



# “Meet the Experts” Fall Freebie November 5, 2015

Presented by:

**PARTNERS IN MEDICAL EDUCATION, INC.**

Today's Experts:

**Christine Redovan, MBA**

**Heather Peters, M.Ed, Ph.D**

**Candace DeMaris, MAIS**

**Lauren McGuire, MBA, C-TAGME**

# Partners® Consulting Team



**Christine Redovan, MBA  
GME Consultant**

- \* 10+ years GME Operations, Accreditation and Management success
- \* Focused on continual readiness and offering timely and useful GME resources



**Heather Peters, M.Ed, Ph.D  
GME Consultant**

- \* GME Director & DIO
- \* Seasoned speaker at ACGME & sub-specialty national meetings
- \* Institutional and Program accreditation experience
- \* 3 decades in education; Masters of Education in curriculum & evaluations, PhD concentration in secondary education & adult learning theories



**Candace DeMaris, MAIS  
GME Consultant**

- \* 25+ years experience throughout the spectrum of Medical Education
- \* Expertise in the area of GME finances - including the financial feasibility of starting new programs and demonstrating the value of established programs



**Lauren McGuire, MBA,  
C-TAGME  
GME Consultant**

- \* Administrative Director of Undergraduate and Graduate Medical Education
- \* Hands-on experience obtaining and maintaining accreditation
- \* In-depth understanding to complete and review Institutional/Program site visit documentation in addition to coordinating and preparing for site visits



# GMEC Oversight: Notes From The Field

Presented by:

**Christine Redovan, MBA**

GME Consultant

Partners in Medical Education, Inc.

# GMEC Oversight

- Composition
- Responsibilities
- Monitoring/Documentation
- Minutes
- Best Practices



# GMEC Composition

Still seeing....

- ❑ Residents are not peer-selected
- ❑ QI/Patient Safety representative not involved
- ❑ No outside representatives if single program sponsor
- ❑ Inactive members



# GMEC Responsibilities

Still seeing...

- ❑ No review of Letters of Notification
- ❑ No regular review of duty hours
- ❑ No salary/benefit review
- ❑ Forgetting to approve new program directors
- ❑ Forgetting to approve addition or deletion of participating sites
- ❑ Lack of resident participation



# GMEC Monitoring/Documentation

Still seeing...

- ❑ No discussion of special review criteria
- ❑ No discussion of annual institutional review (AIR) criteria
- ❑ Lack of monitoring of APE action plans
- ❑ Lack of monitoring of AIR action plans
- ❑ Lack of monitoring of special review action plans



# GMEC Minutes

## Still seeing...

- Unidentified members
- Lack of discussion documentation
- Lack of follow up assignment
- No standard agenda
- No standard format





# GME Oversight

What can you do?

- Use grid/checklist/database to assist in documentation of responsibilities and follow up
- Remove inactive members
- Assign tasks based on interest
- Take detailed minutes
- Ensure members know the institutional requirements

# Questions?





# WebADS & Site Visits

Presented by:

**Heather Peters, M.Ed, Ph.D**

GME Consultant

Partners in Medical Education, Inc.



# Notification of Site Visits

- Less than 60 days is not uncommon – be prepared
- First contact may not provide actual date but the month in which the visit will take place
  - Have to wait until you receive the letter from the actual site visitors with the dates, document list and schedule

# WebADS & Site Visits



## ■ Issues with WebADS versions

- Print a copy of the WebADS once you submit
- Watch your deadlines and try to submit a day or two early, if possible
- If the site visitors seem to have an older version, show them the correct one
- Follow-up with ACGME after the site visit or after you receive your letter of notification if you received a citation related to the WebADS mix-up

# Site Visit List Changes

- List changed in Spring 2015
  - PEC minutes (at least 2 sets)
  - Updated PEC Description
  - Updated CCC Description
  - Didactic schedules—each training year
- Not on the list, but have them with you
  - APEs
- Other Document Issues
  - Review your policies to be sure they cover all the newest requirements (particularly due process)



# APEs & Self Studies

- Think long term...
  - How can you improve your APEs in anticipation for your Self Study Visit?
    - Same issues year after year on your improvement plans?
    - Have you set up any trend-tracking mechanisms?
      - Resident/Faculty Surveys
      - Procedural data
      - Duty hour violations
      - Research productivity
  - How does strategic planning fit into this?
    - Establish program AIMS
    - SWOT analysis



# Questions?







# Your ACGME Application

Presented by:

**Candace C. DeMaris, MAIS**


GME Consultant

Partners in Medical Education, Inc.

