Specialty Update: Medical Genetics and Genomics

SES095
Conflict of Interest Disclosure

Speaker(s):
Melissa Merideth, MD, MPH – Chair, Review Committee for Medical Genetics and Genomics

Cindy Riyad, PhD – Executive Director, Review Committee for Medical Genetics and Genomics

Kate Hatlak, EdD – Director, Faculty Development & Special Projects
(former Executive Director, Review Committee for Medical Genetics and Genomics)

Disclosure
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Session Objectives

1. Review Committee Statistics
2. Annual Program Review
3. Frequently Asked Questions
4. ACGME/Review Committee Updates
Review Committee
Statistics
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Merideth, MD, MPH, FACMG</td>
<td>(Chair) National Institutes of Health</td>
</tr>
<tr>
<td>Donald Basel, MD</td>
<td>(Vice Chair) Medical College of Wisconsin</td>
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<tr>
<td>Dusica Babovic-Vuksanovic, MD</td>
<td>Mayo Clinic (Rochester)</td>
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<tr>
<td>Michael Finkel, DO, MPH</td>
<td>(Resident Member) Detroit Medical Center</td>
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<tr>
<td>Michael Gambello MD, PhD, FACMG</td>
<td>Emory University</td>
</tr>
<tr>
<td>Scott Hickey, MD, FACMG</td>
<td>Nationwide Children’s Hospital</td>
</tr>
<tr>
<td>Azra Ligon, PhD</td>
<td>Brigham and Women’s Hospital</td>
</tr>
<tr>
<td>Anna L. Mitchell, MD, PhD</td>
<td>Case Western Reserve University</td>
</tr>
<tr>
<td>Dan Sharer, PhD, FACMG</td>
<td>University of Alabama at Birmingham</td>
</tr>
<tr>
<td>Frances van Beek, MSHA, MBA</td>
<td>(Public Member) Wellstar Health System</td>
</tr>
<tr>
<td>Miriam Blitzer, PhD, FACMG</td>
<td>(Ex-Officio) American Board of Genetics and Genomics</td>
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</tbody>
</table>
Welcome Incoming Members!

Term beginning July 1, 2023

Sanmati Cuddapah, MD
Children’s Hospital of Philadelphia

Lois J. Starr, MD, PhD
University of Nebraska Medical Center
Review Committee Staff

Cindy Riyad, PhD – Executive Director
criyad@acgme.org  312.755.7416

Additional staff on the way!

- Associate Executive Director
- Accreditation Administrator
Annual Program Review
## Accreditation Decisions

### September & December 2022

<table>
<thead>
<tr>
<th>Program</th>
<th>Continued Accreditation</th>
<th>Initial Accreditation</th>
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<tbody>
<tr>
<td><strong>Medical Genetics and Genomics</strong></td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td><strong>Medical Biochemical Genetics</strong></td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td><strong>Molecular Genetic Pathology</strong></td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
Lab Fellowship Transition Complete!

- 56 programs have achieved ACGME accreditation as of December 2022!
  - 17 Clinical Biochemical Genetics (+2 new programs in 2022)
  - 39 Laboratory Genetics and Genomics (+4 new programs in 2022)
Common Citations

• Board Pass Rate (5)
• Case Logs (2)
• Clinical and Educational Work Hours
• Final Evaluations
  • Ability to enter into autonomous practice
• Levels of Supervision
• Scholarly Activities
• Resources
Common Areas for Improvement

• Faculty Supervision and Teaching (10)
  • Interest in Education
  • Evaluation as Educators
• Evaluation (7)
• Case Logs (4)
• Educational Content (4)
• Professionalism (3)
• Curriculum Organization (3)
• Resources (3)
• Failure to Provide Accurate Information (2)
What is a Citation?

• Area of noncompliance with a program requirement
• Something the program doesn’t have, doesn’t do, or didn’t clearly describe
• Citations *must* be responded to in ADS
• Reviewed by the Review Committee each year until determined issue is resolved
What is an Area for Improvement?

