ACGME Overview and Updates: Setting the Stage for Institutional and Program Success

Tia O. Drake
Executive Director, GME
Washington University SOM
WUSOM/BJH/SLCH Consortium
Objectives for Today

- Identify recent and upcoming changes to ACGME requirements, expectations and accreditation

- Discuss the impact of CLER, the Milestones and the new Common Program Requirements have had on program and institutional accreditation

- Coordinate efforts between Central GME and program leadership

- Identify Best Practices to enable excellence across your enterprise
Recent ACGME Activity

- Sponsoring Institutions now undergoing 3rd round of CLER visits
- Revisions to Institutional and Common Requirements
- RCs currently revising Program Requirements
- Milestones moving to 2.0 version
- Implementation of Self-study visits
- Sponsoring Institution 2025 (on the horizon)
Initiatives/Issues Causing Changes in Accreditation:

- Clinical Learning Environment Reviews (CLER)
- Common Program Requirements/Institutional Requirements
- Milestones
- The Future of GME
Clinical Learning Environment Review (CLER)
Recent Activity

➢ Clinical Learning Environment Reviews (CLER)

• Introduced us to the concept of “Expectations”

• Strongly encourages collaborations across the sponsoring institution

• Challenged C-suite leadership to focus on GME
Impact of CLER on Accreditation

- Clinical Learning Environment Review (CLER) began in 2012

- Introduced the 6 Primary Focus Areas:
  - patient safety
  - healthcare quality/disparities
  - transitions in care
  - supervision
  - fatigue/work hours
  - professionalism
First Round of CLER on Accreditation

Purpose of CLER

- Gather baseline data to help institutions consider changes to infrastructure, and analyze how residents/fellows and faculty engage in that structure

- Provide GME leaders and C-Suite leadership with data to address the primary focus areas

- Encourage institutions to build on strengths and identify opportunities for improvement
CLER: The Second Round

- Maintained its focus on:
  - patient safety, healthcare quality/disparities, transitions in care, supervision, fatigue/work hours and professionalism
  - Identified challenges and opportunities in each of the focus areas
  - Used data from the 1st round of visits to identify common themes across sponsoring institutions that will help guide future visits
Overarching Themes

• Some Examples of Overarching Themes Include:

• Institutions vary in their approach for addressing patient safety and health care quality. Efforts to engage residents in these areas are getting better but there appears to be less focus on participation of fellows in these activities
Sample Institutional Requirements on PSQI Effective July 1, 2018

- III.B.1. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have:
  - III.B.1.a) access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and (Core)
  - III.B.1.b) opportunities to contribute to root cause analysis or other similar risk-reduction processes. (Core)
## Common Program Requirements on PSQI

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Subject to Citation</th>
<th>Subject to Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI.A.1.a).(3).(a).(i)</td>
<td></td>
<td>July 1, 2017</td>
</tr>
<tr>
<td>[Residents, fellows, faculty members, and other clinical staff members must:]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>know their responsibilities in reporting patient safety events at the clinical site; <em>(Core)</em></td>
<td></td>
<td>July 1, 2019*</td>
</tr>
</tbody>
</table>

*Note: Although this requirement appears in the new Patient Safety section, it is analogous to Institutional Requirement III.B.1.a), and is thus deemed to be subject to citation on July 1, 2017.*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Subject to Citation</th>
<th>Subject to Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI.A.1.a).(3).(a).(ii)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Residents, fellows, faculty members, and other clinical staff members must:]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>know how to report patient safety events, including near misses, at the clinical site; and, <em>(Core)</em></td>
<td></td>
<td>July 1, 2017</td>
</tr>
</tbody>
</table>

*Note: Although this requirement appears in the new Patient Safety section, it is analogous to Institutional Requirement III.B.1.a), and is thus deemed to be subject to citation on July 1, 2017.*
### Common Program Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI.A.1.a).(3).(a).(iii)</td>
<td>Residents, fellows, faculty members, and other clinical staff members must:</td>
</tr>
<tr>
<td></td>
<td>Be provided with summary information of their institution’s patient safety reports. (Core)</td>
</tr>
<tr>
<td>VI.A.1.a).(3).(b)</td>
<td>Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)</td>
</tr>
<tr>
<td>VI.A.1.a).(4).(a)</td>
<td>All residents must receive training in how to disclose adverse events to patients and families. (Core)</td>
</tr>
<tr>
<td>VI.A.1.a).(4).(b)</td>
<td>Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated. (Detail)</td>
</tr>
</tbody>
</table>
Example of Overarching Themes

• Institutions vary in how they collaborate with GME in developing the organization’s strategic goals aimed at improving patient care. In many institutions, GME is largely developed and implemented independently of the organization’s other areas of strategic planning and focus.
I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution’s Governing Body. The written executive summary must include:

