

Implementing The Next Accreditation System

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ACGME

ACGME Webinar
24 January 2013



Disclosures

- Financial
 - LOL
- Fiduciary
 - Full-time employee of ACGME
- Recovering
 - DIO
 - PD
 - Surgeon

Next Accreditation System

- **Background & rationale**
- **Goals**
- **Structural overview**
- **Program Perspective**
- **Institutional perspective**
- **Timeline**



Next Accreditation System

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The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div.,
and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,¹ and in 2009, it began a multiyear process of restructuring its accreditation system to be

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education⁸

N Engl J Med. 2012 Mar 15;366(11):1051-6





NAS Background

- GME is a public trust
- ACGME accountable to the public





NAS Background

- Patients & payers expect doctors to be:
 - Health information technology literate
 - Able to use HIT to improve care
 - Sensitive to cost-effective care
 - Involve patients in their own care





NAS Background

- Public expects GME to produce doctors who:
 - Possess these skills, *and*
 - Requisite clinical and professional attributes



NAS Background

- ACGME established 1981
- Major issues faced:
 - Emergence of formal subspecialty training
 - Variability in quality of resident training



NAS Background

- ACGME response emphasized:
 - Program structure
 - Increase in quality & quantity of formal teaching
 - Balance between service and education
 - Resident evaluation & feedback
 - Financial & benefit support for trainees





NAS Background

- Efforts rewarding by many measures
- But:
 - Program requirements increasingly prescriptive
 - Innovation squelched
 - PDs have become “Process Developers”*

*Term borrowed from Karen Horvath, M.D.



Next Accreditation System

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Next Accreditation System: Goals

- Help produce physicians for 21st century
- Accredite programs based on outcomes
- Reduce administrative burden of accreditation



Next Accreditation System: Goals

- Free good programs to innovate
- Assist poor programs to improve
- Realize the promise of “Outcomes”
- Provide public accountability for outcomes
- Reduce the burden of accreditation

