



Transitional Year Review Committee Update

Nikhil Goyal, MD, Chair

Cheryl Gross, MA, CAE, Executive Director

Disclosure

- **No disclosures to report**



Session Objectives

- **Summarize the work of the TYRC this past year**
- **Describe recent changes in TYRC program requirements and policies**
- **Describe reporting requirements and data elements reviewed by the TYRC**



Current Review Committee Members

Steven Craig (<i>Vice Chair</i>)	Paul Sherman, MD
Nikhil Goyal, MD (<i>Chair</i>)	Matthew Short, MD
Benjamin Jarman, MD	Howard Shulman, DO
Ashley Maranich, MD	Christopher Swide, MD
JoAnn Mitchell, DO	Katherine Tynus, MD
Jeffrey Pettit, PhD (<i>Public Member</i>)	Amanda Xi, MD (<i>Resident Member</i>)
Cecile Robes, DO	



New Resident Member – 2019-2021

- ***Chase Liaboe, MD***
- Ophthalmology Resident
- University of Minnesota



New Member – 2019-2024

- ***Christopher Kuzniewski, MD***
- Naval Medical Center Portsmouth
- Radiology Program Director
- Assistant Professor, Uniformed Service University



New Member – 2019-2024

- ***Laurel Fick, MD, FACP***
- St. Vincent Hospital
- Transitional Year Program Director
- Internal Medicine Associate Director



Seeking New Member - 2020-2026 Term

- **Application Deadline – July 1, 2019**
- **Fundamental Clinical Skills area**
- **Contact amorales@acgme.org for info**



TYRC Activities – 2018-2019



Trends in Transitional Year Programs

Academic Year	# Residents	# Programs
2018-2019	1,522	152
2017-2018	1,280	125
2016-2017	1,117	108
2015-2016	1,093	100
2014-2015	1,098	101
5-Year Trend	↑ 38.6%	↑ 50.4%



Transitional Year Program Size

Number of Filled Positions	Number of Programs
0 Residents	6
1-5 Residents	23
6-10 Residents	57
11-15 Residents	48
16-20 Residents	12
Over 20 Residents	6

	Number of Filled Positions
Range	0-27
Mode	6
Median	10
Mean	10



Update – Osteopathic Programs

- **Osteopathic Traditional Rotating Internships.....83**
- **Number Applied to ACGME.....38**
- **Percent Applied.....45.8%**



Update – Osteopathic Programs

- Initial Accreditation.....24
- Initial Accreditation with Warning.....2
- Continued Accreditation.....5
- Pre-Accreditation, Pathway A.....5
- Pre-Accreditation, Pathway B.....1
- Voluntary Withdrawal.....1



Annual TYRC Activities

- **The Review Committee meets to review:**
 - Applications
 - Permanent Complement Increase Requests
 - Annual Data
 - *Programs with Citations*
 - *Programs with Annual Data Indicators*
 - Self-Studies



Other Activities

- **Chair** – Member, Council of Review Committee Chairs
- **Resident** – Member, Council of Review Committee Residents
- **Public Member** – Member, Council of Public Members



Other Current Activities

- Milestones 2.0
- CRCR – *Back to Bedside*
- Physician Well-being
- Common Program Requirements – Update



Program Requirement Changes



Focused Revisions

- **Primary Plan**

- *To incorporate current program requirements into new Common Program Requirements (effective July 2019)*

- **Focused Revisions**

- *Review and Comment from October 22-December 6, 2018*
- *To ACGME Board June 2019*
- *Effective July 2019*



Major Common Program Requirement Changes

- **Almost all requirements categorized as “core”**
- **Review Committee may further specify only where indicated**
- **New Program Director Guide coming soon**



Specialty Changes

- Residents must have educational experiences **AND** *access to resources* equivalent to first-year residents of the sponsoring programs [I.D.1.a)]
- **Salary Support – Program Director** (info next slide)
- **Core Faculty Members**
 - *Minimum – 3 core faculty members, at least 1 from each sponsoring program*
 - *At least 1 additional core faculty members for every 4 residents over 12 residents*



Salary Support – Program Director

- **<12 residents – 25% support (10 hours/week)**
- **12-15 residents – 30% support (12 hours/week)**
- **16-19 residents – 35% support (14 hours/week)**
- **20 or more residents – 40% support (16 hours/week)**



Common Program Requirement

Section II: Faculty

- **Core Faculty**
 - *Program director can select core faculty members*
 - *Definition now based on role in resident education and supervision – not number of hours devoted*
 - *Includes, at a minimum, Clinical Competency Committee and Program Evaluation Committee members*
 - *Must complete annual ACGME Faculty Survey*



Common Program Requirement

Section II: Faculty

- **Core Faculty**
 - *Non-physician faculty members may be appointed as core faculty*
 - *Scholarly activity now assessed for the program as a whole, not individual core faculty (allows core faculty selection based on educational contributions)*



Program Coordinator [II.C.]

