Emergency Medicine RRC Update

Wallace Carter, MD
Chair
Review Committee for Emergency Medicine

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Disclosure

- No conflicts of interest to report

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Topics for the Day

- RC-Emergency Medicine composition and work
- NAS
- Citations and Areas of Improvement
- Milestones
- Clinical Competency Committee
- Eligibility

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Review Committee Composition

- 3 appointing organizations - ABEM, ACEP, AMA
- 10 voting members (includes one resident member)
- Program Directors, Chairs, Faculty
- Geographic Distribution
  - **CA, FL, GA, MI, MO, NJ, NY, NC, OH**
- Ex-officio members from each appointing organization (non-voting)

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RC-EM Composition – AY 2013-2014

AMERICAN BOARD OF EMERGENCY MEDICINE

Michael Beeson, M.D.
Wallace Carter, M.D., Chair
Philip Shayne, M.D., Vice-Chair
Earl Reisdorff, MD, Ex-officio

COUNCIL ON MEDICAL EDUCATION (AMA)

Amy Church, M.D.
Susan Promes, M.D.
Christine Sullivan, MD

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Lance Brown, MD
Victoria Thornton, M.D.
Suzanne R. White, MD
Marjorie Geist, Ph.D., Ex-officio

EMERGENCY MEDICINE RESIDENTS ASSOCIATION

Brandon Allen, MD

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New!

Public Member of RC-EM

- ACGME Board recommendation for all Review Committees
- To foster accountability to the needs of the greater public and create a transparency to the work of the Committee.
- Nominees should not be an MD or person(s) directly related to GME (i.e. GME coordinator, faculty members)
- Shall be appointed for a 6-year term
- Term starts July 1, 2015

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Term for Members

- 6 years
  - Resident 2-year term
- Each member is evaluated by each RRC member at end of 2nd year
- Chair and Vice Chair elected by RRC
  - Chair term is 3 years
  - Vice-Chair term is either 1 or 2 years

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RC Meeting Activities and Actions for September 2013 and February 2014

Approved Applications		Continued Accreditation		Other Actions	
Emergency Medicine	5/5	Emergency Medicine	11/13	Approved Format and Complement Requests	N/A
Emergency Medical Services	18/20	Emergency Medical Services	N/A	Progress or Duty Hour Reports Reviewed	12
Medical Toxicology	0/1	Medical Toxicology	7/7	Continued Initial Accreditation	0
Pediatric Emergency Medicine	1/2	Pediatric Emergency Medicine	1/1	Withhold (Application)	4
Sports	1/1	Sports	N/A	Probation	0
UHM	N/A	UHM	2/2		

EMS Applications Reviewed

- 24 applications reviewed in Feb 2013
- 13 applications reviewed in Sept 2013
- 7 applications reviewed in Feb 2014

39/44 - Total EMS applications approved to date

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New Core EM Programs

- Kaiser Permanente Southern California
  - *Matthew A. Silver, MD (July 2014)*
- University of Missouri-Columbia SOM
  - *Marc Borenstein, MD (July 2014)*
- New York Medical College at St Joseph's Regional Medical Center
  - *Otto Sabando, DO (July 2014)*

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New Core EM Programs

- University of Tennessee at Memphis
  - *James Walker, MD (July 2014)*
- University of Tennessee at Murfreesboro
  - *Mark Reiter, MD (July 2014)*

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New EM Sub Programs

Pediatric EM

- Univ. Texas HSC at Houston Program
  - *Donna Mendez, MD (July 2014)*

Sports Medicine

- University of Cincinnati Medical Center/College of Medicine
  - *Stephen Dailey, MD (July 2014)*

