

PREPARING FOR THE SITE VISIT

The site visitor will send you a letter containing detailed information and specific requests regarding the day of the site visit, preparing (and delivering) the Program Information Form (PIF) and any additional materials you'll need to have available for review that day. In the meantime, here are suggestions regarding things you can take care of, think about and/or put together in advance of the site visit.

THINGS YOU SHOULD DO NOW

- 1) Inform your Service (and Division) Chief/s and key faculty—as well as all your residents—that the program will be undergoing an external site visit, and the date.
 - a) Ask them to **block out time** on their calendars, preferably in the late morning and early afternoon, on the day of the visit
 - b) Alert program leadership at all "major participating" **affiliates**, especially if yours is an integrated program. The site visitor may want to meet key faculty there or go on a tour—and you may need their assistance in gathering information for the PIF.
- 2) Reserve a room, preferably near your office, for the entire day (8am - 5pm) of the visit
 - a) The site visitor will use this room for paperwork review, meetings with you and other program representatives, and will likely have lunch with the residents in this room
 - b) The room should have a phone and a large table, with seating for at least 10-15, depending on the size of your program
 - c) Arrange for someone to be available the entire day, to provide the site visitor with documents, directions, etc.
- 3) Print and review the following from the ACGME website:
 - a) the RRC program requirements for your (sub)specialty, including any "Policies and Procedures for Subspecialty Programs in"
 - b) the ACGME Common Program Requirements, if not already incorporated into your (sub)specialty requirements
 - c) the program's most recent accreditation letter and any other RRC correspondence posted in the ACGME Web Accreditation Data System (ADS)
 - d) the Program Information Form (PIF) for your (sub)specialty, which may be in two parts—a WORD document and an on-line section in ADS)
- 4) If your trainees have **not** been recording their workhours—or if you haven't reviewed your duty hours data/reports recently—start monitoring **now**. (Maria DellaRocco can assist with any questions about *New Innovations*.)
 - a) Review historic duty hours data to ensure that any issues have been discovered and corrected prior to the site visit
 - b) Research any persistent non-compliance with the residents and faculty
 - c) Revise your program-specific duty hours policy as needed, to ensure all rotations (or circumstances) where violations (may) occur are addressed; copy the policy to faculty and residents, if you haven't already
- 5) Review the February, 2005 ACGME "E-Bulletin" (www.acgme.org), which includes a good deal of information and advice about site visit preparation.

OVER THE NEXT FEW WEEKS

- 1) Check out any call rooms or other dedicated space used by the residents
 - a) Does anything need to be done? is the space adequate and clean, do the computer and phone function (well), is the area safe and well-lit, etc.
 - b) Ask your residents if there are any problems with call rooms, parking, safety or food not only on the main campus, but also at any external rotation sites, and make sure these are resolved
- 2) As mentioned above, if the ACGME has an on-line PIF "Part One" for your program, start working on it now. Part One generally relates to the core competencies, and **may be challenging and time-consuming to write**
- 3) Make sure that:
 - a) All the information you have entered in **ADS** is current and correct (including individual resident data); update as needed
 - b) Previous **RRC citations** or concerns have been addressed and/or corrected (your PIF probably requires a full discussion of prior citations)
 - c) All documents the site visitor may want to see are complete, and will be available the day of the visit:
 - i) **Affiliation agreements** (a/k/a PLAs—Program Letters of Agreement) are complete, signed within the past five years, and all attachments are up-to-date. Note: affiliation agreements must be executed for every hospital/site at which your trainees have regular rotations, regardless of whether it's a Partners hospital, and regardless of reimbursement arrangements. Please do **NOT** postpone completing or updating these, as obtaining all the signatures can take weeks.
 - ii) **Resident files** contain appropriate information, every item is up to date, and moonlighting agreements (if applicable) are included
 - iii) **Evaluation** documents are completed, including exit evaluations, and are in compliance with program requirements regarding content, frequency, etc.
 - iv) **Procedure and/or case logs** (as applicable) are accurate and up to date, and you have reviewed them with each resident
 - v) Every trainee (recalls that s/he) has received a **contract**
- 4) Read over your program's most recent **Internal Review** report (if you cannot locate your copy, contact Angela Byers)
 - a) Identify anything in the "findings and recommendations" section that hasn't been addressed, and might become an RRC citation
 - b) While the site visitor should NOT be given the entire internal review report, s/he can be shown the first one-two pages (listing date performed, date report was reviewed by the GME Committee, participants, materials reviewed, process)

