Association of Pediatric Program Directors Forum for Fellowship Program Directors Update from the ACGME

May 2, 2014 - Vancouver

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Senior Vice President for Medical Accreditation

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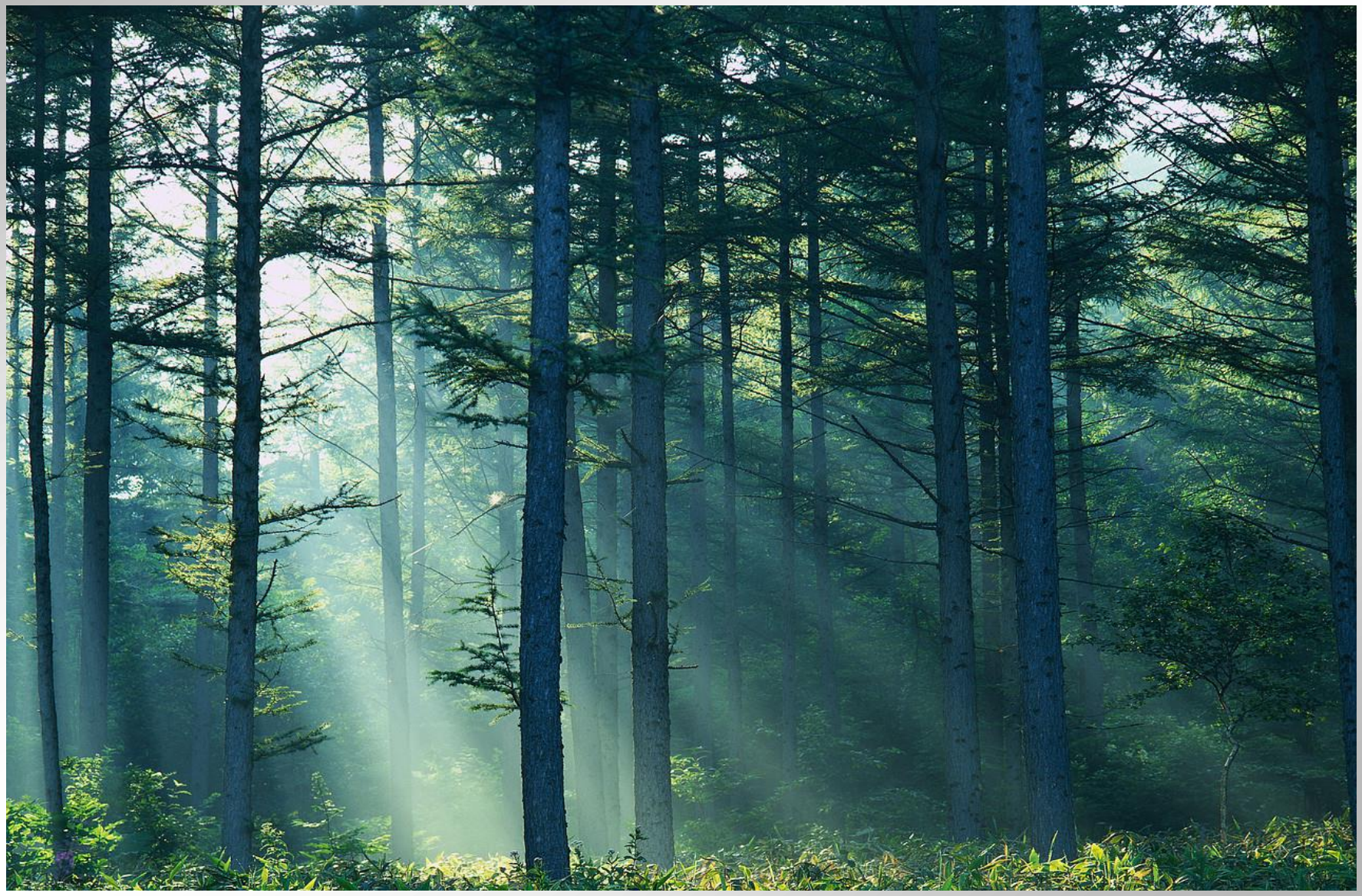
The worse thing about not seeing the forest for the trees is not to see the forest at all



To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes

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FAQs
(**F**ear, **A**nger/**A**nxiety, **Q**ueasiness)

- Milestones
- CCC
- Core Faculty
- Scholarly Activity
- Important information
  - Accreditation decisions
  - Letter of notification
  - Citations vs Areas for Improvement
  - Confirming data accuracy
  - Missing data
  - Resident and faculty survey
  - Faculty board certification

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Milestones

- A milestone is a significant point in development
- Milestones should enable the trainee and faculty to know the trajectory of competency acquisition
- Milestones define the floor of competence but do not eliminate the need for aspirational goals

