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Notes from ACGME Annual Conference 2016

Presented by:

Christine Redovan, MBA GME Consultant

Introducing Your Presenter…

Christine Redovan, MBA
GME Consultant

- **Seasoned Director of Medical Education and GME Operations**
- **Accreditation and Management success for both ACGME & AOA Programs**
- **ACGME-I Accreditation Expert**
- **Successful Continued Accreditation & New Start-Up Implementation**
- **Focused on continual readiness and offering timely and useful GME resources**

ADS Update

ADS Update

- All Review Committees in NAS
- Pre-meeting decisions
  - Continued Accreditation
  - Continued Accreditation with areas for improvement
  - Review by review committee member
  - Site visit
  - Request for clarifying information

ADS Update

- Accreditation decisions – annual notification
  - Continued Accreditation
  - Continued Accreditation without outcomes
  - Continued Accreditation with warning
  - Probationary Accreditation
  - Withdrawal of Accreditation
  - Voluntary withdrawal of accreditation

ADS Update

- Areas for Improvement
  - Not a citation; identifies concerns raised by the annual data submission
  - Does not have to be linked to a requirement
  - Does not require a response (usually)
  - Wiped clean each year
  - Chosen from a pre-set menu

ADS Update

- Citations
  - May be issued without a site visit
  - Must be linked to a requirement
  - Must be reviewed as part of site visit
  - New, extended or resolved

ADS Update

- Citations prior to July 1, 2013 systematically removed if…
  - In continued accreditation for two years
    - Phase I – June 30, 2015
    - Phase II – June 30, 2016
    - Institutions expected in 2017

ADS Update

- ADS Calendar
  - Case Logs – June through July
  - ADS Update – June through October
  - Milestones – November through January; April through May
  - Resident Survey – January through April
  - Faculty Survey – January through April

ADS Update

- ADS Improvements
  - Enhanced submission interface
  - New menu’s and submenus
  - Survey passwords randomly assigned
  - Passwords are case sensitive
  - Up to 2 coordinator log-ins (full access less ability to submit application)
  - Beta testing institutional coordinator log-in
  - Single log-in for multiple programs
  - New ADS phone number: 312-755-7474

ADS Update

- RC data importance?
  - Surgery – case log and board scores
  - General – resident survey, clinical information, board scores

- Two reporting dates…
  - Non-surgical program information pulled Sept. 1
  - Surgical program information pulled Oct. 1

Self-Study Update

Self-Study Update

- Phase I Program Pilot Self-Study Visit
  - All 7 specialties & cores; > 180 visits
  - 1-3 months after submission
  - Brief visit, approximately 4-hours
  - Requires minimal data; discussion based
  - Strengths and areas for improvement shared verbally
  - Look at what will take program to the next level
  - Written report does NOT go to review committee
  - Not punitive
  - Aim is important
  - Faculty development, SWOT & Stakeholder engagement are key

Self-Study Update

- Self-study pilot findings…
  - Majority of programs high performing
  - High performing core ≠ high performing subspecialty
    - Viewed as step-child
    - Collaboration reduced disparity
    - Resulted in abbreviated subspecialty self-study summary
  - Each program is different
  - Opportunities & threats are a struggle
  - APE is critical

Self-Study Update

- A few themes from self-study pilot
  - Mounting clinical pressures
  - Shift of GMEC control
  - Tension between health system needs and learner desires
  - Value of longer training periods
  - Rethinking what a specialty does and how it interfaces with patients and others

Self-Study Update

- What's next?
  - Analyze leading and lagging indicators related to timing of accreditation site visit following self-study
  - Phase II programs volunteer if have self-study between April 2016 – July 2017
  - Development of assessment tool for program improvement
    - Feedback on feedback
    - Useful for program self-assessment
    - Based on Malcom Baldrige Quality Award
    - Program improvement as a developmental process

Selected Resources

- Guralnick,S., Hernandez, T., Corapi,M., Yedowitz-Freeman, J., Klek, S., Rodriguez, J., Berbari, N., Bruno, K., Scalice, K., & Wade, L. (2015). The ACGME self-study—an opportunity, not a burden. *Journal of Graduate Medical Education,* 7(3), 502-505. doi: http://dx.doi.org/10.4300/JGME-D-15-00241.1

- Baldrige Performance Excellence Program. Available at http://www.nist.gov/baldrige/