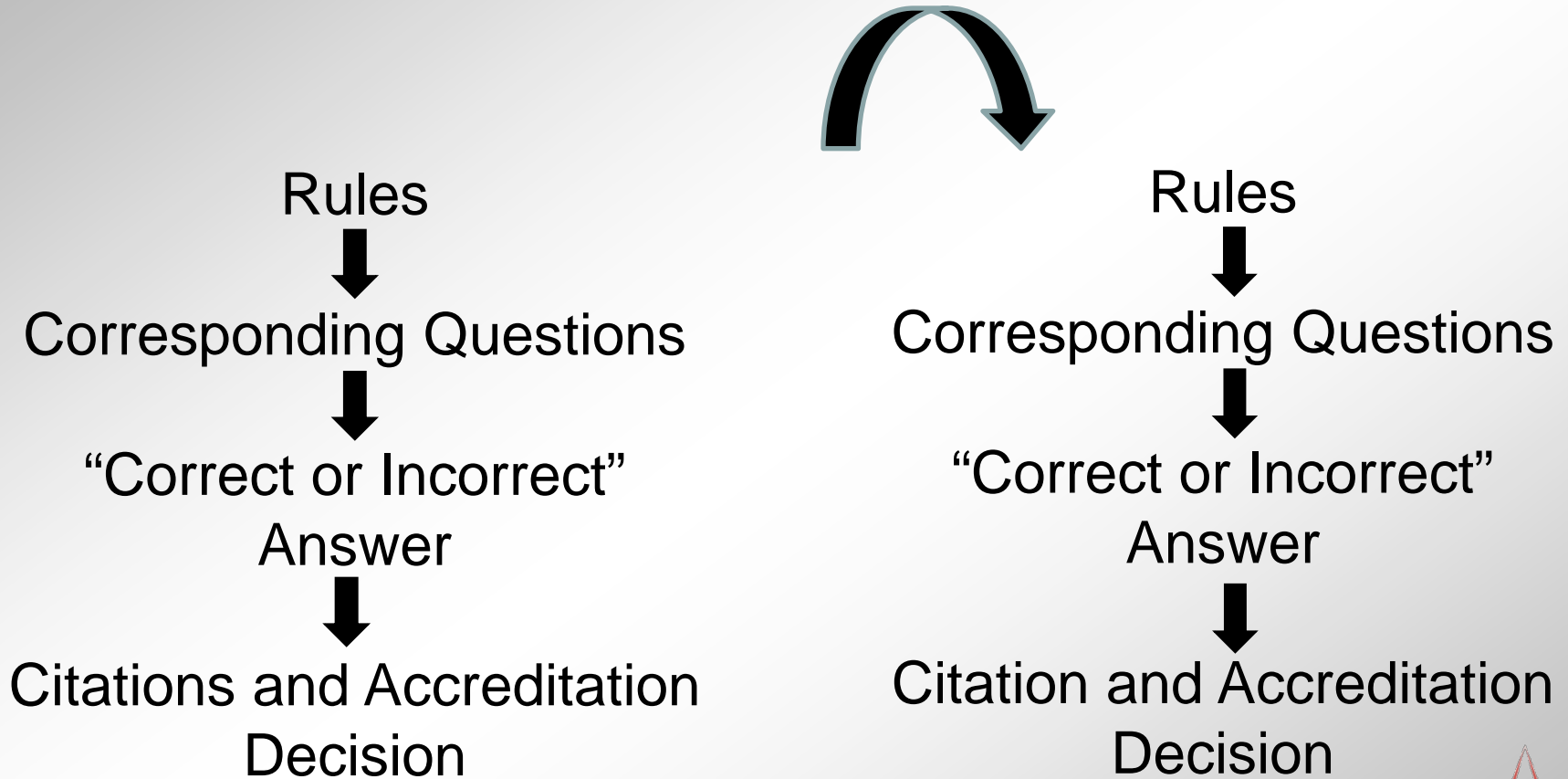


Next Accreditation System

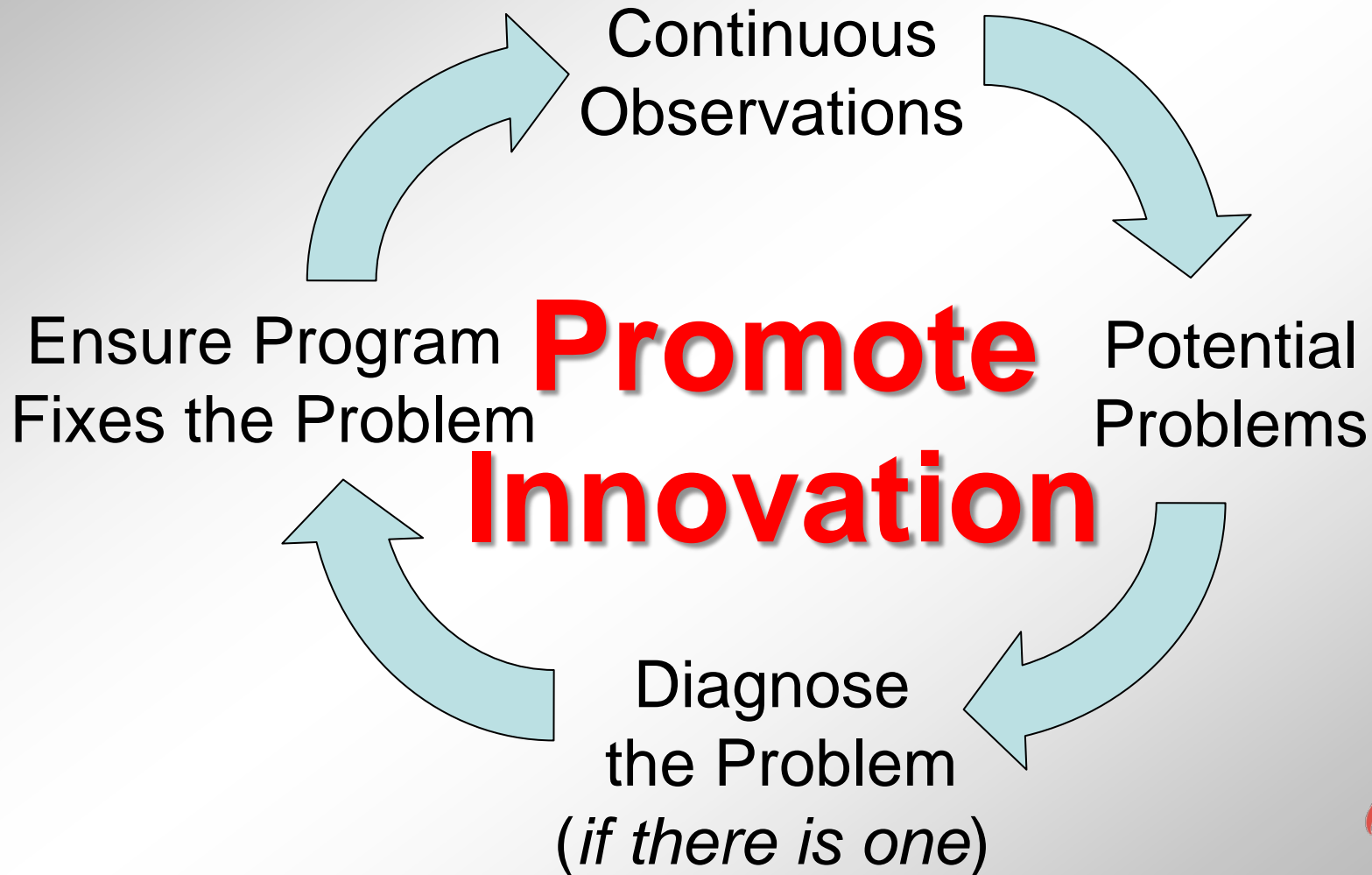
- Background & rationale
- Goals
- **Structural overview**
- Program Perspective
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The Current Accreditation System