- **<16 residents – 50% support (20 hours/week)**
- **16-20 residents – 75% support (30 hours/week)**
- **Over 20 residents – 100% support (40 hours/week)**

- **FTE support must be exclusive to TY program**



Other Items

- Residents must **TAKE** USMLE Step 3 or COMLEX Part 3 prior to completion of the TY program [IV.B.1.c).(1)]
- Each rotation must be at least two weeks in length [IV.C.1.a)]
 - *Outside of ambulatory/longitudinal clinic*



Curriculum – 24 weeks of FCS

Four fewer weeks, but defined [IV.C.4.]

- In units where other ACGME residents rotate
- Resident must be primary provider for patient
 - *Decision-making and direct care for all active patient issues*
 - *Planning care and writing orders, progress notes, etc.*
 - *Not assigned primary provider responsibility, except for longitudinal clinic*



Curriculum [IV.C.4]

- **8 weeks of rotations involving INPATIENTS (can double count FCS/inpatient) [IV.C.4.c)]**
 - *General medicine, general pediatrics, general surgery, obstetrics and gynecology, or family medicine*
 - *Critical care unit experiences DO NOT COUNT toward this requirement, but may count toward FCS requirement*



Curriculum [IV.C.4]

- **Ambulatory (140 hours—no change)**
 - *Can be family medicine, primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics*
 - *May be conducted as a longitudinal clinic (NOT required)*
 - *No shorter than half-day sessions*



Elective Options [IV.C.5]

- **8 weeks minimum, from medical, surgical, and hospital-based specialties**
 - *Residents should have elective rotations to meet needs of their future residencies*
- **8 weeks maximum non-clinical (research, etc.)**
- **Exceptions can be made for additional elective time as required by the categorical specialty (e.g. ophthalmology)**



NEW Requirement [IV.C.9]

- **Program must counsel and assist TY residents not accepted into categorical or advanced program or without a defined career path**
 - *Development of plan / mentoring*
 - *Reviewing Milestones – strengths and areas for improvement*
 - *Etc.*



Common Program Requirements

Section VI

- **80-hour weekly maximum remains**
 - *Clinical work from home counts toward 80 hours*
 - *EHRs*
 - *Responding to patient care questions*
- **Reminder: averaged over four weeks**



Common Program Requirements

Section VI

- **What does NOT count toward 80 hours**
 - *At-home reading done to prep for next day*
 - *At-home studying*
 - *At-home research*
- **Above counts toward 80 hours when done in the hospital**



Annual Program Reviews



Annual Timeline



Data Reviewed

- **Surveys - Resident and Faculty** (*attention to trending*)
- **Clinical Experience**
- **Scholarly Activity - Faculty & Resident**
- **Attrition**
- **Information Omission**
- **Major Changes / Responses to Citations**



The Review Process

- **Staff Review**
 - *Broad Review of all Data – Concerns Flagged*
- **Committee Review**
 - *Data Concerns*
 - *Programs with Active Citations*
 - *Programs on Warning or Probation*



Current Year Review Process

- **Reviewed (December 2018)**

- 59 Consent
- 11 Consent with AFIs
- 12 Annual Data Review
- 14 Applications
- 4 Site Visits
- 2 Complement Increases

- **Reviewed (April 2019)**

- 5 Annual Data Review
- 6 Applications
- 10 Site Visit

- **Meeting Outcomes (December 2018)**

- 87 Continued Accreditation
- 14 Initial Accreditation
- Increases
 - *1 Increase Approved*
 - *1 Increase Denied*

- **Meeting Outcomes (April 2019)**

- 15 Continued Accreditation
- 4 Initial Accreditation
- 1 Continued Pre-Accreditation
- 1 Probationary Accreditation



NOTE!