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MILESTONESS 1.0: Looking Back, Moving Forward

Presented by:

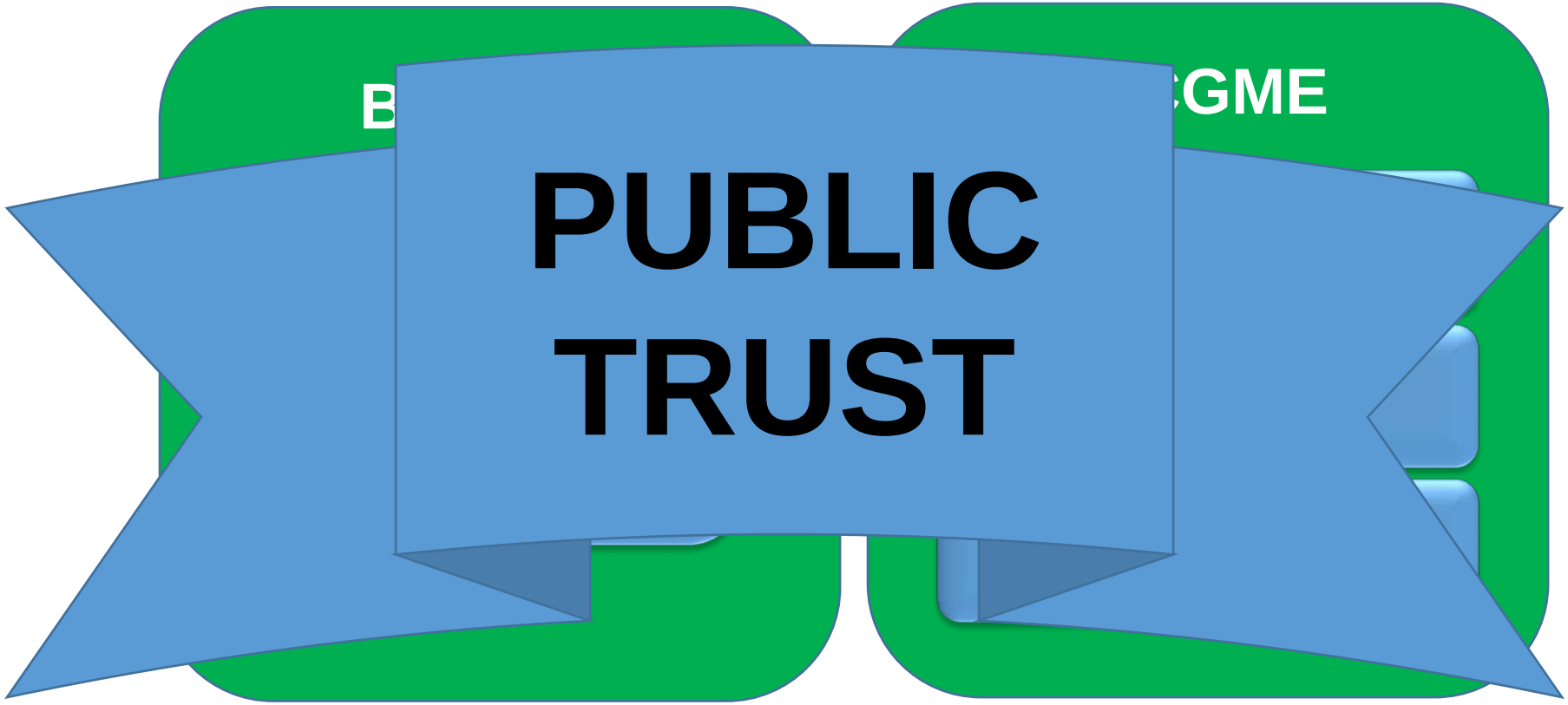
Heather Peters, M.Ed, Ph.D

Introducing Your Presenter…

Heather Peters, M.Ed, Ph.D

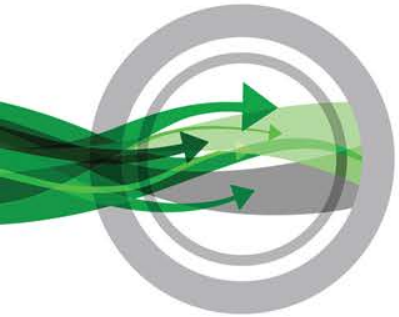
- **DIO/Director of Medical Education**
- **Seasoned speaker at ACGME & sub-specialty national meetings**
- **Areas of Expertise: Institutional and Program accreditation; GME strategic planning**
- **3 decades in education; Masters of Education in curriculum & evaluation, PhD in secondary education & adult learning theories**

What are the we trying to achieve with the milestones?