COMPLETING THE PIF

- 1) Identify any portions of the PIF that **must** be provided/completed by other individuals, departments, or institutions (particularly if yours is an integrated program).
 - a) This might include:
 - i) documents such as CVs and procedure logs

- ii) quantitative data, such as the number of admissions or cases at MGH/BWH and at affiliates
 - iii) schedules (such as didactics) maintained by someone else (Chief Resident, Associate or Site Program Director)
 - b) Provide contributors with, as much as is possible/reasonable
 - i) time: establish a reasonable but short deadline
 - ii) information: specifics regarding both the format and content of what is needed
 - iii) oversight: stress the importance of providing the information accurately and on a timely basis
- 2) Develop a **work plan**, including **deadlines** for completing each section of the document
- a) Identify any questions you are uncertain how to answer; contact your RRC with any questions
 - b) Assign responsibility for each section, unless you/coordinator will complete the entire form. If several editors will be working within the document,
 - (1) coordinate who will be entering text/data into the PIF, and set/manage deadlines
 - (2) consider if you want to host the working draft on a shared drive
 - c) Provide writers/editors with copies of the RRC program requirements, as a reference
 - d) Coordinate with other programs in your department (particularly the core residency) to determine where collaboration will be of benefit (e.g., data, forms, procedures, policies)
- 3) Manage the timeline
- a) **Block out plenty of time on your calendar** to “write” the PIF, over the coming weeks and closer to the deadline
 - i) Protect your program coordinator’s time, so you will have support for text or data entry
 - b) Schedule time for
 - i) Others in your department, to review (one or more) draft/s of the PIF
 - ii) Others who must sign the final version, such as your Chief or core residency program director, to read it before signing
 - b) Check the calendars of your **Chief** as well as the **DIO** (the DIO's signature is **required** by the ACGME) to ensure they will be available to **sign** the PIF before it goes in the mail. (Note: Part One of the PIF generally includes the signature section.)

→ **Working back** from the date that the PIF must be mailed to the site visitor, please make a note on your calendar that a draft version of the PIF must be sent to the “DIO”* no later than two weeks **before** it is due to the site visitor, for his review and comments.

- Approximately four weeks before the site visit, e-mail (Parts One and Two of) the PIF for DIO review to Georgi Bland (MGH-sponsored programs) or Irina Knyshevski (BWH-sponsored programs)
- If you are required to complete Part One of the PIF on-line in the Accreditation Data System (ADS) and you are **unable** to convert it to a WORD document, print and fax it to Georgi or Irina at the same time you submit Part One

* “DIO” is ACGME-speak for “Designated Institutional Official”. Dr. John Co is the Partners DIO, but Drs. Eric Nadel and Dempsey Springfield also serve in this capacity for PIF review and meetings with site visitors (see final page). **If** the site visitor wants to meet with the DIO, please schedule this **as soon as the site visitor contacts you** through Melaurie Brown in the BWH GME Office at 617-732-8540.

NOTES:

- If your PIF is many pages long, and you're considering hand-numbering each page, call the GME Office (in advance, please) and we can loan you a numbering machine which may make this speedier.
- You may not make **any** edits to the PIF (even fixing a typo) once it has been sent to the site visitor.

THINGS TO CONSIDER

- 1) What is different about the program since the last RRC site visit? You'll probably be asked to discuss these in a cover letter with the PIF to the site visitor
 - a) Have there been any changes to:
 - i) program structure: trainee complement, rotations, didactics, external sites (affiliates added/terminated), research (requirements or opportunities), coverage responsibilities and duty hours
 - ii) curriculum
 - (1) have you incorporated the core competencies into the written curriculum?
 - (2) are there written competency-based goals and objectives for each assignment at each educational level, as well as for the program overall?

