Program Coordinator Retreat – April 7, 2015

NAS: Coasting Along
New RRC Letters

- Accreditation status
- New Citations
- Extended Citations
- Resolved Citations
- Areas for Improvement/Concerning Trends
The New Cycle

- Annual Program Evaluation (program-level)
- Annual Review of Programs (institutional-level)
  - Special Review – yes or no
- Annual RRC Review (ACGME-level)
  - Letter indicating continued accreditation
  - Request for clarification
  - Focused or Full Site Visit
Annual Data for Submission/Review

- ADS Update
- Resident Survey
- Faculty Survey
- Milestone Review
- Clinical Case Logs
- Annual Program Evaluation
- Board Rates
Annual Program Evaluation

- Resident Performance
- Faculty Development
- Graduate Performance
- Program Quality
- Action Plan
Who organizes and conducts a self-study?

1. ACGME
2. Program Evaluation Committee
3. GME Office
4. Program’s discretion
What is a Self-Study?

Assesses program performance and improvement efforts by examining:

- Program’s aims
- Program’s environment (opportunities/threats)
- Program’s strengths
- Program’s areas for improvement
Site Visits

- No More PIFs!
- 10-year site visit
- Full or Focused site visits
Site Visit Announcement

Your preparation:

- View your ADS Summary – make updates
- Check your program files
- Check your trainee files
- Check your office files

- Review your ACGME resident/faculty surveys, Internal Reviews/Special Reviews, APE.
Program Files

- Prior Accreditation Application/Program Information Form
- Accreditation Letter & Other Correspondence
- Program Response or Progress Report
- Internal Reviews & Program Response to Internal Reviews
- Special Reviews & Program Response to Special Reviews
- Annual Program Evaluation (including minutes)
- Clinical Competency Committee minutes
- Trainee and Faculty Surveys
- ADS Summary Report
- Resources: Program Requirements, Common Program Requirements, Newsletters (e.g., ACGME Newsletters, ACGME e-Communications), etc.
Trainee Files

- fully signed trainee contract
- letter of recommendation from prior program’s PD
- final summary evaluation of trainees
- procedure or case logs
- trainee evaluations, which should include evaluations by faculty, program director and other multiple evaluators (e.g., peers, patients, self, and other professional staff)
- milestone reports
- copies of additional certification (e.g., ACLS, USMLE)
Office Files

- Trainee files (contracts!)
- Evaluations (final evaluations!)
- Minutes from PEC and CCC
- Procedure and/or Case Logs
- Affiliation Agreements
- Duty Hours
Categorization of CPR

- **Outcome**: statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of trainees at key stages of their training.

- **Core**: statements that define structure, resource, or process elements essential to every GME program.

- **Detail**: statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.
What does this mean?

- **Outcome** – all programs must adhere
- **Core** – all programs must adhere
  - Good programs can innovate **with approval**
- **Detail** – varies with accreditation status
  - Good programs may innovate **freely**
  - Applies to programs with accreditation status of:
    - Initial Accreditation
      - Application for New program (can’t assess outcomes yet)
    - Accreditation with Warning
    - Probationary Accreditation
What does it REALLY mean?

- Nothing ... you’re better off following the requirements.
- Don’t dismiss detail requirements.
- Keep in mind that RRC can come at any time.
  - Downward trends on the resident survey
  - Complaint against a program
Changes in Eligibility Requirements
- Know them and review them before you start interviewing
  - Trainees starting programs in AY16-17

Eligibility exceptions are applicable for some specialties only
Eligibility Requirements

- 2015 – same III.A. CPR directing you to Institutional PR IV.A.2

- 2016 – Changes in ACGME Residency Eligibility requirements
  - Prerequisite post-grad education for entry/transfer must be ACGME III.A.1.a)
  - Exception – PGY-1 entry w/PD discretion, and pass ACGME Milestones to advance to PGY-2 level