GENERIC MILESTONES TEMPLATE

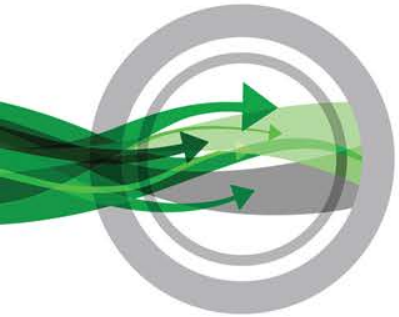
Milestone Description: Template				
Level 1	Level 2	Level 3	Level 4	Level 5
What are the expectations for a beginning resident?	What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?	What are the key developmental milestones mid-residency? What should they be able to do well in the realm of the specialty at this point?	What does a graduating resident look like? What additional knowledge, skills and attitudes have they obtained? Are they ready for certification?	Stretch Goals – Exceeds expectations
Comments:				



Interpretation of the DATA thus far…

Quite a bit of **variation** in the attainment of competencies may reflect:

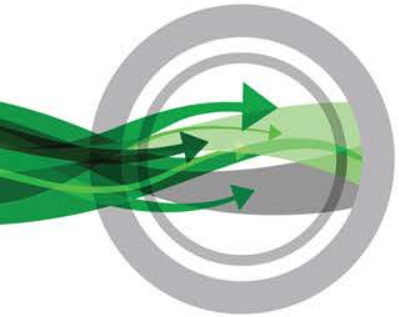
- *Residents' underlying ability*
- *Variation in exposure to certain sub-competencies*
- *Incomplete specification of underlying construct*
- *Quality of assessment tools/processes*
- *Rater factors*
- *Curriculum factors/resources*



Consequences of the Change Process—Part 1

Assessment changes

- **Increased diversity in assessment decisions**
  - Increased input from a number of sources
- **Change in the remediation process**
  - Catching struggling residents earlier
  - Targeted improvements for individual learners
  - Identifying holes in otherwise high performers



Consequences of the Change Process—Part 2

Structuring of feedback

- More organized, formalized feedback
- Tailoring of feedback to the individual learner
- Discussion is more important than the scores

Consequences of the Change Process—Part 3

Curriculum development

- Identifying curricular gaps
- New emphasis on resident development
  - Increased didactics
  - More direct resident teaching
  - Resident focused conferences
  - Better utilization of grand rounds

Barriers to Implementation

Introduction and implementation processes

Milestones language and structure

- Unintended consequences in perceived progression
  - Frustration with seemingly unachievable milestones
  - Residents feeling “stuck” on certain levels

Receptivity to culture change

- New emphasis on non-PC and non-MK skills
  - Varied receptivity to “softer” competencies
- “Necessary evil” to demonstrate achievement of objective educational outcomes

TAKE HOMES

- Milestone data will **NOT** be used for program accreditation
  - *High stakes—do not want to see programs alter data*

- While **MILESTONES 2.0** is still a **couple of years off…**
  - *The sub-competencies of PROF, ICS, PBL&I, and SBP will be shared across specialties*
  - *More specificity for the PC & MK milestones for each specialty*

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Institutional Review Update

Presented by:

Candace DeMaris, MAIS

Introducing Your Presenter…

Candace DeMaris, MAIS
GME Consultant

- Over 30 years experience in graduate and undergraduate medical education at academic medical centers and community-based-teaching hospitals, including 16 years as DIO in a multi-state integrated health system. She brings detailed knowledge of ACGME program and institutional requirements for accreditation -- and practical experience in integrating those requirements into resident education and GME operations In addition,
- Candace has unique expertise in starting new teaching hospitals, GME Consortia, and new residency programs and has assisted many sponsoring institutions and programs with feasibility assessments, financial analysis, and initial accreditation.