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EMS Programs to date…

UCSF School of Medicine	SUNY Upstate Medical University	Effective July 2014
LA County-Harbor UCLA Medical School	North Shore-Long Island Jewish Health System	University of Arizona
Denver Health Medical Center	University at Buffalo School of Medicine	Univ. of So. California/LAC+USC Medical Center
Yale-New Haven Hospital	University of North Carolina Hospitals	UCSD Medical Center
Orlando Health	Vidant Medical Center	Emory Univ. School of Medicine
Univ. of Florida Collegel of Medicine	Carolinas Medical Center	Detroit Medical Center Corp.
Indiana Univ. School of Medicine	University of Cincinnati Medical Center	Hennepin County Medical Center
Univ. of Massachusetts Medical School	Ohio State University Hospital	Brown University/Rhode Island Hospital - Lifespan
Beth Israel Deaconess Medical Center	UPMC Medical Education	Univ. Tennessee Chattanooga
Western Michigan University	Univ. of Texas School of Medicine at San Antonio	Univ. of Washington School of Medicine
Central Michigan University	Univ. of Texas Health Science Center at Houston	
Health Partners Institute for Education and Research	San Antonio Uniformed Services Health Education Consortium	
Washington Univ./BJH/SLCH Consortium	Univ. of Texas Southwestern Medical School	
Newark Beth Israel Medical Center	Univ. of Virginia Medical Center	
Univ. of New Mexico School of Medicine	Medical College of Wisconsin Affiliated Hospitals	

June 2014 Meeting Deadline

- The deadline for receipt of applications or other materials is April 28, 2014 in order to be reviewed at the June 23-24, 2014 RC Meeting

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For Core Emergency Medicine Programs in AY 13/14, there are….

- 164 accredited programs
- Specialty Length = 4 years or 3 years
  - Note: Effective 7/1/2013 the PGY2-4 format is no longer an option.
- 5792/6256 (93%) filled resident positions
- # New PDs: 7/1/13 – 2/25/14 (13)

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Program Requirement Revisions & Updates

- **Medical Toxicology (under revision)**
  - Review and Comment period ended Jan 29, 2014
  - Final approval anticipated for

    June 2014 ACGME BOD Mtg

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NAS Background

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

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Why
The ‘Next Accreditation System’ (NAS)?

- The ACGME's public stakeholders have heightened expectations of physicians.
- Patients, Payers, and the public demand
  - -information-technology literacy,
  - -sensitivity to cost-effectiveness,
  - -the ability to involve patients in their own care, and
  - -the use of health information technology to improve care for individuals and populations.
- To review programs based on reporting of outcomes through educational milestones which is the next step for the competencies.
- To allow more programs the opportunity to innovate.

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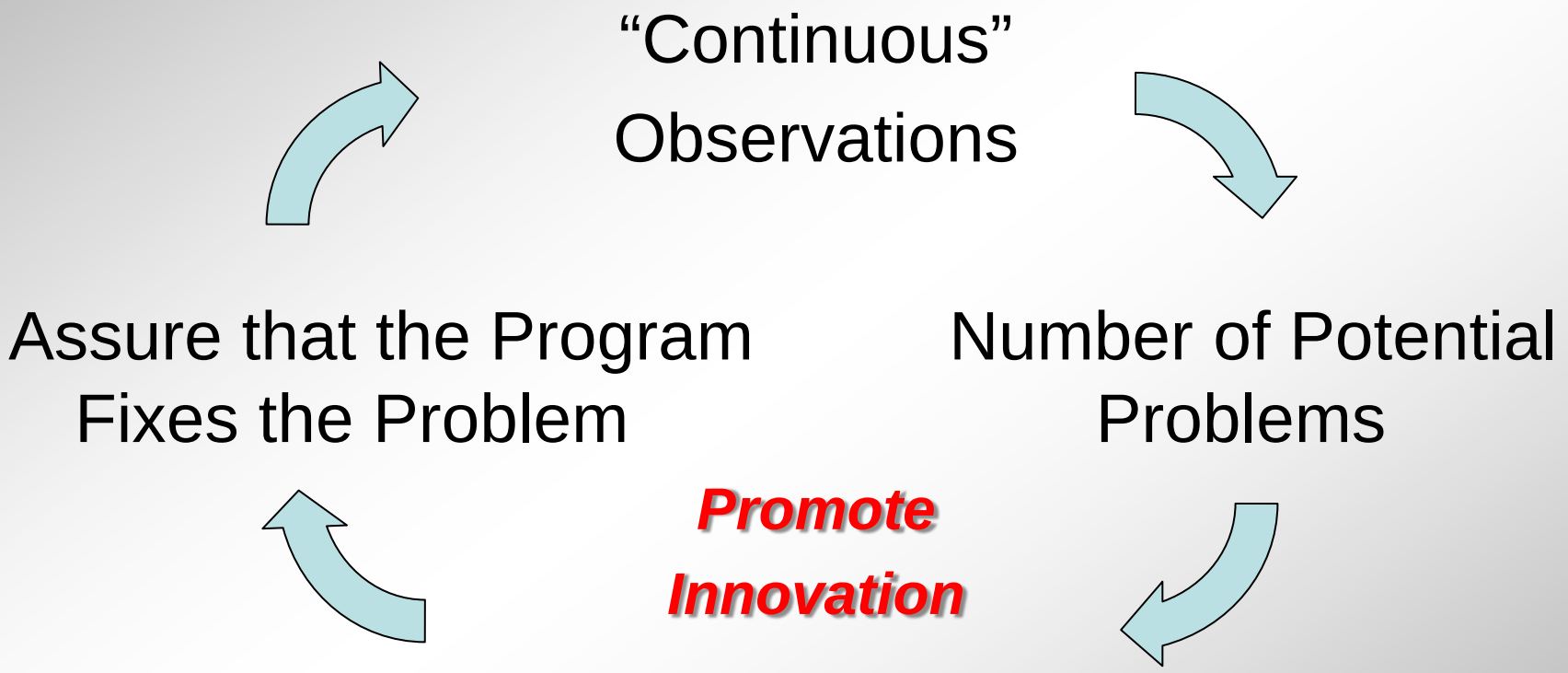
NAS and Quality Improvement…