The Next Accreditation System



Next Accreditation System

- Continuous accreditation model
- No cycle lengths
- Citations *will* be levied by RRCs
 - But, can be removed as early as next RRC mtg



Next Accreditation System

- Existing programs
 - Continued accreditation
 - Continued accreditation with warning
 - Probationary accreditation
 - Withdrawal of accreditation
- New programs
 - Initial accreditation
 - Initial accreditation with warning
 - Accreditation withheld



Next Accreditation System

- No PIF's
- No site visits (as we know them)
- Focused site visits for “issues”
- Full “PIFless” site visit
- Self-study visits every ten years



Next Accreditation System

- Standards revised every ten years
- *Each* standard categorized:
 - Outcome - All programs must adhere
 - Core - All programs must adhere
 - Detail - Good programs may innovate



Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

**Continued
Accreditation**

STANDARDS

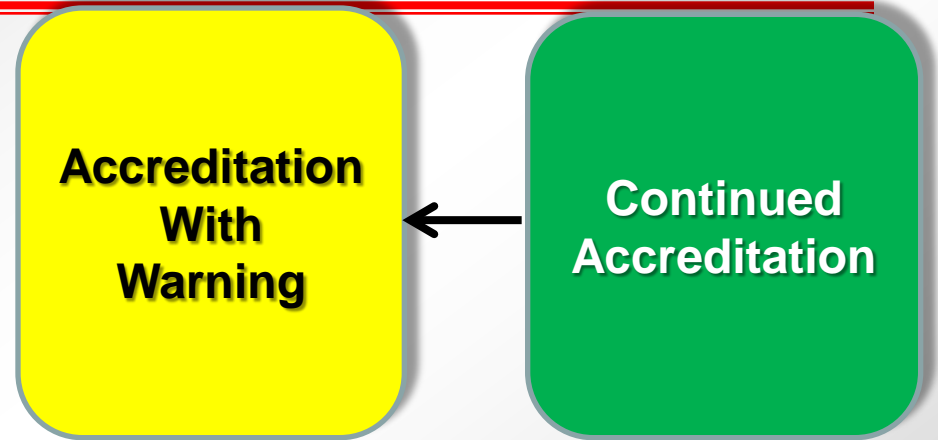
**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process
Detail Process**



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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

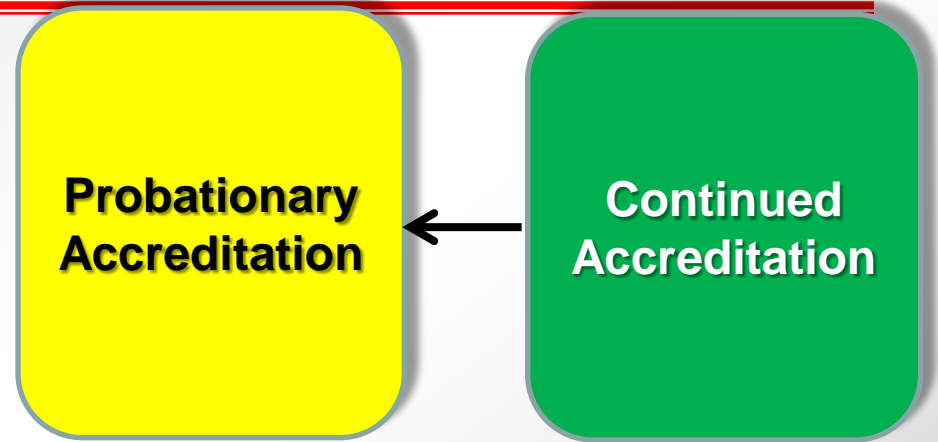
Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