Institutional Accreditation in NAS

- Annual accreditation decisions based on institutional data
- Self study and 10-year accreditation site visit
- CLER visits to improve Clinical Learning Environment – but does not impact accreditation decisions

Accreditation Decisions

- Continued Accreditation
  - Continue oversight through AIR, Special Review, GMEC minutes, locally defined oversight mechaniss
  - IRC is aware of data management challenges – further discussion in 2016
- Continued Accreditation with Warning
  - No subject to appeal process
  - Can change without a site visit at next annual review
  - SI should address citations and AFIs (and document in ADS Annual update) before the next annual review
  - Document corrective action and monitoring whenever possible
- Probationary Accreditation
  - Subject to appeal process
  - Automatic site visit within 1 year
  - SI should address citations and AFIs (and document in ADS Annual update) before the next annual review
  - Document corrective action and monitoring whenever possible
- Accreditation Withdrawn
  - Subject to appeal process
  - Failure to demonstrate substantial compliance with IRS, effective oversight, structure and support

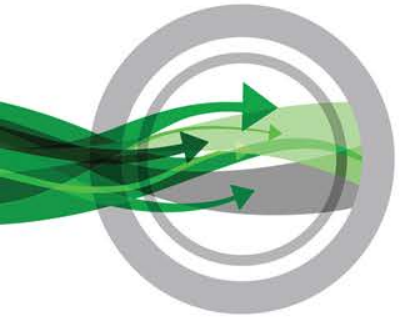
2015-16 Annual Data Review

- SI Accreditation Status
- Unresolved complaints
- Referrals from specialty Review Committees
- DIO/CEO changes in the past year
- PD changes in the past year
- Institution-level 2014-15 resident survey results
- Performance of programs in aggregate

2015-16 Annual Data Review

Using..

- ❑Sponsor History Summary
- ❑Sponsor History Details with Citations and Complaints
- ❑Institutional Data from ADS
- ❑Summary of Program-Specific Citations
- ❑Personnel Changes
- ❑Institution-Level Resident/Fellow Survey
- ❑Institution-Level Faculty Survey
- ❑Annual Data Reporting Summary (compliance rate for programs
- ❑Most recent institutional LON
- ❑Other correspondence from the IRC
- ❑Site Visit Report with Addenda (if applicable)
- ❑Other



Decisions made for 361 SI's during the IRC April Meeting

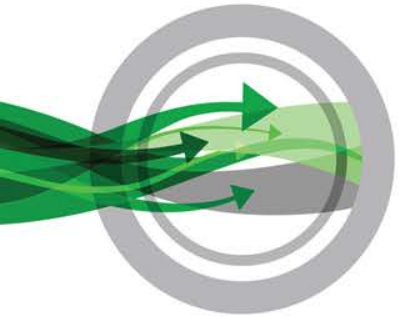
- 342 SI's demonstrate substantial compliance with IR's – Consent Agenda
- Clarifying Information Requested – 7
- Site visit requested – 6
- Annual Accreditation Decisions made July 2015-Jan 2016 - 6

Good News!

If you haven't received a request for clarifying information or site visit, your SI is on the consent agenda in April!

and

All citations issued before July 1, 2013 will be resolved if SI has Continued Accreditation for 2 consecutive years!

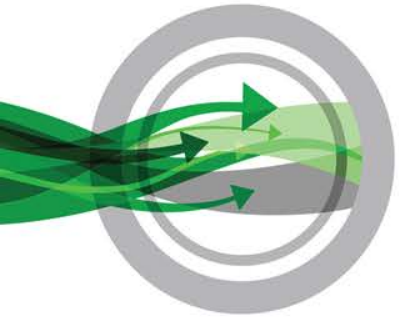


Single Accreditation System

For SI's

- Pre-Accreditation
- Continued Pre-Accreditation
- Initial Accreditation (27 as of January 2016)

- For Programs
  - Pre-Accreditation
  - Continued Pre-Accreditation
  - Initial Accreditation - Contingent



SI 2025

- 20 member task force of DIOs, CEOs, CMOs, CNO, residents, and public members
- Develop a future vision for accredited SI's
- Spring/Summer 2016 listening sessions – let your voice be heard!
- Final report will guide accreditation and improvement processes

Look for Major Revision of the Institutional Requirements in 2017.