- 2016 – Changes in ACGME Fellowship Eligibility requirements
  - Required training for entry/transfer must be completed in ACGME program
    - Receive Milestone assessment from residency to assess competency
  - Exception – allowed for exceptionally qualified applicants within certain specialties
Eligibility Exceptions Allowed

- Allergy and Immunology
- Dermatology subspecialties
- Diagnostic Radiology subspecialties
- Emergency Medicine subspecialties
- Internal Medicine subspecialties
- Nuclear Medicine (Fellowships only)
- Orthopaedic Surgery subspecialties
- Pathology subspecialties
- Pediatrics subspecialties
Eligibility Exceptions Not Allowed

- Anesthesia subspecialties
- Medical Genetics subspecialties
- Neurological Surgery subspecialties
- Neurology subspecialties
- Obstetrics and Gynecology subspecialties
- Plastic Surgery subspecialties
- Psychiatry subspecialties
- Radiation Oncology subspecialties
- Surgery subspecialties
- Thoracic Surgery subspecialties
- Urology subspecialties
Eligibility Exceptions Process

- Assessment of prior training and summative evals
- GMEC’s approval of applicant’s exceptional qualifications
- Satisfactory completion of USMLE Step 1, 2, and if the applicant is eligible, Step 3
- ECFMG certificate
- Milestones evaluation within 6 wks of matriculation
  - If remediation is necessary, that time doesn’t count towards training
Resident Progress

Which of the following committee members advise the PD regarding trainee progress (i.e., promotion, remediation and dismissal)?

- Graduate Medical Education Committee
- Clinical Competency Committee
- Program Evaluation Committee
- Residency Review Committee
Which committee advises the PD regarding trainee progress?

1. Graduate Medical Education Committee
2. Clinical Competency Committee
3. Program Evaluation Committee
4. Residency Review Committee
Clinical Competency Committee

Written description should include:

- structure
- membership
- semi-annual resident evaluation process,
- semi-annual reporting of resident Milestones evaluation to ACGME, and
- protocols for the CCC advising the program director regarding resident progress including promotion, remediation, and dismissal.
Please choose one of the following that applies to the Program Evaluation Committee:

- At a minimum should consist of two faculty members and one non-physician member of the healthcare team
- Is responsible for the review and approval of policies and trainee salary scales
- Should make recommendations for the revision of the competency-based goals and objectives
- Advise Program Director regarding resident progress
Please choose one of the following that applies to the Program Evaluation Committee:

1. At a minimum should consist of two faculty members and one non-physician member of healthcare team
2. Is responsible for the review and approval of policies and trainee salary scales
3. Should make recommendations for the revision of the competency-based goals and objectives
4. Advise Program Director regarding resident progress
Program Evaluation Committee

Written description should include:

- structure,
- membership,
- evaluation and tracking protocols,
- development of the written Annual Program Evaluation, and
- protocols for the development and monitoring of improvement action plans resulting from the Annual Program Evaluation.
Lessons Learned

- Check your requirements
  - e.g., specific requirements for scholarly activities

- Milestones submission – two-month window
  - have a game plan

- Procedure and/or case logs
  - know your minimums and monitor frequently
Lessons Learned, cont’d

- Faculty CVs (not required for programs with CA)
  - but check licensure, certification status and dates, bibliography dates!
- Scholarly Activities
  - get before your trainees graduate
  - send a template for trainees/faculty to complete
- Ask graduates for their contact information
  - email, forwarding address, etc.
- Save your ADS updates, APEs, minutes, etc.
Accuracy is Important in ADS

- Critical for surveys, case logs, scholarly activities, and milestones
- Accreditation may depend on it
- Changes can occur only during current AY
  - Information is final and cannot be changed at the end of AY
The season of ACGME surveys

- Verify core faculty
- Remind faculty that they may receive a survey for more than one program
- Ensure trainee’s record in ADS indicates correct DOB
- Mail merge
Checklist

- Read program requirements
- Create program, office and trainee files
- Keep ADS up-to-date
- Check case logs
- Track evaluation completion