Site Visit:  
*Timeline in a Snapshot*

- **On-going**: Review and know the program requirements
- **1/2 way between last and next review**: Internal review occurs
- **Caveat**: The next survey date on your last notification letter is an “approximate” not actual date
- **3 - 4 months before the actual visit**
  - You will receive an email announcing actual date
- **4 - 6 weeks before the visit**: Site Visitor will contact you to set up schedule for site visit date
- **14 days before the site visit mail PIF to site visitor**
- **1 - 6 weeks after the visit**: Site visit report is completed
- **2 - 8 months after the visit**: Program goes on meeting agenda
- **2-3 days after meeting**: Email of status decision and cycle
- **4-8 weeks after meeting**: Notification letter in ADS
Site Visit to Site Visit: Preparing for the Visit

What if the site visit date is a problem?
There is never a good time for a site visit.

However, if it’s a major problem:

- Ingrid Philibert: (312) 755-5003 or iphilibert@acgme.org
- Jim Cichon: (312) 755-5015 or jcichon@acgme.org

Do not call the site visitor, the RRC staff, or the RRC Chair.
Requesting a postponement does not guarantee one.
Site Visit to Site Visit:

**PIF Pointers**

- The PIF is a self study document that describes how your program complies with the requirements
- *Start EARLY!*
- Read questions carefully and start preparing initial responses
- Two parts to PIF
  - (a) common PIF in ADS + (b) word version
- Review prior citations and make sure they have been addressed
- Cross check information to avoid internal inconsistencies
- Answer every question!
- Think quality improvement and systems-based practice:
  - involve others in the program
Site visit to Site Visit:
Helpful Hints

- [http://www.acgme.org/acWebsite/bulletin-e/e_bulletin02_08.pdf](http://www.acgme.org/acWebsite/bulletin-e/e_bulletin02_08.pdf)

- February 2008 issue of the ACGME e-Bulletin, article authored by members of the field staff entitled “Nine ‘Red Flags’ in Accreditation Site Visits and Reviews”
RRC Composition

- 3 appointing organizations - AAP, ABP, AMA
- 13 voting members
- 6 year terms -- except resident (typically 2 years)
- Generalists and subspecialists
  - Adolescent Medicine, Critical Care Medicine, Gastroenterology, Hematology-Oncology, Developmental/Behavioral, Infectious Diseases, Neonatal/Perinatal Medicine, Pediatric Emergency Medicine
- Geographic Distribution – AL, CA, CT, DE, GA, MI, MD, OH, OR, PA

Ex-officio members from each appointing organization (non-voting)
RRC Review of Programs

- Peer review – 1 or 2 reviewers
- Reviewers use the following information to determine whether it is in compliance with the requirements:
  - A Program Information Form (PIF) prepared by the program
  - Site visitor’s report
  - Board scores
- Program Directors: this is an open book test
- The questions in the PIF correspond to program requirements
- Reviewers present program to Committee
- Committee agrees on areas of non-compliance (citations) and assigns accreditation status and review cycle, range of 1-5 years
Citation

- Citation = the program has not provided evidence/documentation of compliance with the requirements, or, site visitor has identified an area of non-compliance

- **Don’t Have**
  - Patients (# & types); required certified faculty; facilities/equipment; time/support; required program personnel

- **Don’t Do**
  - Lack of evidence that required experience is provided; no documentation of compliance with requirements

- **Didn’t Bother**
  - Incomplete or inaccurate information; did not fully describe/provide sufficient details
Short Review Cycles: **Warning Language**

- Programs w/ a 1 or 2 year review cycle will receive “warning” in notification letter

  - At the time of the next review, the program's accreditation may be in jeopardy if these areas have not been addressed satisfactorily and/or other major areas warranting citation develop.
Adverse Actions

• First, an adverse action is “proposed”
  • Probation or withdrawal of accreditation are first “proposed”
  • Citations include following references: PR, PIF & SVR
  • Only situation where SVR is shared with PD

• Program director has opportunity to rebut/respond to citations
  • information revising, correcting or expanding previously submitted information;
  • challenging the findings of the site visitor; r
  • rebutting the interpretation of the RC;
  • demonstrating that the cited areas of non-compliance did not exist at time of review;
  • or contending that the program is in compliance with requirement
Summary of Activities in 2008

- The RRC meets twice a year – spring and fall
- In 2008, the Committee had a third (shorter) meeting
- In total, there were 231 programs reviewed
  - Average workload for the spring and fall meeting was:
    - 22 core
    - 90 subspecialty programs
    - 15 progress duty hours reports

