

ACGME-APPD Learning Technology Task Force Conference Call
March 9, 2006 (1-2 PM EST)

Attendees: J Vasilius, J Nysten, C Fischer, T Richter, A. Dandekar, P Hicks, J Forman, D Price, J Roberts, M Mott, A Sulamen, G Williams, W Rooney, A Burke, L Degnon, J Mahan

Agenda and Discussion:

1. Methods to permit verification of procedures and competency

Several program directors (PDs) expressed the desire to have a process embedded in the ACGME Case Log system that would allow verification that a procedure was performed and an assessment as to the competency of the resident while performing the procedure. Currently there is no mechanism in the system that will allow the PD to verify the information entered by residents

- John Nysten noted that the PD can enter the individual resident's log via the CASE ENTRY SCREEN to allow the PD and/or Program Coordinator (PC) to modify an entry – to note that it was performed and to identify that competence was demonstrated (e.g., if the PD/PC receives this information from the supervising MD).
- John Nysten noted that the Pediatric RRC could request that a mechanism be added to the Pediatric Case Log system to verify that a procedure was performed and to evaluate the competency of the procedure – such a system is in trial stage in the Urology RRC (in that prototype, faculty are emailed to complete evaluation of procedure as it is logged into system by resident).
- Jerry Vasilius confirmed this is in line with what appears in the Program Requirements and will discuss with the RRC about making this option available for the program directors
- Jerry Vasilius noted that there is a mechanism currently in the system to generate a summary report that the PD and resident can both verify and sign to provide an opportunity to verify procedures for the program's records.

2. Creating new report options

Several PDs noted the need for specific reports of procedure activity for their institutions. There is little understanding among PDs and PCs of the reports capabilities of the system.

- Jerry Vasilius described a number of new reports that have been added to the system via the efforts of Dr Carol Carraccio and Tom Richter. One of these reports will be useful to easily and concisely summarize continuity clinic information for the RRC.
- John Nysten noted that the data will eventually be available in comma delimited ASCII format, once the current ACGME XML project is completed (the use of xml will allow more convertibility of the data)
- Jerry Vasilius and John Nysten stated their interest in developing additional reports that are of general interest to pediatric PDs. Requests for new reports should be sent to Jerry Vasilius from APPD to ensure that reports that are requested are of interest to a number of PDs. Jerry Vasilius will take provide the Committee the requested reports for review and comment.
- John Mahan proposed that ACGME demonstrate some report applications to PDs and PCs at the Spring Annual APPD Meeting and subsequent national APPD meetings.
- Jerry Vasilius noted that Rebecca Miller (ACGME) will be presenting a workshop on use of the Case Log system (including report generation) to PCs at the Spring Annual APPD Meeting. Similar presentations and opportunities for one-on-one training at future APPD meetings will be explored.

3. Interfacing with local and proprietary applications (i.e, New Innovations, E-Value etc)

A number of PDs and institutions have invested significant resources in development and/or acquisition of local or proprietary case log systems. These systems provide useful data and features not available in the ACGME system. PDs remain very interested in methods to allow

data entry into the ACGME Case Log system by transfer of data that could circumvent “double entry” of data by residents or allow program staff to directly transfer data from local systems into the ACGME system.

- John Nylen described the difficulties that ACGME experienced in the past when attempts to import data directly from local and proprietary systems was explored. This led to abandoning methods to permit transfer of data with the ACGME system. However, John Nylen noted that his team is once again working on this very issue. He explained that ACGME is “alpha” testing new XML technology which if effective, will allow the reliable transfer of data from programs to the ACGME system. The timeline for development and testing of this system in Pediatrics is not defined yet.

4. Continuity Clinic Log Issues

The requirement for use of the ACGME Case Log system for recording pediatric resident continuity clinic (CC) activity to begin on July 1, 2006 was recently communicated to APPD members. This system will automatically populate the PIF with CC information. All programs that receive an ACGME Site Visit after 6/30/07 will need to generate a report from the case log system for the last academic year’s worth of continuity data and submit it with their PIF.

Specific questions about the use of the Case Log system for CC information will be addressed at the Spring Annual APPD Meeting (e.g., the number of diagnoses entered should be similar to the number coded on local billing forms). Concerns about inaccuracy of the data still worry PDs.

- Jerry Vasiliadis emphasized that the CC application is still in its initial stages and that:
 - This will provide the first national data on pediatric CC activity
 - This will not be used to determine the accreditation status of a program. However, a program may be cited for apparent noncompliance or deficiencies
- Jerry Vasiliadis stated that the Pediatric RRC is assessing feedback from the APPD sponsored Case Log CC trial headed by Ann Burke; more information about this application and opportunities for feedback will be provided at the Spring Annual APPD Meeting.

5. Use of the ACGME Case Log System for Pediatric Subspecialty Residents (Fellows) for procedures and continuity patients

The Pediatric RRC will eventually utilize the ACGME Case Log system for recording pediatric subspecialty resident procedure and patient information. John Mahan asked if pediatric subspecialty residents will be able to utilize this system soon. All the benefits of this system for data assembly would be of value for pediatric subspecialty PDs.