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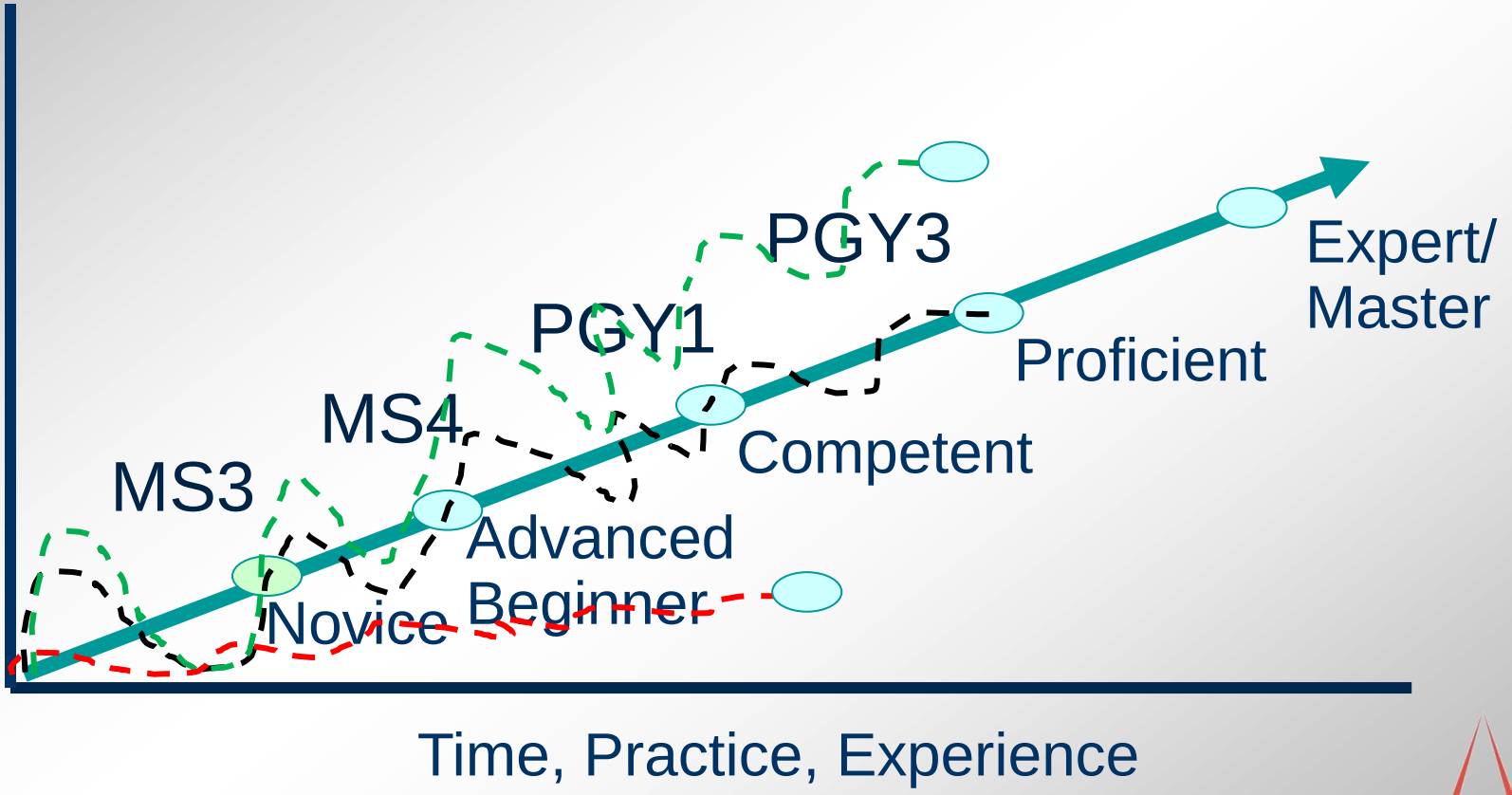
Dreyfus & Dreyfus Development Model



Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7

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Milestones

- Why are you using identified data?
  - Concerns regarding the use of SSN, DOB
  - NPIs
- Milestones information will be used against us in malpractice suits
  - Once data enter the ACGME system – it is “ironclad”
  - A word about the Freedom of Information act and government entities
  - Resident and fellow data are much more “obtainable” from within the programs than from the ACGME

Milestones

- We don’t believe that you will not use the milestones information for program accreditation
- We have heard that the ACGME will start certifying individual physicians

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Milestones

- No – we will not use Milestones for program accreditation for several years
- No – the ACGME *accredits* programs, the specialty boards *certify* individuals

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Milestones Reporting

Pediatrics: May 1-June 20, 2014

Pediatric Subspecialties: November 1-December 31, 2014

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Milestones Reporting Rationale

- Core Internal Medicine
- Core Pediatrics
  - First reporting period: May 1 – June 20, 2014
- Subspecialties:
  - First reporting period: Nov 1 – Dec 31, 2014
  - Second reporting period: May 1 – June 15, 2015
- Medicine-Pediatrics
  - Report once a year: May 1 – June 15
  - But….. Milestones assessment twice a year
    (once in IM, once in Pediatrics)

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Milestones Reporting Window

- CCC should have met and “deliberated”
- The reporting window is meant to be the time for programs to enter the milestones levels for each resident/fellow
- Time for entry: 1-2 minutes for each resident (data from Phase I specialties)

