

Accreditation Council for Graduate Medical Education

The Next Accreditation System

Specialty Specific Webinar: Internal Medicine

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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

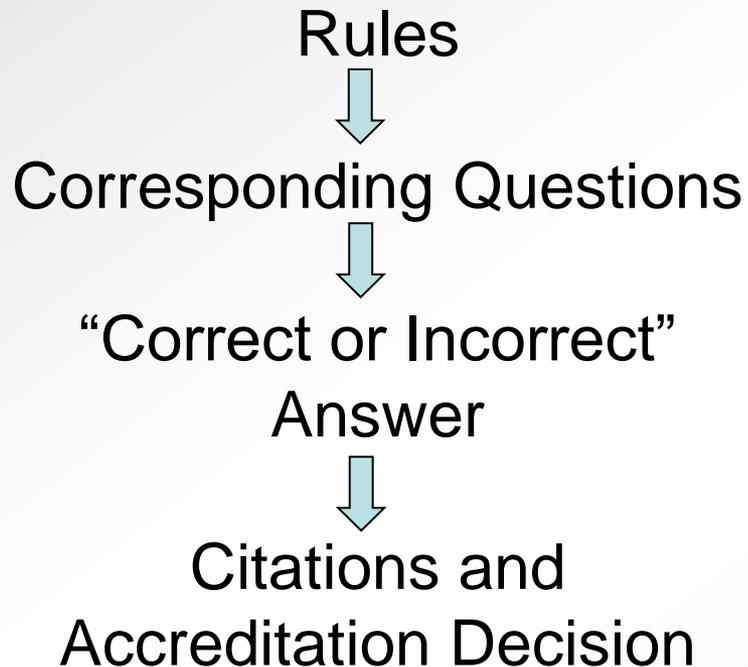


NAS

- ✿ 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...

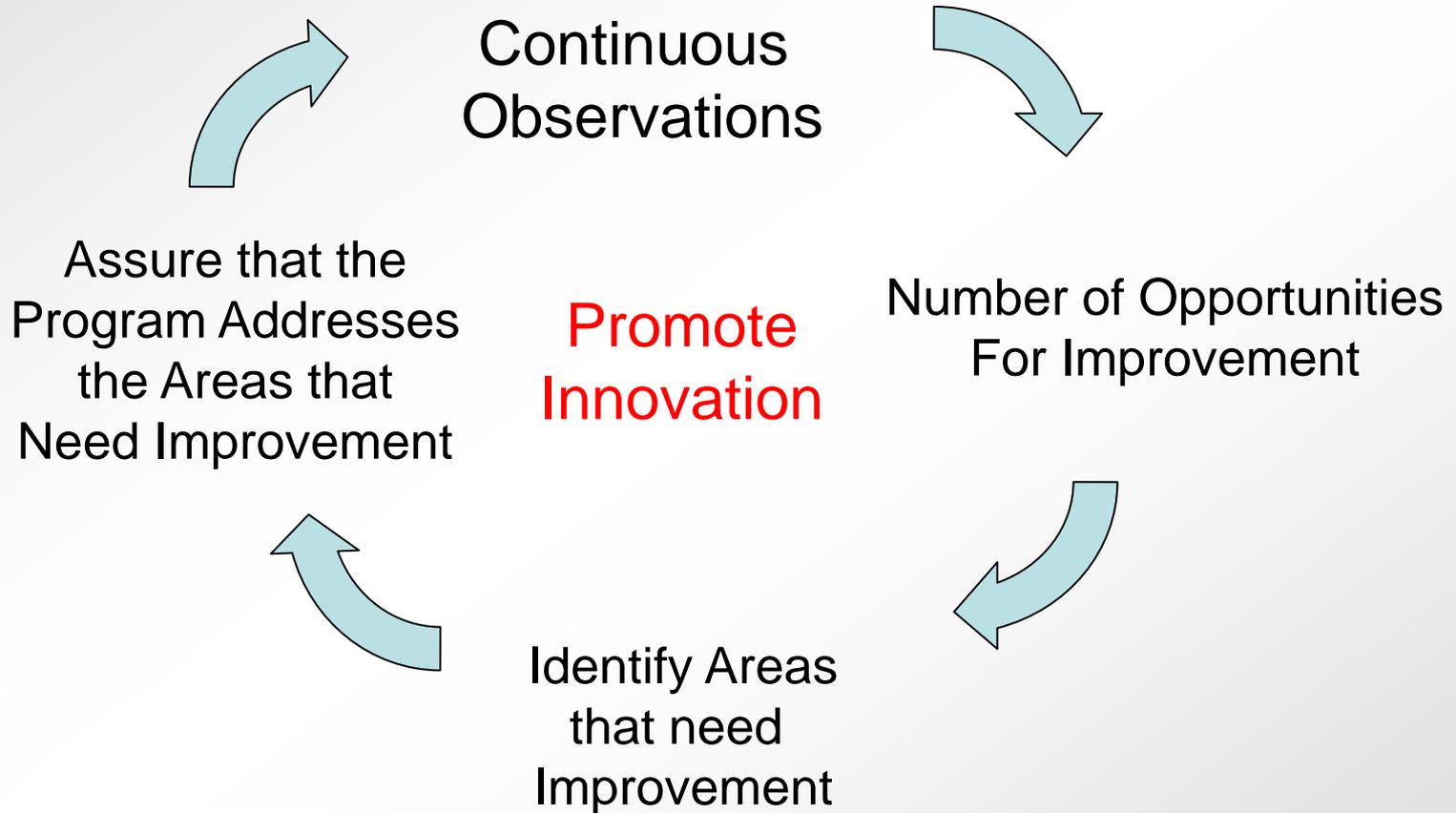
The Current Accreditation System



“Do this or else.....”

The Conceptual Change To...

The “Next Accreditation System”



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

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

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>

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

Key Dates for **Phase I** specialties under NAS

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

Month & Year	ACGME Activities	Program and Institutional Activities
June 2014		Internal Medicine Core Programs submit the first set of Phase I milestones assessments to ACGME
Fall 2014	RRCs in Phase I specialties review annual data from AY 2013-2014 (with milestones)	
2015 - 2016	First self-study SVs for Phase I Programs	

Subspecialties under NAS

Month & Year	ACGME Activities	Program and Institutional Activities
March 2013 – June 2014	Help convene milestones working groups	Milestones developed for subspecialty programs
December 2014??		First milestones reporting for subspecialty programs???
???	Milestones for Multidisciplinary Subspecialties: Sleep, HPM, PEM	

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

**Continued
Accreditation**

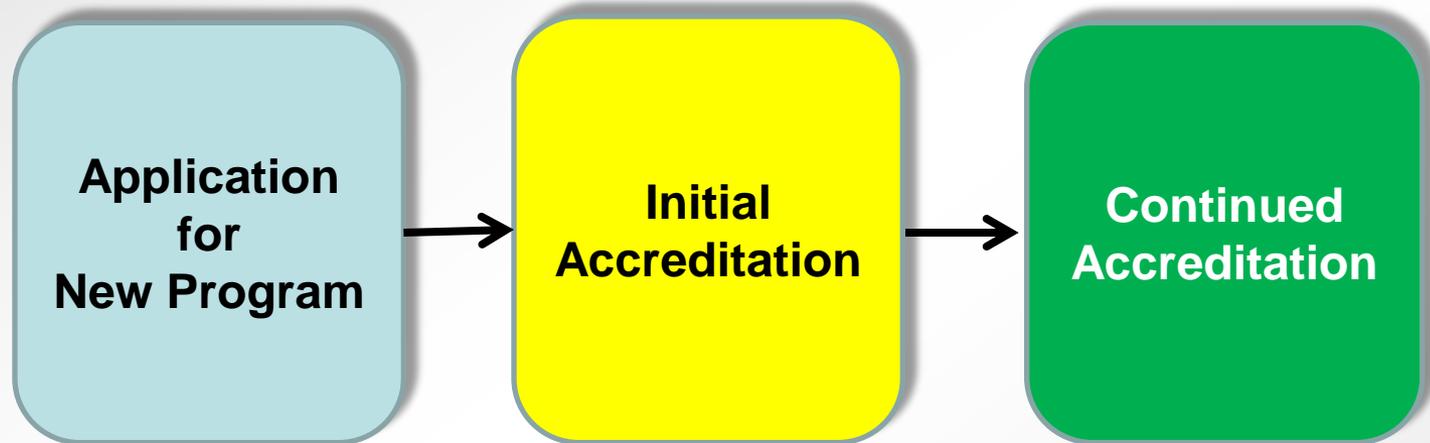
STANDARDS

**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process**
Detail Process

Slides by Dr. J. Potts

Decisions on Program Standing in NAS



STANDARDS

**Outcomes
Core Process
Detail Process**

Decisions on Program Standing in NAS

**Application
for
New Program**

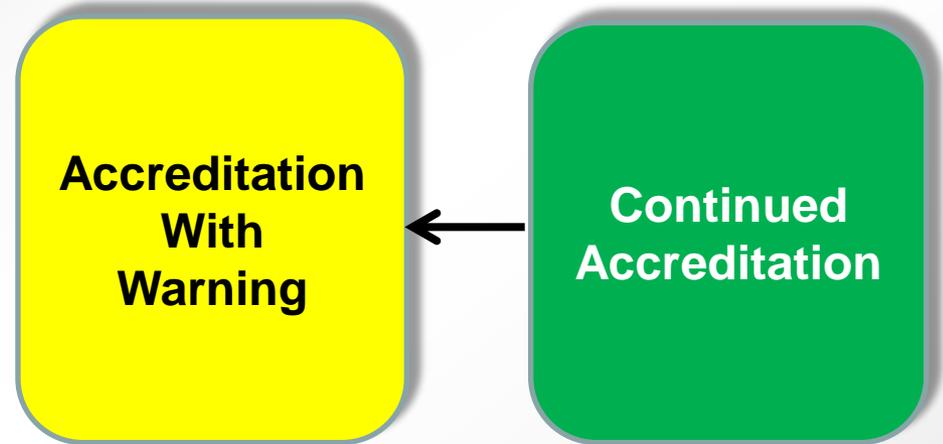
STANDARDS

**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process
Detail Process**

Withhold Accreditation

Decisions on Program Standing in NAS



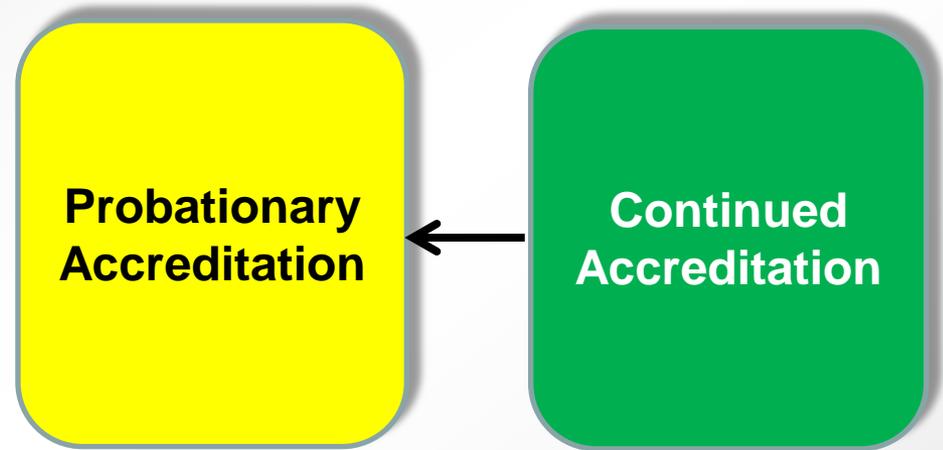
STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Decisions on Program Standing in NAS