The "Next Accreditation System"



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NAS is HERE!!!

- NAS began on July 1, 2013 for all Phase I specialties
  - Diagnostic Radiology
  - *Emergency Medicine*
  - Internal Medicine
  - Orthopaedic Surgery
  - Pediatrics
  - Neurosurgery
  - Urology

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What are core, detail and outcome program requirements?

- **Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.
- **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
- **Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

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What are core, detail and outcome program requirements?
(EM example)

- **II.A.3. Qualifications of the program director must include:**
- **II.A.3.b) current certification in the specialty by the American Board of** Emergency Medicine**, or specialty qualifications that are acceptable to the Review Committee;** (Core)
- II.A.3.d) at least three years' experience as a core faculty member in an ACGME-accredited emergency medicine program. (Detail)
- IV.A.5.b).(1).(d) [Residents must demonstrate proficiency in] narrowing and prioritizing the list of weighted differential diagnoses to determine appropriate management based on all of the available data; (Outcome)

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Do I have to adhere to the "detail" program requirements?

- "Innovation" does not mean you don't have to adhere to the requirement, it means you can do it a different way.
- Programs that have initial accreditation or are in trouble must demonstrate compliance with all "detail" program requirements as written.
  - e.g. "educational methods should include problem-based learning, evidence-based learning, laboratory-based instruction, and computer-based instruction" (detail)
- Programs that have a status of continued accreditation will be allowed to "innovate" or use alternate methods for those program requirements that are identified as "detail".

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Key Annual Data Reviewed by RRC

- ✓ Annual ADS Update – All data
  - ✓ Program Characteristics – Structure and resources
  - ✓ Program Changes – PD / core faculty / residents
  - ➢ Scholarly Activity – Faculty and residents
  - ➢ Omission of data
- ✓ Board Pass Rate – 5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Faculty Survey
- ✓ Clinical Experience – EM Procedures and Resuscitations
- ➢ Milestones (*2015*)
- ➢ Ten year self-study (*2015*)

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Program Responsibilities

1. Annual data update in ADS
2. Report interim program changes
3. Program Evaluation Committee (PEC)
4. Clinical Competency Committee (CCC)
5. Milestone reporting
6. Faculty Survey administration
7. Resident Survey administration

- Accuracy of ADS data is essential!!!
- PD responsible for accuracy of data

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110
Emerge

Approximate Date of Next Site Visit: *No Information Currently Present*

Self Study Date: September 01, 2015

Program Summary

Use the **"Edit Program Information"** option to edit the information in your Program Summary. The **"View Summary"** and **"Print Summary PDF"** options will allow you to review or print your Program Summary in HTML or PDF formats respectively.