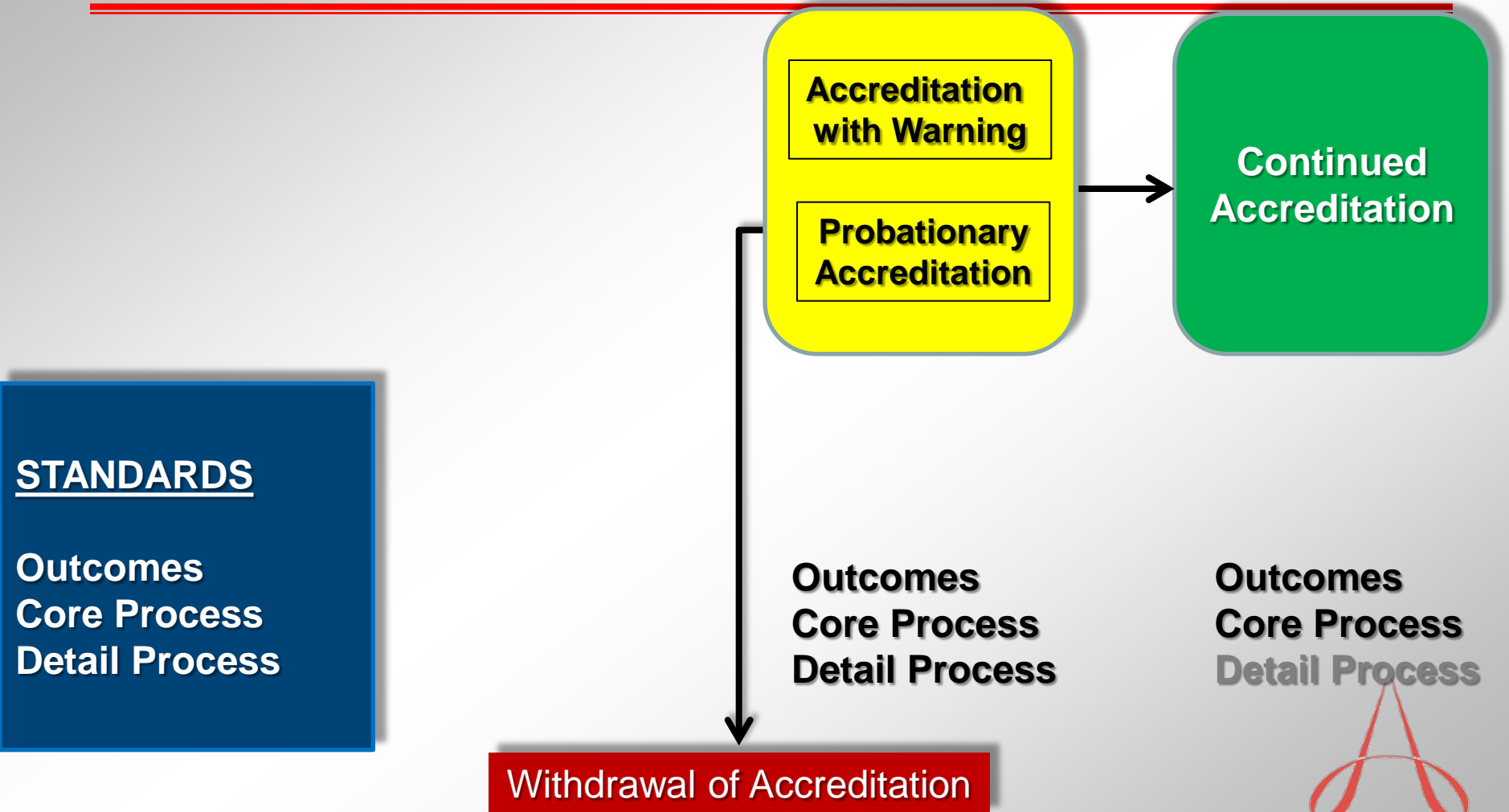
Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