# The ACGME Process for Initial Program Accreditation

- Sponsoring Institution initiates the application process
- Common and Specialty-Specific Application
- Application submitted to Review Committee (RC)
- Site visit by ACGME Field Staff
- RC meeting
- Accreditation status
  - Pre-Accreditation (AOA programs)
  - Initial Accreditation



- 
- *The organization and content of the application set the tone for the site visit.*
  
  - *The better the application, the easier survey day will be!*

# Helpful Hints #1 – Follow Directions

- Read the definitions
- Read the instructions
- Read the question
  - Provide one example...
  - Describe...
  - Questions within a question...



# Helpful Hints #2: “Open Book Exam”

- Application is organized according to the program requirements
  - I. Institutions
  - II. Program Personnel & Resources
  - III. Resident Appointments
  - IV. Educational Program
  - V. Evaluation
  - VI. Duty Hours
- Questions correspond to actual requirements
- Requirements suggest answers to the questions!

# As you read the Program Requirements, consider...

- *“Must” vs. “Should”*
- *Common vs. Specialty Specific*
- *Core, Detail, Outcome*

## **IV.A.3 - The curriculum *must* contain regularly scheduled didactic sessions;** (Core)

*IV.A.3.a) - Each resident **should** attend a minimum of 70% of regularly scheduled didactic sessions* (Detail)

*IV.A.5.b).(10) Residents **must** demonstrate competence in their knowledge of medical conditions that can affect evaluation and care of patients.* (Outcome)

# Helpful Hints #2: “Open Book Exam”

## Other Resources

- Definitions within the application
- Program FAQ's
- ACGME Glossary of Terms
- ADS Instructions
- eCommunications
- Program Directors Virtual Handbook





# **Your Application: Part 1 – Common Application**



# The Common Application – Program Characteristics

## ■ Program Information

- Title of Program & Address
- Name of Program Director & Coordinator with email addresses
- Number of requested positions (complement, slots) – in total
- Sponsoring Institution & DIO
- Affiliated medical school

## ■ Accreditation Status

- 10 Digit ACGME Program ID#
- Effective date
- Accreditation Status
- Original Accreditation date
- Accredited length of training





# The Common Application – Sites

- Sponsoring Institution
- Primary and Participating Sites
- Brief Educational Rationale
- Recognized by...
- Length of Rotation (in months): Year 1: Year 2: Year 3:
- Numbered consistently throughout the application

# The Common Application – Program Director and Faculty

## ■ Program Director

- Date First Appointed as PD
- # hours/week in Clinical Supervision, Admin, Research
- Board Certification
- CV
  - Scholarly Activity
  - “Concise summary of role in program”

## ■ Faculty

- Core Y/N
- # hours/ week in Clinical Supervision, Admin, Didactic Teaching, Research
- CVs
  - Scholarly activity
  - “Concise summary of role in program”

## ■ Non-Physician Faculty

# Helpful Hint #3 – The Faculty Roster

- List in the following order...
- Certification status: R, O, L, N, M
- Based mainly at Institution #
- Time devoted to the program
- Who should we list?



# Reporting Faculty Scholarly Activity in ADS

Template for Faculty Scholarly Activity

<b>Faculty Scholarly Activity</b>	Definitions:				Pub Med Ids (assigned by PubMed) for articles published between 7/1/2012 and 6/30/2013. List up to 4. Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.	Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2012 and 6/30/2013	Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2012 and 6/30/2013. Articles without PMIDs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine.	Number of chapters or textbooks published between 7/1/2012 and 6/30/2013	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2012 and 6/30/2013	Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2012 and 6/30/2013	Between 7/1/2012 and 6/30/2013, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations (#)	Other Presentations (#)	Chapters / Textbooks (#)	Grant Leadership (#)	Leadership or Peer-Review Role (Y/N)	Teaching Formal Courses (Y/N)

# The Common Application – Narrative Responses

## ■ Program Resources

- *How will the program ensure that faculty have sufficient time to supervise and teach? Mention time spent in conferences, rounds, journal clubs, etc.*
- *Briefly describe the educational and clinical resources available for resident education.*