- **80-hour rule STRICTLY enforced, effective 2019 review cycle**
- **Dr. Nasca letter to the GME community – Jan 2019**
- **2017 notification**
- **Citations issued for 2018-2019 review cycle**
 - *Resolution: Improved Resident Survey results; data logs, program director response to citation*



Accreditation Status

- **Continued Accreditation**
- **Continued Accreditation with Warning**
- **Probation**
- **Withdrawal of Accreditation**



Continued Accreditation

- **Substantial Compliance with Requirements**
 - *Programs may or may not have Citations or Areas for Improvement (AFIs) issued*
- **Review Committee will continue Annual Review of Outcomes**
- **Programs can innovate around “Detail” Requirements** *(not “Core” or “Outcome” Requirements)*



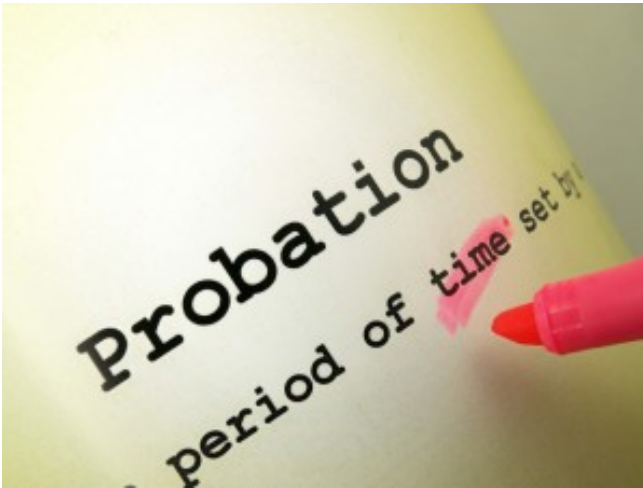
Continued Accreditation with Warning

- **Areas of Non-Compliance Jeopardize Accreditation**
 - No permanent increase in complement
 - Status is published on ACGME website
 - Do **NOT** need to inform residents



Probation

- **Must have a site visit before conferring this status**



- ***No increase in complement (Temporary or Permanent)***
- ***Status is published on ACGME website***
- ***Must inform residents and applicants in writing***



Letter of Notification

- **Citations**

- *More serious concerns than AFIs*
- *Linked to Program Requirements*
- *Require written response in ADS*
- *TYRC will review again the following year*
 - Extended or Resolved



Letter of Notification

- **Areas for Improvement (AFIs)**
 - Concerns not reaching the level of citation
 - *Often Program Trends*
 - No written response required
 - Should be reviewed with Program Evaluation Committee
 - TYRC will review again following year
 - Unresolved AFIs may become citations



Summary

- **RC reviews all flagged programs**
- **AFIs: RC will review data trends**
- **Citations: program director must address in ADS Annual Update**
 - RC reviews responses
 - Send evidence of program response
 - Forward supporting documentation as needed



ADS Changes

June 24, 2019



**THERE ARE TWO THINGS IN
LIFE THAT I HATE:**

**CHANGE, AND THE WAY
THINGS ARE.**

Upcoming Changes in ADS

- **Working to align the information collected with the Common Program Requirements**
 - *Effective July 1, 2019*



Upcoming Changes in ADS

- Changes will be published after **June 24, 2019**
 - *Applications will be required to respond to new/updated ADS elements.*
 - *Accredited programs will be required to respond to new/updated questions in the Annual Update.*



ADS Change: Site Director Identification

- ***I.B.3.a) At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)***

Live now in ADS Participating Sites tab



ADS Change: Site Director Identification

Edit
Participating
Sites

Program Letter of Agreement (PLA) exists between program and site?

☒ Yes

☐ No

☐ N/A (site under governance of sponsoring institution)

Rotation Months:

Y1

Y2

Y3

Y4

Y5

0.0

2.0

3.0

0.0

2.0

Distance to Primary Clinical Site:

Miles

Minutes

2.0

5.0

Briefly describe the content of the educational experience (addressing the range, volume/variety of clinical experience, site support and educational impact):

University of South Alabama Children's and the USA residency. Residents gain experience in pediatric surgical and women's health issues in an academic tertiary care setting.

