Implementing The Next Accreditation System

John R. Potts, III, M.D.
Senior VP, Surgical Accreditation
ACGME

ACGME Webinar
4 November 2013
Disclosures

• No financial disclosures
Disclosures

- No financial disclosures
- Recovering
Disclosures

- No financial disclosures
- Recovering
  - PD
Disclosures

- No financial disclosures
- Recovering
  - PD
  - DIO
Outline

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

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

- 2002 – Present: Escalating Public demands for GME to educate physicians in the “New Physician Competencies”

- 2011 – Present: Escalating calls for modulation of GME Cost Reimbursement based on “New Physician Competencies”
NAS Background

• Public expects GME to produce doctors who:
  • Possess these skills, and
  • Requisite clinical and professional attributes
NAS Background

Macy Foundation

Institute of Medicine

COGME

Robert Wood Johnson Foundation

MedPAC
NAS Background

- ACGME established 1981

- Major issues faced:
  - Emergence of formal subspecialty training
  - Variability in quality of resident training
NAS Background

• ACGME responded by emphasizing:
  • 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.
Outline

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

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

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

©2013 Accreditation Council for Graduate Medical Education (ACGME)
The Next Accreditation System

Continuous Observations

Identify Opportunities for Improvement

Program Makes Improvement(s)

Assess Program Improvement(s)
The Next Accreditation System

Promote Innovation

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

• NAS: Background
• NAS: Goals
• NAS: Structural overview
• NAS: What’s different?
• Milestones
• Institutional Perspective
The **Old** Accreditation System

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Percentage of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five years</td>
<td>23%</td>
</tr>
<tr>
<td>Four years</td>
<td>25%</td>
</tr>
<tr>
<td>Three years</td>
<td>32%</td>
</tr>
<tr>
<td>Two years</td>
<td>17%</td>
</tr>
<tr>
<td>One Year</td>
<td>2</td>
</tr>
<tr>
<td>Probation</td>
<td>2</td>
</tr>
</tbody>
</table>

Surgery programs 30 June 2013
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

©2013 Accreditation Council for Graduate Medical Education (ACGME)
NAS: What’s Different?

- No PIFs
- “Infernal Review” no longer required
- Programs notified of status *at least* annually
- Requirements revised every ten years
NAS: What’s Different?

Citations

- *Can* be levied by RRC
- Will be reviewed annually by RRC
- And, *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”
- 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
Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit
Ten Year Self-Study Visit

• *Not* fully developed
• *Not* a traditional site visit
• Implemented: 2015 (Phase 1)
Ten Year Self-Study Visit

- *Not* fully developed
- *Not* a traditional site visit
- Implemented: 2015 (Phase 1)
  2016 (Phase 2)
Ten Year Self-Study Visit

- Will review core residency program and any dependent subspecialty program(s) together
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
- **Will** verify compliance with Core Requirements
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
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan
Ten Year Self-Study Visit

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

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

Self-Study VISIT

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Ten Year Self-Study Visit

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

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

Self-Study PROCESS

Self-Study VISIT

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:
Next Accreditation System

- Standards revised every ten years

- *Each* standard categorized:
  - Outcome
  - Core
  - Detail
Next Accreditation System

• Standards revised every ten years

• *Each* standard categorized:
  • Outcome  - All programs must adhere
  • Core
  • Detail
Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:
  - Outcome - All programs must adhere
  - Core - All programs must adhere
  - Detail
Next Accreditation System

• Standards revised every ten years

• *Each* standard categorized:
  • Outcome  - All programs must adhere
  • Core      - All programs must adhere
  • Detail    - Good programs may innovate
Program Accreditation in NAS

STANDARDS

Outcomes
Core Process
Detail Process
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Continued Accreditation

Outcomes
Core Process
Detail Process
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation
With
Warning

Continued
Accreditation

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation With Warning

Continued Accreditation

Outcomes
Core Process
Detail Process

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Program Accreditation in NAS

Programs with ≤2 year cycles
Enter NAS with this status

Accreditation With Warning

Continued Accreditation

Outcomes
Core Process
Detail Process

STANDARDS

Outcomes
Core Process
Detail Process

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Probationary Accreditation
Continued Accreditation
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Probationary Accreditation

Continued Accreditation

Outcomes
Core Process
Detail Process
No longer a *proposed* status

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

**Outcomes**
- Core Process
- Detail Process

**Probationary Accreditation**

**Continued Accreditation**

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Program Accreditation in NAS

STANDARDS
- Outcomes
- Core Process
- Detail Process

Accreditation
- Accreditation with Warning
- Probationary Accreditation
- Continued Accreditation

Outcomes
- Core Process
- Detail Process
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation
with Warning

Probationary
Accreditation

Continued
Accreditation

Outcomes
Core Process
Detail Process

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Program Accreditation in NAS