1. A summary of institutional performance on indicators for the AIR; and,

2. Action plans and performance monitoring procedures resulting from the AIR.
Example of Overarching Themes

- A limited number of institutions have designed and implemented educational programs to ensure that faculty members and program directors have the knowledge, skills, and attitudes necessary for their respective roles in training residents and fellows in patient safety and quality improvement.
Institutional Requirement

- Regarding voting members of GMEC: include “a quality improvement or patient safety officer or designee.” (Core) Inst Req: I.B.1.a).(4)

- Regarding GMEC Oversight of programs: “the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.” (Detail) I.B.4.a).(6)
Some Positive Effects of CLER

- **Round 2 of CLER:**
  - Increased dialogue between GME leaders and C-Suite leaders

- **Collaborations occurring to align GME with other institutional missions**
  - Patient Safety and quality improvement efforts
  - Addressing inefficient or ineffective systems

- **Round 3 of CLER is underway**
  - Plans to gather data on operative/procedural areas
  - Patient perspectives of the learning environment
Institutional and Common Program Requirements
Impact on Accreditation
CLER “Expectations” Impact on Recent Requirement Revisions

- Revised Common Program Requirements Section VI: (Effective July 1, 2017)

- Institutional Requirement Revisions (Effective July 1, 2018)

- Revised Common Program Requirements Sections I – V: Effective July 1, 2019

- Specialty Specific Program Requirements Under-development
“The ongoing research into the development of the competent, independent, practicing physician continues to shape the determinations of optimal resident education from a curricular assessment and learning environment perspective.”

Jeffrey P. Gold, MD
ACGME Board of Directors
The Learning and Working Environment

- Excellence in professionalism through faculty modeling of:
  - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - the joy of curiosity, problem-solving, intellectual rigor, and discovery
  - Commitment to the well-being of the students, residents, faculty members, and all members of the health care team
Changes to Requirements/Impact on Accreditation

- Continuous Accreditation System implemented
  - Annual updates (DIO/IRC/RC)
  - 10 year accreditation cycles
  - Self-study visits (SWOT analysis)
  - PEC/APE
  - CCC
  - Use of Major Changes in WebADS as updates to RC
  - Areas for Improvement/Concerning Trends vs. Citations
Changes to Requirements/Impact on Accreditation

- Institutional, Common and Program-specific Requirement revisions
  - New Common Requirements are closely aligned with New Institutional Requirements
  - Better defines minimum standards for program structure and milestones
    - Categorized requirements (Core, Detail, Outcome)
  - Detail Requirements
    - allow for greater flexibility/innovation in training
Section VI: Common Requirements

- Section VI: Effective July 1, 2017

Primary focus areas include
  - Patient Safety
  - Quality Improvement
  - Programs focused on Physician Wellbeing and other Resources

- Collaborations between SI, C-Suite and Programs will be necessary to address major projects

- Newer requirements subject to citations as of July 1, 2019
Common Program Requirements Sections I - V:

- Nearly all Common Requirements are categorized as “Core” requirements

- New/Expanded language:
  - Faculty development in PSQI, well-being and Practice Based Learning and Improvement efforts (II.B.2.g). (1 – 4)
  - Employment and Non-discrimination (II.A.4.a).13)
  - Recruitment and retention of diverse workforce of residents/fellows, faculty and administrative staff (I.C)

- Sections I – V Common Requirements (Effective July 1, 2019)
Common Program Requirements Sections I - V:

- Various requirements subject to citation as of July 1, 2020 that may need institutional support

  - Lactation facilities with refrigeration and proximity for appropriate safe patient care (I.D.2.c)

  - Accommodations for residents with disabilities consistent with SI policy (I.D.2.e)

  - SI and Program Director responsibilities to consider the needs of the community (II.A.4.a).(2)

  - Faculty Development efforts (II.B.2.g).(1-4)
Documentation for Compliance:

- PEC/APE documentation for annual reviews
- Annual WebADS updates
- Resident/Faculty Surveys
- Self-Study visits (Programs & Institutions)
- CLER visit
Milestones Impact Accreditation

As Tom Nasca, MD reported in his 2018 ACGME address:

“The skills and attitudes learned during training will continue through a graduate’s future practice.”