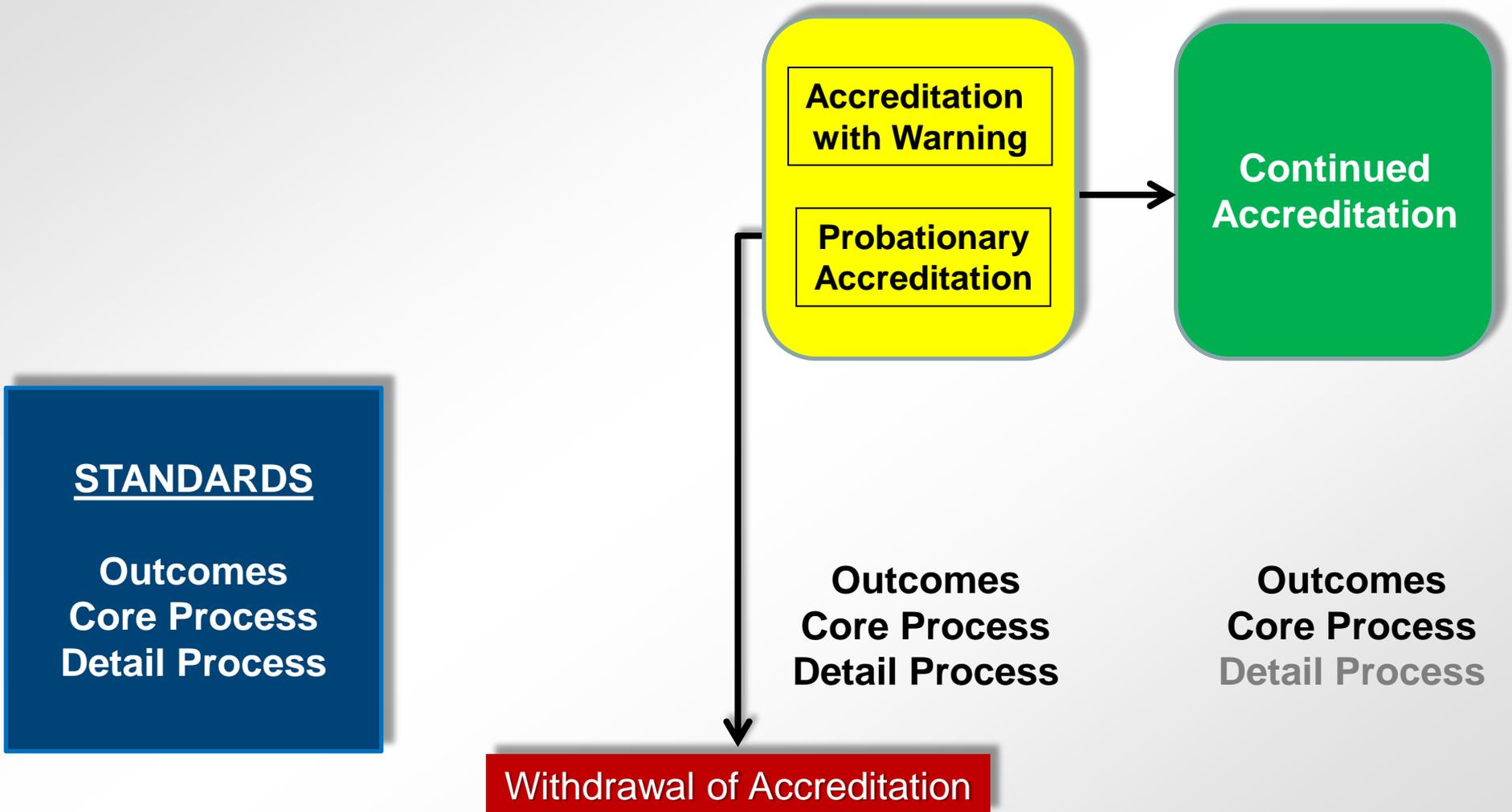
STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Decisions on Program Standing in NAS



Decisions on Program Standing in NAS

Application for
New Program

2-4%

Accreditation
with Warning

Probationary
Accreditation

10-15%

Continued
Accreditation

75-80%

STANDARDS

Outcomes
Core Process
Detail Process

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

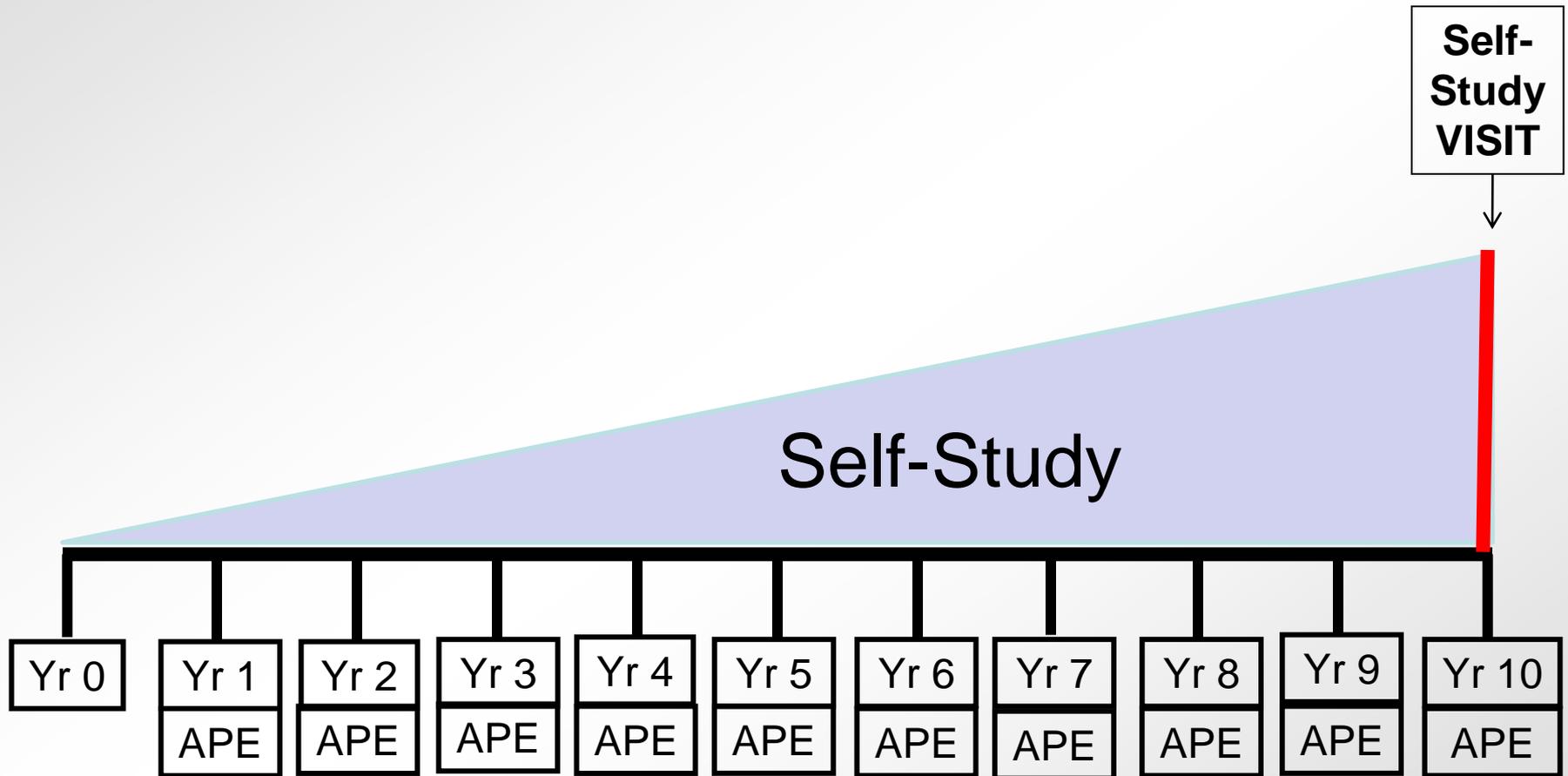
What is a Self-Study Visit?

- ✿ 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?”



