ACGME UPDATE:
WHAT’S ON OUR RADAR AND HOW TO FLY UNDER IT

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UNIVERSITY OF MINNESOTA
COORDINATOR CONFERENCE – SEPTEMBER 15, 2017
DISCLOSURE

Cheryl Gross, MA, CAE

- ACGME Staff Member
- No Financial Conflicts to Disclose
OBJECTIVES

- Discuss current ACGME projects
- Answer UMN-specific questions received
- Provide an overview of NAS indicators for programs on Continued Accreditation
- Review resident survey areas of concern for ACGME Review Committees
- Review self study process
- Provide information on new ACGME Coordinator Advisory Group
Current ACGME Projects
CURRENT ACGME PROJECTS

- Wellness Initiatives
- Common Program Requirements
  - Phase 1 – Section VI
  - Phase 2 – Sections I – V
- Milestones 2.0
  - Working Groups
  - Multidisciplinary Milestones
WELLNESS INITIATIVES

- Symposiums on Physician Well-Being
  - Fall 2015 and 2016
  - 2016 and 2017 Annual Education Conference
  - Webinar

- Resident Initiative – “Back-to-Bedside”
  - Council of Review Committee Residents
  - Goal - For physicians to find meaning in their work

- Resources
COMMON PROGRAM REQUIREMENTS

- Phase 1 – Section VI
  - Effective July 2017
  - No citations until after July 2019; AFIs may be issued
  - RCs will review
    - Application to specialty
    - Focused revisions and/or FAQs
- Emphasis on patient safety and QI
- Physician well-being
- Focus on team-based care, more duty hours flexibility
- www.acgmecommon.org
COMMON PROGRAM REQUIREMENTS

- Phase 2 – Sections I – V
  - In process now – will be a 45-day public comment period
  - Anticipated effective date of July 1, 2018
  - Possible changes
    - Definition of “core faculty” – possible expansion to non-physician core faculty
    - More information related to the role of the coordinator (no anticipated title change)
MILESTONES 2.0

- Milestones Summits – December 2015 and 2016
  - December 2015
  - December 2016
    - Added Resident and Public Members for input
    - Reviewed recommendations from multidisciplinary groups
**Milestones 2.0**

- **Process**
  - First round of reviews begun (volunteer specialties)
  - Then in order in which Milestones were created
  - Subspecialty Milestones – after specialty Milestones
  - Survey to program directors – Patient Care and Medical Knowledge Milestones

- **Milestones Working Groups**
  - Members – Reps from ABMS, RC, and PD group, resident and public member, 5 additional members appointed
    - Selected based on experience, subspecialty, geography
**MILESTONES 2.0**

- **Consideration – Multidisciplinary Group Recommendations**
  - *Will ask each working group to consider changing Milestones to those created by groups*
    - Interpersonal & Communication Skills
    - Practice-based Learning & Improvement
    - Professionalism
    - Systems-based Practice
- **Questions – [Milestones@acgme.org](mailto:Milestones@acgme.org)**
UMN Specific Questions
QUESTIONS

- CCC meetings – who should attend?
  - At least 3 physician program faculty
  - Chief resident may serve, if member of faculty and not a resident
  - Non-physician staff may attend, but cannot be a member
  - PD may serve, if permitted by the specialty
  - Must meet at least 2x per training year

**ACGME CCC Guidebook**
QUESTIONS

- **PEC meetings – who should attend?**
  - At least 2 program faculty
  - At least 1 resident
  - Others specified by specialty
    - Ex. Transitional Year: TYPD, PDs of sponsoring programs, PDs of disciplines included in curriculum, DIO
  - Must meet at least annually
    - Some specialties require more often
    - Ex. Transitional Year: at least quarterly
QUESTIONS

- **Faculty Development**
  - Developing teaching abilities, professionalism, abilities for incorporating PBLI, SBP, and IPCS into practice and teaching.
  - Methods of evaluation and assessment, performance criteria
  - KEY: Enabling faculty to develop skills in teaching and evaluation of the competencies
  - Can include CME-type activities toward acquisition of clinical knowledge and skills (should not be solely clinical!)
Next Accreditation System Process and Indicators
NAS – Annual Timeline

Aug/Sep: Annual ADS Data Input
Oct/Nov: Data Analysis
Dec/Jan: RC Meeting Review
Mar/Apr: RC Meeting Follow Up
NAS – INDICATORS

- Resident & Faculty Surveys
- Clinical Experience (by specialty)
- Faculty & Resident Scholarly Activity
- Attrition
- Information Omission
- Major Changes / Responses to Citations
ACCREDITATION STATUS

- Continued Accreditation
- Continued Accreditation with Warning
- Probation
- Withdrawal of Accreditation
**LETTER OF NOTIFICATION**