Types of Programs Reviewed

- Core: 24%
- Subs: 76%
Accreditation Decisions in 2008
Core Pediatrics

**Types of Status Decisions in 2008**

<table>
<thead>
<tr>
<th>Decision Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>47</td>
</tr>
<tr>
<td>Probation</td>
<td>3</td>
</tr>
<tr>
<td>Voluntary Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Proposed Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Proposed Probation</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

**Types of Review Cycles**

- 1 year: 7%
- 2 years: 24%
- 3 years: 20%
- 4 years: 17%
- 5 years: 32%
# Most Frequent Citations in 2008
## Core Pediatrics

<table>
<thead>
<tr>
<th>55 Core Programs Reviewed</th>
<th>Total of 281 Citations – 5 citations/program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PICU</strong> - insufficient volume; complexity and acuity</td>
<td>26</td>
</tr>
<tr>
<td><strong>2. Qualifications of Faculty</strong> - lack ABP cert</td>
<td>21</td>
</tr>
<tr>
<td><strong>3. Continuity Experience</strong> - not meeting minimum #'s; 36 weeks</td>
<td>20</td>
</tr>
<tr>
<td><strong>4. Evaluation of the Program</strong> - not done annually; residents and faculty don’t provide written, confidential evaluation; no evidence of action plan to address deficiencies</td>
<td>15</td>
</tr>
<tr>
<td><strong>5. Responsibilities of PD</strong> - PIF not complete or accurate</td>
<td>14</td>
</tr>
<tr>
<td><strong>6. Scholarly Activities</strong> - lack of scholarly activity by faculty; residents</td>
<td>14</td>
</tr>
<tr>
<td><strong>7. Institutional Issues/IR</strong> - internal reviews; facilities</td>
<td>12</td>
</tr>
<tr>
<td><strong>8. Practice Based Learning</strong> - no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills</td>
<td>10</td>
</tr>
<tr>
<td><strong>9. Service Versus Education Issues</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>10. Systems-Based Practice and Improvement</strong> - no/limited didactic and/or experiential; identifying systems errors; faculty oversight</td>
<td>9</td>
</tr>
</tbody>
</table>
ACGME: Data Collection

- All core programs and subspecialty programs (with 4 or more fellows) will be required to participate in the resident survey **ANNUALLY**
- More information is being collected/communicated through ADS
  - Common PIF = Questions all programs need to complete
    - Information on faculty/teaching staff
    - Residents/fellows - # completed; # transfer, withdraw; dismissed
  - Evaluation (resident, faculty and program)
  - Duty hours
  - Responses to previous citations
  - Complement increases, PD/Institution changes
  - Voluntary withdrawal
ACGME: Enhancing Communication

- Weekly e-communication
  - Contains GME information: New requirements, newsletters; updates on ACGME issues/initiatives

- E-mail status of programs on RRC agenda
  - 2-3 days after meeting will receive email w/status and review cycle

- Notification letter will be posted on Accreditation Data System (ADS). Email to let you know its available.
  - Hard copies of letters not provided
  - Letter is posted approximately 8 weeks following meeting
  - Proposed adverse actions posted within 4 weeks of meeting

- Notification letters: greater ‘transparency’ with citations
  - Citations now have Program Requirement (PR) reference
  - Letters from July meeting, complete PR precedes citation
Board Scores: One outcome measure of the quality of a residency program is the performance of its graduates on the certifying examinations of the American Board of Pediatrics. In its evaluation of residency programs, the Review Committee will take into consideration the information provided by the American Board of Pediatrics regarding resident performance on the certifying examinations. A program will be judged deficient if, during the most recent five years, the rate of those passing the examination on their first attempt is less than 60% and/or if less than 80% of those completing the program take the certifying examination (Program Requirements V.C.3).

Information provided to the Committee from the American Board of Pediatrics indicates that graduates of the program have performed poorly on the certifying exam. Although 31 of 33 graduates took the exam only 28% passed the exam on the first attempt over the most recent five year timeframe.
ACGME: Assisting PDs with Common Reqs

- Common competency questions inserted in all specialty PIFs (common but not hard-wired into ADS).
- PD Guide to the Common Requirements: [http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)
- Provides PDs:
  - Explanations of the intent of most of the common requirements (particularly competency-based)
  - Suggestions for implementing requirements and types of documentation expected.
PBLI: Explanation of Requirement

- The core of PBLI is lifelong learning and quality improvement.
- Requires trainees develop skills to be able to:
  - Self assess and reflect on performance
  - Perform quality improvement activities
    - Engage in habitual Plan-Do-Study-Act cycles for individual practice improvement
  - Develop skills to use evidence-based medicine
  - Teach patients, families, students, residents and other health professionals.
PBLI: PIF Question Related to Teaching Skills