Site Director:



ADS Change: Designation of Core Faculty

Designate faculty members as “Core” on the faculty roster

- **II.B.4. Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)**



ADS Change: Faculty Certification

- After the ADS update, all programs will enter the expiration date of their faculty members' certification (original, time-unlimited, re-certification, MOC) if available.
 - *Exception: Faculty members with AOA certification with a status of "OCC" will not be required to enter an expiration date.*
 - *Some specialties/subs (e.g., internal medicine) don't have an expiration date, so they will leave blank.*



ADS Change: Faculty Scholarly Activity

- ***IV.D.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)***

Residency programs will report all faculty scholarly activity as a program (not individual) in a grid.



Faculty Scholarly Activity

Programs must have efforts in at least three of the following domains: (Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education



ADS Change: Faculty Scholarly Activity

The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

PMID	Chapters/Textbooks
Other Publications	Grant Leadership
Conference Presentations	Leadership/Peer-Review Role
Other Presentations	Formal Courses

ADS Change: Faculty Scholarly Activity (Fellowship Programs)

- **Programs will continue to report scholarly activity by individual faculty member.**
 - *Categories of scholarly activities will match the table of dissemination methods.*
- **Programs will also report domains (e.g., research, QI, grants) of scholarly activity for all faculty in the program**



ADS Changes: Questions

- **EX: Provide the program's mission statement.**

The mission statement is a written statement of a program's core purpose. This statement should clarify the focus of the educational program (e.g., academic/research focus, community care focus), what community the program will serve and how that will be accomplished, and how the program's mission aligns with the larger mission of the Sponsoring Institution.



ADS Changes: Questions

- **EX: Provide the program aims (e.g., goals/objectives) that are guided by the program's mission statement.**
 - *The program's aims (i.e., goals, objectives) should describe what the program has the intention of achieving in accordance with the Common Program Requirements. The program aims should be consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates serve, and the distinctive capabilities of its graduates (e.g. leadership, research, public health).*



Tips



Common Review Committee Concerns

- **Inaccurate/Incomplete information in Annual Update**
 - *Faculty certifications, licensure, qualifications*
 - *Faculty / resident scholarly activity*
 - *Response to citations*
 - *Lack of documentation (when requested)*
 - *Block diagram information / format*



Block Diagram

- **Snapshot of the program**
- **Follow instructions and format!**
- **Essential components:**
 - *Legend*
 - *Site*
 - *Rotation name (be specific)*
 - *Designate FCS rotations*
 - *% Outpatient time*
 - *% Research time*



Website Information

- **Block Diagram Instructions – TY-specific**
- **FAQs (*in development*)**
- **Video Shorts – ADS Annual Update**
 - *Responding to Citations*
 - *Entering Scholarly Activity*
 - *Creating an Effective Block Diagram*



Milestones



Milestones 2.0

- **Beginning the 2019-2020 academic year**
- **First reporting is December 2019**
- **Start thinking about the transition**



Differences

- **Level 4 definition:**

The resident continues to advance so that he or she now substantially demonstrates the Milestones targeted for transitional year education. This level is designed as the desired level of achievement for many, but not required for all, transitional residents.



Differences

- **Patient Care and Medical Knowledge have two options outside of the levels:**
 - *Not yet completed Level 1*
 - *Not yet assessable*



Patient Care

1: History

2: Physical Examination

3: Differential Diagnosis and Assessment

4: Clinical Management

5: Urgent and Emergent Medical Conditions

6: Care of Diverse Patients



Medical Knowledge

1: Clinical Reasoning

2: Procedural Knowledge and Informed Consent



Systems-Based Practice

- 1: Patient Safety and Quality Improvement**
- 2: Systems Navigation for Patient-Centered Care**
- 3: Physician Role in Health Care System**



Practice-based Learning and Improvement

- 1: Evidence Based and Informed Practice**
- 2: Reflective Practice and Commitment to Personal Growth**



Professionalism

- 1: Professional Behavior and Ethical Principles**
- 2: Accountability and Conscientiousness**
- 3: Self-Awareness and Help-Seeking**



Interpersonal and Communication Skills

- 1: Patient and Family-Centered Communication**
- 2: Interprofessional and Team Communication**
- 3: Communication within Health Care Systems**



Supplemental Guide

- **Overall intents**
- **Examples for Levels 1-5**
- **Assessment methods**
- **Resources**
- **Available with the intent of the development group and as a Word document for use in your Clinical Competency Committee**