- **Citations**
  - More serious concerns
  - Linked directly to program requirements
  - Require PD’s written response in ADS
  - RC will review next year and either extend or resolve
LETTER OF NOTIFICATION (CONT’D)

- Areas for Improvement (AFIs)
  - Concerns not reaching the level of citation – often from trends
  - No written response required
    - May respond via Major Changes
  - Should be reviewed with PEC
  - Unresolved AFIs may become citations
COMMON CONCERNS

- Poor info in annual update
  - Block diagram info / format
  - Lack of documentation when requested
  - Certifications, licensure, qualifications
  - Faculty / resident scholarly activity
  - Response to citations
HOW TO RESOLVE CITATIONS

- Look at citation objectively
- Annual update – respond to specifics within the citation
- If data is requested, provide the data
- Send staff supplemental info as necessary or as requested – we will forward to RC
- Have others read draft responses for tone
**Resident Survey Content**

**Duty Hours**

- No more than 80 hours per week
- 1 day free in 7
- In-house call no more than 1 every 3 nights
- Night float no more than 6 consecutive nights
- 8 hours between duty periods
- Continuous hours scheduled
RESIDENT SURVEY CONTENT

FACULTY

- Sufficient Supervision
- Appropriate Level of Supervision
- Sufficient Instruction
- Faculty and staff Interest in Residency Education
- Faculty and staff create an Environment of Inquiry
RESIDENT SURVEY CONTENT

EVALUATION

- Able to Access Evaluations
- Opportunity to Evaluate Faculty members
- Satisfied that Evaluations of Faculty are Confidential
- Opportunity to Evaluate Program
- Satisfied that Evaluations of Program are Confidential
- Satisfied that program Uses Evaluations to Improve
- Satisfied with Feedback after Assignments
RESIDENT SURVEY CONTENT

EDUCATIONAL CONTENT

- Provided goals and objectives for assignments
- Instructed how to manage fatigue
- Satisfied with opportunities for scholarly activities
- Appropriate balance for education
- Education (not) compromised by service obligations
- Supervisors delegate appropriately
- Provided data about practice habits
- See patients across a variety of settings
RESIDENT SURVEY CONTENT
RESOURCES

- Access to reference materials

- Informational ONLY (not required for compliance):
  - Use electronic medical records in hospital
  - Use electronic medical records in ambulatory setting
  - Electronic medical records integrated across settings

- Electronic medical records effective

- Provided a way to transition care when fatigued
RESIDENT SURVEY RESOURCES

- Satisfied with process to deal with problems and concerns
- Education (not) compromised by other trainees
- Residents can raise concerns without fear
RESIDENT SURVEY CONTENT

PATIENT SAFETY / TEAMWORK

- Tell patients of respective roles of faculty and residents
- Culture reinforces patient safety responsibility
- Participated in quality improvement
- Information (not) lost during shift changes or patient transfers
- Work in interprofessional teams
- Effectively work in interprofessional teams
RECEIVING THE SURVEY RESULTS

Resident
- At least 70% resident/fellow response rate
- At least 4 residents/fellows have responded

Faculty
- At least 60% of faculty have responded
LIMITATIONS

- **Small programs**
  - One or two concerned residents can affect results (RCs are well aware of this, and take this into consideration)
  - Confidentiality is more challenging

- **Transitional year**
  - A single rotation may adversely affect overall program evaluation

- **One-year programs**
  - Survey results can change markedly from year to year (RCs are well aware of this, and take this into consideration)
WHAT THE SURVEY IS

- One of a number of NAS indicators which provides the RC insight into the health of a program

- A snapshot of resident perception of the program at a given point of time
WHAT THE SURVEY IS NOT

- A full picture of what is going on in a program

- May not be currently accurate
  - For longer residency programs, may represent residents’ previous concerns which are remembered but no longer true
  - For shorter programs (especially 1 year programs), may not be reflective of current resident perspectives
Preventing Residents for the Survey

- Provide an introduction and Q&A session for residents
  - Explain survey purpose
  - Answer clarifying questions
- Explain that specific complaints should be addressed outside of the survey
- Generally, it is helpful if someone other than the PD conducts this information session
PREPARING RESIDENTS FOR THE SURVEY

Remind residents of:

- Confidentiality of survey
- Duty Hours
- Availability of Goals & Objectives
- Resources and Systems Available for support
- Remind about Information provided during Orientation
**Do Not** tell residents that a bad survey will result in program closure

- This, by itself, is **Not True**
WHAT THE RC LOOKS FOR IN THE SURVEY

- **“Hot” Items**
  - Alone or in combination
  
  *Example: “Residents can raise concerns without fear” AND “Satisfied with process to deal with problems and concerns”*

- **Trends – Up? Down? Zig-Zag?**

- **Correlation with other indicators**
  
  *Example: Was there significant faculty attrition which may have negatively impacted the residents’ perception of the program?*

- **Program Director’s statement in Major Changes**
WHAT WILL THE RC DO WITH A CONCERNING SURVEY?