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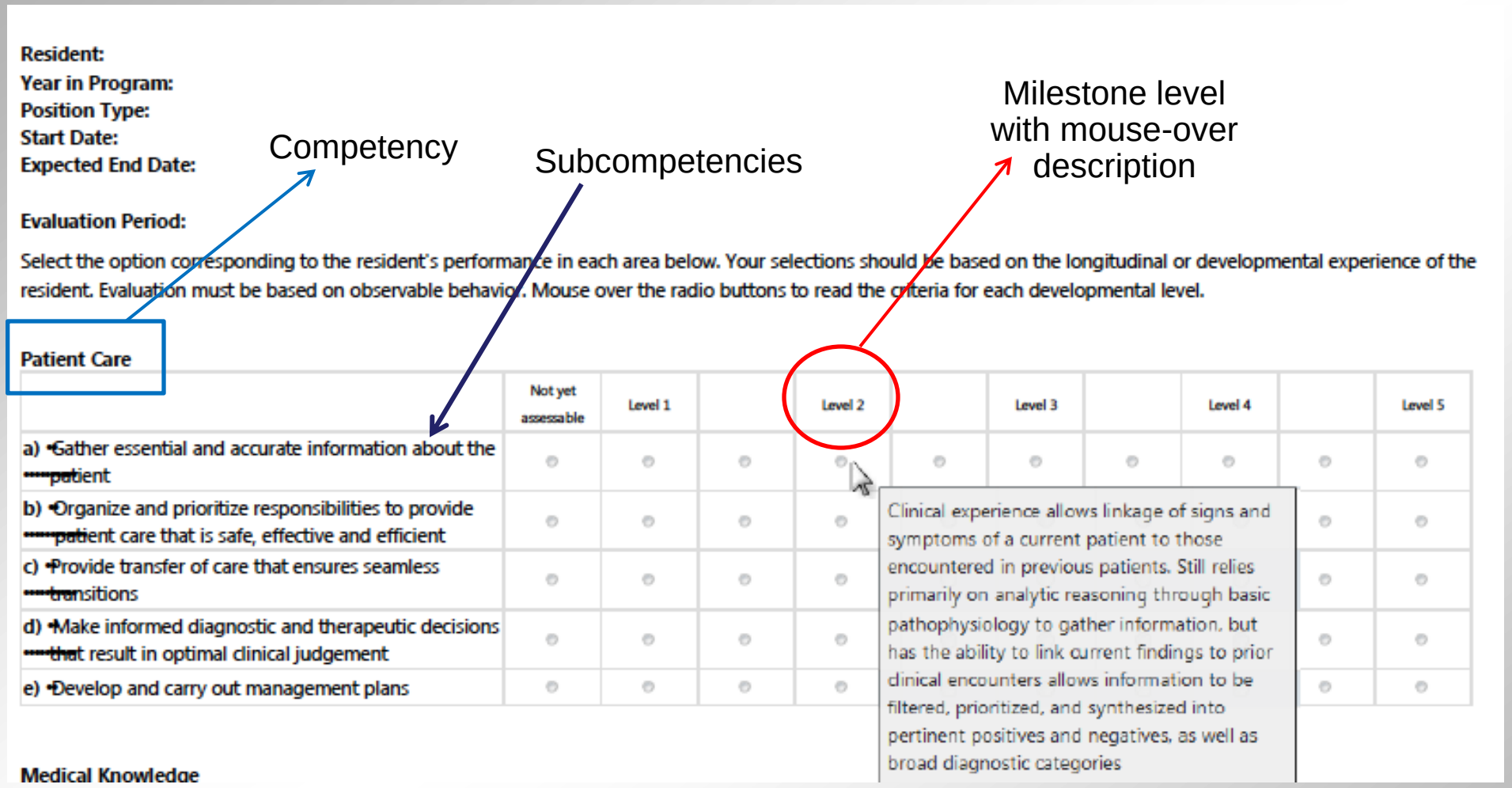
Screen Shot – Core Pediatrics Milestones Reporting Form on ADS



