PREPARING FOR A SITE VISIT

YOU'VE JUST GOTTEN THE SITE VISIT NOTIFICATION LETTER

Now that you know the date of the upcoming RRC site visit, we’re sending you this document to help you jump start preparations for a successful review. As mentioned in the notification letter, the site visitor will contact you directly in about six weeks, and depending on the site visitor, much of the information below might be included—and would, of course, supersede any of our pointers. That letter will also specify:

- the deadline for sending the PIF (along with the delivery method), usually to his/her home
- any additional materials you should have available for review
- the schedule s/he desires for the day of the site visit.

The letter of notification includes instructions about what to do if you have to change the date of the site visit. However, please consider carefully whether you absolutely must reschedule; the ACGME is likely to offer you an earlier date, rather than postpone it. If you do need to reschedule, contact the GME Director for your specialty (see final page) and copy the accreditation liaison (Irina Knyshhevski, BWH-sponsored programs; Diane Sheehan, for MGH-sponsored programs) before writing to the ACGME.

You can find additional information about site visits on the ACGME website.

PROJECT MANAGEMENT

The intent of this document is to help you break the site visit preparation process into manageable blocks and divide responsibilities more clearly between yourself and your program coordinator, and others as appropriate. Writing the Program Information Form (PIF) is the major component of preparing for a site visit—but there are other areas that need your time and attention as well.

We suggest that you start some activities right away and others during the coming weeks. (Items that you might assign to your program coordinator and/or scheduler are shaded.) While each program and its staff are unique, the general timeline described below should be useful to everyone. Throughout this document, the timeline is based on the date you received the letter from the ACGME as the start of "Week One" with the letter from the site visitor expected six-seven weeks from now and the site visit approximately twelve weeks away.

 TIME MANAGEMENT

1) Look over your calendar for the next two-three months. Are there other major deadlines or responsibilities that normally only you can carry out between now and the site visit, such as an RFP, grant applications or renewals, publications, etc?

2) Block out time on your calendar to complete the PIF over the coming weeks, and closer to the mailing deadline (for final edits)
   a) Protect your program coordinator’s time, so you will have his/her support for research, document(ation) retrieval, text and/or data entry
   b) Be sure to set the final deadline for PIF completion no less than four-five weeks before the site visit (and preferably sooner); that is the date it is due to the GME Director for his review

3) Allow and schedule time for
   a) Others in your department to review (one or more) draft/s of the PIF, so you can incorporate their feedback/suggested edits
   b) Others who must sign the final version as required by the RRC (such as your Department Chair, the core residency program director, and the GME Director) to read it thoroughly, be-
fore signing (Part One of the PIF normally includes the signature page); check their calendars to ensure they will be available/in town to sign the PIF before mailing

DELEGATING TO OTHERS
1) Assess whether you have sufficient support and resources to prepare for the site visit and complete the PIF properly and on time
   a) If you don't have a program coordinator to whom you can delegate various portions of the preparation process, can/should someone else be assigned to help with this?
   b) If you will need extra space, administrative assistance or physical resources such as an extra PC, make arrangements for these with your Department/Division Chief now

2) Identify any areas of the PIF that must be provided/completed by other individuals, departments, or institutions (particularly if yours is an integrated program); this might include:
   a) Documents such as faculty CVs and resident procedure logs
   b) Quantitative data, such as the number of admissions or cases at the sponsoring institution and at affiliates
   c) Schedules (such as didactics) maintained by someone else (Chief Resident, Associate or Site Program Director)

3) Provide contributors with (as much as is possible and reasonable)
   a) Details regarding the information you need them to supply: specifics regarding both the format and content of what is needed
   b) Time: establish a reasonable but short deadline; stress the importance of their providing information/data that is complete and accurate within the time allotted

ORGANIZING THE WORKLOAD
1) Develop a work plan, as needed, for completing each section of the PIF
   a) First, identify any questions in the PIF you don’t know or are unsure how to answer; contact the RRC with any questions
   b) Assign responsibility for each section of the PIF
   c) If several contributors/editors will be working on the document
      i) Coordinate who will be entering text/data into the PIF, and set/manage deadlines
      ii) Consider hosting a “working draft” of the PIF on a shared drive
   d) Provide writers/editors with copies of the RRC program requirements and all relevant portions of the PIF (including instructions), as reference documents
   e) Check with other programs in your department (particularly the core residency, if yours is a fellowship program) to determine if they already have something you can use, adopt or adapt (e.g., policies, data, curriculum/rotation goals and objectives) or where collaboration will be useful