Note: If you need assistance with your **written** curriculum, contact your Associate Director of GME for referral to a Partners Education Specialist
http://www.partners.org/research/gme/research_gme_contact.html
 - iii) resident space, funding, computer facilities/access (including medical records or other computer-based applications), staff support (administrative, physician extenders, etc.)
 - iv) faculty, and/or program or departmental leadership, here and at affiliates (+/- HMS)
 - b) Ask others for their input about program/department history and changes that may have been instituted, particularly if you're a new program director
- 2) You may want to ask faculty (and perhaps residents) who will meet with the site visitor to
 - a) review the final draft of the PIF, or portions thereof, before you mail it
 - b) review your program's most recent (and historic) RRC accreditation correspondence, so they'll be familiar with any prior citations and how they've been addressed
- 3) Your residents/fellows (programs with 4 or more trainees) will have completed an on-line **ACGME survey** early in the calendar year. Note: Unless 70% completed the survey, even aggregate results will **not** be available to you.
 - a) If you have not already done so, review the summary results of the survey, and discuss with the residents, faculty and program leadership
 - i) Determine if you have addressed every issue highlighted on the survey as problematic
 - ii) Is everyone aware of the changes you have made/intend to implement in response to the survey findings?
 - b) Be aware that the site visitor will
 - i) Ask the residents about survey responses that suggest program "failures to..." or "non-compliance with..." (e.g., failure to train residents on fatigue)
 - ii) Have seen the comments entered (anonymously) by the residents who completed the survey. Note: you do **not** have access to these

- 4) Be prepared to explain to the site visitor how you/the program satisfies **each and every one** of the RRC (specialty) and common program requirements: for example, you may be asked
 - a) How do you monitor resident stress, mental or emotional conditions?
 - b) If/when the written curriculum is distributed to the residents? Do the faculty review it with the residents prior to each rotation?
 - c) (How) do the residents have access to their written evaluations?
 - d) How do you evaluate resident achievement/performance in the core competencies?
 - e) How do faculty educate trainees about fatigue and its effects on performance?
 - f) How is the annual program “self-study” done, and do you include residents?
 - g) Can you identify the “scholarly activities” you, your faculty and residents participate in?
 - i) committees, at the institutional, departmental and national level
 - ii) educational events, such as the Partners Program Director Workshops, ACGME or national program director meetings, etc.
 - iii) QA/QI/ (continuous quality improvement) activities
 - iv) teaching medical students
 - v) didactics outside your program/department

ABOUT THE SITE VISIT ITSELF

- 1) The site visitor will want the following documents in advance of the visit:
 - a) a typed schedule of the day, which should include the name and title of everyone with whom s/he will meet
 - b) typed directions to the hospital and to the room you've reserved (you might include a map)
 - i) Provide directions to a garage, in case the site visitor is driving
 - ii) Advise where to be dropped off (usually a main lobby), in case arriving by cab
- 2) The site visitor will ask to meet with **all**, or at least 10-15 (peer-selected), residents
 - a) For large programs, (plan how) the residents will s/elect representatives to meet with him/her (at least two-four from each program year). It's quite likely the site visitor will ask the residents s/he meets with how they were selected to meet with him/her
 - b) Make sure all residents to be interviewed are relieved of their duties at least 20 minutes before and after their scheduled slot that day
 - i) Advise supervisors and other faculty/staff (e.g., RNs) that the residents will not be available, and cannot be paged, when they're with the site visitor
 - c) If residents are at different sites (particularly if yours is an integrated program), ensure that *all* residents who were s/elected by their peers can comfortably attend the meeting
- 3) Be sure you have **everything** requested in the site visitor's letter, and any supporting documents **referenced** in the PIF, readily available for the site visitor: e.g., s/he may ask to see your program's trainee selection, duty hours and/or supervision policies (be sure the faculty and residents are aware of and familiar with these policies....) or resident folders.
- 4) The site visitor may ask for an unannounced "tour", so tidy up call rooms, desk or lab space as needed before the visit (but don't go overboard)
- 5) Everyone the site visitor will want to meet should be aware of
 - a) his/her entire schedule for the day (try not to vary or make any last-minute changes)
 - b) the need to arrive **on time**