Edit Program Information | View Summary | Print Summary PDF

back to top

Print and save the Summary of your ADS update for your records

Important Dates

Annual Update Status:
August 01, 2013 - September 07, 2013

Next Site Visit :
NOT SCHEDULED

Self Study Date (APPROX) :
September 01, 2015

Resident Survey Status:
Apr 28, 2014 - Jun 01, 2014

Site Visit Results

Current Citations

Site Visit Evaluation

Notification Letters

View Notification Letters

Reference Materials

What does it all mean?

- Each year "*Continuous Observations*":
  - Annual data for all programs evaluated at one of two meetings
    - 2014: February 21-22 or June 23-24
    - 2015: January 29-30 or May 7-8
  - All programs receive notice of an accreditation status - email
  - All programs receive accreditation notification letter
    - Individual/Departmental letter

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Citations VS Areas of Improvement

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Citations

- Identify areas of noncompliance
- Must be linked to a program requirement
- Pgm must respond in ADS
- Responses reviewed annually by the RC
- Will be tracked by the RC
- Remain active until corrected

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Areas of Improvement

- May or may not be linked to a requirement
- General concern “before” it’s a problem
- Written program response not required
- Will be tracked by RC

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New ACGME Policies 2013

- No more “proposed” actions, all FINAL
  - Probation – preceded by SV
  - Withdrawal of Accreditation – preceded by SV
  - Withhold Accreditation
- Probationary status can be applied to both core AND subspecialty programs
- Any core program on “Probation”, subs will administratively receive probation status

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New ACGME Policies 2013

- Programs with a status of “Warning” or “Probation”
  - Cannot request a permanent increase in complement
  - Must adhere to “Detail” requirements as written
  - Not allowed to innovate until back in good standing

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RC-EM First NAS Review

- February 2014 NAS Reviews
- Out of 164 core EM programs – 87% were granted “continued accreditation” with little to no concerns
  - Scholarly activity commonly noted
  - Reference RC-EM FAQ

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Milestones

Milestones

- Observable developmental steps moving from Novice to Expert/Master (Level 1: entrance to Level 4: fellowship graduation or even Level 5: expert or mastery level)
- “Intuitively” known by experienced medical educators in each specialty
- Organized under the rubric of the six domains of clinical competency
  - Trajectory of progress: neophyte → independent practice
  - Articulate shared understanding of expectations
  - Set aspirational goals of excellence
  - Framework & language for discussions across the continuum

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Benefits of Milestones

- Provide developmental framework for Clinical Competency Committees
- Guide curriculum development
- Support better assessment practices
- Early identification of struggling residents and fellows
- Transparent expectations of performance
- Facilitate better feedback

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ACGME Reporting Milestones

- Milestones are not evaluations, they are a reporting tool to summarize the evaluations.
- Current evaluation tools still valid
  (Direct Observation, 360, etc.)
- Phase I subspecialty milestones go into effect July 1, 2014
- Milestones reporting timeline for Phase I:
  - Nov - Dec 2013 (Cores)
  - May – June 2014 (Cores)
  - Nov - Dec 2014 (Cores and Subs)
  - May – June 2015 (Cores and Subs)

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ACGME Reporting Milestones

- Individual narrative reports by trainee will be provided to PD

- ACGME does not require PDs to sign reports. Signature available on reports to help PD facilitate semi-annual evals meetings

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Core EM Milestones: Patient Care

- PC1- Emergency Stabilization
- PC2- Performance of Focused History and Physical Examination
- PC3- Diagnostic Studies
- PC4- Diagnosis
- PC5- Pharmacotherapy
- PC6- Observation and Reassessment
- PC7- Disposition
- PC8- Multi-tasking (Task-switching)

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Core EM Milestones: Patient Care continued