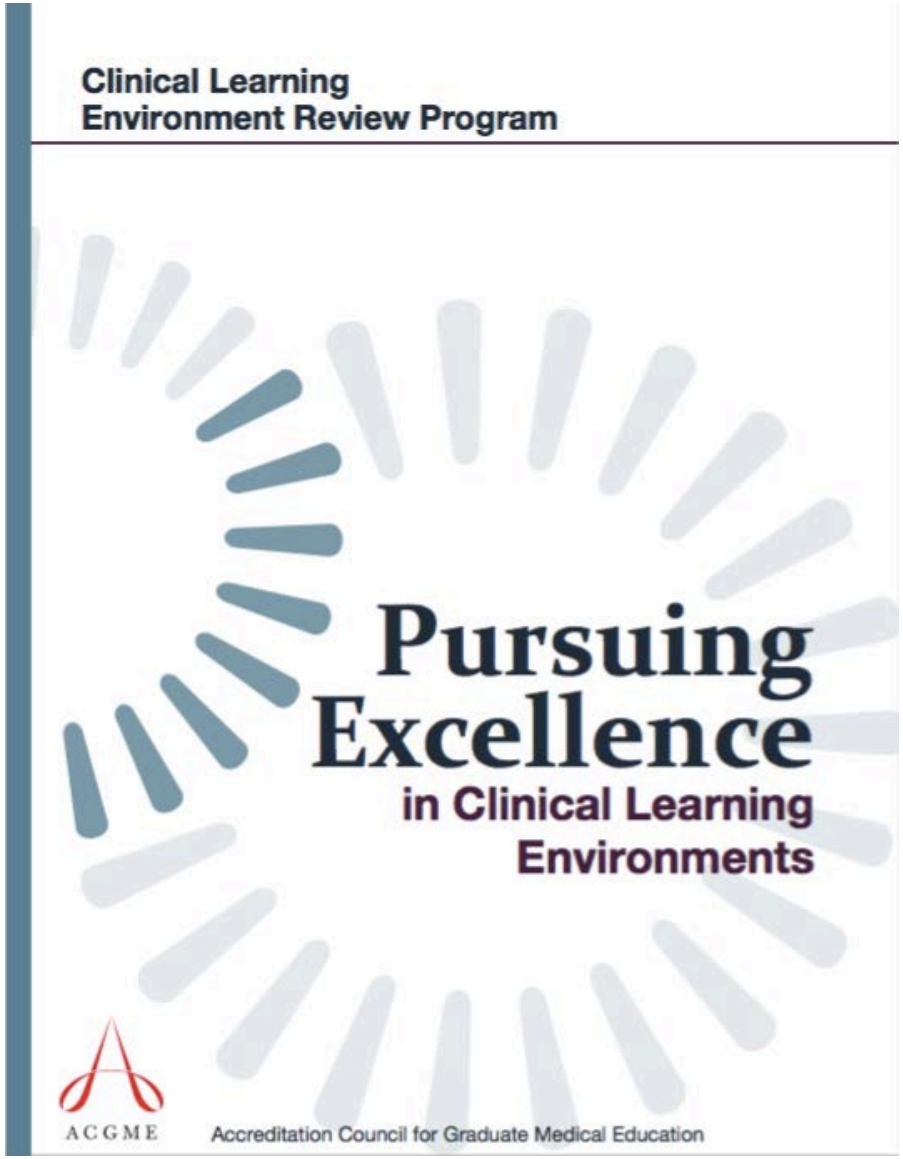
Pursuing Excellence in Clinical Learning Environments

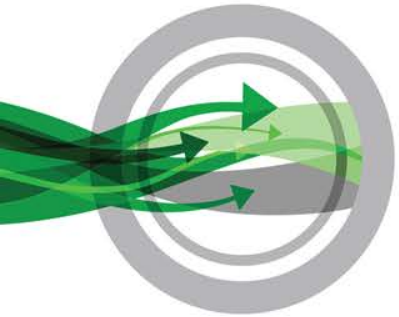
National Report of CLER Findings released in February 2016 and published in April 2016 JGME

4 Overarching Themes

- Patient Safety and Health Care Quality
- Integration of GME in Clinical Operations
- Faculty Engagement and Development
- Coordination of Educational Resources