2) For every deadline you’ve assigned
   a) Give advance warning as the due-date approaches
   b) Do not let a deadline pass without assigning a new due date

WEEK ONE: THE BASICS
1) Inform your Service (and Division) Chief/s and key faculty—as well as all trainees—that the program will be undergoing an external site visit, and the date
   a) Ask them to block out time on their calendars, preferably between 9:00 am through early afternoon
   b) Alert program leadership at all "major participating" institutions
      i) You may need their assistance in gathering information for the PIF (see below)
ii) If yours is an integrated program, the site visitor may want to meet key faculty at (and perhaps tour) the affiliates.

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 others, and will likely have lunch with the trainees there.
   b) The room should have a large table with seating for at least 10-15, depending on the size of your program, and a computer or a data line for a laptop.
   c) Arrange for someone to be available the entire day, to provide the site visitor with documents, directions, etc.

3) Verify that all program/trainee information in ADS is current and correct; update as needed
   a) Help can be found under the "Tools/Reference" section in ADS (ADS tutorials).

4) Check out any call rooms or other space dedicated to trainee use, such as a library. Does anything need to be repaired? Is the space adequate and clean, do the computer and phone function (well)? Is the area safe and well-lit, etc.?
   a) Ask your trainees if there are any problems with call rooms, parking, safety or food, lockers—not only on the main campus, but also at any external rotation sites—and make sure these are resolved prior to the site visit.

5) If your trainees have not been logging workhours—or if you haven’t reviewed your duty hours data/reports recently—start monitoring now (Anne Rigg, GME IS Manager, can assist with any questions about New Innovations).
   a) Review historic duty hours data to ensure that any issues have been discovered and corrected well prior to the site visit.
   b) Research any non-compliance (rotations and/or individual circumstances) and discuss with the trainees and faculty; be familiar with the reasons for historic and current violations.
   c) Review/revise your program-specific duty hours policy, to incorporate the revised ACGME duty hour rules effective 7/1/11.
   d) Copy the policy to faculty and trainees, if you haven’t already.

**WEEK TWO: RESEARCH, ANALYSIS AND DOCUMENT REVIEW**

1) Print and review the following from the ACGME website
   a) Your RRC specialty/subspecialty program requirements.
   b) “Policies and Procedures for Subspecialty Programs in ……..”, if yours is a fellowship program.
   c) ACGME Common Program Requirements (CPR), which have been incorporated into your program requirements; One-Year Common Program Requirement; and Program Director Guide to the Common Program Requirements.
   d) The Program Information Form (PIF) for your (sub)specialty.
      i) Depending on the RRC, the PIF will consist of two parts: Part One, an on-line section in the ACGME Accreditation Data System (ADS) and Part Two, a WORD document.
      ii) We recommend that you convert PIF Part One to a WORD document so that you can work on drafts more easily (see below for instructions).
   e) Your most recent and past accreditation letters and all other RRC correspondence posted in ADS.
      i) Have all the RRC citations or concerns been addressed and/or corrected (most likely your PIF requires a full discussion of prior citations, corrective actions and current status)?
      ii) If any citations were "repeats" (that is, the same area was cited by more than one site visitor) be sure these areas will not be cited again.
2) **Review your most recent Internal Review report** (if you cannot locate your copy, contact Cheryl Reif, Partners GME)
   a) Identify anything in the report, particularly the “findings and recommendations” section, that hasn’t been addressed, and might become an RRC citation
   b) While your site visitor should NOT be given the entire internal review report, show him/her the first one-two pages of the report (showing the date performed, the date the report was reviewed by the GME Committee, participants, materials reviewed, and process)

3) Review your curriculum; if you have any concerns about content or format, you may contact the GME Director for your specialty