Supplemental Guide

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
Obtains an accurate history	Obtains and reports an accurate, organized history, and seeks appropriate data from secondary sources	Consistently obtains and reports a comprehensive and accurate history incorporating clinical patterns in historical data	Consistently obtains and concisely reports a focused history with subtle details supportive of a rational clinical diagnosis	Consistently serves as a role model and educator in obtaining and presenting a focused history with subtle details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>				

Patient Care 1	History
Overall Intent	To ensure resident obtain and report an accurate medical history from the patient that supports a rational diagnosis
Level 1 Examples	<ul style="list-style-type: none"> Interviews patient and obtains accurate information
Level 2 Examples	<ul style="list-style-type: none"> Interviews patient and organizes information in a logical manner; also calls pharmacy, reviews medical record, and/or interviews family
Level 3 Examples	<ul style="list-style-type: none"> Regularly identifies historical patterns, including Hgb A1C trends and creatine; obtains records from other institutions
Level 4 Examples	<ul style="list-style-type: none"> Reports a focused and accurate history with appropriate detail for chief complaint, including subtle historical features that may otherwise be missed without targeted inquiry
Level 5 Examples	<ul style="list-style-type: none"> Teaches others to obtain and report a complete and accurate history with subtle details
Assessment Models or Tools	<ul style="list-style-type: none"> Chart reviews Direct observation 360-degree feedback Follow-up patient interview Simulation (low or high fidelity) Standardized patient/OSCE
Notes or Resources	<ul style="list-style-type: none"> Young ER. Bates Guide to Physical Examination and History Taking, Seventh Edition. <i>Anesth Prog.</i> 2001;48(2):72-73. Bickley L, Szilagyi PG. <i>Bates Guide to Physical Examination and History Taking</i>. 11th ed. Philadelphia, PA: Lippincott, Williams and Wilkins; 2013.



Supplemental Guide

- **Review the Milestones and Supplemental Guide with your CCC**
- **Your CCC should have a shared mental model exercise**
- **Determine your program's expectations at each level**
- **Assessment tool(s) you will use**
- **Rotations it will be assessed**



Practical Tips for Milestones



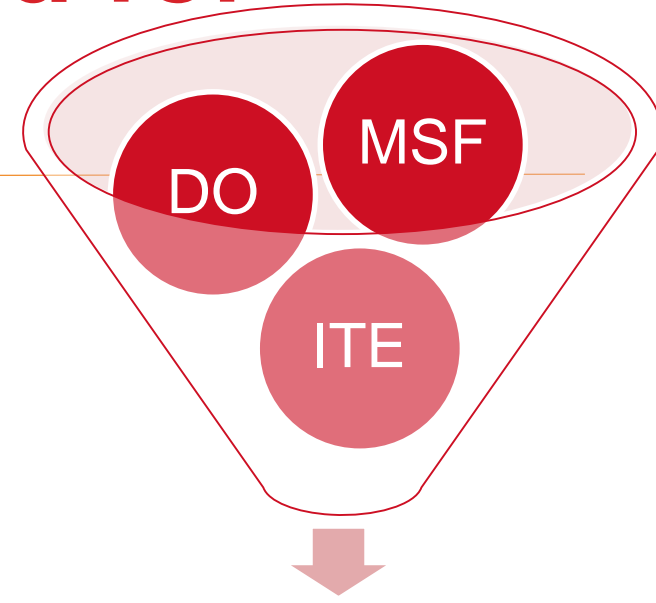
Practical Tips for Milestones

- **Share and discuss pertinent Milestones set with residents at the beginning of the program**
 - Helps them to gain a shared understanding of the goals of the program and the Milestones
- **Have residents and fellows complete individualized learning plans**
 - Using the Milestones as an important guide
- **Consider having residents complete a Milestones self-assessment to compare and contrast (with a trusted advisor) to the CCC assessments**
- **Enable residents to seek out assessment (i.e., self-directed assessment seeking), especially direct observation, from faculty members.**



Why Shouldn't Milestones Be Used for Regular Evaluations?