Pursuing Excellence
Milestones Impact on Accreditation

ACGME Requirements sets the minimum standards for success in training

Milestones documents the trainees achievement of those goals

CLER outlines expectations for a quality learning environment to ensure trainees can achieve a high standard of practice following training
Milestones

- A milestone is simply a significant point in development.
- Developed to enable the learner and training program to know an individual’s trajectory of competency development.
Purposes and Implications

ACGME
- Accreditation – continuous quality improvement (CQI)
- Public Accountability – focus nationally on important competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

Training Programs
- Framework for CCC
- Guide curriculum development
- More explicit expectations of trainees
- Support better assessment
- Enhanced opportunities for early identification of under-performers

Milestones

Boards
- Research ONLY
- *Not intended for SMB use*

Residents and Fellows
- Increased transparency of expectations
- Encourage informed self-assessment and self-directed learning
- Better feedback
- Facilitate individualized learning plans

*Milestones are a Formative Assessment Framework*

*Slide Courtesy of Laura Edgar, ACGME*
Milestones 2.0
Assessment of Milestones by ACGME

- Too many sub competencies
- Language too complex
- Too much in each Milestone set
- More people want to participate to develop Milestones 2.0
- Validity evidence is available
The Milestones Team performed a crosswalk of the Milestones within ICS, PBLI, PROF, and SBP

They assessed Milestones for TY and 26 core specialties

Their findings:
- Self-directed learning included 88 times
- Communication with patients 73 times
- There were 144 different ways to describe ICS
- More than 200 ways to describe Professionalism
- Too many sub competencies, Language complex and too much in each Milestone set
Timeline

• Process started late 2016 with the creation of harmonized Milestones for ICS, PBLI, PROF, and SBP

• 2017 had the first specialty pilot the process – Neurological Surgery

• 40+ additional specialties have started the process
Timeline

• Several core specialties began 2018-2019
• Subspecialties will follow
• Anticipate all subspecialties to have started the process by 2020
Future Changes in Accreditation...
Future of Accreditation
ACGME Innovative Projects

- Advancing Innovation in Residency Education (AIRE)
  - Pilot Goals/Objectives:
    1) enabling the exploration of novel approaches and pathways in GME, and,
    2) enhancing the attainment of educational and clinical outcomes through innovative structure and processes in resident and fellowship education

- Back to the Bedside
  - Designed to empower residents and fellows to develop transformative projects that foster meaning and joy in work
ACGME Innovative Projects

Advancing Innovation in Residency Education (AIRE)
Link to RFP:

https://www.acgme.org/What-We-Do/Accreditation/Advancing-Innovation-in-Residency-Education-AIRE

Back to Bedside Link to RFP:

CHANGE AHEAD
Partnerships/Collaborations Between Central GME and Program Leadership

➢ To Develop Institutional and Program Resources

  • Surveyed PDs/PCs to target areas of immediate focus

    - Collected program level resources via APE template
      - Wellness Resources
      - Scholarly Activity/Faculty Development Activities

    - Shared current department/program resources and activities across GME Consortium

    - Collaborated with Office of Diversity on recruitment efforts for under-represented minorities
      - Revisit Programs for recruitment
      - Resident/Fellow Diversity Initiative for current house staff
Challenges/Current Efforts

- Frequency with which GME Board meet to discuss GME Issues (C-Suite members)
  - Support for PDs and PCs (Department dependent)
  - Psychiatric Resources for Mental Illness /Impairment
  - Need for a Comprehensive Wellness Program across GME Consortium

- Resources to support UME/GME/CME
  - Still too many silos
  - Curriculum renewal thinking about common threads
  - milestones, professional development and wellness
Expertise Needed to Develop Best Practices

Recent Leadership Appointments

- Senior Dean of Education
  - Background in GME
  - Blend UME/GME/CME Resources
  - Appointed Chair of GME Board (Governing Body)
  - Empowering the work of the GMEC and its Subcommittee’s

- CLER/PSQI Director

- MD Wellness Director
  - Funding Approved for a Comprehensive Wellness Program to meet Common Requirements Section VI.D
  - Currently recruiting 2 full-time counselors
Expertise Needed to Develop Best Practices

- Director, Academy of Health Professions
  - Focus on Faculty Development

- Director, Clinical Quality Improvement
  - Supports UME and GME
Dehra A. Harris, MD, assistant professor of psychiatry

GME Director of Wellness and High Performance
Medical Director for Graduate Medical Education
Patient Safety and Quality Education and CLER Program Development

Thomas Ciesielski, MD
Assistant Professor of Medicine, Internal Medicine – Medical Education
Klingensmith named director of school’s Academy of Health Professions Educators

Physician noted for excellence in surgical education

September 13, 2018

Mary E. Klingensmith, MD, the Mary Culver Distinguished Professor and vice chair for education in the Department of Surgery at Washington University School of Medicine in St. Louis, has been named the inaugural director of the school’s Academy of Health Professions Educators.

The newly established academy aims to...
Summary/Conclusion

• Accreditation will continue to evolve

• This new system is a work in progress, but movement is happening everyday

• Communication is key at all levels within your institution

• We are all in this together
Thank You!

Tia O. Drake
Executive Director, Graduate Medical Education
Campus Box 8033
660 South Euclid Ave
St. Louis, MO 63110
draket@wustl.edu