5) Clinical Experience
6) Resident/Fellow Survey
7) Faculty Survey
8) Milestones
9) CLER site visit data *

- Collected as part of annual ADS update
- ADS streamlined this year: 33 fewer questions & more multiple choice or Y/N
- First year is most time intensive
# NAS: Annual Data Submission

<table>
<thead>
<tr>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADS Update</th>
<th>Yr 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul</td>
<td>Aug</td>
</tr>
</tbody>
</table>
Annual Data Review Element #1: Program Attrition

• **General Definition**: Composite variable that measures degree of personnel and trainee change within program.

• **How measured**: Has the program experienced any of the following:
  • Changes in PD?
  • Decrease in core faculty?
  • Residents withdraw/transfer/dismissed?
  • Change in Chair?
  • DIO Change?
  • CEO Change?
Annual Data Review Element # 2: Program Changes

• **General Definition**: Composite variable that measures the degree of structural changes to the program.

• **How measured**: Has the program experienced any of the following:
  • Participating sites added or removed?
  • Resident complement changes?
  • Block diagram changes?
  • Major structural change?
  • Sponsorship change?
  • GMEC reporting structural change?
### Annual Data Review Element #3: Scholarly Activity: Faculty (Core)

**Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.**

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters / Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**RC-IM Expectation/Threshold:** Within the last academic year, at least 50% of the program’s “core” faculty need to have done **at least one type** of scholarly activity from the list of possible activities in the table above.
**Annual Data Review Element #3: Scholarly Activity: Residents**

<table>
<thead>
<tr>
<th>Resident</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters / Textbooks</th>
<th>Participated in research</th>
<th>Teaching / Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>June Smith</td>
<td>12433</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

**RC-IM Expectation/Threshold:** At least 50% of the program’s recent graduates need to have done at least one type of scholarly activity from the list of possible activities in the table above.

The RC-IM felt strongly that core programs should not provide data on every resident in the program, too burdensome. After discussions with ACGME senior leadership decision was: programs will input information for recent graduates only.
### Annual Data Review Element #3: Scholarly Activity: Faculty (Subs)

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
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<td>1</td>
<td>3</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**RC-IM Expectation/Threshold:** Within the last academic year, at least 50% of the program’s minimum KCF need to have done *at least one type* of scholarly activity from the list of possible activities in the table above; AND, the “productivity” metric remains.
Annual Data Review Element #3: Scholarly Activity: Fellows

RC-IM Expectation/Threshold: Within the last academic year, at least 50% of the program’s fellows need to have done at least one type of scholarly activity from the list of possible activities in the table above. Lectures or presentations of 30 minutes within the institution are not counted.

<table>
<thead>
<tr>
<th>Resident</th>
<th>PMID 1</th>
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Annual Data Review Element #4: Board Pass Rates

80% take, 80% pass rule
Annual Data Review Elements

1) Program Attrition
2) Program Changes
3) Scholarly Activity
4) Board Pass Rate
5) Clinical Experience
6) Resident/Fellow Survey
7) Faculty Survey
8) Milestones
9) CLER site visit data*
# NAS: Annual Data Submission

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<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
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<td>Resident Survey</td>
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Annual Data Review Element #6: ACGME Resident/Fellow Survey

Survey Components

ACGME (all specialties)

IM specific items
Update: IM Survey
Simpler, Shorter

- **Significantly streamlined the IM survey**: of the 92 items on the survey, 64 were removed b/c they were associated with program requirements categorized as “Detail” or were redundant with other items on the ACGME survey
- **Items retained**:
  - Adequacy of on-call facilities
  - Availability of support personnel
  - Adequacy of conference rooms & other facilities used for teaching
  - Patient cap questions
  - Questions related to clinical experience (see earlier slide)
- The 2013 administration of the IM survey will be
  - 28 items long for PGY3s, and
  - 14 items long for PGY1 & 2s
Annual Data Review Element #5: Clinical Experience Data (Core)

- Composite variable on residents’ perceptions of clinical preparedness based on the specialty specific section of the resident survey.
- **How measured:** 3rd year residents’ responses to RS