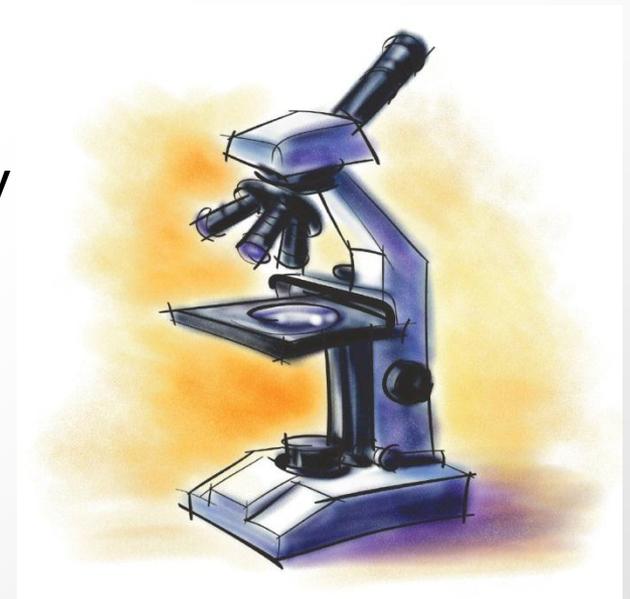
Ten Year Self-Study Visit



Slide by Dr. J. Potts

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

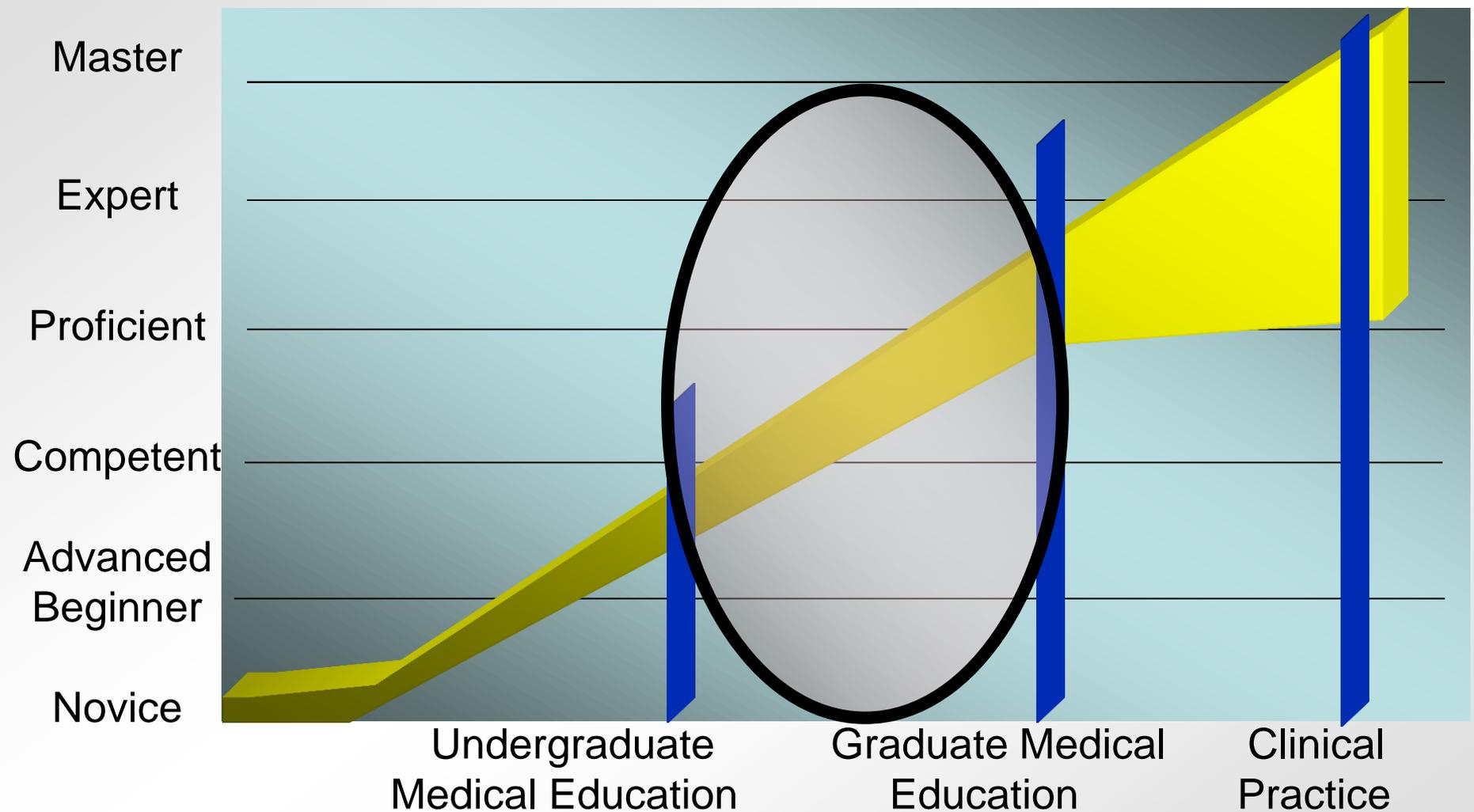
When Is My Program Reviewed?

- ✿ *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 ■

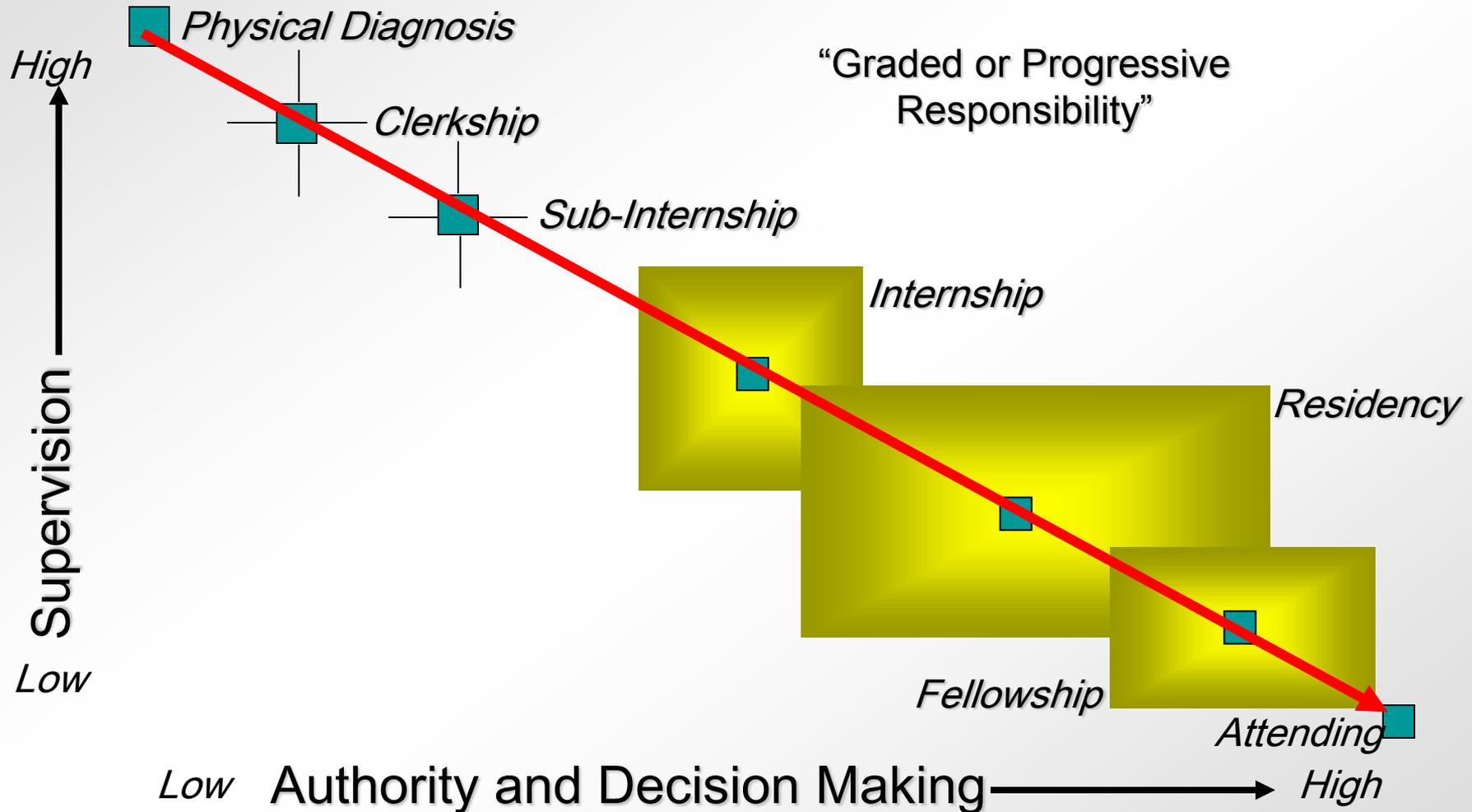
The Goal of the Continuum of Clinical Professional Development



Slide by Dr. T. Nasca

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The Continuum of Clinical Professional Development Authority and Decision Making versus Supervision



Slide by Dr. T. Nasca

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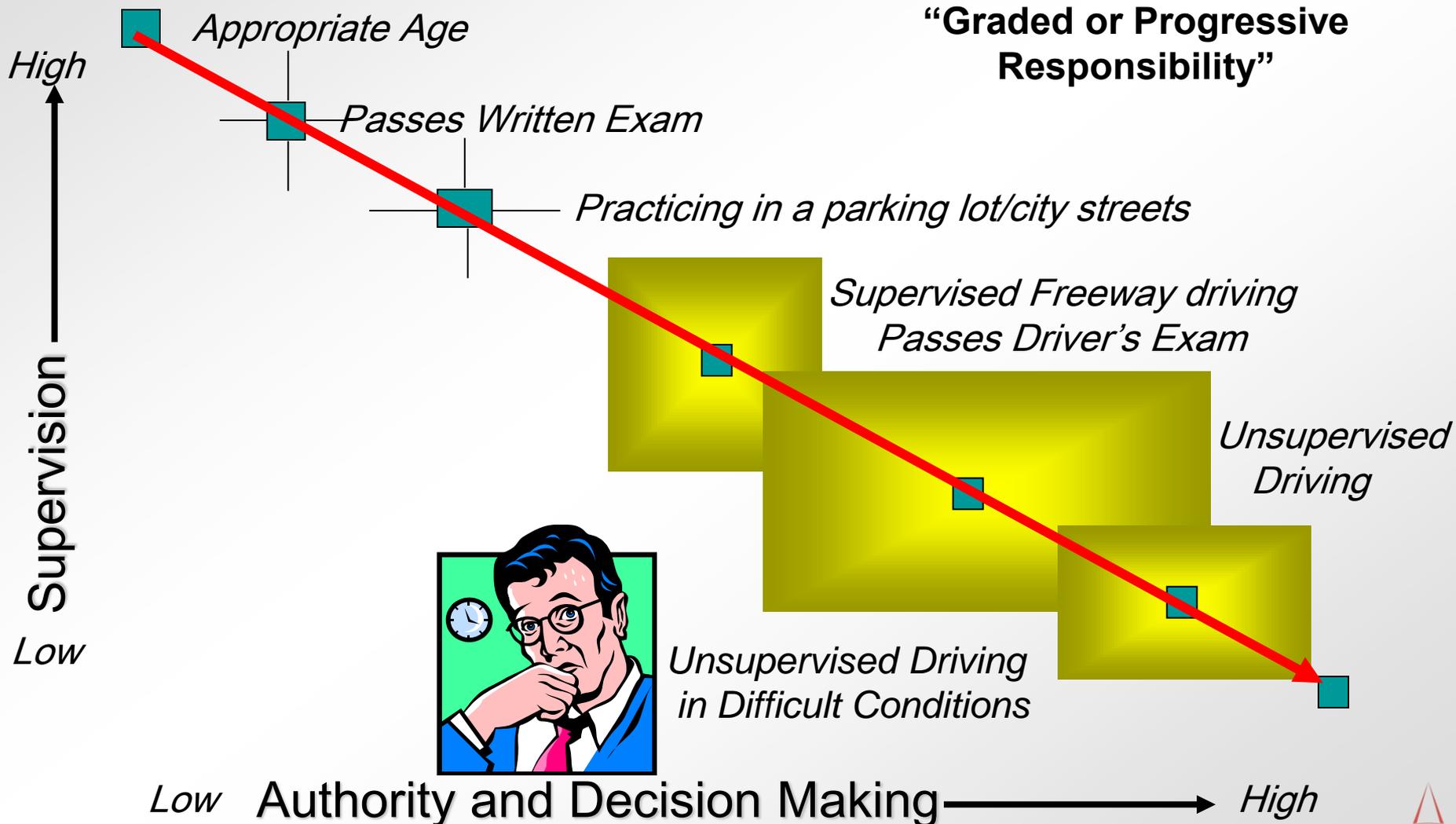
Competence: Teenagers and Driving

(Adapted from Dr. Kelly Caverzagie – AAIM Education Redesign Committee)

When do you
hand over
the car keys
to your teenager?