4) **Review the most recent ACGME resident survey** (applicable to programs with 4 or more trainees). Note: Unless 70% of the trainees completed the survey, results will not be available to you, and the RRC may well cite this
   a) Review the summary results of the survey, and discuss with the trainees, faculty and program leadership
      i) Determine if you have addressed every issue highlighted on the survey as problematic
      ii) Review how your program compared to others in the same specialty
      iii) Make sure faculty and trainees are aware of the changes you have made or intend to implement in response to the survey findings
   b) Be aware that the site visitor will ask the trainees about survey responses that suggest program “failures to….” or non-compliance (e.g., failure to train trainees to recognize the effects of fatigue and impairment on patient safety)

5) **Review affiliation agreements** (Program Letters of Agreement, or PLAs) to ensure that
   a) These were executed and signed within the past five years
   b) All attachments are up-to-date and apply to the current academic year
   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. Do not postpone completing or updating PLAs: obtaining all the signatures can take weeks

6) Either the PIF will include a question, or the site visitor will ask, what is different about the program since the last RRC site visit; consider if there have there been any changes to
   a) Program structure: trainee complement, rotations, didactics, external sites (affiliates added/terminated), research (requirements or opportunities), coverage responsibilities; duty hours
   b) Curriculum: Are there written competency-based goals and objectives for each rotation at each level of training, as well as for the program overall?
   c) Trainee space and computer facilities/access (including medical records or other computer-based applications)
   d) Staff support (administrative, physician extenders, etc.)
   e) Faculty, and/or program or departmental leadership, here and at affiliates (+/- HMS)
   f) Ask others for their input about program/department history and changes that may have been instituted since the last site visit, not all of which you may recall and particularly if you're a new program director

→ **WRITING THE PIF: HELPFUL HINTS**

**WEEKS THREE THROUGH SIX**
• Most programs are required to complete Part One of the PIF (also called the **Common PIF, or CPIF**, which addresses the program's compliance with the Common Program Requirements) on-line in ADS. We recommend you convert it to a WORD document following the instructions below. This will make it easier for you and others to complete and review the document.
  1. Open a new (blank) WORD document
  2. Change the right and left margins to 0.5”
  3. In ADS, select Print/Preview PIF; select View Printer Friendly Version (HTML)
  4. Click on the text that appears and then press CTRL+A to select all the text (or, right click on the text and then Select All from the pop-up menu)
  5. Copy-and-paste into the blank WORD document, and then Save it.
  6. Once you’ve completed PIF Part One in WORD, you'll need to copy-and-paste the text from the WORD document back into ADS

• You may find it easiest to place the draft PIF on a shared drive, and/or break into down into sub-documents, based on who is responsible for completing the various sections

• Color-coding can be used to highlight areas that have been completed by the original writer, questions that are partially answered but research is ongoing, sections that have been reviewed by the final author, data that is missing, etc.

• Follow up with contributors and discuss the completion status of the entire document
  - Reset deadlines as appropriate, moving dates slightly forward rather than further out
  - If your program coordinator has encountered any difficulty in obtaining information (such as CVs) or resistance from others, address this right away
  - Ask for additional resources, as needed

• Read the RRC program requirements carefully. Work on the PIF with the RRC program requirements side by side, since many questions in the PIF are annotated/cross-referenced to a specific program requirement

• Write succinct, specific answers to each question in the PIF. Make sure the question has been answered

• Often the best response includes repeating a small part of the question and providing several bullets or a list (e.g., "Describe the counseling services you provide residents" can be answered by saying "Additional counseling from outside the program and department is offered or can be arranged by (1) the Partners Employee Assistance Program (EAP), (2) the Partners GME Director, (3), the Harvard Ombuds Office, ….")

• Before submitting the PIF for GME Director review, proof read and spell check the documents

→ **ONCE YOU HAVE THE LETTER FROM THE SITE VISITOR**

**WEEK SEVEN: SITE VISIT SCHEDULING**

• **Send a copy of the site visitor’s letter** to Diane Sheehan (MGH-sponsored programs) or Irina Knyshevski (BWH-sponsored programs), and to the DIO, Dr. John Co

• **If the site visitor wants to meet with the DIO, work with Jean Tammaro,** 617-726-5440 as soon as the site visitor contacts you to set up the meeting. Dr. Co and/or the GME Director for your specialty will (also) meet with the site visitor
• If the site visitor asks you to confirm receipt of his/her letter, or asks a question in the letter, respond right away