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation with Warning
Probationary Accreditation

Continued Accreditation

Outcomes
Core Process
Detail Process

Withdrawal of Accreditation

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Data Reviewed Annually by RRC
Most already in place

✓ Annual ADS Update
✓ Program Characteristics – Structure & resources
✓ Program Changes – PD / core faculty / residents
✓ Participating Sites
✓ Educational Environment including duty hours
  ➢ Scholarly Activity – Faculty and residents
  ➢ Response to Citations
  ➢ Block schedule
  ➢ Omission of data

✓ Already in place
➢ New or changed
Data Reviewed Annually by RRC

*Most* already in place

- ✓ Board Pass Rate
- ✓ Resident Survey
- ✓ Clinical Experience (Case logs)
- ✓ Semi-Annual Resident Evaluation & Feedback
  - ➲ Milestones
  - ➲ Faculty Survey

- ✓ Already in place
- ➲ New or changed
# Scholarly Activity as Performance Indicator

## Templates for Scholarly Activity

### Faculty Scholarly Activity

<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>

### Resident Scholarly Activity

<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></td>
<td></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Y</td>
</tr>
</tbody>
</table>
Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

<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>

<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></td>
<td></td>
<td>1</td>
<td>0</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Categories for points:**
- Peer Review Publication
- Other Scholarly
- Grantsmanship
- Leadership / Peer Review
- Education

---

Scholarly Activity Template

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Faculty Scholarly Activity


<table>
<thead>
<tr>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter Pub Med ID #’s
## Faculty Scholarly Activity

### Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

<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>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Enter a number
## Faculty Scholarly Activity

### Mouse-over definitions:
- **Conference Presentations**: Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012.
- **Other Presentations**: Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Enter a number
## Faculty Scholarly Activity

### Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Chapters / Textbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>1</td>
</tr>
</tbody>
</table>

Enter a number

©2013 Accreditation Council for Graduate Medical Education (ACGME)
## Faculty Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
</tr>
</tbody>
</table>

**Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012**

**Grant Leadership**

3
Faculty Scholarly Activity

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Answer Yes or No

<table>
<thead>
<tr>
<th>Leadership or Peer-Review Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
</tr>
</tbody>
</table>

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

Answer
Yes or No

Teaching Formal Courses

N
Core Faculty

• All physician faculty who have a significant role in the education of residents/fellows and who have documented qualifications to instruct and supervise.

• Core faculty must devote at least 15 hours per week to resident education and administration.

• All core faculty should evaluate the competency domains; work closely with and support the program director; assist in developing and implementing evaluation systems; and teach and advise residents.
Core Faculty

- Core faculty complete scholarly activity
- Core faculty complete faculty survey
## Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Scholarly Activity as Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty Member</strong></td>
<td><strong>PMID</strong></td>
</tr>
<tr>
<td>John Smith</td>
<td>12433</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th>Scholarly Activity as Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident</strong></td>
<td><strong>PMID</strong></td>
</tr>
<tr>
<td>June Smith</td>
<td>12433</td>
</tr>
</tbody>
</table>

### Categories for points:
- **Peer Review Publication**
- **Other Scholarly**
- **Grantsmanship**
- **Leadership / Peer Review**
- **Education**
## Resident Scholarly Activity

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</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>Mouse-over definitions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of chapters or textbooks published between 7/1/2011 and 6/30/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Same as Faculty Template*
### Resident Scholarly Activity

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012</td>
<td></td>
</tr>
<tr>
<td>Participated in research</td>
<td></td>
</tr>
</tbody>
</table>

**Answer**

Yes or No
Resident Scholarly Activity

Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012

Answer
Yes or No

Teaching / Presentations

Y
RRC Actions in NAS

• Programs notified of status *at least* annually

• Citations *will* be levied by RRC
  • Will be reviewed *annually* by RRC
  • *Could* be removed quickly based upon
    • Progress report
    • Site visit (focused or full)
    • New annual data from program
Outline

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

Via Ignatia

Key West, FL

Yorkshire Moors

Portadon Ireland

Gemas Malaysia

Milion of Constantinople

Boston, MA

County Cork

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Milestones

• Why?
• What?
• Who?
• When?
Milestones

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

Supervision

Independence

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

Supervision

Independence

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

Low Authority and Decision Making → High

©2013 Accreditation Council for Graduate Medical Education (ACGME)
The Continuum of Clinical Professional Development

Physical Diagnosis

"Graded or Progressive Responsibility"

Supervision

Independence

Low Authority and Decision Making → High

Physical Diagnosis

Clerkship

Sub-internship

PGY-1 year

Residency

Fellowship

Attending

©2013 Accreditation Council for Graduate Medical Education (ACGME)
The Continuum of Professional Development
The Three Roles of the Physician