- PC9- General Approach to Procedures
- PC10- Airway Management
- PC11- Anesthesia and Acute Pain Management
- PC12- Other Diagnostic and Therapeutic Procedures: Ultrasound (Diagnostic / Procedural)
- PC13- Other Diagnostic and Therapeutic Procedures: Wounds Management
- PC14- Other Diagnostic and Therapeutic Procedures: Vascular Access

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Core EM Milestones

- MK- Medical Knowledge
- PROF1- Professional values
- PROF2- Accountability
- ICS1- Patient Centered Communication
- ICS2- Team Management
- PBLI- Practice Based Performance Improvement
- SBP1- Patient Safety
- SBP2- Systems-based Management
- SBP3- Technology

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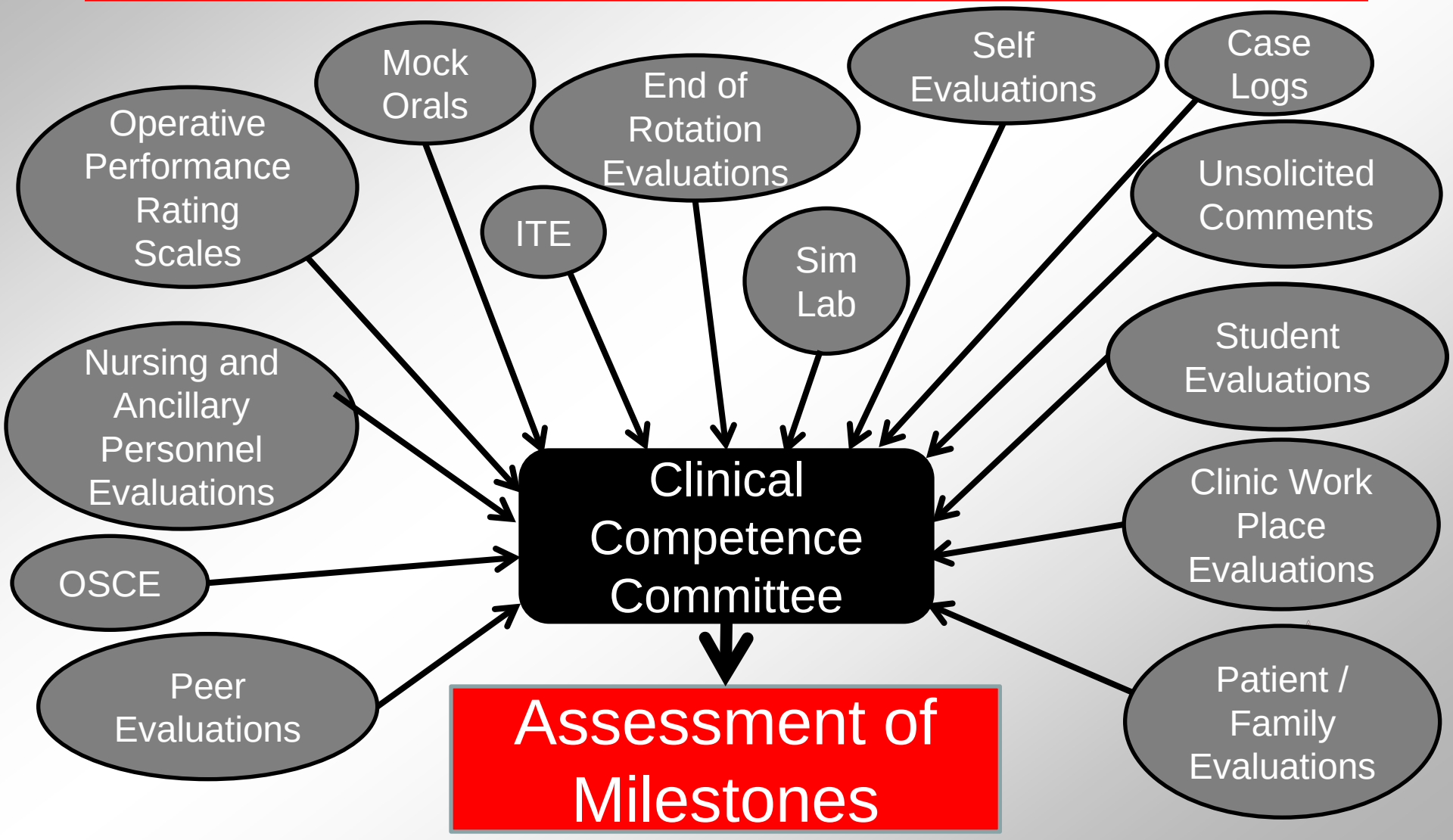
Clinical Competence Committee