- c) the requirement that everyone **turn off cell phones and beepers** during the meeting (suggestion: post signs outside and inside the room, and email everyone the night before)
- d) the importance of their being fully engaged in the conversation with the site visitor (e.g., they shouldn't have to break away from the O.R. or clinic to get there, or have clinical or other responsibilities immediately after their scheduled slot)

TRAINEE FILES

The site visitor may ask to see the trainee files, and will look for such documents as:

- 1. a copy of the signed contract for each year of training
- 2. if the trainee transferred to your program, a letter of recommendation from the program director of the prior program, describing the content and success of that training. This includes residents who completed a preliminary year of training in another specialty prior to joining your program, as well as those who completed residency training and are joining a subspecialty fellowship program.
- 3. final summary evaluation of residents/fellows who have completed your program. This evaluation should include verification of achievement of the six core competencies and should state (if applicable) that the graduate is able to “practice independently and competently” in their field, with specifics as appropriate
- 4. final copy of any applicable procedure logs upon completion of training
- 5. trainee evaluations, which should include the following:
 - a. trainee evaluations (may be periodic summaries)
 - b. notes from twice-yearly meetings with program director
 - c. copies of additional certifications (e.g., ACLS, USMLE)

OTHER DOCUMENTATION

Below is a list of documentation that a site visitor is likely to ask to see during the site visit. This can vary among specialties and among site visitors, so be sure to consult any instructions included in your Program Information Form and the letter from the site visitor.

- 1. trainee master schedules from the current and previous academic year
- 2. trainee on-call schedules from the current and previous academic year
- 3. trainee conference schedules from the current and previous academic year
- 4. minutes of your education or curriculum committee meetings
- 5. written goals and objectives for each trainee rotation
- 6. policies on
 - a. trainee eligibility and selection
 - b. trainee duty hours
 - c. trainee supervision, including descriptions of resident supervision in different settings and addressing resident responsibilities for patient care, progressive responsibilities for patient management, and faculty responsibility for supervision

Note: Each of these policies must be specific to your program and you must be able to demonstrate that these have been communicated to current trainees as well as to applicants
- 7. moonlighting policy and trainee-specific documentation regarding moonlighting activities

8. evaluations of residents/fellows by faculty, program director and other multiple evaluators (e.g., peers, patients, self, and other professional staff)
 9. anonymous evaluations of program, individual rotations, faculty and program director by residents/fellow
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Please submit your PIF to Irina Knyshevski (BWH-sponsored programs) or to Georgi Bland (MGH-sponsored programs) well before it needs to go in the mail to the site visitor . It will be reviewed by the Associate Director of GME who serves as the GME Liaison for your department:

DEPARTMENT	Associate Director
Anesthesiology	Dr. Dempsey Springfield
Dermatology	Dr. John Co
Emergency Medicine	Dr. John Co
Internal Medicine	Dr. John Co
Neurosurgery	Dr. Dempsey Springfield
Neurology	Dr. Eric Nadel
Nuclear Medicine	Dr. Dempsey Springfield
OB-GYN	Dr. John Co
Orthopedics	Dr. Eric Nadel
Pathology	Dr. John Co
Pediatrics	Dr. Eric Nadel
Plastic Surgery	Dr. Dempsey Springfield
Psychiatry	Dr. John Co
Radiation Oncology	Dr. Dempsey Springfield
Radiology	Dr. Eric Nadel
Surgery	Dr. Dempsey Springfield
Thoracic Surgery	Dr. Dempsey Springfield
Urology	Dr. Dempsey Springfield