## ■ Resident Appointments

- *Describe how residents will be informed about their assignments...*
- *Will there be other learners...if yes, describe the impact.*

## ■ DH, Patient Safety, Supervision

- *Briefly describe your back-up system when clinical care needs exceed the residents ability.*
- *Briefly describe how clinical assignments are designed to minimize the number of transitions in care*
- *Briefly describe how the PD and faculty determine progressive authority and responsibility, conditional independence and supervisory role in patient care*

# Helpful Hint #4 – Refer to the Requirements

- The CPRs and PRs will suggest how to respond -- in ACGME language

**The question:** *Describe how residents will be informed about their assignments and duties during residency.*

**The requirement:** *IV.A.2 (The curriculum must contain) Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form*

**The response:** *Competency-based goals and objectives, learning activities, and evaluation methods will be discussed with residents for each assignment at each educational level at orientation and at the beginning of each rotation. In addition, residents will be provided with written curriculum in the resident handbook, which is posted for on the residency's intranet site.*

# Residents

- # Positions Requested / # Positions Filled
  
- Actively Enrolled Residents
  - Name, start date, expected completion, year in program, years of prior GME in ACGME program, specialty, medical school, date of med school graduation.
  
  - Transfers



# The Common Application - Evaluation

- Drop down selection: Competency, Assessment Method, Evaluators
- Attach a copy of the forms



# Helpful Hint #5: ACGME Glossary of Competency and Assessment Terms

## Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning
- Interpersonal and Communications Skills
- Systems-based practice
- Professionalism

## Assessment Methods


- Anatomic models
- Direct observation
- Formal oral exam
- Global assessment
- In-house written exam
- In-training exam
- Multisource assessment
- OSCE
- Oral exam
- Patient survey
- Practice/billing audit
- Project assessment
- Record/chart review
- Resident experience narrative
- Review of case or procedure log
- Review of drug prescribing
- Review of patient outcomes
- Role-play or simulation
- Standardized patient exam
- Structured case discussions
- Videotaped/recorded assessment

## Evaluators

- Chief/Supervising Resident
- Evaluation Committee
- Faculty Member
- Program Director
- Patient/Family Member
- Peer Resident
- Consultants
- Junior Resident/Medical Student
- Allied Health Professional
- Nurse
- Self



# **Your Application:** Part 2 – Specialty- Specific Application

- 
- More narrative responses about the 6 competencies
    - Describe one learning activity...
    - Give one example...
    - How does the program...
    - Indicate...
  - Rotation Schedules, Block Diagram, Sites
  - Goals and Objectives
  - Case Logs / Institutional Data
  - Conferences
  - Scholarly Activities

# Helpful Hints #6 – Demonstrate Compliance in Your Answers

- Complete
- Detailed
- Descriptive
- Data
- Provide examples





# Your Application: Attachments

# Upload...

- Policy on Supervision
- Program Policies and Procedures
- Overall Competency Goals and Objectives
- Competency Goals and Objectives for one assignment at each level of training
- Program Letters of Agreement
- Semi-annual and Final Summative Evaluations
- Program Specific Evaluation Tools
- Forms used for resident evaluation of the faculty and of the program
- Block Diagram



# Helpful Hint #7 – Program-Specific ≠ Institutional

- The institutional documents will describe what each of the sponsored programs need to do
- Each program's documents will look different



# Cause of Citations Associated with Withhold of Initial Accreditation

- Inaccurate/incomplete information in the application
  - CVs not complete
  - Required attachments not provided (PLAs; supervision policy; sample G&O's block diagram, evaluation templates)
  - Data discrepancies
  - Sections left blank
- Required educational experiences not ensured
  - Block diagram doesn't document required educational experiences
  - Continuity experience not ensured
  - Subspecialty experiences not fully operationalized
- No evidence of Scholarly Activity (SA)
  - No evidence of SA for faculty/no environment of SA
  - CVs not complete, SA cannot be determined
- Application did not identify minimum # of core faculty

# Keep in mind...

- Don't rush!!!
- Pay attention to the date of the RC meeting
- Ultimately the responsibility of the PD, *but...*
- DIO, Faculty, PC, Residents, Staff must be aware of the contents of the application
- Think documentation and verification
- Know your way around [www.acgme.org](http://www.acgme.org)

# Questions?





# Annual Institutional Review

Presented by:

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# Annual Institutional Review (AIR)



Understand



Set Metrics



Achieve

# Start with the Standards



I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

I.B.5.b) The AIR must include monitoring procedures for action plans resulting from the review.