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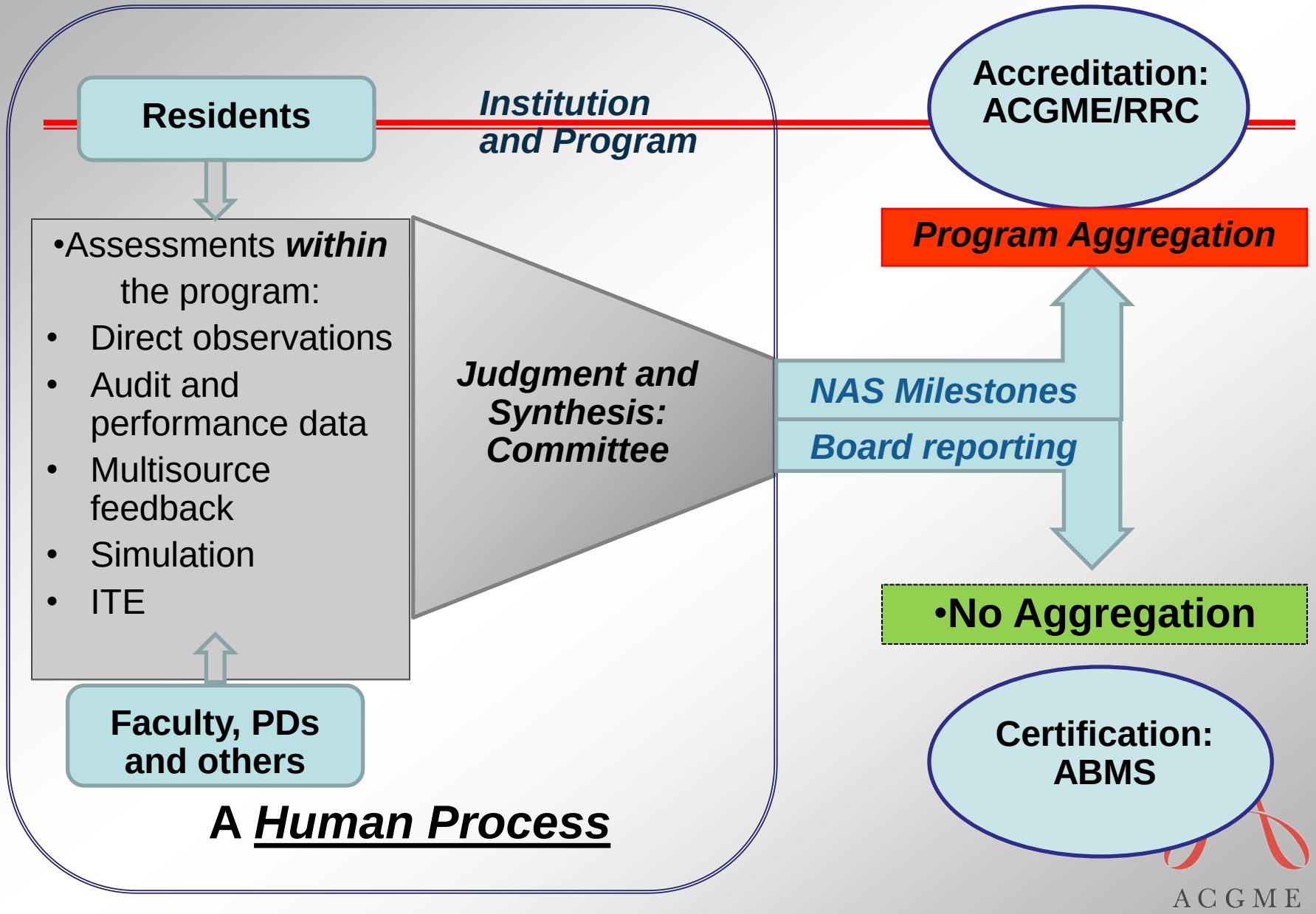
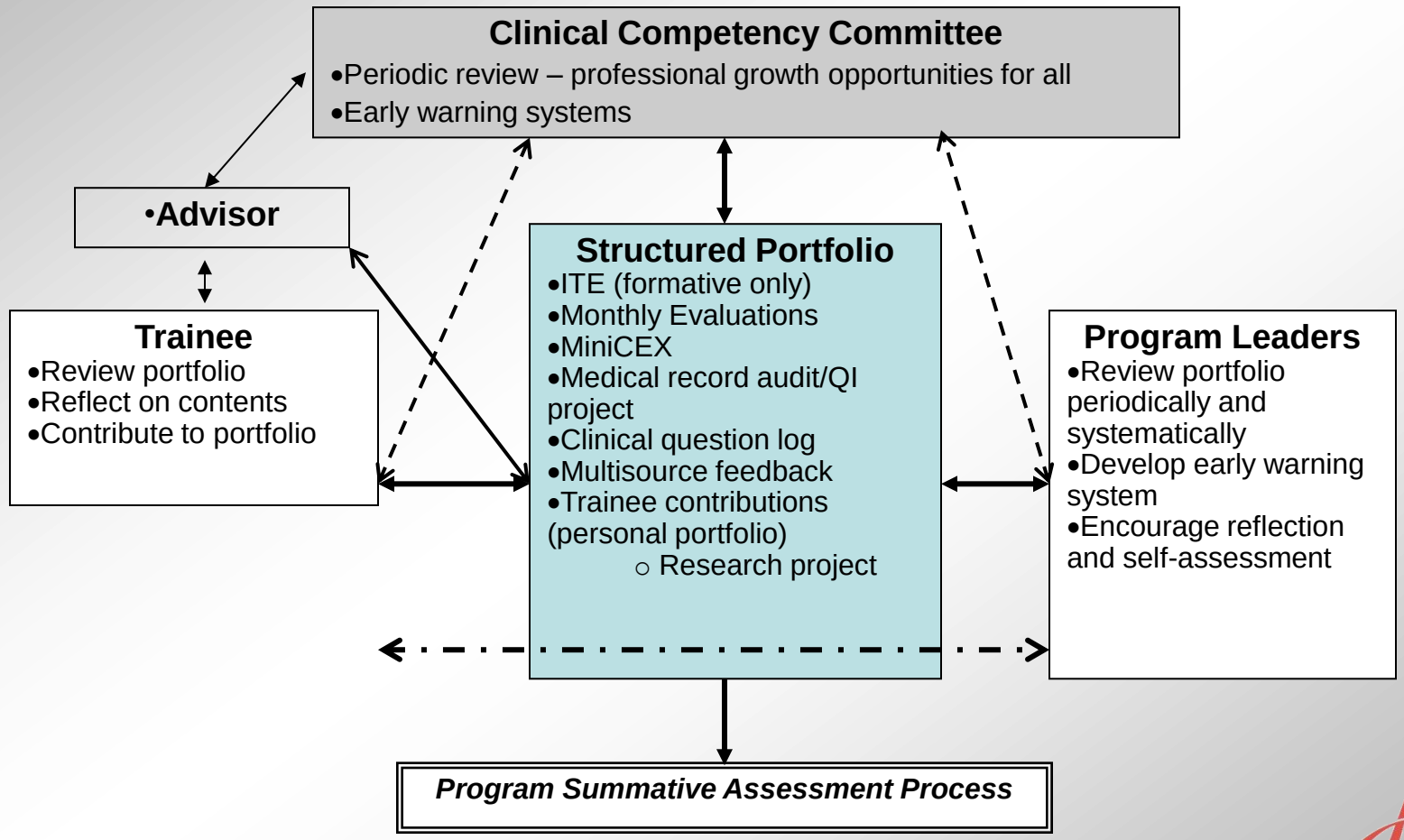
The "System"



Assessment During Training: Components



Clinical Competency Committees

May serve as member of CCC	May attend CCC Meetings, but are not members of the CCC	Cannot serve or attend CCC Meetings
1. Program faculty members 2. Program directors 3. Other health professions (e.g. Nursing, inter-professional faculty members)	1. Chief residents who meet all of the following criteria: have completed core residency programs in their specialties; possess a faculty appointment in their program; are eligible for specialty board certification 2. Program coordinators	1. Residents and chief residents still in accredited years of their programs and have not completed initial residency education

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CCC

- Why can't "chief residents" serve as a members of the CCC
  - Who are the "chief residents"?
  - Making deliberations regarding probation, dismissal of residents
- Why can't coordinators be members of the CCC?
    - ***Clinical*** Competency

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CCC

- Why is the ACGME being so prescriptive with regard to CCC membership?
  - We acknowledge that it certainly looks that way
  - Demand for guidance of CCC composition
  - Focused revision
  - Public comment

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Which Assessment Forms Should We Use?