The Continuum of Professional Development
The Three Roles of the Physician\(^1\)

![Continuum of Professional Development Diagram](image)

The Continuum of Professional Development
The Three Roles of the Physician


©2013 Accreditation Council for Graduate Medical Education (ACGME)
The Continuum of Professional Development
The Three Roles of the Physician

Clinical Professional Development

Performance Ability

Undergraduate Medical Education  Graduate Medical Education  Clinical Practice

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Professional Development in the 5 year Preparation of the Surgeon
Professional Development in the 5 year Preparation of the Surgeon

Systems-Based Practice, OR Team Skills
Surgery Related Technical Skills
Patient Care, Non-Procedureal

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5
Professional Development in the 5 year Preparation of the Surgeon

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

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5

Performance Ability

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Professional Development in the 5 year Preparation of the Surgeon

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

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Professional Development in the 5 year Preparation of the Surgeon

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

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Miller’s¹ Pyramid of Clinical Competence

**Knows**
- MCQ, Oral Examinations

**Knows How**
- MCQ, Oral Examinations, Standardized Patients

**Shows How**
- Clinical Observation, Simulation, Standardized Patients, Mini CEX

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

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

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Miller’s\textsuperscript{1} Pyramid of Clinical Competence

\begin{itemize}
  \item \textbf{Knows} \vspace{1cm}
    \begin{itemize}
      \item MCQ, Oral Examinations
    \end{itemitem}
  \item \textbf{Knows How} \vspace{1cm}
    \begin{itemize}
      \item MCQ, Oral Examinations, Standardized Patients
    \end{itemitem}
  \item \textbf{Shows How} \vspace{1cm}
    \begin{itemize}
      \item Clinical Observation, Simulation, Standardized Patients, Mini CEX
    \end{itemitem}
  \item \textbf{Does} \vspace{1cm}
    \begin{itemize}
      \item Clinical Observations, Multi-Source Feedback, Teamwork Evaluation, Operative (Procedural) Skill Evaluation, Mini CEX
    \end{itemitem}
\end{itemize}

\textsuperscript{1}Miller, 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. \textit{Medical Education} 2005; 39: 309–317
Move from Numbers to Narratives

- Numerical systems produce range restriction
- Narratives:
  - easily discerned by faculty
  - shown to produce data without range restriction\(^1\)

\(^1\) Hodges and others

The Power of Narratives

The illustration above shows:

○ ○ ○ ○ ○ ○
The Power of Narratives

The illustration above shows:

©2013 Accreditation Council for Graduate Medical Education (ACGME)
The illustration above shows:

A. A prolate spheroid which is 725 mm in long circumference and 550 mm in transverse circumference. It is similar to a rugby ball but slightly smaller, more rounded at the ends and more elongated. Red balls are used for day matches and yellow for night matches.
The Power of Narratives

The illustration above shows:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
The illustration above shows:

**B.** This has the form of a prolate spheroid, 11 inches long axis; 28 inches long circumference; 21 inches short circumference. It is less rounded at the ends than a rugby ball and has a pebble grained leather case of natural tan color.
The Power of Narratives

The illustration above shows:
The illustration above shows:

C. A prolate spheroid ball which is 28 cm long, 60 cm in circumference at its widest point and 76 cm in circumference end to end.
The Power of Narratives

The illustration above shows:
The illustration above shows:

D. A spherical ball with a circumference of 68-70 cm, which may be white, consisting of 32 panels of leather or plastic including 12 panels that are regular pentagons and 20 panels that are hexagons.
The Power of Narratives

The illustration above shows:

©2013 Accreditation Council for Graduate Medical Education (ACGME)
The illustration above shows:

E. A white spherical ball which is of 25 cm diameter. The pattern of panels consists of six groups perpendicular to each other, each group being composed of two trapezoidal and one rectangular panel; 18 panels in all.
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 nationally normative data
- Common expectations for individual resident progress
Uses for the Milestones

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

- Resident
  - Get specific feedback
  - Determine individual strengths
  - Determine individual opportunities for improvement
  - Benchmark herself against peers in program
  - Benchmark herself against peers nationally
Milestones

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

ABMS  RRC  PD Group  Residents  Academy

Milestones
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
- Nursing and Ancillary Personnel Evaluations
- ITE
- Student Evaluations
- OSCE
- Clinic Work Place Evaluations
- Peer Evaluations
- Sim Lab
- Patient / Family Evaluations
- Clinical Competence Committee