1) Follow the site visitor’s suggestions for scheduling, wherever possible
   a) You may contact the site visitor directly with any questions about or changes to the schedule, including questions about the individuals with whom s/he wants to meet
   b) Do not ask the site visitor questions about the PIF
   c) Be sure the entire day is blocked off on your calendar

2) As the site visitor will want to meet with all, or at least 10-15 trainees
   a) For large programs, schedule an election to determine which residents will meet with the site visitor (usually, at least two-four from each program year). It’s quite likely the site visitor will ask the trainees s/he meets with if they were selected to meet with him/her, as the requirement is that resident representatives be elected by their peers
   b) Extra-year Chief Residents may not be elected
   c) Smaller programs should arrange to have all trainees present

3) Make sure all trainees who will meet with the site visitor are relieved of their duties at least 30 minutes before and after their scheduled slot that day, longer if they’re scheduled to be off-site
   a) Arrange coverage as needed
   b) Advise supervisors and other faculty/staff (e.g., RNs, clinic schedulers) that the trainees will not be available, and should not be paged, when they’re with the site visitor
   c) If trainees elected by their peers are scheduled to be off-site the day of the visit (particularly if yours is an integrated program), ensure that they can comfortably get to the meeting on time

WEEK SEVEN: PROCESSING THE PIF

1) As soon as you have completed the PIF—and no later than two weeks before the PIF needs to go in the mail to the site visitor—send the two WORD documents (Parts One and Two) electronically for review by the GME Director to Diane Sheehan (MGH-sponsored programs) or Irina Knyshesvski (BWH-sponsored programs)
   a) If there is some reason you cannot meet this deadline, please contact the GME Office to request an extension in advance
   b) Highlight any incorrect entries in PIF Part One that were pre-populated in ADS (and which you cannot correct)
   c) Indicate any areas in PIF Part Two that are incomplete, and the date by which they will be completed (e.g., you’re waiting for a bed-count from an affiliate, the list of didactics is being updated, one or more CVs are pending)

2) The GME Director for your specialty will review the PIF and may wish to meet with you by phone or in person to discuss the content
   a) He will provide comments, suggestions and edits, which you should incorporate into the PIF
   b) Spell check and proof read one final time
   c) Where possible, copy-and-paste entries in the PIF Part One WORD document into ADS, and complete other fields (such as faculty CVs) in ADS

3) Bring the signature page to Jean Tammaro (MGH) or Irina Knyshesvski (BWH)
   a) Do not postpone getting these or any other signatures (e.g., your Chair, the core residency program director) until the day you need to mail the PIF to the site visitor
   b) If your PIF was reviewed by Dr. Nadel or Dr. Springfield, he as well as Dr. Co will sign your PIF (you may need to add a signature line)
**WEEK EIGHT**

1) Prepare the documents the site visitor will want in advance of the visit, to include
   a) A typed schedule of the day, which should include the name and title of everyone with whom s/he will meet (try not to vary from what s/he suggested, or make any last-minute changes)
   b) Typed directions to the hospital and to the room you've reserved (you might include a map)
   c) Directions to a garage, in case the site visitor is driving
   d) Where s/he should be dropped off (usually a main entrance), if arriving by cab
   e) Contact information (and that of another staff member, if possible) for the night before and morning of the site visit, ideally your cell phone and pager number, in case of an emergency

2) Be sure you have all documents requested
   a) The site visitor’s letter usually includes a list of documents s/he will want to see
   b) PIFs generally include a list of documents (usually just before the Table of Contents) that should be available on the day of the site visit
   c) Any supporting documents you reference in the PIF should be readily available (for example, if in you said “this topic was covered at Case Conference last year” be sure you have the didactic schedule for the previous year (print it and put in a binder or labeled folder for site visitor review)
   d) The site visitor may ask to see your program's trainee selection, duty hours and/or supervision policies (be sure the faculty and trainees are aware of and familiar with these policies) or individual trainee folders