Clinical Competency Committee

- Must be at least three faculty members
  - Can include non-physician faculty
  - Subs can include faculty from cores
  - Can include program director
  - No residents
- The purpose of the CCC is to:
  - Review all of the residents
  - Make recommendations for milestone levels
  - Advise the program director

The program director still makes the final determination about each resident's ability to practice independently (summative).

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Clinical Competency Committee

- Effective July 1, 2013 for Phase 1 Core programs
- Effective July 1, 2014 for Phase 1 Subspecialty programs

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Clinical Competency Committee

- Learn your specialty milestones
- Decide how to measure milestones
- Tools to evaluate from program director associations, specialty boards, colleges
- Teach the faculty the definitions
- Teach the faculty the tools
- FACULTY DEVELOPMENT IS KEY

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Milestone Question

- Does every resident have to reach at least “Level 4” for every milestone in order to graduate?
  - No, they do not. However, it will still remain the program director’s responsibility to verify and determine whether each resident has demonstrated sufficient competence to enter practice without direct supervision.

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Eligibility for Fellowship Programs

III.A.2. All required clinical education for entry into ACGME-accredited fellowship programs must be completed

- in an ACGME-accredited residency program,
- or in an RCPSC-accredited residency program
- or a CFPC-accredited residency program

(College of Family Physicians Canada)

Common Program Requirements
Adopted 28 September 2013
Effective 1 July 2016

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Eligibility Exception for Fellowship Programs

III.A.2.b)

A Review Committee *may* grant the following exception to the fellowship eligibility requirements:

An ACGME-accredited fellowship program may accept an exceptionally qualified applicant*, who does not satisfy the eligibility requirements listed in III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions: *(See requirements)*

Common Program Requirements
Adopted 28 September 2013
Effective 1 July 2016

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Fellowship Eligibility Exceptions

RCs permitting exceptions:

- Allergy and Immunology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Nuclear Medicine
- Ophthalmology
- Orthopaedic Surgery
- Pathology
- Pediatrics
- Preventive Medicine

RCs not permitting exceptions:

- Anesthesiology
- Medical Genetics
- Neurological Surgery
- Neurology
- Obstetrics and Gynecology
- Otolaryngology
- PM&R
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Surgery
- Thoracic Surgery
- Urology

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Eligibility Requirements

- New language goes into effect July 2016

- All candidates entering EM subspecialty training through the “exceptional candidate” pathway, must verify eligibility for certification with ABEM or the partnering ABMS Board prior to training

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Program Resources

- NAS Microsite has been removed
- ACGME Glossary of Terms
- Application Instructions
- Program Directors' Virtual Handbook
- ACGME Policies & Procedures
- ACGME FAQ on master affiliation agreements and program letters of agreement
- Duty Hour FAQs and Resources
- Site Visit FAQs - New Programs

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RC-EM Web Page Recommended Links

- Program Requirements:
  - Approved but not in Effect 2016 – Reflects PR drafts with new eligibility language
- PIFs
  - New Application - specialty specific only
- Emergency Medicine FAQs

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ACGME Webinars

- **Previous webinars** available for review on ACGME website
  - Clinical Learning Environment Review (CLER)
  - Overview of Next Accreditation System
  - Milestones, Evaluation, CCCs
  - Specialty-specific Webinars (Phase I)
  - Phase I Coordinator Webinars (surgical and non-surgical)
  - Specialty-specific Webinars (Phase II) : Nov 2013 – Feb 2014
  - Stand-alone slide decks for GME community: NAS, CCC, PEC, Milestones, Update on Policies
- **Upcoming**
  - Self-Study (what programs do)
  - Self-Study Visit (what site visitors do)
  - Specialty specific Webinars (Phase II): March 2014 – May 2014

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Questions

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