Pursuing Excellence in Clinical Learning Environments





Pursuing Excellence in Clinical Learning Environments

- New models of integration between health care delivery systems and GME
- New 4 year initiative supported by 21 partnering organizations
- 3 Components
  - Pathway Innovators
    - Leadership commitment
    - Experience with systems-based approaches to improving performance
    - Experience with engaging inter-professional teams to address systems-based issue
  - Pathway Leaders - Selective focus on 1 of 6 CLER focus areas
  - Pathway Learners – Accelerate adoption of effort developed by Innovators and Learners by providing feedback on how to shape the innovation and learning so that it can be integrated across a large and variable set of Clinical Learning Environments

Pursuing Excellence in Clinical Learning Environments - Timeline

- RFP for Pathway Innovators released Feb 29, 2016
  - 8 SI's with a clinical site
  - Up to $75,000 per site each of 4 years. Applicants must demonstrate matching funds > amount requested
  - Identify their current state of 4 overarching themes
  - Propose innovative approaches to develop and test
  - Propose a framework and measures for monitoring
  - Application available at https://acgme.wufoo.com/forms/r1nrkj3812bes9i/
  - Awards announced July 2016
  - Awards start September 2016

Pursuing Excellence in Clinical Learning Environments - Timeline

- February 2017 – Launch of Leaders Collaborative
- February 2018 – Launch of Learners Collaborative
- February 2019 – Shared Learning Event at ACGME Annual Educational Conference

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APE, APR, AP...What?!

Presented by:
Tori Hanlon, MS, CHCP

Introducing Your Presenter…

Tori Hanlon, MS, CHCP
GME Consultant

- Over 11 years working in Medical Education
- Bachelor's in Health Services Administration
- Master's in Health Administration and Policy
- Director of Medical Education and Designated Institutional Official
- Experienced in GME at a large academic medical center

Objectives

- To clarify the difference between the APE and the APR
- To understand the ACGME's expectations of the APE as outlined in the CPR
- To examine additional APE elements and how they can be used to aide in institutional oversight

APE vs. APR

- The SAME thing!
- APR → APE
- APE more comprehensive and formal
- Only ONE required
- Tool for institutional oversight of programs

APE

- Evaluation of curriculum annually
  - Resident performance
  - Faculty development
  - Graduate performance
  - Program quality
    - Resident and faculty evaluations of program
  - **Previous year's action plan**

PEC

- Appointed by PD
- Minimum 2 faculty, 1 resident
- Written description of responsibilities
- PEC not just for APE

PEC Activities

- Plan, develop, implement, evaluate educational activities of program
- Review and make recommendations for competency-based curriculum goals and objectives
- Address areas of non-compliance with ACGME Requirements
- Review program annually using evaluations of faculty, residents and others

Effective APEs

- Provide program oversight
- Ensure adequate resources
- Maintain program accreditation
- Promote quality improvement

Institutional Oversight Requirements

- Accreditation status of programs
- Quality learning environment
- Quality educational experiences
- Programs' annual evaluation & improvement activities

Additional APE Elements

Web ADS

- Program compliance and accuracy of information
- Update on rolling basis
- Major changes section

Supervision

- CLER focus area
- Working & learning environment
- Quality of care
- Patient safety

Additional APE Elements

Resources

- Financial
- Personnel
- Anything that can contribute to the ability to effectively carry out the residency program and compliance with the Requirements

Action Plans

Item #	Action Item	Action Steps	Status	Accountability	Target Completion
1	Institute process to increase real-time monitoring of duty hours & violation reconciliation	1. DIO, APD & Chief Resident meet to discuss roles in duty hour monitoring 2. Revise duty hour monitoring process to include real time monitoring & process for reconciling violations 3. Implement new process on 7/1/15 4. Follow-up on new process at Aug 2015 GMEC	In Progress	Tori Hanlon (DIO) John Smith (APD) Laura Brown (Chief Resident)	6/30/15

APE = APR

Upcoming Live Webinars

Self-Study: Who, What, Why & How?
Tuesday, April 12, 2016
12:00pm – 1:00pm EST

GME Check-up: Is Your GMEC Meeting Its New Responsibilities
Thursday, April 21, 2016
12:00pm – 1:00pm EST

A Proactive Approach to Supervising Residents Improves Patient Safety
Tuesday, May 3, 2016
12:00pm – 1:00pm EST

New Institutional Accreditation: Let's Get Started!
Thursday, May 12, 2016
12:00pm – 1:00pm EST

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Partners® Snippets

On-Demand Webinars

Self-Study Visits

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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