Competence: Teenagers and Driving



Comments Regarding Milestones Assessment

- ✿ 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

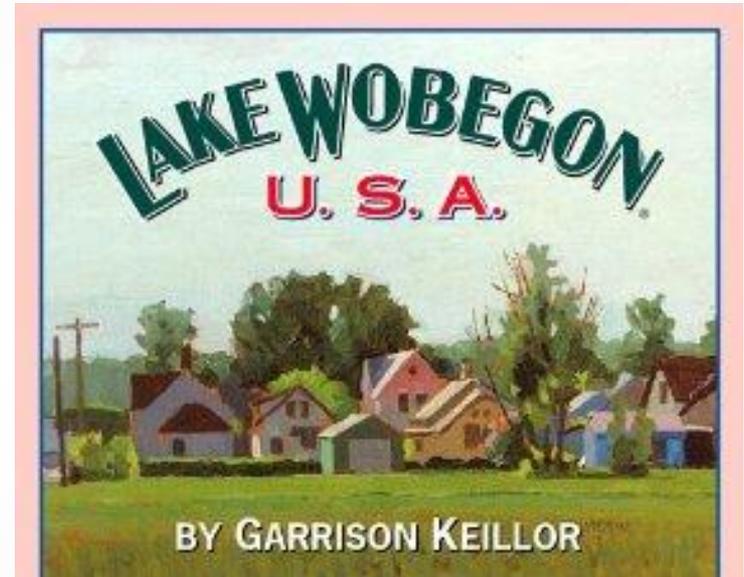
- ✿ Implications of terms - high stakes/low stakes
 - ✿ Neither – milestones are important
- ✿ Do it and do it well
- ✿ It does not have to be perfect



“Do or do not,
there is no try”

Lake Wobegon

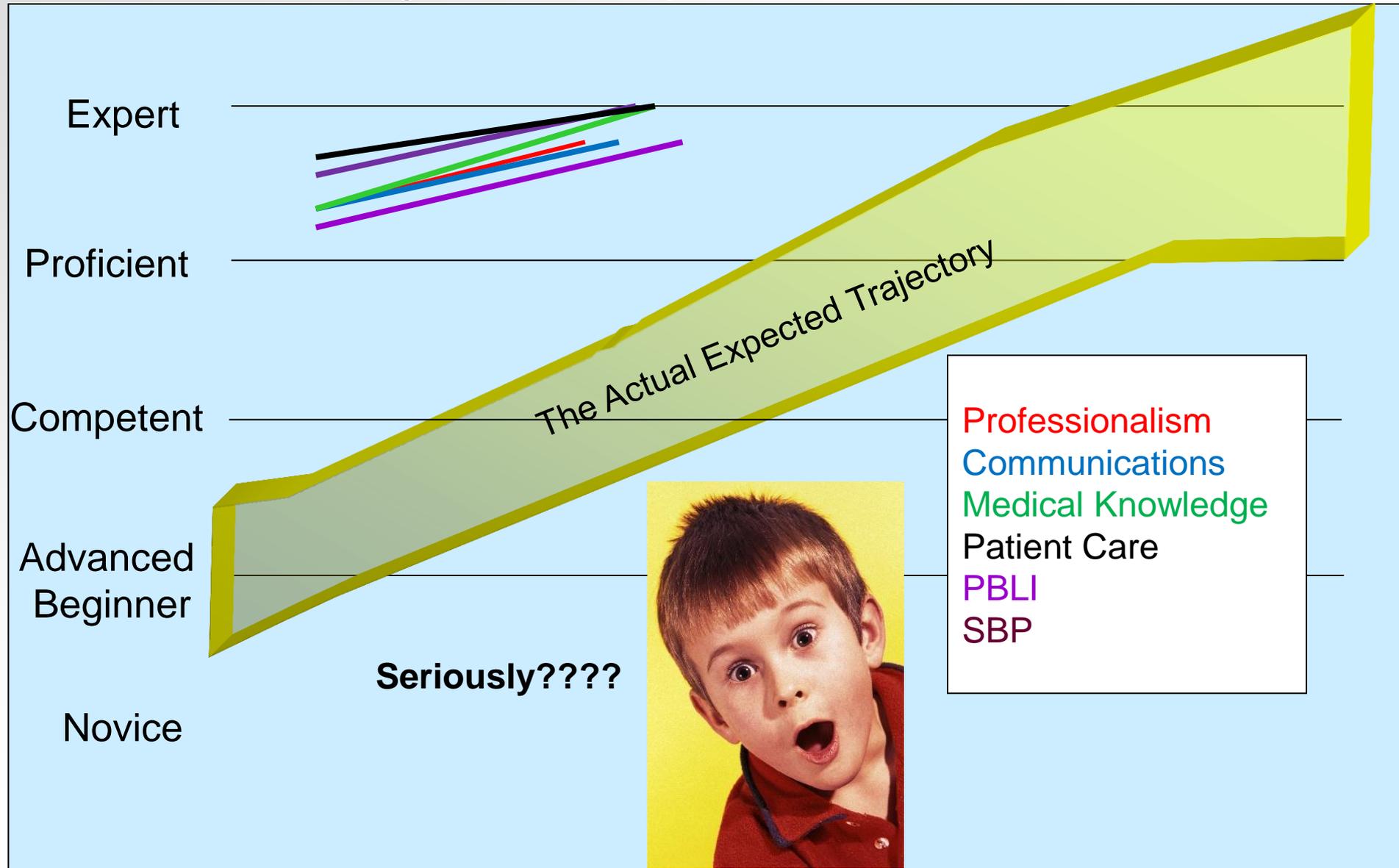
☀ "Well, that's the news from Lake Wobegon, where all the women are strong, all the men are good looking, and all the *residents* are above average."



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](#).