- The Milestones were designed to be formative
- A repository for other assessments
- Not every milestone can or should be evaluated on every rotation
- Not everything that should be evaluated is included in the Milestones



Milestones Resources

- **Milestone Web Page**

<http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview>

- **Milestone FAQs**

<http://www.acgme.org/Portals/0/MilestonesFAQ.pdf>



Milestones Resources

National Reports

2018 Milestones National Report

2017 Milestones National Report

2016 Milestones National Report

Guidebooks

Milestones Guidebook

Milestones Guidebook for Residents and Fellows

Clinical Competency Committee Guidebook

Other Resources

Milestones FAQs

ACGME Milestones Project: Lessons Learned and What's Next

Clarification on Common Program Requirements and Milestones

Use of Individual Milestones Data by External Entities for High Stakes Decisions

Online Education

The ACGME's new online mini-course, *Introduction to Assessment*, is available in the management system (LMS). This course is the first in a series of online mini-courses!

Milestones Resources

**Tell us what you need and
how we can help you!**

milestones@acgme.org



The Program Self-Study and 10-Year Accreditation Site Visit



Self-Study

- **What is the ACGME Self-Study?**
 - *An objective, comprehensive evaluation of the residency or fellowship program, with the aim of improvement*
- **8 Steps to Conducting your Self-Study (ACGME Website)**
- **Complete the Self-Study Summary**
- **Upload the document into ADS by the last day of the month of the Self-Study date**



NEW Common Program Requirement - Self-Study

Common Program Requirements updates effective July 1, 2019:

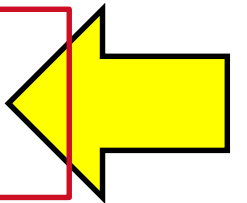
V.C.1.e) The annual review, including action plan, must:

V.C.1.e).(1) be distributed to and discussed with the members of the teaching faculty and the residents; and, (Core)

V.C.1.e).(2) be submitted to the DIO. (Core)

V.C.2.

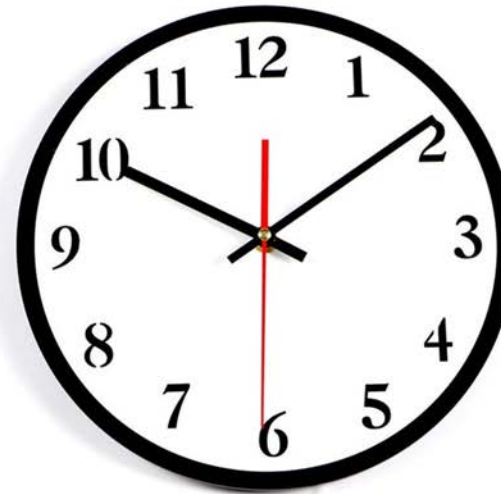
The program must complete the Self-Study prior to its 10-Year Accreditation Site Visit. (Core)



V.C.2.a) A summary of the Self-Study must be submitted to the DIO. (Core)



24 Months (or more) later...



10-Year Accreditation Site Visit

- **8 Steps to Prepare for the 10-Year Accreditation Site Visit (ACGME website)**
 - Complete the Summary of Achievements
 - Complete the Self-Study Update (optional)
 - Prepare for a full accreditation site visit
- **10-Year Accreditation Site Visit may take place 24 months or more after the Self-Study date listed in ADS.**



10-Year Accreditation Site Visit Updates

- The Self-Study helps to provide context for the accreditation portion of the 10-Year Accreditation Site Visit
- Feedback on the Self-Study focuses on:
 - *Link to aim and context*
 - *Completing the plan-do-study-act (PDSA) cycle*
 - *Managing improvement action plans and data*
 - *Stakeholder involvement and engagement*
 - *Coordination between different (program, departmental, and institutional) aims and priorities*



Self-Study and 10-Year Accreditation Site Visit Dates

- Programs scheduled with a self-study date *prior to April 2019* will likely have their 10-Year Accreditation Site Visit more than 24 months after the Self-Study date listed in ADS
- Programs with self-study dates of *May 2019 and beyond* will have their self-study dates pushed forward into the future (exact timeframe under review)
- More information about the date changes are forthcoming



Other Resources

- **Webinar, August 2, 2019: Maximizing the Value of the ACGME Self-Study Process for Your Program: No Need to be Afraid!**
- Updated **FAQs for site visits** on the ACGME webpage, with more information about the Self-Study and 10-Year Site Visit
- NEW! Linda B. Andrews, MD, senior vice president, Field Activities (**landrews@acgme.org**)
- Andrea Chow, MA, associate director, Field Activities (**achow@acgme.org**)





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Contact ACGME staff – they want to help!

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