- Often referred to as “AFI”
- Areas of concern or repeat trends/issues
- May or may not be tied to program requirement
- ‘Heads up’ to the program before it becomes serious
- Do not have to respond to in ADS
  - Can provide updates to Review Committee via ‘Major Changes’ section
- Repeat areas may become citations
Case Logs

• Review Committee is *still* seeing programs with residents not logging cases

• Aggregate entry method started in Fall 2018
  • Residents only have to type five numbers
  • Can pull right from their ABMGG logbooks

• *All* residents must log all cases in the ACGME Case Log System
  • This includes residents in combined programs

• Programs with repeat noncompliance may be subject to citation
## Case Log Entry

### Add Cases

<table>
<thead>
<tr>
<th>Area/Type/Keyword</th>
<th>Area</th>
<th>Type</th>
<th>Keyword</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Genetics</td>
<td>All</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Area</th>
<th>Type</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Metabolic Genetics</td>
<td>Medical Genetics</td>
<td>Metabolic Genetics</td>
</tr>
<tr>
<td></td>
<td>Cancer Genetics</td>
<td>Medical Genetics</td>
<td>Cancer Genetics</td>
</tr>
<tr>
<td></td>
<td>Reproductive Genetics</td>
<td>Medical Genetics</td>
<td>Reproductive Genetics</td>
</tr>
<tr>
<td></td>
<td>Adult Patient</td>
<td>Medical Genetics</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Pediatric Patient</td>
<td>Medical Genetics</td>
<td>Other</td>
</tr>
</tbody>
</table>

| 10   | Add                    |
| 30   | Add                    |
| 16   | Add                    |
| 35   | Add                    |
| 32   | Add                    |
Case Log Entry Expectations

• Each patient/case should only be logged *once*
  • Select specific category that most closely corresponds to reason for visit
• “Other” categories should *not* include cancer, metabolic, or reproductive cases/patients
• Examples of what would be logged as “Other Patient”
  • Developmental disability, birth defects, chromosomal abnormalities, connective tissue disease, or neurodegenerative disease
Resident/Fellow and Faculty Survey

- Programs receive results if:
  - There are at least four respondents
  - The response rate is at least 70%
- Programs who do not receive annual results will receive multi-year results once enough data is collected
- Important to preserve anonymity
How to Use Survey Results

• Review results with Program Evaluation Committee (PEC)
  • Program should still do ‘internal’ survey
• Review areas of concern with residents
  • Try to identify source of problem
  • Solicit specific improvement suggestions
• Use the ‘Major Changes’ section of ADS to proactively communicate how you are addressing poor survey results
• Poor Resident/Fellow Survey results alone will not cause the Review Committee to withdraw accreditation
Frequently Asked Questions
Clinically-Oriented Experiences

• Q: Does having a resident perform inpatient consults during a research experience/rotation fulfill the requirement for at least 18 months of broad-based, clinically oriented medical genetics and genomics experiences? *(Program Requirement IV.C.5.a)*

• A: No, a rotation or experience that focused primarily on research with residents taking some inpatient consults does not count as a broad-based, clinically-oriented experience. Using this approach to fulfill the requirement could dilute the research experience, and such rotations are not fully dedicated to clinical time and experiences.
ACGME / Review Committee Updates
Combined Programs

• Programs offering combined training are strongly encouraged to have and use combined program profiles in ADS
• Once combined training is approved by both certifying boards, programs can have a profile which has a separate program number identifying the combined program
  • Not accredited by the ACGME
  • Can receive feedback from Review Committee
Combined Programs

• Able to monitor combined residents/fellows in one program
  • No longer need to ‘move’ residents/fellows from one program profile to another
• Ensures Resident/Fellow and Faculty Survey and scholarly activity is credited to both programs
• Only report Milestones for each resident/fellow once a year (for both specialties at once)
Combined Program Profiles in ADS

- Pediatrics/Medical Genetics and Genomics: 27
- Internal Medicine/Medical Genetics and Genomics: 7
- Medical Genetics and Genomics/Maternal-Fetal Medicine: 6
- Reproductive Endocrinology and Infertility/Medical Genetics and Genomics: 1
Complement vs. Filled Positions

- Programs are encouraged to have a program complement that closely reflects the number of residents training in the program
  - 2022-2023: total of 194 approved residency positions, only 65 were filled
- Programs should request decrease in complement if needed to better align filled positions versus approved positions
  - Programs can always request temporary increase in complement for a year or two if needed
Clinical Year Requirement

- All prerequisite post-graduate clinical education required for entry into an ACGME-accredited residency program must be completed in an ACGME-, Royal College of Physicians and Surgeons of Canada-, or College of Family Physicians of Canada-accredited program, or in a residency program with ACGME International Advanced Specialty accreditation. (see III.A.2.)
Clinical Year Requirement