Review Committee evaluates each program individually

POTENTIAL ACTIONS:

- **Areas for Improvement** – *concern raised, suggestions for next steps*
- **Citation** – *significant areas of concern, or persistent downward trend*
- **Site Visit** – *significant drop over previous year, usually along with other concerning indicators*
READING THE REPORT

- PDF Format
  - Program means
  - National means across All Specialties

- Separate PDF Report
  - Specialty-specific report, with specialty specific means
  - PDF format

- NEW! Excel format!
  - Program Means
  - National Means
    - Overall averages across all specialties
HOW SHOULD MY PROGRAM USE THE RESIDENT SURVEY DATA?

- Review with the Program Evaluation Committee (PEC)
- Review areas of concern with current residents

  Clarification

  Seek specific information about areas of concern

  Are there particular rotations that are problematic?

- Communicate to RC what improvements were made !!

  Use the “Major Changes” section in ADS to inform the RC about how the program is addressing concerns, especially about high-stakes items (e.g., Duty Hours)

  Don’t let the RC think nothing’s being done to improve!
RESIDENT SURVEY RESOURCES

- General Resident Survey Information
  - Program FAQs
  - Content Areas
  - Levels of Training Guide
  - Key Terms
  - Duty Hours FAQ
SELF STUDY - TIMELINE

- Begins - 6 months before program’s approximate SV date in ADS
- Template submitted by last day of month of SV date
  - Core and all subspecialties
- Site Visit scheduled 12-18 months after self study
  - Summary of Achievements submitted
  - Full accreditation site visit
SAMPLE SELF STUDY TIMELINE

SV DATE – APRIL 1, 2018

- Late September 2017 – Receive self study notification and info from ACGME
- Template(s) due April 30, 2018
- SV scheduled between April and October 2019
  - SV date in ADS will not change from April 1, 2018
SELF STUDY ELEMENTS

- TEAM process!
- Program Aims
- SVOT / SLOT Analysis – Internal factor assessment
  - Strengths / Vulnerabilities (Liabilities) / Opportunities / Threats
- 5-year “look back” on changes, improvements
- 5-year “look forward” on plans for the future
  - “What will take our program to the next level?”
SELF STUDY ELEMENTS

- Self-Study template – 2,550 – 2,800 word (about 5 pages) for core program
- Summary of Achievements template – about 1,500 words
  - Program strengths, key improvements, and aim and/or future plan changes
- Site Visit
  - Begins with review of the self study process
  - Full accreditation site visit
Site Visitor will give formative feedback on self study process

- No accreditation impact – focused on the process, not the content

Review Committee will give feedback on program as it relates to program requirements

- RCs are still determining how self study information will be reviewed
ACGME Coordinator Advisory Group
COORDINATOR ADVISORY GROUP
NEW - 2016

- 13 Members from diverse variety of specialties, geography, and program/institution size
- Appointed for 3-year terms
- First meeting – September 2016
  - Next Accreditation System
  - Sponsoring Institution-2025
  - ACGME Communications
  - The Role of the Coordinator
COORDINATOR ADVISORY GROUP (CONT’D)

- Second meeting – May 2017
  - Personal development – StrengthsFinder
  - Common Program Requirements – Phase 2
    - Consistency of job title use
    - Coordinator responsibilities and support
  - Wellness – physician, staff and coordinator
  - Distance education – coordinator community needs
COORDINATOR ADVISORY GROUP (CONT’D)

- Most recent meeting – September 2017
  - Working on deliverables for the coordinator community
    - Position papers / JGME articles
      - Role of coordinator in resident well-being
      - The professionalism of the role of the coordinator
    - JGME dedicated coordinator resource page
    - Training / orientation manual for coordinators
    - Tool kit for assessing and improving coordinator well-being
WEBADS — COMING SOON!

- Faculty scholarly activity copy feature
  - Will be able to copy faculty scholarly activity from one program to another at the same Sponsoring Institution

- Expected launch date – mid October 2017

- NEW dedicated email for WebADS improvement suggestions:
  appfeedback@acgme.org
MEET THE ADS SUPPORT TEAM

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Sponsoring Institutions, Family Medicine, Medical Genetics, Nuclear Medicine, Diagnostic Radiology, Otolaryngology, Hospice & Palliative Medicine, Transitional Year, Combined Programs

Raquel Eng  
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Questions?

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