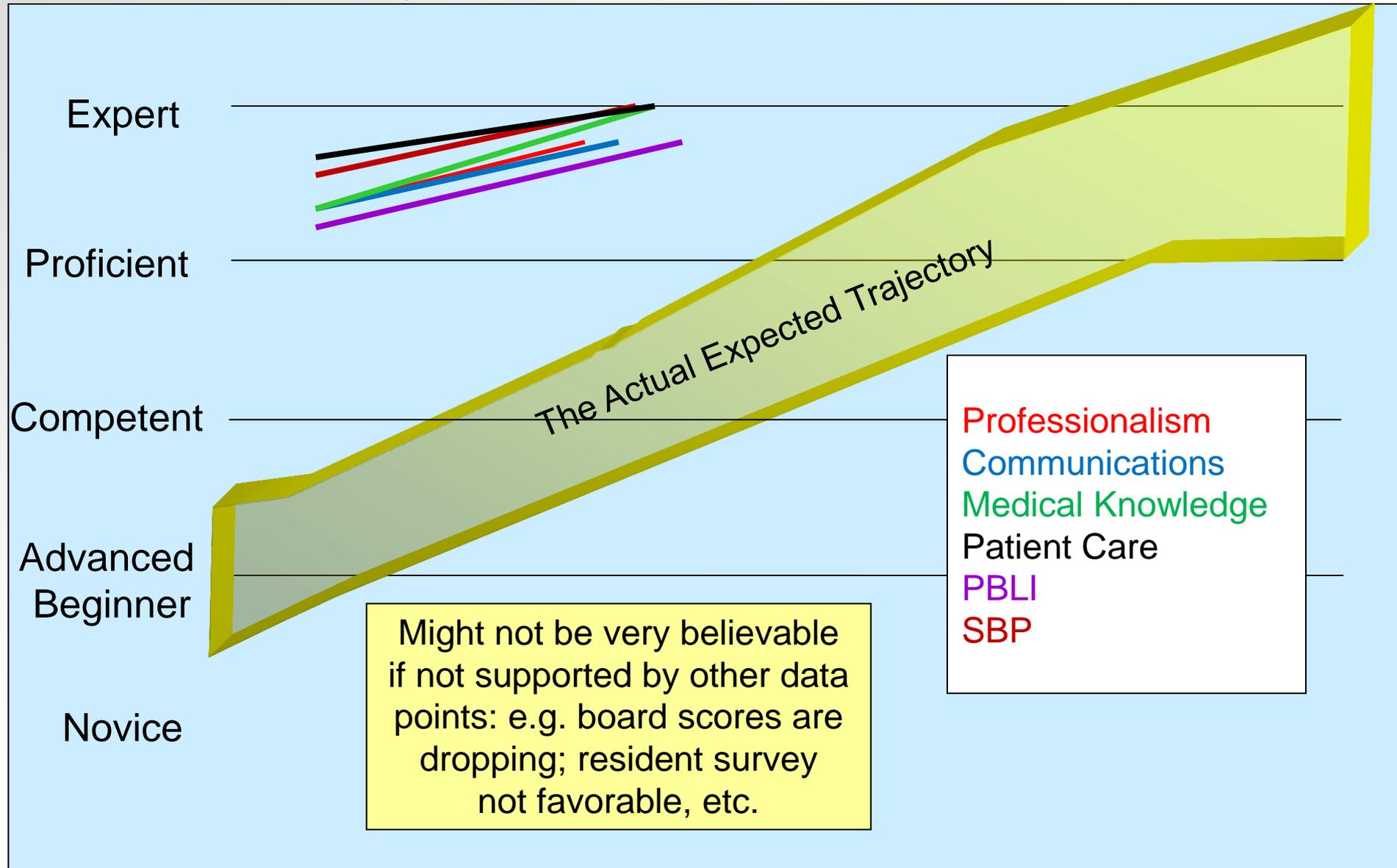
Lake Wobegon Residency Program

Overall Rating of Six Competencies across All Specialties

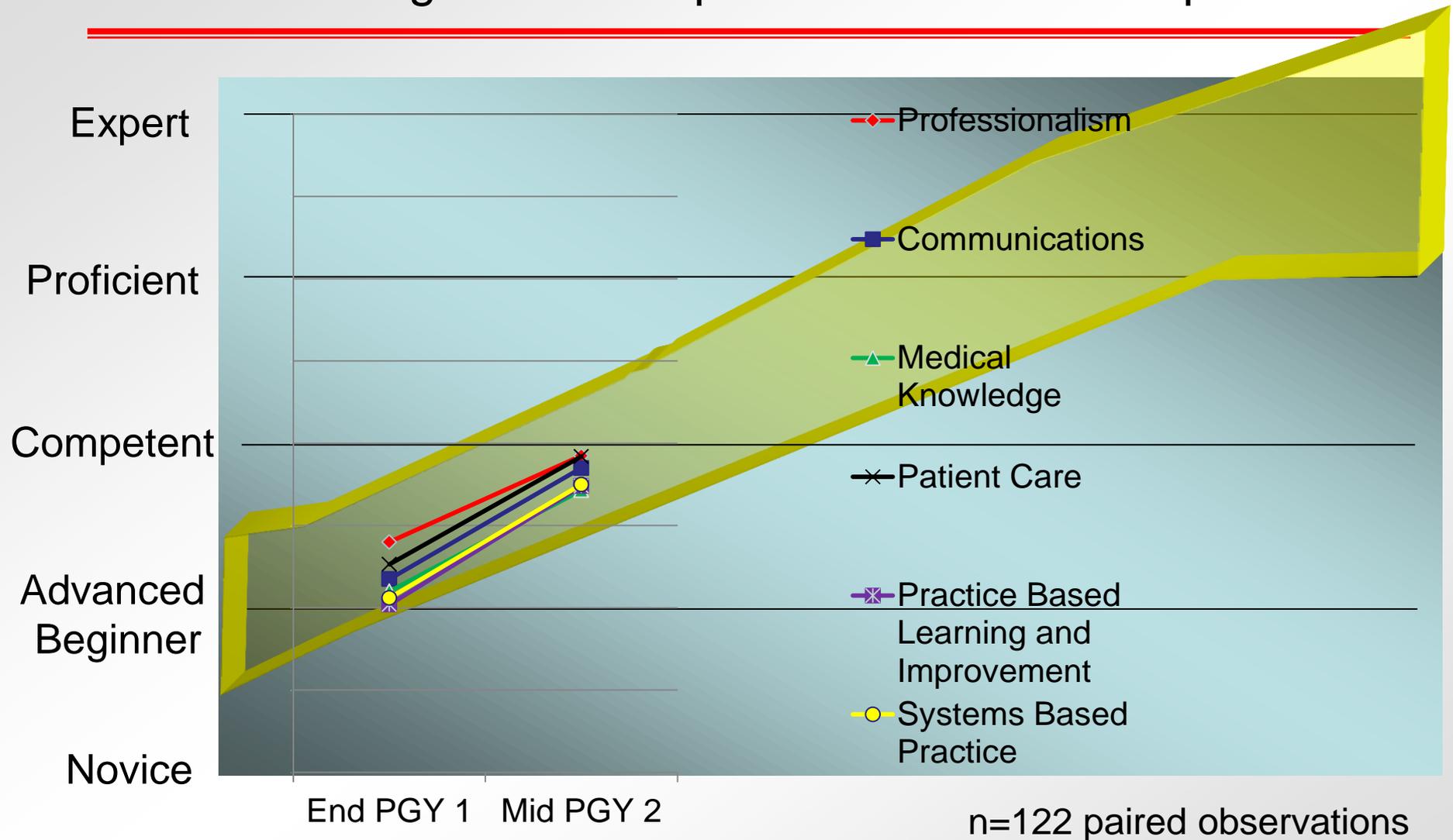


Lake Wobegon Residency Program

Overall Rating of Six Competencies across All Specialties



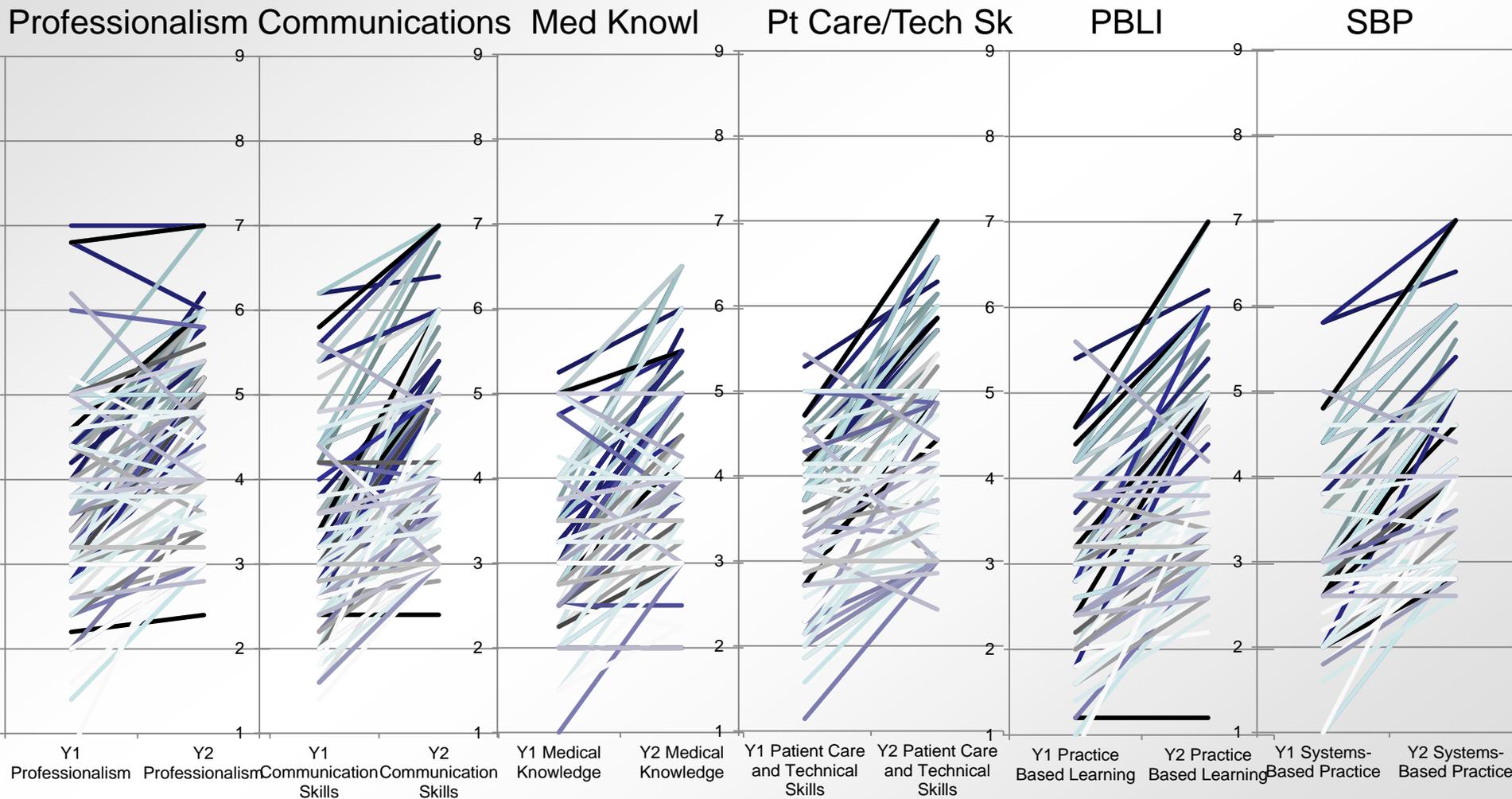
Singapore End of PGY-1, Mid PGY-2 Year Evaluation, Overall Rating of Six Competencies across All Specialties



Increase the Accreditation Emphasis on Educational Outcomes

Singapore Milestone Data, End of PGY 1 to Mid Year PGY 2

All Specialties (n=122, 100%)



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”.



Accreditation Council for Graduate Medical Education

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?

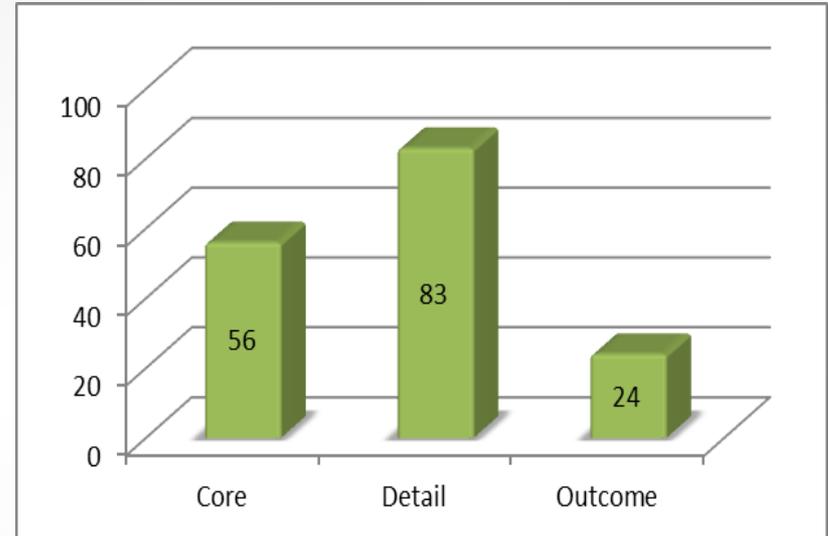
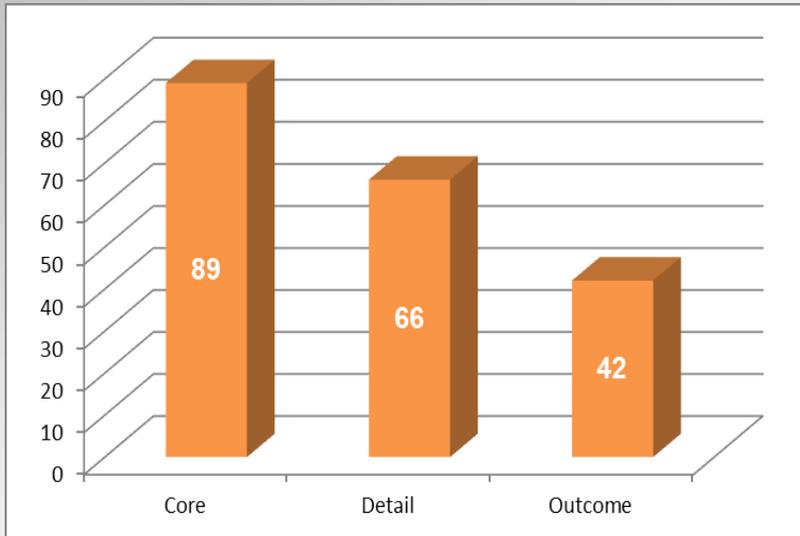
Specialty-Specific Examples

- Program Requirements classified:
 - Outcome
 - Core
 - Detail



ACGME

Categorization of Program Requirements (Example of IM)



Common Program Requirements		
	Total #	%
Core	89	45%
Detail	66	34%
Outcome	42	21%

IM Program Requirements		
	Total #	%
Core	56	34%
Detail	83	51%
Outcome	24	15%

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

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ADS Update	Yr 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Annual Data Review Element #1: Program Attrition

- *General Definition*: Composite variable that measures degree of personnel and trainee change w/in program.
- *How measured*: Has the program experienced any of the following:
 - *Changes in PD?*
 - *Decrease in core faculty?*
 - *Residents withdraw/transfer/dismitted?*
 - *Change in Chair?*
 - *DIO Change?*
 - *CEO Change?*

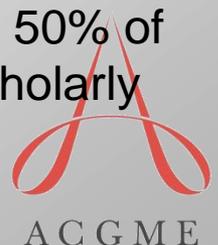
Annual Data Review Element # 2: Program Changes

- 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)*

Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

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*

Resident	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012	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
	PMID 1	PMID 2	PMID 3	Conference Presentations	Chapters / Textbooks	Participated in research	Teaching / Presentations
June Smith	12433			1	0	N	Y

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 w/ ACGME senior leadership decision was: programs will input information for recent graduates only.