- Forms make only a small difference in the quality of assessment
  - Faculty and the encounters (direct observation) make a big difference
  - Forms should comport with what is to be assessed
    - Forms do not need to be long
    - Wording and scaling have minimal impact
  - Shared item pools would be very useful

From J. Norcini; AMEE 2013; FAIMER

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	Poor →				Excellent
1. Medical Knowledge	1	2	3	4	5
2. Patient Care	1	2	3	4	5
3. Practice-Based Learning and Improvement	1	2	3	4	5
4. Interpersonal and Communication Skills	1	2	3	4	5
5. Professionalism	1	2	3	4	5
6. Systems Based Practice	1	2	3	4	5

Comments (Required):

Benefits of a CCC

- Develop group goals and shared mental models
- “Real-time” faculty development
- Key for dealing with difficult trainees
- Share and calibrate strengths and weaknesses of multiple faculty assessments (“observations”)
- Key “receptor site” for frameworks/milestones
  - Synthesis and integration of multiple assessments

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Basic Committee Principles

- Evidence-based versus verdict-based "jury"
  - Start and review all "evidence" *before* a decision
    - *Do not start* with a conclusion/decision
  - Confirmation bias
- Be careful not to emphasize consensus over dissent
  - Minority opinions, even if "wrong", still helpful
  - Be sure all voices are "heard" and watch carefully for negative effects of hierarchy

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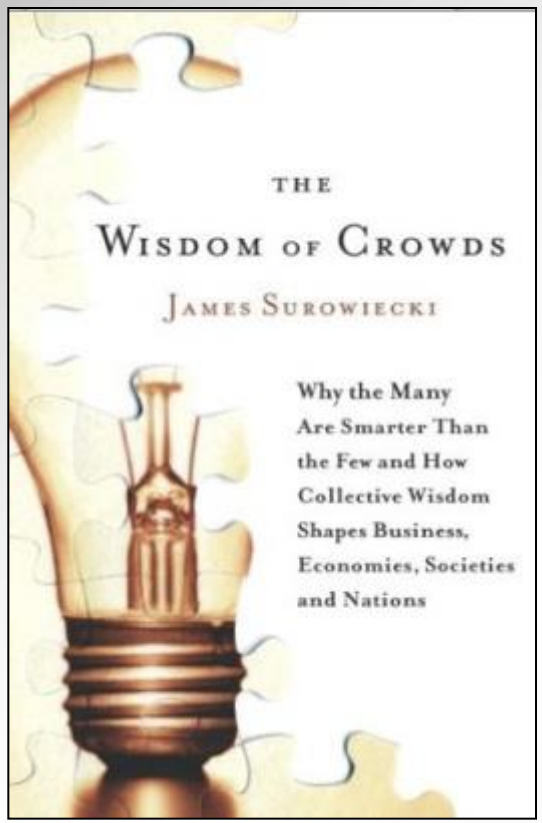
The Wisdom of Crowds



- The wisdom of many is often better than the wisdom of one or the few
- To maximize the probability of good judgments:
  - Sample
  - "Independence"
  - Diversity

  are important…

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“Wisdom of the Crowd”

- Hemmer (2001) – Group conversations more likely to uncover deficiencies in professionalism among students
- Schwind, Acad. Med. (2004) –
  - 18% of resident deficiencies requiring active remediation became apparent only via group discussion.
    - Average discussion 5 minutes/resident (range 1 – 30 minutes)

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Department of Milestone Development

- Website
  - Highlighted mailbox for questions
  - Build out available PPT presentations
  - Potentially post assessment tools from assessment advisory committee
- Faculty development
  - Pilot week long course in fall
- Outreach activities
  - Meetings/talks/engagement/research

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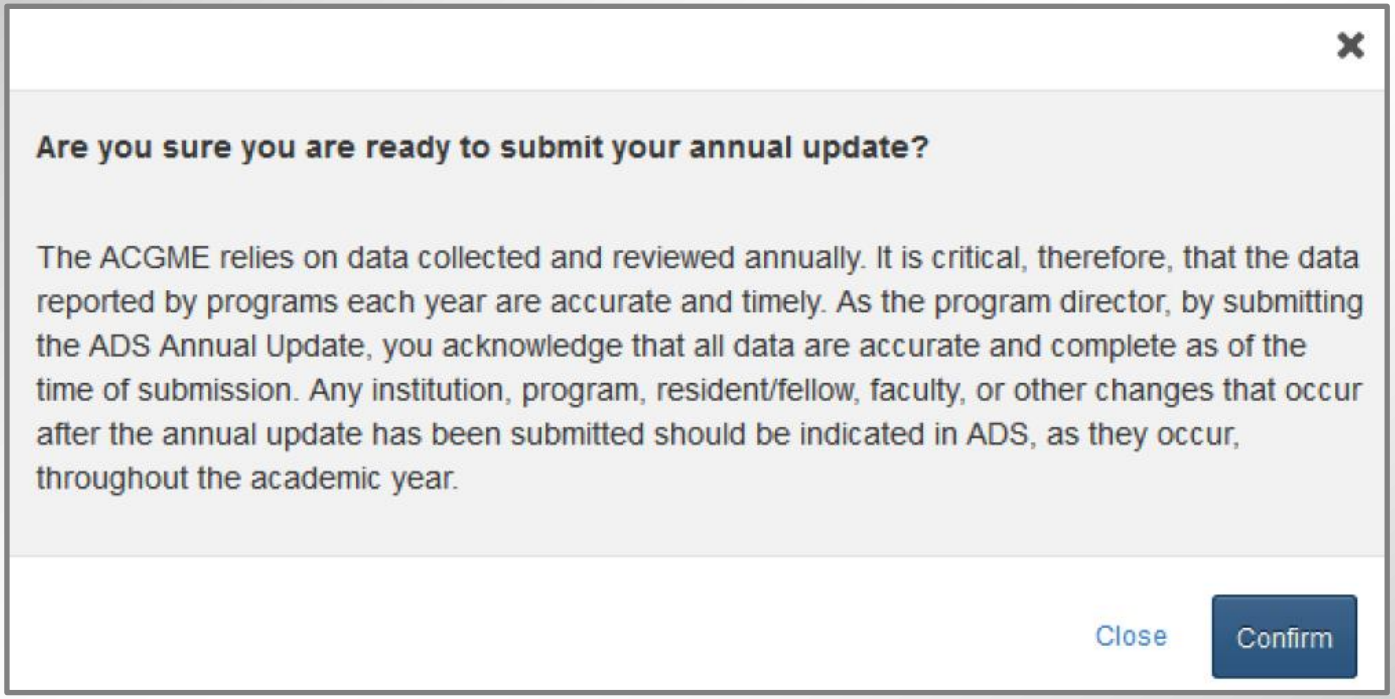
Annual Update Submission