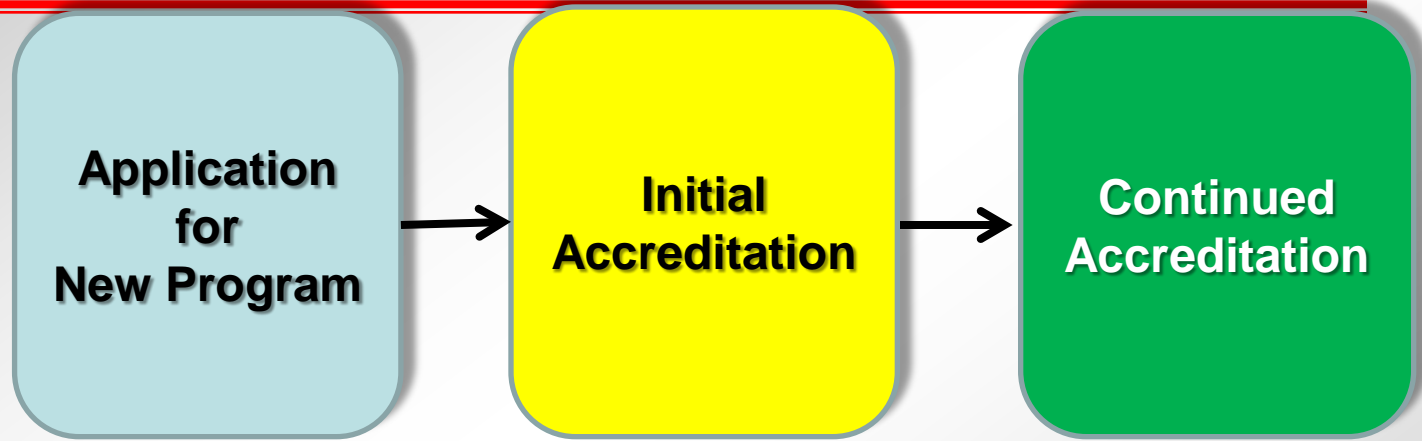
Outcomes
Core Process
Detail Process



Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

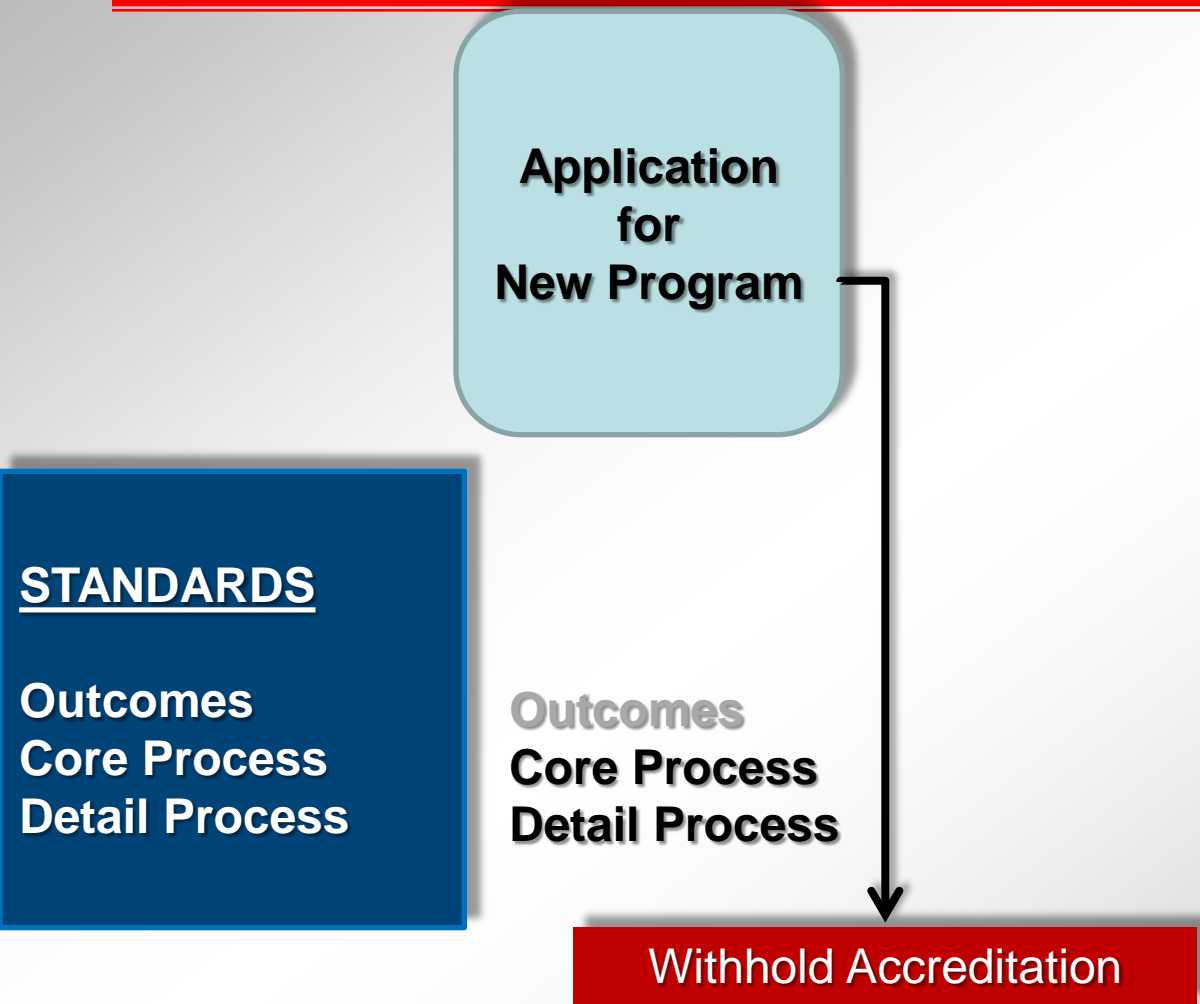
Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Application
for
New Program

2-4%

Accreditation
with Warning

Probationary
Accreditation

10-15%

Continued
Accreditation

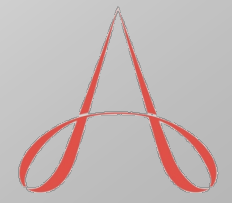
75-80%

STANDARDS

Outcomes
Core Process
Detail Process

Withdrawal of Accreditation

<1%



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Graduate Medical Education (ACGME)

Next Accreditation System

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- **Program Perspective**
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Some Data Reviewed by RRC

Most already in place

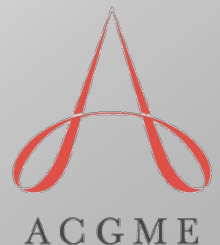
- ✓ Annual ADS Update
 - ✓ Program Characteristics – Structure and resources
 - ✓ Program Changes – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
 - Omission of data
- ✓ Board Pass Rate – 3-5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs or other
- ✓ Semi-Annual Resident Evaluation and Feedback
 - Milestones
 - Faculty Survey
 - Ten year self-study





Streamlined ADS Annual Update

- 33 questions removed
- 14 questions simplified
- *Very few* essay questions
- Self-reported board pass rate removed
- Faculty CVs removed
- 11 MCQ or Y/N questions added