I.B.5.c) The DIO must submit a written annual executive summary of the AIR to the Governing Body

# Minimum AIR Performance Criteria

- Results of the most recent institutional self-study visit
  - References the institutional 10 year-self study
- Results of ACGME Faculty and Resident Surveys
  - Utilize the data from the ACGME surveys to identify areas for improvement
- Programs' accreditation statuses and self-study visits
  - Maintain oversight



# What Makes a Good Performance Indicator?



- Established targets
- Measureable outcomes
- Demonstrates program effectiveness
- Inspires Action



# The SMART Approach



- What is the purpose of the target area?
- Quantify how the indicator will be considered successful
- Is this Indicator realistic? How is it achieved?
- Will the results demonstrate the effectiveness of the program?
- When will the results be available?

# Applying SMART to Select Performance Indicators:

Indicator	Specific	Measure	Attainability	Relevance	Timeframe
<b>Board Pass Rate</b>	Graduate Performance	According to specialty requirements (i.e. Internal Medicine 80%)	National Standard	Pass Rate will indicate how well the program prepared graduate to meet national standards	On a Yearly Basis

# Define Performance Indicators and Parameters



	<b>GREEN</b>	<b>YELLOW</b>	<b>RED</b>
<b>Accreditation Status</b>	Continued	Warning	Probation
<b>Citations</b>	0 Citations	1-3 Unresolved	>3 Unresolved
<b>Board Pass Rate</b>	Meets Specialty Requirements	Demonstrates Improvement	Not Meeting Specialty Requirements

# Design an Institutional Dashboard

- Provides a visual to identify trends
- Track progress over years at institutional and program levels
- Use color coding to indicate if goals are met
- Develop data driven action plans (Special Reviews)
- Demonstrates components of GMEC oversight



# Sample Institutional Dashboard

Year	Programs	Accreditation Status	Citations (# of Citations Unresolved)	ACGME Resident Survey	ACGME Faculty Survey	Resident Attrition	Match Positions Not Filling (1st Round)	Board Pass Rate	Duty Hours Compliance	Case/Procedure #s Meet Thresholds	Faculty Scholarly Activity	Resident Scholarly Activity	Faculty Development
ACGME Accredited Programs													
2013-2014	Sample Program	Continued	0	0	0	0%	N/A	90%	0	100%	57%	75%	7
2013-2014	Sample Program	Continued	0	4	2	2.50%	All Filled	90%	0	100%	67%	100%	6.5
2013-2014	Sample Program	Warning	4	4	3	9%	All Filled	88.5%	3	100%	88%	100%	0
2013-2014	Sample Program	Continued	0	0	0	0%	All Filled	90%	1	100%	55%	100%	0
2013-2014	Sample Program	Continued	0	0	0	0%	All Filled	100%	1	100%	100%	100%	0
2013-2014	Sample Program	Continued	0	0	0	0%	All Filled	100%	0	100%	100%	100%	5

# AIR Report

- Compile APE and AIR Data
- Use graphs to provide visuals
- GMEC must review and approve
- Attach to Executive Summary



# AIR Executive Summary

- Determined by the GMEC
- GMEC activities that are most important to governing body
- May include content such as:
  - demographic information regarding residency programs,
  - resident participation in patient safety and quality care initiatives
  - summaries of accreditation letters of notification
  - Clinical Learning Environment Review (CLER) reports (if received during the reporting period).

# Crash Course





# Questions?



# Partners' Online Education



## Upcoming Live Webinars

**Evaluations to Support  
Milestone Assessments**  
Thursday, November 19, 2015  
12:00pm – 1:30pm EST

**PC Series**  
Thursday, December 10, 2015  
12:00pm – 1:30pm EST

Look for our **NEW**  
Spring 2016 Education Schedule  
coming **Mid-November**

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## On-Demand Webinars

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Introduction to GME for  
New Program Coordinators

Milestones & CCCs

GME Financing – The Basics

Single Accreditation System

The IOM Report

Institutional Requirements: What's New?

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