Confirmation of Accuracy



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Findings from RCs Annual Data Review

Incomplete/Inaccurate Data – Subspecialty Block Diagram

- Block Diagram
  - Abbreviations
  - Non-standard format
  - Research time

Only 1 year provided

Block	Dates	Smith	Brown	Jones	Wilson	Lee	Doe
1	7/1 to 7/28	S1	C	S1	S1	S1	S1
2	7/29 to8/25	R	C	R	S2	**A**	S2
3	8/26 to 9/22	R	C	S2	R	S2	A
4	9/23 to 10/20	R	C	S3	S3	R	R
5	10/21 to 11/17	S2	S1	R	R	R	S3
6	11/18 to 12/15	R	C		R	S3	S4
7	12/16 to 1/12	S3	S2		R	R	R
8	1/13 to 2/9	R	C		S4	S4	R
9	2/10 to 3/9	R	C		R		
10	3/10 to 4/6	Pre A	S3		R		R
11	4/7 to 5/4	R	C	***R***	S5		S6
12	5/5 to 6/1	Pre A	C	S5	R	S6	**R**
13	6/2 to 6/30	R	C	***R***	R	S7	S7

% of time spent on research/ clinical

No key provided for abbreviations

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Block Diagram Instructions

- Include the **participating site** in which a rotation takes place, as well as the **name of the rotation**.
  - If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- Group the rotations by site. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- For each rotation, the percentage of time the resident spends in outpatient activities should be noted.
- The percentage of time devoted to structured research on a clinical rotation should be noted. If a block is purely research, it should be labeled as such, and should *not* be associated with a participating site.

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Findings from RCs Annual Data Review

Examples of Accurate/Complete Block Diagrams

Block Diagram: Use These Abbreviations:

ADOL	Adolescent medicine
AI	Acute Illness
DB	Developmental/Behavioral
CM	Community Experience
EM	Emergency Medicine
GP	General Pediatrics
NICU	Neonatal Intensive Care
PICU	Pediatric Intensive Care
RS	Required Subspecialty (Required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from list 1 in the requirements.)
SP	Subspecialty Experience (Subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from list 1 or 2).
TN	Term newborn
ELEC	Electives (Experiences chosen by the residents over and above their required experiences)
VAC	Vacation

1st Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	ADOL/ CM* (IP/OP) 1	DB/CM* (OP)1	EM/CM (OP)1	RS* (IP/OP) 1	TN/CM (IP)2	NICU (IP)1	GP/CM * (OP)1	GP (IP)1	GP (IP)1	GP (IP)1	GP (IP)1	GP (IP)1	VAC
Duty Hours	50/10	50/10	60/10	50/10	60/10	75/13	11/55	70/14	70/14	70/14	70/14	70/13	

2nd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	RS (IP/OP) 1	RS* (IP/OP) 1	RS* (IP/OP) 1	RS (IP/OP) 1	PICU (IP)1	PICU (IP)1	GP/CM * (OP)1	GP (IP)1	GP (IP)1	GP (IP)1	NICU (IP)2	EM (OP)1	VAC
Duty Hours	55/10	50/10	50/10	60/12	75/28	75/28	11/55	70/14	70/14	70/13	75/28	60/10	
Supervisory Role	no	no	no	yes	no	no	yes	yes	yes	no	no	no	

3rd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	ELEC* (IP)1	ELEC* (IP)1	ELEC* (OP)1	ELEC* (OP)1	NICU (IP)2	SP (IP/OP)	SP (IP/OP)	SP (IP/OP)	GP (IP)1	GP (IP)1	GP (IP)1	EM (OP)1	VAC
Duty Hours	70/14	70/14	50/10	50/10	75/28	50/10	50/10	50/10	72/13	72/13	72/13	60/10	
Supervisory Role	yes	yes	no	no	no	no	no	no	yes	yes	yes	no	

Resident Survey

- Minimum 70% participation required
- Results not available to programs until June
  - Working on a revised timeline for next year

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Faculty Survey

- Core programs – all faculty identified as “core”
- Subspecialty programs – faculty who devote significant time to the program
- Minimum 60% participation required

Review of Annual Data

Decisions Available to the RC

- Confirm existing accreditation status based on data review
- Change existing status based on data review
- Request additional information from program
  - Clarifying information
  - Site Visit

Citations

- Identify areas of noncompliance
- Linked to a specific requirement
- Response to citations required in ADS
- Responses reviewed annually by the RC
- Remain active until corrected

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Areas for Improvement

- Result from annual review of program data elements
- May not be specifically linked to a requirement
- May be a general concern
- Written response not required, rather data will be reviewed