Current PIF Faculty CV

First Name: John		MI: A		Last Name: Smith	
Present Position: Department Chairman					
Medical School Name: North Univ, Roots, CA					
Degree Awarded: MD			Year Completed: 1993		
Graduate Medical Education Program Name: State Program					
Specialty/Field: Urology				Date From: 7/1993	Date To: 6/1998
Certification Information			Current Licensure Data		
Specialty	Certification Year	Certification Status	Re-Cert Year	State	Date of Expiration
Urology	2001	Original Certification Valid		CA	1/2014
Academic Appointments - List the past ten years, beginning with your current position.					
Start Date	End Date	Description of Position(s)			
7/2009	Present	State Program			
7/1999	Present	State Program			
3/2002	6/2009	State Program			
Concise Summary of Role in Program:					
Fellowship-trained in female urology and urodynamics. Dr. Smith brings an expertise that is vital to resident training in urology. Along with Dr. James, he coordinates all resident research activities. He is an active participant at all urology conferences.					
Current Professional Activities / Committees (limit of 10):					
<ul style="list-style-type: none"> [2009 - Present] Chairman, Department of Urology, Medical Center [2009 - Present] Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology; City Hospital [2009 - Present] President, Urological Society [2009 - Present] Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Medical Center [1999 - Present] Member, Society for Urodynamics and Female Urology [1999 - Present] Member, American Urogynecologic Society [1999 - Present] Member, International Continence Society [1999 - Present] Member, Section of the American Urological Association [1999 - Present] Member, Urologic Society [1998 - Present] Member, American Urological Association 					
Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):					
<ul style="list-style-type: none"> Names. Historical perspective and outcomes for neurogenic bladder. <i>Future Medicine</i> 6(2)165-175, 2009. Names. Application and comparison of the American Urological Association and European Association of Urology current recommendations for antibiotic prophylaxis in the urologic patient undergoing office procedures. <i>Future Medicine</i> 6(2)145-149, 2009. Names. Two popular treatment options for neurogenic bladder. <i>Therapy</i> 2009 6:2, 133-134 Names. Editorial comment. Effect of pelvic floor interferential electrostimulation on urodynamic parameters and incontinence of children with myelomeningocele and detrusor overactivity. <i>Urology</i>. 					

2009 Aug;74(2):329; author reply 329-30.

- Names. Tethered cord syndrome in a 24-year-old woman presenting with urinary retention. *Int Urogynecol J Pelvic Floor Dysfunct.* 18(6) 679-81, 2007.

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):

- The Accidental Sisterhood: Take control of your bladder and your life. Names. 3rd Edition, Pelvic Floor Health, City, State, 2009
- The Accidental Sisterhood: Take control of your bladder and your life. Names. 2nd Edition, Pelvic Floor Health, City, State, 2007
- The Accidental Sisterhood: Take control of your bladder and your life. Names. Pelvic Floor Health, City, State, 2006
- Names. Whitmore, K.E. Hypersensitivity Disorders of the Lower Urinary tract. *Urogynecology and Reconstructive Pelvic Surgery*, 3rd edition. Mosby-Year Book, City, State, 2007.

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

- Incontinence in Women: An objective look at the options. Course faculty member AUA Annual Meeting, San Francisco, CA 2010 AUA Annual Meeting, Chicago, IL 2009 AUA Annual Meeting, Orlando, FL 2008 AUA Annual Meeting, Anaheim, CA 2007
- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neurogenic bladder with incontinence. *Urological Annual meeting 2010* (presented by Katherine Hubert)
- Overactive bladder and Interstim Therapy. *AdvaMed-Advanced Medical Technology Association*, Washington, DC. 2008
- Stress Urinary Incontinence and Prolapse, Case presentations and complications *Urologic Society Annual meeting 2007*.
- Acute urinary retention status post suburethral sling. Names. *Urologic Society Annual meeting 2007*
- Commercial Prolapse Repair "Kits" vs. Traditional Transvaginal Prolapse Repairs: A Comparison of Efficacy and Cost. Names, A. *Society for Urodynamics and Female Urology (SUFU)*, February 22, 2007 (Poster) Southeastern Section of the AUA, March 8-11, 2007 (Poster)
- Abdominal Sacral Colpopexy with Soft Polypropylene Mesh is Safe and Effective at Three-Year Follow-Up. Names. *SUMMA Postgraduate Day*, 2006.
- Early Complication Rates of the Apogee/Perigee? Prolapse Repair System for Vaginal Vault Prolapse. Names. Accepted for oral presentation, *SUMMA Postgraduate Day*, 2006.
- The Correlation Between Valsalva Leak-Point Pressure (VLPP) and MUCP in Determining Genuine Stress Urinary Incontinence and Intrinsic Sphincter Deficiency. Names. *Postgraduate Day, Locations*, June 6, 2005 Section of the AUA, September 2005

If not ABMS board certified, explain equivalent qualifications for RC consideration:

Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

**Faculty
Scholarly
Activity**

Mouse-over definitions:	iPub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	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 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012	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 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, 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	iGrant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

**Resident
Scholarly
Activity**

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
June Smith	12433			1		0	N		Y

Categories for points:

Peer Review Publication

Other Scholarly

Grantsmanship

Leadership / Peer Review

Education

Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, and presentations given at international, national, or meetings: 7/1/2011 and 6/30/2012
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conferences Presented
	John Smith	12433	32411			3

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

active leadership such as serving on committees or governing bodies in national medical organizations or served as a peer-reviewer for a peer-reviewed journal between 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, 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.
Teaching Formal Courses	
Y	N

Enter Pub Med ID #'s

PMID 1	PMID 2	PMID 3	PMID 4
12433	32411		



Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations
	John Smith	12433	32411			3

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Conference Presentations

3

ants ulty a le (PI, een	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 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, 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.
ership	Leadership or Peer-Review Role	Teaching Formal Courses
	Y	N

Enter a number



Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012
	PMID 1	PMID 2	PMID 3	PMID 4	
	John Smith	12433	32411		

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 7/1/2011 and 6/30/2012

Other Presentations

1

Enter a number

Leadership or Peer-Review Role	Teaching Formal Courses
Y	N



Faculty Scholarly Activity

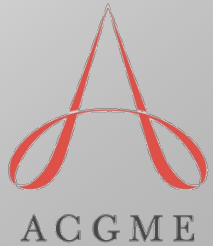
Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Conference Presentations	Number of presentations (grand rounds, professional materials (such as modules, presentations, review papers) between 7/1/2011 and 6/30/2012
	PMID 1	PMID 2	PMID 3	PMID 4			
	John Smith	12433	32411				

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Number of grants in which faculty had a leadership role (PI, co-PI, or site leader) between 7/1/2011 and 6/30/2012	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 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, 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.
Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
3	Y	N

Enter a number

Chapters / Textbooks
1



Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Conference Presentations
	PMID 1	PMID 2	PMID 3	PMID 4	
	John Smith	12433	32411		

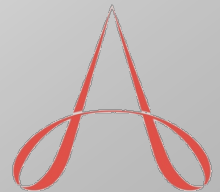
Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Leadership or Peer-Review Role	Teaching Formal Courses
Y	N

Grant Leadership

3

Enter a number



ACGME

Faculty Scholarly Activity

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012
	PMID 1	PMID 2	PMID 3	PMID 4	
John Smith	12433	32411			3

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 7/1/2011 and 6/30/2012

Leadership or Peer-Review Role	Teaching Formal Courses
Y	N

Answer Yes or No

Leadership or Peer-Review Role
Y



Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned PubMed) for article published between 7/1/2011 and 6/30/2012. List up to 4		
	Faculty Member	PMID 1	IPMID 2	PMID 3
	John Smith	12433	32411	

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Teaching Formal Courses
N

Answer Yes or No

Teaching Formal Courses
N



Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity

Mouse-over definitions:	iPub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	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 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012	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 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, 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.
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John Smith	12433	32411			3	1	1	3	Y	N

Resident Scholarly Activity

Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
June Smith	12433			1		0	N		Y

Categories for points:

Peer Review Publication

Other Scholarly

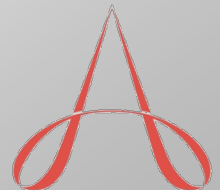
Grantsmanship

Leadership / Peer Review

Education

Scholarly Activity Template

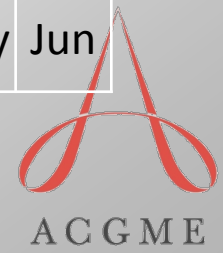
- For each core faculty member enter:
 - x Pub Med ID's
 - Four numbers
 - Answer two Y/N questions
- For each resident with scholarly activity enter:
 - x Pub Med ID's
 - Two numbers
 - Answer two Y/N question



ACGME

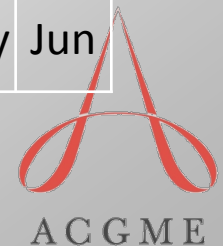
NAS: Program Activities

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Case Logs	Yr 0											Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



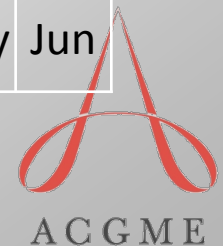
NAS: Program Activities

	Year 1												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
ADS Update	Yr 1												
Case Logs	Yr 0												Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	



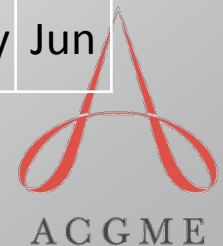
NAS: Program Activities

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Resident Survey												
ADS Update												
Case Logs												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



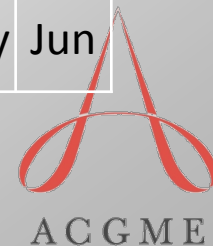
NAS: Program Activities

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Faculty Survey									Yr 1			
Resident Survey							Yr 1					
ADS Update	Yr 1											
Case Logs	Yr 0											Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