3) Consider how you would respond if the site visitor asks how you/the program satisfies each of the RRC (specialty) and CPR responsibilities not included in the PIF; for example, how do you
   a) Educate trainees about fatigue and its effects on performance
   b) Monitor trainee stress, mental or emotional conditions
   c) Distribute the written curriculum to the trainees, and when
      i) Do the faculty review it with the trainees prior to each rotation?
   d) Provide the trainees with access to their written evaluations
   e) Evaluate trainee achievement/ performance in the core competencies
   f) Carry out the annual program “self-study”/evaluation
      i) Do you include trainees in the process?
      ii) Do you have minutes from these meetings?
      iii) Have you documented an action plan based on the annual review/evaluation?
   g) Track the “scholarly activities” you, your faculty and trainees participate in, such as
      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, Core Curriculum Retreat, Clinical Fellow Retreat, etc.
      iii) QA/QI (continuous quality improvement) activities
      iv) Teaching medical students
      v) Didactics both within and outside your program/department
      vi) Research and publications

**WEEK NINE**

1) Review trainee and alumni files (the site visitor may ask to see these), which should contain such documents as:
   a) A copy of the signed contract for each trainee and each year of training
   b) Moonlighting agreements (if applicable)
   c) If the trainee transferred to your program, a letter from the program director of the prior program, describing the content of the trainee’s education and an evaluation of his/her performance during that training; “transferees” include
i) Trainees who completed a required preliminary year of training prior to joining your program (even if they matched simultaneously)

ii) Trainees moving from one program to another within the same or from any other institution

iii) Trainees who transferred to your program from another in the same (sub)specialty, prior to completion

d) A final summary evaluation of trainees 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

e) Required procedure or case logs

f) Trainee evaluations: evaluations by faculty, program director and other multiple evaluators (e.g., peers, patients, self and other professional staff)

g) Periodic evaluations, documented as frequently as required by your RRC

h) Notes from at least twice-yearly meetings with the program director (or designee)

i) Copies of additional certifications (e.g., ACLS, USMLE)

2) Review case logs and other data; update as needed

3) Collect other documents the site visitor is likely to request

   a) Master rotation and on-call schedules from the current and previous academic year

   b) Conference schedules from the current and previous academic year

   c) Minutes of your education or curriculum committee meetings

   d) Written goals and objectives for each trainee rotation

   e) Institutional trainee policies such as Adverse Action, Redress of Grievance, Trainee Leave

   f) Program-specific policies on trainee

      i) Eligibility and selection

      ii) Duty hours

      iii) Supervision, including faculty responsibility for supervision in different settings and addressing progressive trainee responsibilities for patient care

   Note: Each of these policies must be specific to your program and you must be able to demonstrate that these policies have been communicated to current trainees as well as to applicants

**WEEK TEN**

1) Mailing the PIF

   a) Include in the package all the documents the site visitor requested (schedule, map, etc.)

   b) Before mailing, make at least four photocopies of the final, signed PIF (three for the ACGME, one for the GME Office and one or more copies for your records)

   c) Do not ask for a signature receipt for the package to the site visitor

   d) Do not make any edits to the PIF (even fixing a typo) once it has been sent to the site visitor

2) Ask faculty (and perhaps trainees) who will meet with the site visitor to review

   a) The PIF, or portions thereof, before the site visit

   b) The program’s most recent RRC accreditation correspondence, so they’ll be familiar with any prior citations and how they’ve been addressed

→ **NOW THAT THE PIF IS IN THE MAIL**

→ **FINAL CHECKS**
1) Make sure every trainee (recalls that s/he)
   a) received a contract
   b) has received/seen written and/or verbal feedback and evaluation
   c) can list the six core competencies

2) As the site visitor may ask for an unannounced "tour", tidy up call rooms, desk or lab space as needed before the visit (but don't go overboard……)

3) There should be no surprises for the site visitor (e.g., if someone scheduled to meet the site visitor is unavailable, notify the site visitor in advance)

4) Everyone the site visitor meets with should know
   a) The site visitor's entire schedule for the day
   b) They must arrive on time
   c) No cell phones and no beepers during the meeting (suggestions: post signs outside and inside the room, email everyone the night before about this, collect them from everyone before they enter the room)
   d) They should be fully engaged in the conversation with the site visitor (e.g., they shouldn't have to "break away" from the OR to get there on time, or have clinical or other distractions scheduled immediately after their slot)
   e) **What they're expected to wear** (i.e., civvies; no scrubs; white coats OK)

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