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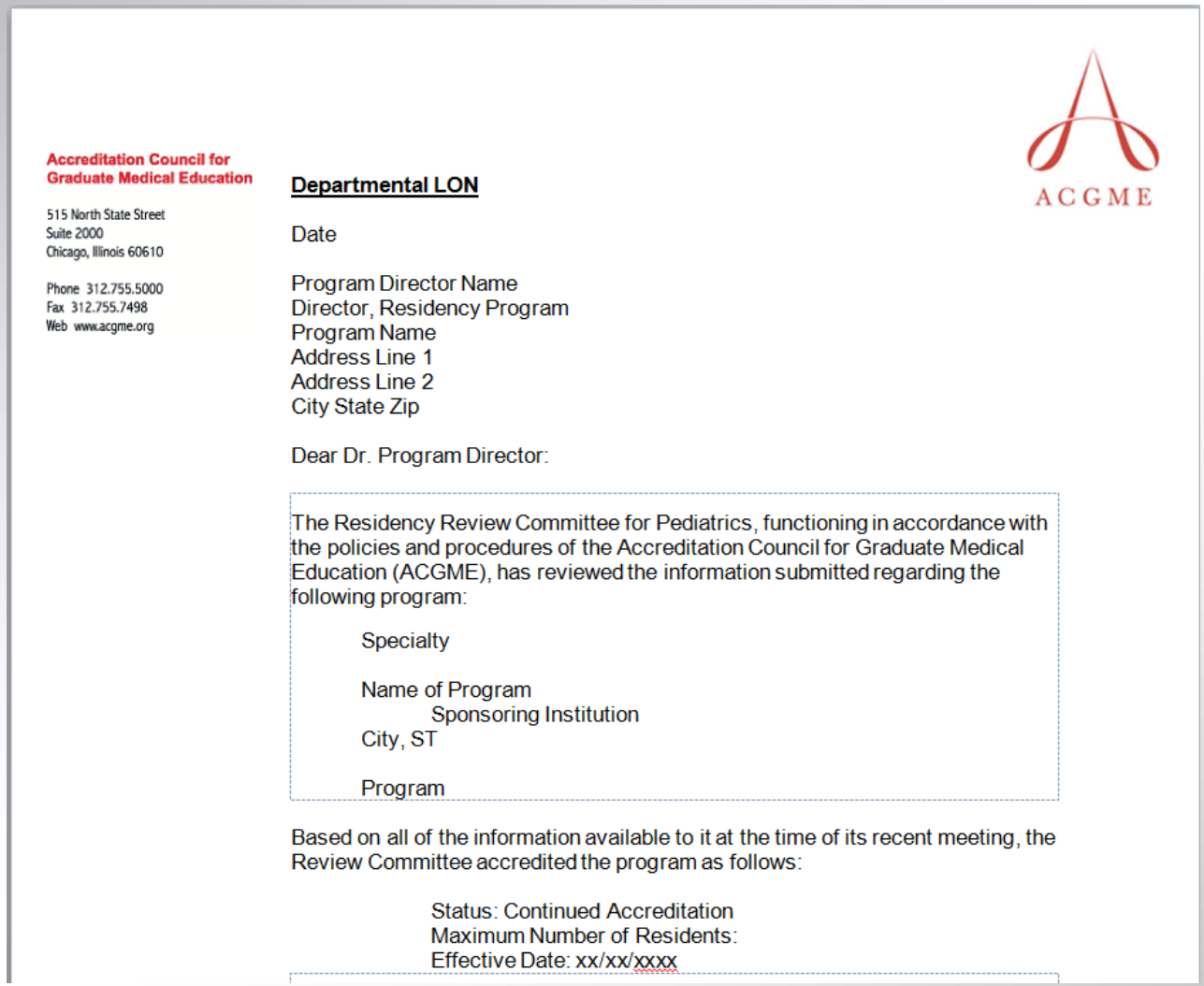
Departmental Notification Letter



Accreditation Council for Graduate Medical Education

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

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Departmental LON

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for Pediatrics, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents:
Effective Date: xx/xx/xxxx

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Departmental Notification Letter *cont.*

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program and/or Institutional Requirements for Graduate Medical Education without any new citations.

Subspecialty Programs
The following is a list of subspecialty programs associated with your program. Subspecialty programs with ** preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will be issued a separate Letter of Notification.

321xxxxxxx – Adolescent medicine
Continued Accreditation - Effective: 01/24/2014
Citations: New - 0. Extended - 4. Resolved - 0

323xxxxxxx – Pediatric critical care medicine
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 0. Resolved - 0

324xxxxxxx – Pediatric emergency medicine
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 3. Resolved - 0

325xxxxxxx – Pediatric cardiology
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 4. Resolved - 0

326xxxxxxx – Pediatric endocrinology
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 1. Resolved - 0

Departmental Notification Letter *cont.*

329xxxxxxx – Neonatal-perinatal medicine
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 3. Resolved - 0

LTR-333xxxxxxx – Sports medicine
Accreditation Withheld - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 0. Resolved - 0

**-336xxxxxxx – Developmental-behavioral pediatrics
Initial Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 0. Resolved - 0

520xxxxxxx - Sleep medicine (multidisciplinary)
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 1. Resolved - 0

540xxxxxxx - Hospice and palliative medicine (multidisciplinary)
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 5. Resolved - 0

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director
Residency Review Committee for X

cc: Designated Institutional Official
Participating Sites

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Citations

- New – based on current review
- Extended – previous citations that have not been fully addressed*
- Resolved – Corrected

*Citations issued prior to July 1, 2013 may not have been reviewed by the RC.