• Prior to appointment, residents must have successfully completed at least 12 months of direct patient care experience in a residency that satisfies III.A.2. (see III.A.2.b))
Clinical Year Requirement

- ABMGG waiver for certification eligibility does *not* apply to ACGME requirements
- Medical Genetics and Genomics is defined as a residency program by ACGME
  - Fellow eligibility exception option does not apply
- International educational experience must be in an ACGME-I accredited program with Advanced Specialty Designation
Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews. Watch the Milestones Engagement page and the weekly ACGME Communications email.
Milestones Resources

Faculty Development

Current resources include:

- CCC Guidebook
- Assessment Guidebook
- DOCC and TEAM Assessment Tools
- Clinician Educator Milestones
- Resident and Fellow Guidebook
### Supplemental Guide

Use the Word version of the guide to fill in curriculum mapping for your program and create a shared mental model of the new Milestones.

#### Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

**Overall Intent:** To incorporate evidence and patient values into clinical practice

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates how to access, categorize, and analyze clinical evidence</td>
<td>- Identifies evidence-based guidelines for osteoporosis screening at US Preventative Services Task Force website</td>
</tr>
<tr>
<td><strong>Level 2</strong> Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care</td>
<td>- In a patient with hyperlipidemia, identifies and discusses potential evidence-based treatment options, and solicits patient perspective</td>
</tr>
<tr>
<td><strong>Level 3</strong> Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients</td>
<td>- Obtains, discusses, and applies evidence for the treatment of a patient with hyperlipidemia and co-existing diabetes and hypertension. Understands and appropriately uses clinical practice guidelines in making patient care decisions while eliciting patient preferences.</td>
</tr>
<tr>
<td><strong>Level 4</strong> Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient</td>
<td>- Accesses the primary literature to identify alternative treatments to bisphosphonates for osteoporosis</td>
</tr>
<tr>
<td><strong>Level 5</strong> Coaches others to critically appraise and apply evidence to patient care</td>
<td>- Leads clinical teaching on application of best practices in critical appraisal of sepsis criteria</td>
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**Assessment Models or Tools**
- Chart stimulated recall
- Direct observation
- Evaluation of a presentation
- Journal club and case-based discussion
- Multisource feedback
- Oral or written examination
- Portfolio
- Simulation

**Curriculum Mapping**

**Notes of Resources**
- Local Institutional Review Board (IRB) guidelines.
Site Visits/Self-Studies

- Site visits are conducted in person or using remote technology
  - Programs/institutions will be notified of the modality for the site visit (blackout date request)
- ACGME developing process for conducting periodic site visits for programs on Continued Accreditation
  - Will not assign program self-study dates or 10-year accreditation site visit dates until further notice
Disruptions due to COVID-19/RSV

- It is ultimately up to the program director to determine a resident’s readiness for autonomous practice
  - See ACGME’s guidance on competency-based medical education during program disruptions
  - Some residents may require additional training to make up missed experiences
  - Contact Review Committee staff and ABMGG with questions
- Programs should report disruptions or modifications of resident experiences or curricula in the ‘Major Changes’ section of ADS
Assessment Tools

Direct Observation of Clinical Care (DOCC) web app

- Enables faculty evaluators to do on-the-spot direct observation assessments of residents and fellows
- Evidence-based frameworks provided for assessing six types of clinical activities
- Dictate feedback into app via mobile device
- Open source design permits programs and institutions to implement web app locally

https://dl.acgme.org/pages/assessment

for more information

Teamwork Effectiveness Assessment Module (TEAM)

- Enables residents and fellows to gather and interpret feedback from their interprofessional “team”
- Assists programs in assessing key competencies of communication, professionalism and aspects of systems-based practice

https://team.acgme.org/
Faculty Development & Well-Being

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Live and Hybrid Developing Faculty in Competency Assessment Workshops/Online Modules
- Curated Catalog of Well-Being Resources

https://dl.acgme.org/pages/well-being-tools-resources
Visit our learning portal at dl.acgme.org or scan the QR code below.

Have a question or need assistance? Contact desupport@acgme.org
These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- And many more!

The ACGME designates this enduring material for a maximum of 18.0 AMA PRA Category 1 Credits™.
An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.

- April 11, 2023
- Registration required

https://dl.acgme.org/pages/well-being-tools-resources
Questions?
Claim your CME today!

Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org
Thank You