Annual Data Review Element #3: Scholarly Activity: *Faculty (Subs)*

Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

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.

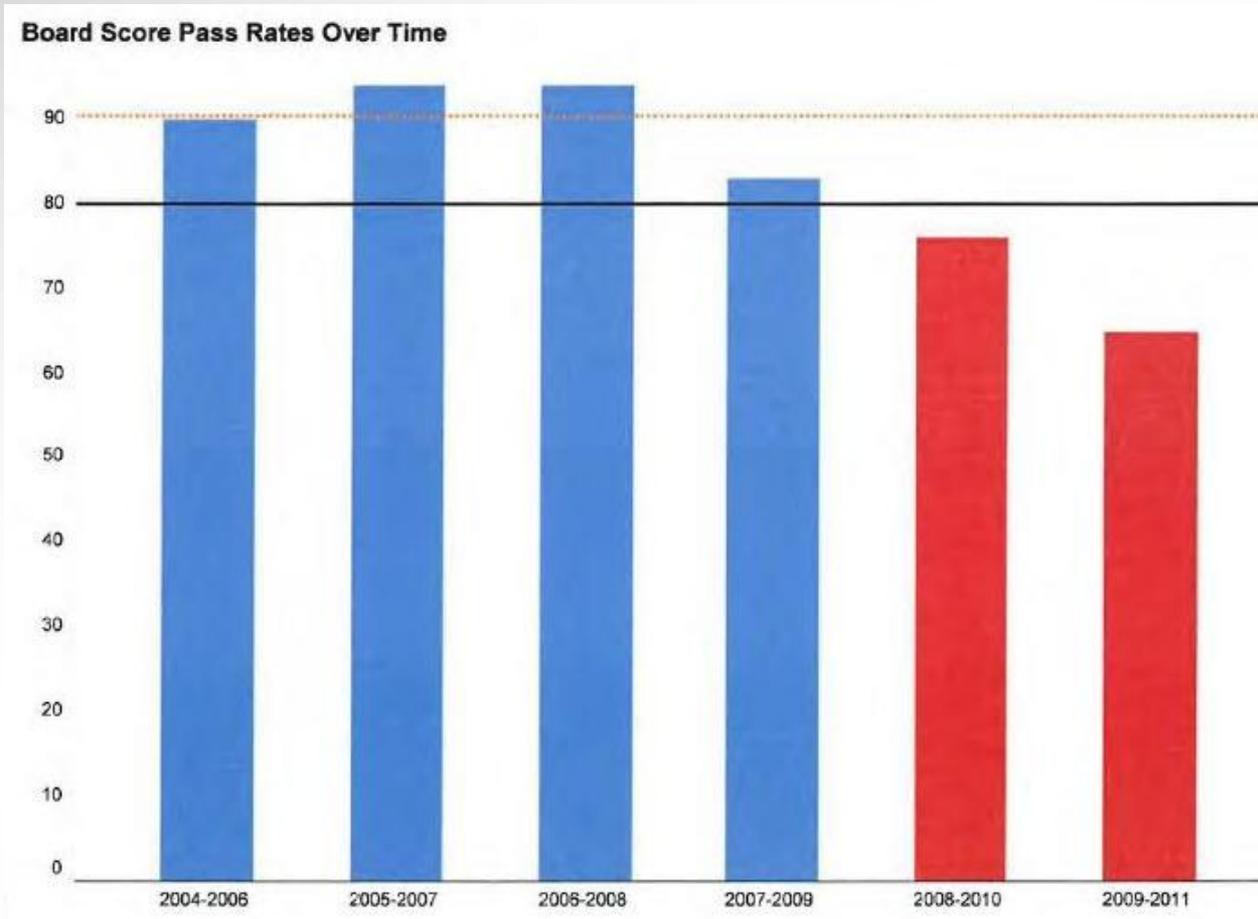
Annual Data Review Element #3: Scholarly Activity: *Fellows*

Resident	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012	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
	PMID 1	PMID 2	PMID 3	Conference Presentations	Chapters / Textbooks	Participated in research	Teaching / Presentations
June Smith	12433			1	0	N	Y

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.

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

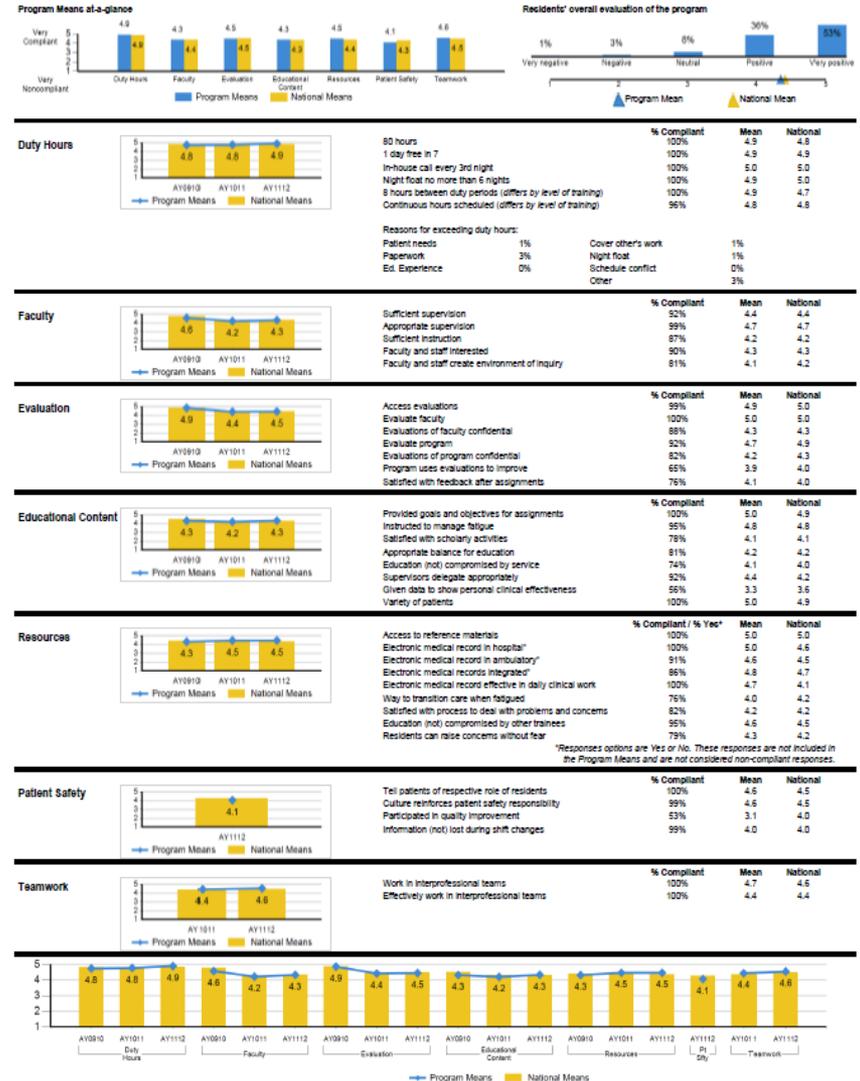
	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Resident Survey							Yr 1					
ADS Update	Yr 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

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 w 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

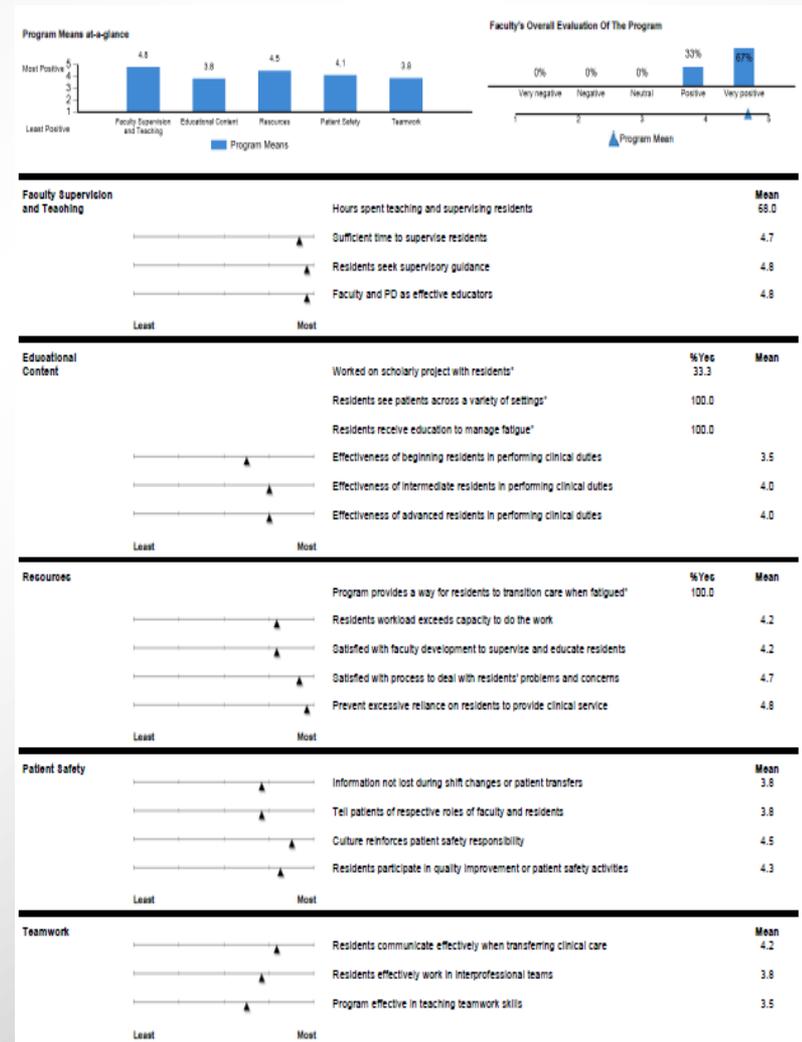
- 1) *Program Attrition*
- 2) *Program Changes*
- 3) *Scholarly Activity*
- 4) *Board Pass Rate*
- 5) *Clinical Experience*
- 6) *Resident/Fellow Survey*
- 7) ***Faculty Survey***
- 8) *Milestones*
- 9) *CLER site visit data**

NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Faculty Survey								Yr 1				
Resident Survey							Yr 1					
ADS Update	Yr 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

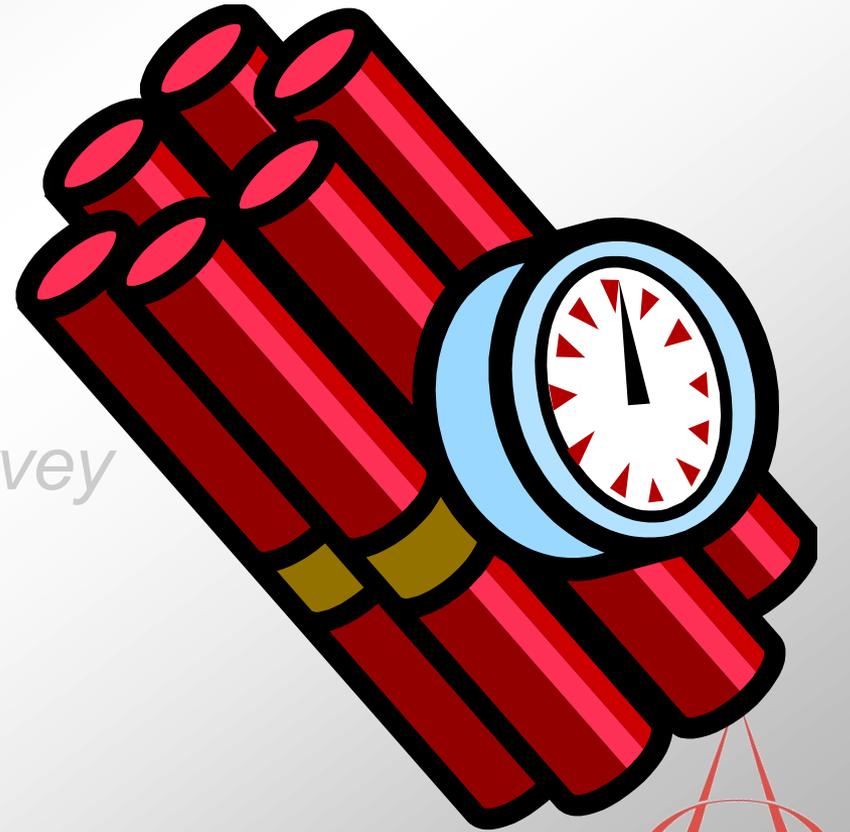
Annual Data Review Element #7: Faculty Survey

- 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*
- 6) *Resident/Fellow Survey*
- 7) *Faculty Survey*
- 8) ***Milestones***
- 9) *CLER site visit data*



NAS: Annual Data Submission

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Milestones	Yr 0					Yr 1						Yr 1
Faculty Survey								Yr 1				
Resident Survey							Yr 1					
ADS Update	Yr 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

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*



IM Milestones

Published Jan 2013

The Internal Medicine Milestone Project

A Joint Initiative of

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



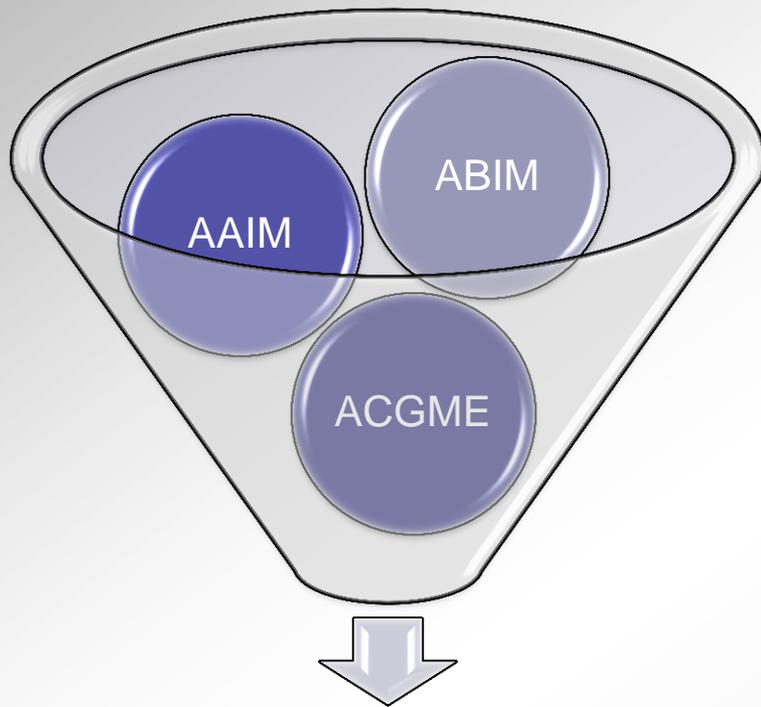
American Board
of Internal Medicine®

4. Skill in performing procedures. (PC4)

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

Comments:

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



NAS Milestones

Competencies (6)

Sub-Competencies (22)

Reporting Milestones (5
per sub-competency)

Milestones developed by education experts in the IM community.

Annual Data Review Element #8: Example of Reporting Milestone

Version 12/2012

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

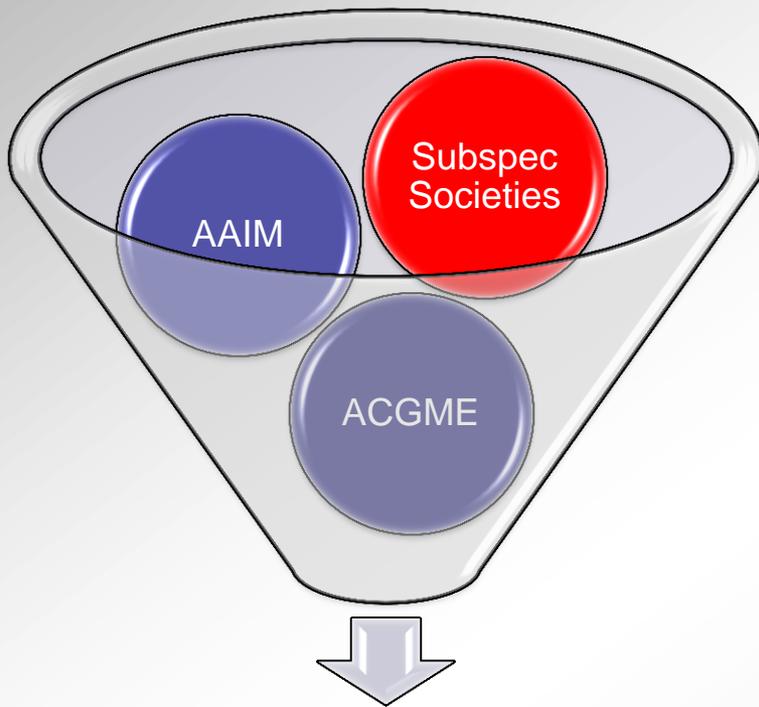
1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)

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



ACGME

Annual Data Element # 8: Reporting Milestone (Fellowships)



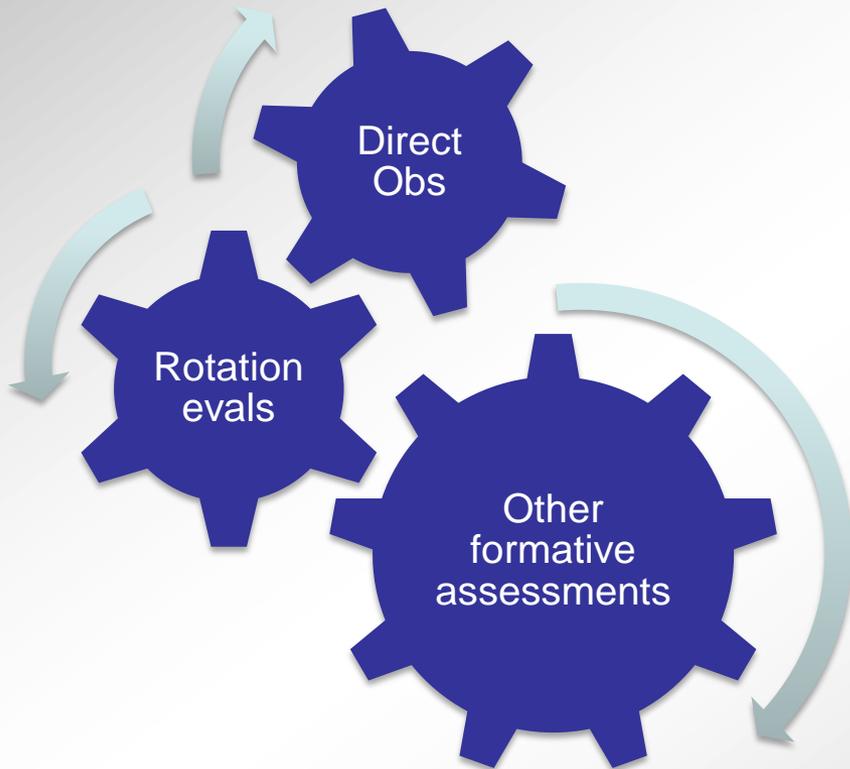
Reporting Milestones

Competencies (6;
mostly MK & PC)

Sub-Competencies (n =
??)