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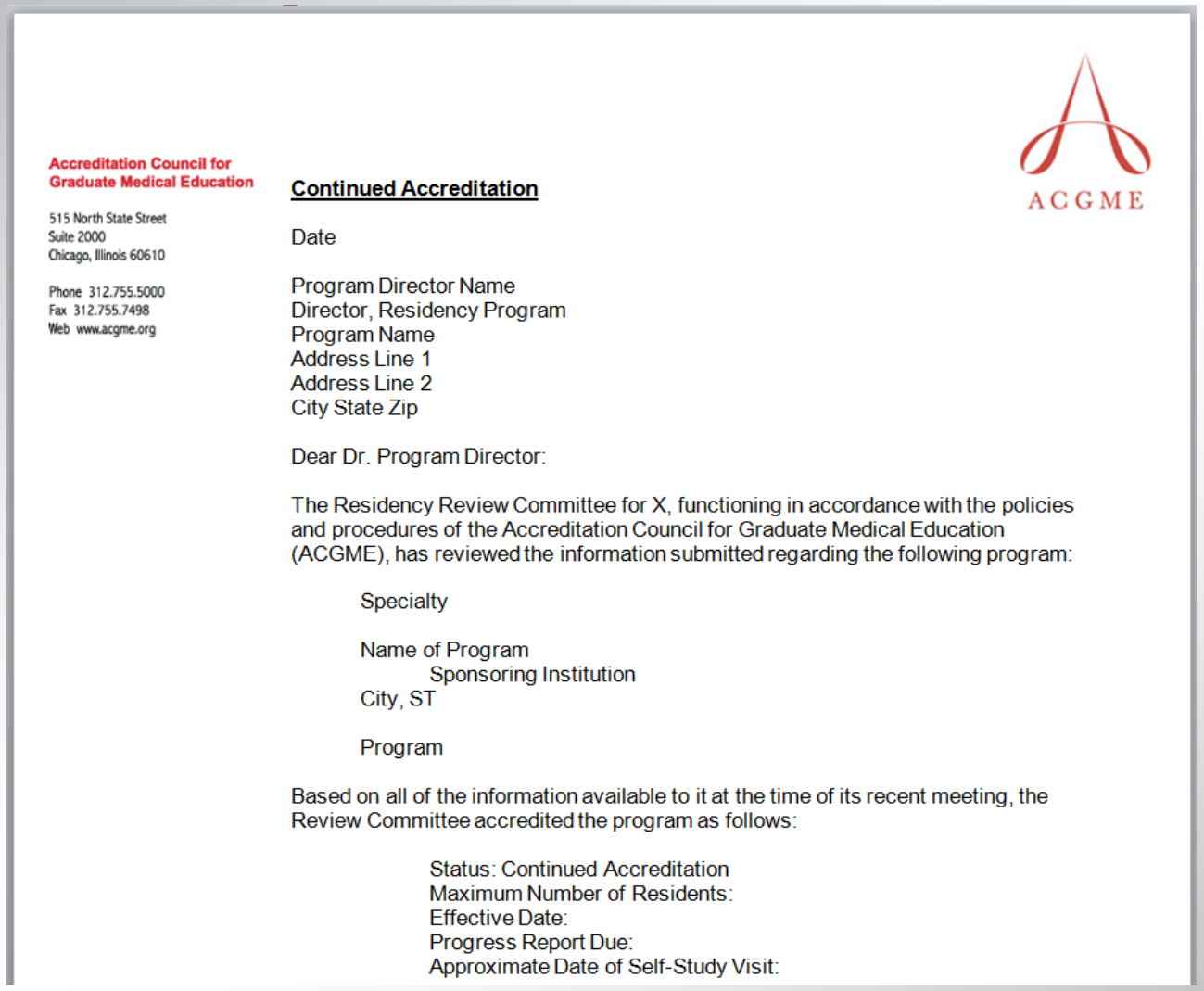
Notification Letter



Accreditation Council for
Graduate Medical Education

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

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Continued Accreditation

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents:
Effective Date:
Progress Report Due:
Approximate Date of Self-Study Visit:

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Notification Letter

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

EXTENDED CITATIONS

Citation description *(based on citation code)*/Since: (*date citation was originally issued)*/Status: Extended
(Citation and supporting text will be pulled into the LON – no need to reenter)

Continued non-compliance: *(Date citation was extended will be entered)*

NEW CITATIONS
Citation description *(based on citation code)*/Since: (*date citation was originally issued)*/Status: New
** **Reference in progress report** *(if applicable) – THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST MEETING ACTIONS ARE ENTERED*

Type of Response for Progress Report *(if applicable)*

RESOLVED CITATIONS

The Review Committee determined that the following citations have been resolved.

Citation description *(based on citation code)*/**Since:** (*date citation was originally issued)*/**Status: Resolved**

OPPORTUNITIES FOR PROGRAM IMPROVEMENT/CONCERNING TRENDS *(if applicable)*

The Review Committee identified the following opportunities for program improvement and/or concerning trends:

Notification Letter

REQUEST FOR PROGRESS REPORT *(if applicable)*

The Review Committee requests a progress report in which each citation listed above (**Reference in progress report) is addressed. This information is requested via email to the Executive Director. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution's Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.

OTHER COMMENTS *(if applicable)*

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director
Residency Review Committee for X

cc: Designated Institutional Official
Participating Sites

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Program Resources

ACGME Contacts

- Questions related to **ADS**:
  - Kirsten Woebbeking (kwoebbeking@acgme.org) 312.755.7443; WebADS@acgme.org
- Questions related to **site visit**:
  - Ingrid Philibert (iphilibert@acgme.org) 312.755.5003
  - Jane Shapiro (jshapiro@acgme.org) 312.755.5015
  - Penny Lawrence (pil@acgme.org) 312.755.5014
- Questions related to **requirements** or **notification letter**:
  - Caroline Fischer (cfischer@acgme.org) 312.755.5046
  - Denise Braun-Hart (dbraun@acgme.org) 312.755.7478
  - Kim Rucker (krucker@acgme.org) 312.755.7054
  - Luz Barrera (lbarrera@acgme.org) 312.755.5077

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Webinars

- **Previous webinars** available for review on ACGME website
  - Clinical Learning Environment Review (CLER)
  - Overview of Next Accreditation System
  - Milestones, Evaluation, CCCs
  - Specialty-specific Webinars
  - Phase I Coordinator Webinars (surgical and non-surgical)
  - Specialty-specific Webinars (Phase II)
  - Stand-alone slide decks for GME community: NAS, CCC, PEC, Milestones, Update on Policies (posted 12/23/13 – will be revised soon)
- **Upcoming**
  - CLER
  - Self-Study (what programs do): May 9, 2014

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Thank you

Questions?