- Describe how residents:
  - develop teaching skills necessary to educate patients, families, students, and other residents;
  - teach patients, families, and others; and
  - receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)
PBLI:

Documentation for Teaching Skills

• Evidence of structured learning activities that demonstrate that program supports development of fellow’s teaching skills.
• Evidence of written goals and objectives for this structured learning activity in the curriculum and information on how fellows are assessed.
• Site visitors may verify this through resident interviews.
PBLI: Sample Citation if Non-Compliant

- Practice Based Learning and Improvement/Teaching Skills: Although the PIF describes opportunities for teaching, there does not appear to be a structured curriculum to address teaching skills or an assessment process that specifically fosters feedback and evaluation of teaching skills (Program Requirements IV.A.5.c).(8).
RRC: 
Enhancing Communication

- Newsletter implemented in fall ‘07
  - Enhances communication between the RRC and the Pediatrics community
  - Provides updates on RRC and ACGME initiatives
- Sent to all core, med-peds and subspecialty program directors, coordinators, and designated institutional officials
- Sent semi-annually in the spring/summer and fall
- Newsletter postings announced in the weekly e-communications email
Highlights from Newsletters

- **What is the expected number of patients for which residents should provide care while on the PICU?**

  Core pediatrics residents should provide care for 4 PICU patients. The Committee also reviews the list of 50 consecutive diagnoses that is submitted as an appendix to the PIF to assess the complexity and acuity of cases in the PICU. Both criteria will be used to determine whether residents have sufficient experience with critically ill children.
Highlights from Newsletters

• Expectations regarding QI projects
  • Question: is the QI project done to improve individual practice, or
  • is it done to identify systems errors and potential systems solutions

• A single QI project can fulfill either the PBLI or SBP competency requirement, depending on how it is planned, implemented and presented.

• However, the same project should not be listed as fulfilling both competencies.

• Provided examples of PBLI and SBP projects
Another Resource: 
**Companion Document**

- Companion Document
- Used to be last pages of requirements, but now appear as stand-alone document.
Requirements

- Requirements
  - Core requirements last revised in 2006 – revised every 5 years
  - Process takes approximately 18-24 to complete
  - Asked APPD to provide input on current requirements and recommendations

- Revisions to the following subspecialty requirements went into effect in July 1, 2009.
  - Developmental-Behavioral
  - Endocrinology
  - Gastroenterology
  - Infectious Diseases
  - Nephrology
  - Pulmonology

- Child Abuse requirements are currently out for review and comment.
Milestones

• The ACGME and the ABP are jointly sponsoring an initiative to take the next steps in advancing educational outcome assessment in pediatrics GME.

• This initiative entails formulating a more precise definition of the subcomponents of the six domains of general competence (the Outcomes) along with the levels of performance expected of each resident at key points across the continuum of their education (the Milestones).

• The Chair of the Milestones project is Dr. Carol Carraccio. Members of APPD are also members.

• Details related to the project will be provided soon.
Experimentation/Innovation

- Committee has reviewed a number of innovative proposals
  - Some as part of the R3P/IIPE initiative
  - Two approved thus far
  - Others submitted, additional information requested
www.acgme.org

- Staff contact information
- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- ADS
- FAQ
- General information on site visit process and your site visitor
- Peds Webpage
- Resident complement increase
- Program Requirements and PIFs
- Newsletter
- Innovation and Experimentation Proposal
ACGME contacts:
I’ve got a question....

• Question related to the ADS/completing electronic part of PIF:
  • Timothy Goldberg, (312) 755-7111; tgoldberg@acgme.org

• Question related to site visit:
  • Ingrid Philibert: (312) 755-5003, iphilibert@acgme.org
  • Jim Cichon: (312) 755-5015, jcichon@acgme.org
  • Penny Lawrence (312) 755-5014, pil@acgme.org

• Questions related to PIF:
  • Arlene Walker (312) 755-7473, awalker@acgme.org
  • Sara Thomas (312) 755-5044, sthomas@acgme.org
  • Denise Braun-Hart (312) 755-7478, dbraun@acgme.org

• Questions related to requirements or notification letter:
  • Arlene Walker (312) 755-7473, awalker@acgme.org
  • Sara Thomas (312) 755-5044, sthomas@acgme.org
  • Denise Braun-Hart (312) 755-7478, dbraun@acgme.org
  • Jerry Vasiliyas (312) 755-7477, jvasiliyas@acgme.org
  • Do not contact Chair of the Committee