Assessment of Milestones
# Neurological Surgery Milestones

## Brain Tumor – Medical Knowledge

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Correlates neurological deficits with tumor location</td>
<td>• Describes the use of radiation and chemotherapy for brain and spinal cord tumors</td>
<td>• Describes the genetics of brain tumors and genetic markers that impact prognosis</td>
<td>• Describes expected outcomes after surgery for brain and spinal cord tumors</td>
<td>• Contributes to the peer-reviewed literature in brain and spinal cord tumors</td>
</tr>
<tr>
<td>• Correlates radiographic tumor location with ventricular, cranial nerve and vascular anatomy</td>
<td>• Lists indications for biopsy or resection of brain and spinal cord tumors</td>
<td>• Describes the use of advanced imaging in tumor evaluation and surgical planning (e.g., magnetic resonance [MR] tractography, functional imaging, spectroscopy)</td>
<td>• Describes the role of radiosurgery in brain tumor therapy</td>
<td>• Participates in brain tumor research and clinical trials</td>
</tr>
<tr>
<td>• Describes the pathophysiology of mass lesions and obstructive hydrocephalus</td>
<td>• Categorizes brain and spinal cord tumors by age, histology, and radiographic appearance</td>
<td>• Describes the non-necrotic differential diagnosis of various mass lesions</td>
<td>• Describes the role of palliative care for brain tumor patients</td>
<td></td>
</tr>
<tr>
<td>• Describes acute symptomatic medical therapy for neoplastic mass lesions (e.g., steroids, ventricular drainage)</td>
<td>• Describes the natural history of common intrinsic brain tumors</td>
<td>• Describes the role of skull-base surgical approaches in tumor resection, attendant complications, and their management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Comments:

Not yet rotated □
## 2013-2014 Resident Milestone Evaluations - Neurological Surgery

### 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

<table>
<thead>
<tr>
<th></th>
<th>Not Yet Rotated</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Brain Tumor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Traumatic Brain Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Surgical Treatment of Epilepsy and Movement Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Pain and Peripheral Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Pediatric Neurological Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Spinal Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Vascular Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Medical Knowledge

<table>
<thead>
<tr>
<th></th>
<th>Not Yet Rotated</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Brain Tumor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Surgical Treatment of Epilepsy and Movement Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Pain and Peripheral Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
These items will be pre-populated

2013-2014 Resident Milestone Evaluations - Neurological Surgery

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Not Yet Rotated</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Brain Tumor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Traumatic Brain Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Surgical Treatment of Epilepsy and Movement Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Pain and Peripheral Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Pediatric Neurological Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Spinal Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Vascular Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Knowledge

<table>
<thead>
<tr>
<th>Category</th>
<th>Not Yet Rotated</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Brain Tumor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Surgical Treatment of Epilepsy and Movement Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Pain and Peripheral Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Milestones Reporting Tool (NS)

#### Medical Knowledge

<table>
<thead>
<tr>
<th></th>
<th>Not Yet Rotated</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Brain Tumor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Surgical Treatment of Epilepsy and Movement Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Pain and Peripheral Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Pediatric Neurological Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Spinal Neurosurgery; Degenerative Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Spinal Neurosurgery; Trauma, Tumor, Infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Vascular Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Systems-Based Practice

<table>
<thead>
<tr>
<th></th>
<th>Level 1 Not Yet Achieved</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Economics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Safety and Systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th></th>
<th>Level 1 Not Yet Achieved</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Lifelong Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Describes the use of radiation and chemotherapy for brain and spinal cord tumors
- Lists indications for biopsy or resection of brain and spinal cord tumors
- Categorizes brain and spinal cord tumors by age, histology, and radiographic appearance
- Describes the non-neoplastic differential diagnosis of various mass lesions
- Describes the natural history of common intrinsic brain tumors

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Milestones

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

Publication:
Phase 1 Programs: Jan 2013
Phase 2 Programs: Dec 2013

Implementation:
Phase 1 Programs: AY 2013
Phase 2 Programs: AY 2014
Milestones: When?

Publication:
Phase 1 Programs: Jan 2013
Phase 2 Programs: Dec 2013

Implementation:
Phase 1 Programs: AY 2013
Phase 2 Programs: AY 2014
### Milestones: When?

**Publication:**
- Phase 1 Programs: Jan 2013
- Phase 2 Programs: Dec 2013

**Implementation:**
- Phase 1 Programs: AY 2013
- Phase 2 Programs: AY 2014

<table>
<thead>
<tr>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Milestones</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Outline

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

©2013 Accreditation Council for Graduate Medical Education (ACGME)
Institutional Perspective

• New Institutional Requirements
  • Categorized as Outcome, Core and Detail
• Institutional self-study visit
• Routine “Infernal Reviews” no longer required
• New GMEC roles
  • Annual institutional review
  • *Oversight* of annual program evaluation
  • Special reviews of underperforming programs
Outline

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
- Milestones
- Institutional Perspective
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)
  • 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:
  • NAS
  • CLER
  • CCC/PEC
  • Milestones
  • Updates on Policies & PRs
  • Self Study (<20 min each)
• November 2013
Thank you!