Reporting Milestones (5
per sub-competency)

Assessment → Evaluation → Reporting

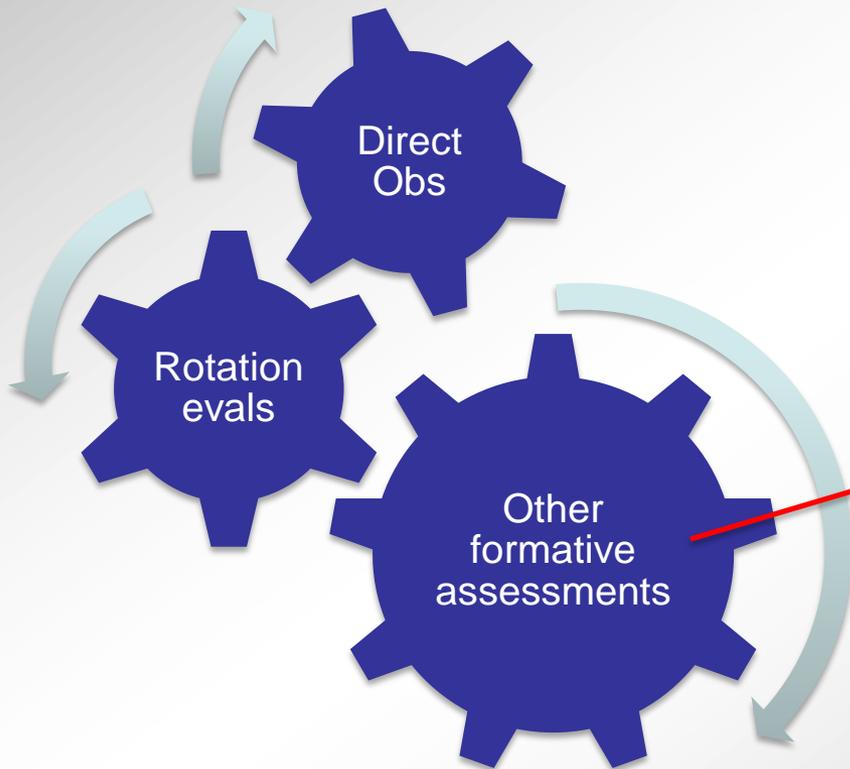


Assessment Machinery



ACGME

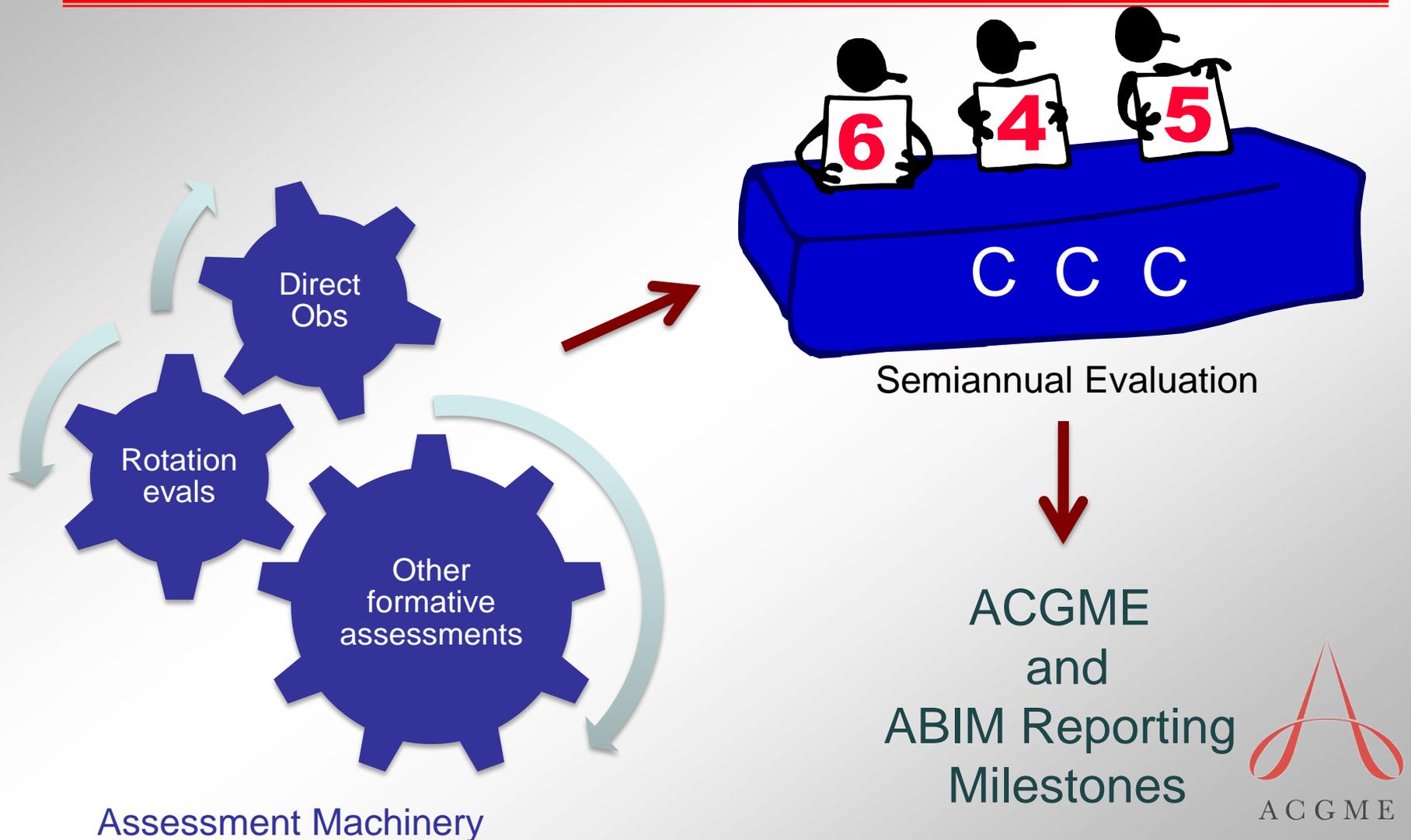
Assessment → Evaluation → Reporting



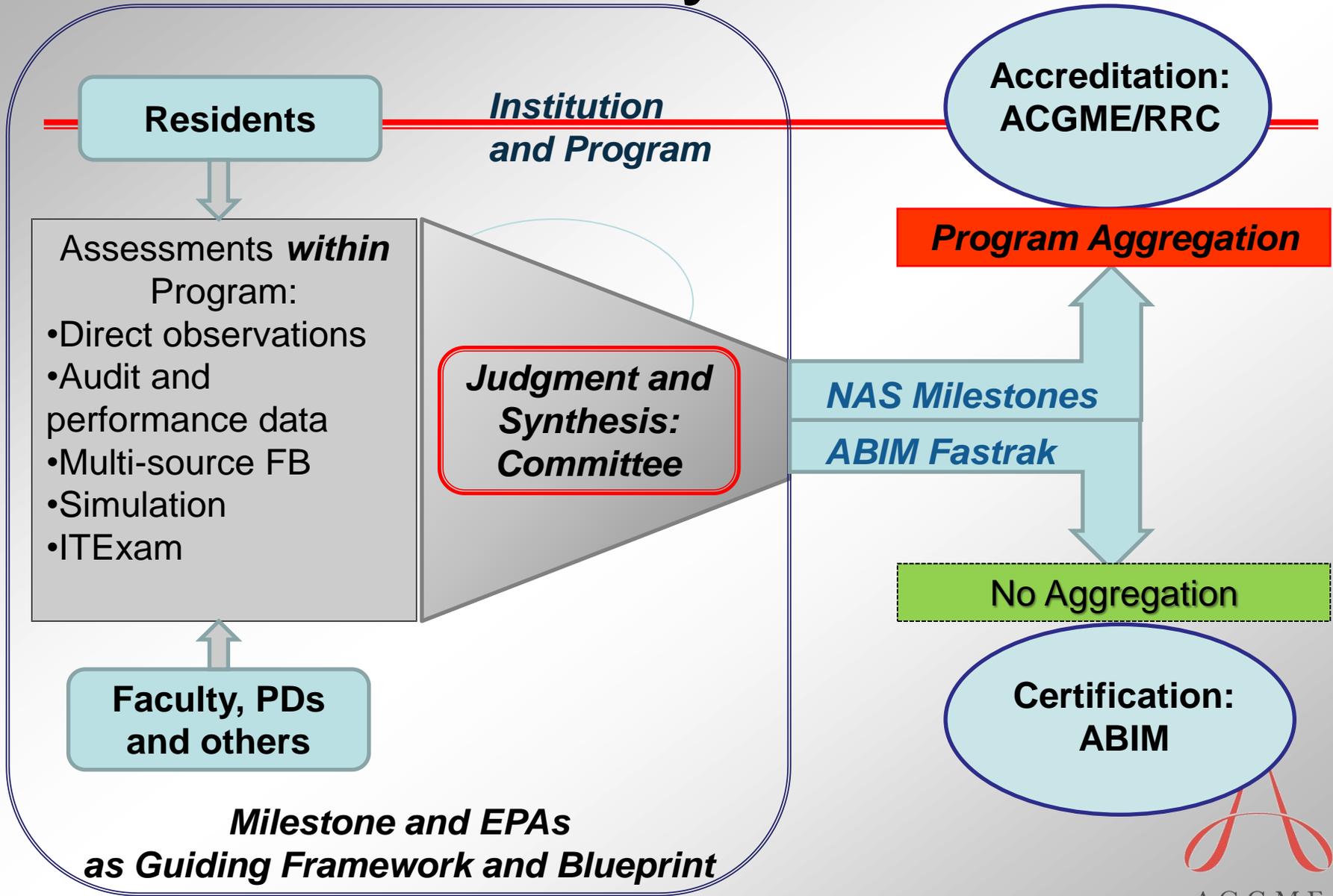
*May include:
“Curricular milestones”
EPA’s
Other tools from AAIM, etc
Locally developed tools*

Assessment Machinery

Assessment → Evaluation → Reporting



The "System"



Annual Data Review Element #8: ACGME Reporting Milestones

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

The Next GME Accreditation System — Rationale and

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham,
and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,¹ and in 2009, it began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. The result of this effort is the Next Ac-

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education⁸ and the emerging formalization of education. In response, the ACGME

“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.”

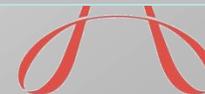
¹ Nasca, T.J., Philibert, I., Brigham, T.P., Flynn, T.C.

The Next GME Accreditation System: Rationale and Benefits.

New England Journal of Medicine. Published Electronically, February 22, 2012. In Print, March 15, 2012.

DOI:10.1056/nejmsr1200117 www.nejm.org.

NEJM. 2012.366;11:1051-1056.



ACGME

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

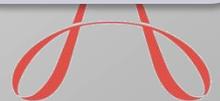
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- 1) *Resources*
- 2) *Time*
- 3) *Uncertainty in process*

Timetable for Milestones

	Development	Use	Reporting
IM Residencies	AY 2012-13	AY 2013-14	Later AY 2013-14
Fellowships	AY 2013-14	AY 2014-15	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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Faculty
Development



ACGME

Thank you.
Questions?

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

Yogi Berra