- Adequacy of clinical and didactic experience in IM, subs, EM, & Neuro
- Variety of clinical problems/stages of disease?
- Do you have experience with patients of both genders and a broad age range?
- Continuity experience sufficient to allow development of a continuous therapeutic relationship with panel of patients
- Ability to manage patients in the prevention, counseling, detection, diagnosis and treatment of diseases appropriate of a general internist?
Annual Data Review Element #5: Clinical Experience Data (Subs)

- Proxy for case/procedure logs
- Broad + Brief – 9 total questions
- Will appear immediately after the ACGME Fellow Survey
- Assesses fellows’ perceptions of clinical preparedness
  - experience w variety of clinical problems/stages of disease (PR II.D.5.a))
  - experience w patients of both genders/ages (PR II.D.5.b))
  - Adequacy of continuity experience (PR IV.A.3.e))
  - Do you believe you will be able to competently perform all of the medical/diagnostic procedures of a subspecialists in this area (PR IV.A.2.a).(2)
  - Do you believe you will be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and promotion of health (PR IV.A.2.a).(1)

- To be implemented in 2014
Annual Data Review Elements

1) Program Attrition
2) Program Changes
3) Scholarly Activity
4) Board Pass Rate
5) Clinical Experience
6) Resident/Fellow Survey
7) Faculty Survey
8) Milestones
9) CLER site visit data*
# NAS: Annual Data Submission

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**Faculty Survey**

**Resident Survey**

**ADS Update**

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*ACGME*
Annual Data Review Element #7: Faculty Survey

- Administered for the first time to all Phase 1 faculty in December 2012 – January 2013
- Content areas align with Resident/Fellow Survey
  - Faculty supervision & teaching
  - Educational Content
  - Resources
  - Patient Safety
  - Teamwork
- Whoever was listed in physician faculty roster in ADS update as “core” faculty was asked to complete the faculty survey
Annual Data Review Elements

1) Program Attrition
2) Program Changes
3) Scholarly Activity
4) Board Pass Rate
5) Clinical Experience
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## NAS: Annual Data Submission

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Year 1</th>
<th>Year 1</th>
<th>Year 1</th>
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<tbody>
<tr>
<td>Faculty Survey</td>
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<td>Yr 1</td>
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<tr>
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<tr>
<td>ADS Update</td>
<td>Yr 1</td>
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</tbody>
</table>

- **Milestones**: Yr 0, Yr 1, Yr 1
- **Faculty Survey**: Yr 1
- **Resident Survey**: Yr 1
- **ADS Update**: Yr 1
Sidebar on Terms

• “Curricular” milestones
  • Developed by subspecialty societies
  • Granular, specific, practical
  • May be used to develop curricula, evaluations

• “Reporting” milestones
  • Reported to ACGME and (eventually) to ABIM
  • Developed by community, but approved by ACGME & ABIM
  • Broad, generalizable
  • Q 6 months (linked to semiannual eval)
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One more sidebar…EPAs

- **EPAs = Entrustable Professional Activities**
  - Important tasks of the physician for which it is desired that competency-based decisions be made regarding the level of supervision needed.
  - For EPAs it is desired that residents attain the competency needed to perform the task without supervision by the time they graduate.
  - Two page “primer” on EPAs: March issue of JGME, pages 157-158
  - *The ACGME does not require EPAs*
The Internal Medicine Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Internal Medicine

4. Skill in performing procedures. (PC4)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempts to perform procedures without sufficient technical skill or supervision</td>
<td>Possesses basic technical skill for the completion of some common procedures</td>
<td>Maximizes patient comfort and safety when performing procedures</td>
</tr>
<tr>
<td>Unwilling to perform procedures when qualified and necessary for patient care</td>
<td>Possesses technical skill and has successfully performed all procedures required for certification</td>
<td>Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice</td>
</tr>
<tr>
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<td>Teaches and supervises the performance of procedures by junior members of the team</td>
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</tbody>
</table>

Comments:
Annual Data Element # 8: Reporting Milestone (IM Residency)

NAS Milestones

Milestones developed by education experts in the IM community.

