

APPD Fall 2015 Meeting Key Stakeholders' Session

ACGME - Additional Q&A

- 1) The new FAQ document omits discussion of “double counting” between individualized curriculum and additional subspecialties. Does this represent a change in how the rotations can be managed?

You can “double count” the subspecialty experiences from the second list of three additional subspecialty experiences (Program Requirement IV.A.6.b).(3).(d)). However, these experiences should only be counted toward the individualized curriculum if they meet the learning needs/career plans of the resident.

- 2) Can we expect real time results of the resident and faculty surveys once 70% respond as in past?

The survey results will be released in early May for programs that achieved a 60% completion rate of the faculty survey and a 70% completion rate for the resident survey. For programs with fewer than four residents, an aggregated report of four years of survey data will be provided once there is 70% compliance across the four years in total.

- 3) Can you explain the role of the liaison in a program?

The role of the liaison is to serve as an advocate for the residents to the program administration.

- 4) Are there detailed instructions about how to update the ADS annual review, i.e., what scholarly activity counts, how old can the publications be, what conference presentations count?

Various sections of ADS do provide instructions or have links to other resources. Specifically, for the scholarly activity table, there is a link to a scholarly activity FAQ. In addition, if you hover your mouse over the headers in the scholarly activity table, a definition for that activity will appear. Only scholarly activity from the previous academic year should be entered. ADS representatives would be happy to assist with any questions and can be reached at ADS@acgme.org.

- 5) One of my areas for improvement was to develop milestone-based goals and objectives. Please explain.

All programs are required to have competency-based goals and objectives for each assignment at each educational level. The goals and objectives submitted to either the site visitor or the Review Committee were deemed not to be competency-based. The ACGME does not have a standard template to use for goals and objectives. I would recommend soliciting sample goals and objectives from other program directors.

- 6) Why the detailed CV entry for non-physician faculty?

The primary purpose for the non-physician CVs was to allow programs to provide information about non-physician faculty mentors. The RC is only interested in the CVs for these individuals. CVs are not necessary for other non-physician faculty.

- 7) What are your thoughts and/or is it acceptable for institutions to offer stipends instead of dedicated FTE time for program directors, APDs and other physician leaders in program administration?

While the ACGME requires sponsoring institutions to provide support for the program director(s), APDs and faculty, it is up to the institutions to determine the form of that support. However, it is important to emphasize that the intent of this requirement is to ensure that the PD has protected time to devote to the administration of the program and does not have to generate clinical income to cover the cost of the administrative time.

- 8) For all of the different ways our programs are reviewed, we often chuck the same data in multiple different ways (CLER, APE, program aims, and

institutional requirements). For the first three that are ACGME expectations, do you have suggestions of how we integrate these processes, data synthesis, and review?

The first three: CLER, Annual Program Evaluation and program aims are all inter-related, and would eventually be components of the program Self-Study. Program aims form the basis for determining what the program is all about. For example what types of physicians are being trained? What patient population is being served? Everything about the program should be looked at from the point of view of the aims. Once that is established, the Annual Program Review will be formatted to address how the aims are achieved (the program should analyze strengths, weaknesses, opportunities and threats). The annual program evaluations should provide a continuum for program assessment and improvement and the findings eventually summarized for the self-study. Findings from the CLER visit should be reviewed during the program self-study and the program should use these findings for self-improvement. For example, one of the program aims might be to serve an inner-city population, yet findings from the CLER visit determine that the residents, fellows and faculty do not have a clear understanding of the concept of disparities. This can be incorporated in the annual program review and plans made to address this deficiency in the curriculum, participating sites, faculty development, and other aspects of the program.