Competencies (6)

Sub-Competencies (22)

Reporting Milestones (5 per sub-competency)
**Annual Data Review Element #8: Example of Reporting Milestone**

**INTERNAL MEDICINE MILESTONES**

**ACGME Report Worksheet**

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Inconsistently able to acquire accurate historical information in an organized fashion</th>
<th>Consistently acquires accurate and relevant histories from patients</th>
<th>Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not collect accurate historical data</td>
<td>Does not perform an appropriately thorough physical exam or misses key physical exam findings</td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Performs accurate physical exams that are targeted to the patient’s complaints</td>
</tr>
<tr>
<td>Does not use physical exam to confirm history</td>
<td>Does not seek or is overly reliant on secondary data</td>
<td>Consistently performs accurate and appropriately thorough physical exams</td>
<td>Synthesizes data to generate a prioritized differential diagnosis and problem list</td>
</tr>
<tr>
<td>Relies exclusively on documentation of others to generate own database or differential diagnosis</td>
<td>Inconsistently recognizes patients’ central clinical problem or develops limited differential diagnoses</td>
<td>Uses collected data to define a patient’s central clinical problem(s)</td>
<td>Effectively uses history and physical examination skills to minimize the need for further diagnostic testing</td>
</tr>
<tr>
<td>Fails to recognize patient’s central clinical problems</td>
<td>Fails to recognize potentially life threatening problems</td>
<td>Ready for unsupervised practice</td>
<td>Aspirational</td>
</tr>
<tr>
<td>Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis</td>
<td>Identifies subtle or unusual physical exam findings</td>
<td>Efficiently utilizes all sources of secondary data to inform differential diagnosis</td>
<td>Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing</td>
</tr>
</tbody>
</table>

**Comments:**
Annual Data Element # 8: Reporting Milestone (Fellowships)

- Competencies (6; mostly MK & PC)
- Sub-Competencies (n = ??)
- Reporting Milestones (5 per sub-competency)

Reporting Milestones

AAIM

Subspec Societies

ACGME
Assessment ➔ Evaluation ➔ Reporting

Assessment Machinery

- Direct Obs
- Rotation evals
- Other formative assessments
Assessment → Evaluation → Reporting

Assessment Machinery

- Direct Obs
- Rotation evals
- Other formative assessments

May include:
“Curricular milestones”
EPA’s
Other tools from AAIM, etc
Locally developed tools
Assessment → Evaluation → Reporting

- **Assessment Machinery**
  - Rotation evals
  - Direct Obs
  - Other formative assessments

- **Semiannual Evaluation**
  - ACGME
  - ABIM Reporting Milestones
The “System”

Resident Assessments within Program:
- Direct observations
- Audit and performance data
- Multi-source FB
- Simulation
- ITExam

Judgment and Synthesis: Committee

Faculty, PDs and others

Institution and Program

Accreditation: ACGME/RRC

Program Aggregation

NAS Milestones
ABIM Fastrak

No Aggregation

Certification: ABIM

Milestone and EPAs as Guiding Framework and Blueprint
Annual Data Review Element #8: ACGME Reporting Milestones

“A key element of the NAS is the measurement and reporting of outcomes through educational milestones…”

“Programs in the NAS will submit composite milestone data on their residents every 6 months, synchronized with residents’ semiannual evaluations.”

Milestones: A Source of Tension in the System and Anxiety Among PD’s

1) Program Attrition
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1) Resources
2) Time
3) Uncertainty in process
Timetable for Milestones

- **Development**
  - IM Residencies
    - AY 2012-13
  - Fellowships
    - AY 2013-14
- **Use**
  - AY 2013-14
  - AY 2014-15
- **Reporting**
  - Later AY 2013-14
  - Dec ’14 or Jun ‘15
Milestones in the Initial Years of NAS
RRC Perspective

- De-identified, aggregate (program) data will gradually be used as one element of accreditation decisions
- Individual reports by trainee will be provided to PD
- Perfection is not the expectation
- Semiannual reporting remains a foundation of NAS
Milestones For Fellowships

• Each subspecialty is in a different stage in process of development of curricular milestones
• ABIM has convened a group to develop fellowship reporting milestones, inclusive of all major subspecialty societies
• Two “summits” thus far, another planned
• No immediate need for a PD to develop milestones or reporting tools until above process is completed
The “Work” of NAS
What resources may be needed?

- Program directors and staff
  - Annual updates
  - Responses to any ACGME concerns
  - Implementation of evaluation structure, inclusive of “milestones”

- Faculty
  - Survey
  - Core group of evaluators
  - Clinical competency committees

- GME Committee and DIO
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• GME Committee and DIO
Thank you.

Questions?

“I wish I had an answer to that, because I’m getting tired of answering that question.”

Yogi Berra