NAS: Program Activities

	Year 1											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Milestones	Yr 0					Yr 1						Yr 1
Faculty Survey								Yr 1				
Resident Survey							Yr 1					
ADS Update	Yr 1											
Case Logs	Yr 0											Yr 1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



Milestones



Via Ignatia



Key West, FL



Yorkshire Moors



Portadon Ireland



Gemas
Malaysia



Milion of
Constantinople



Boston, MA



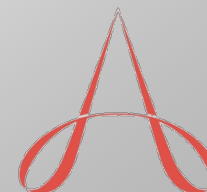
County Cork



Apian Way

Milestones

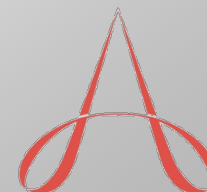
- Why?
- What?
- Who?
- When?



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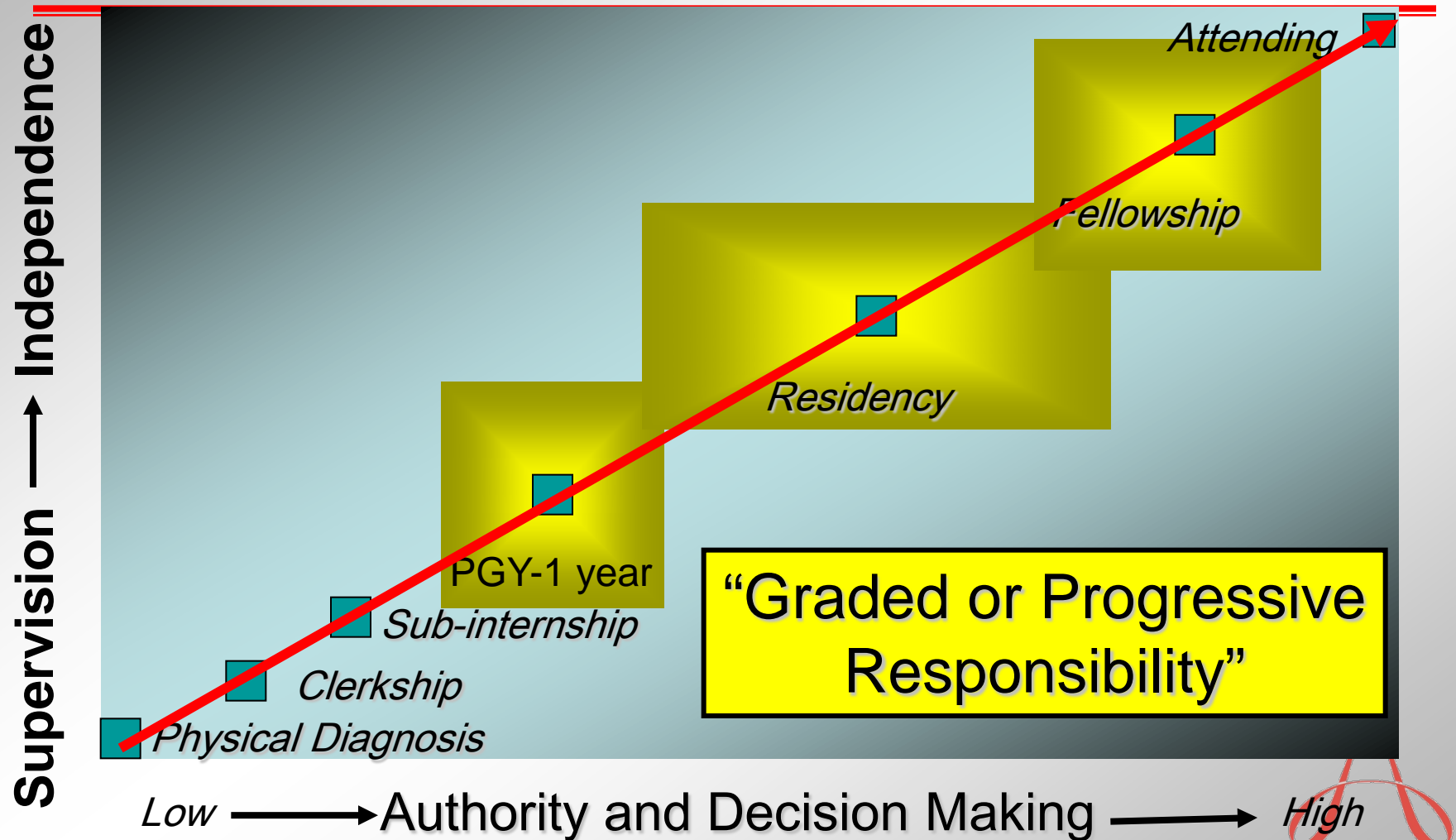
Milestones

- Why?
- What?
- Who?
- When?



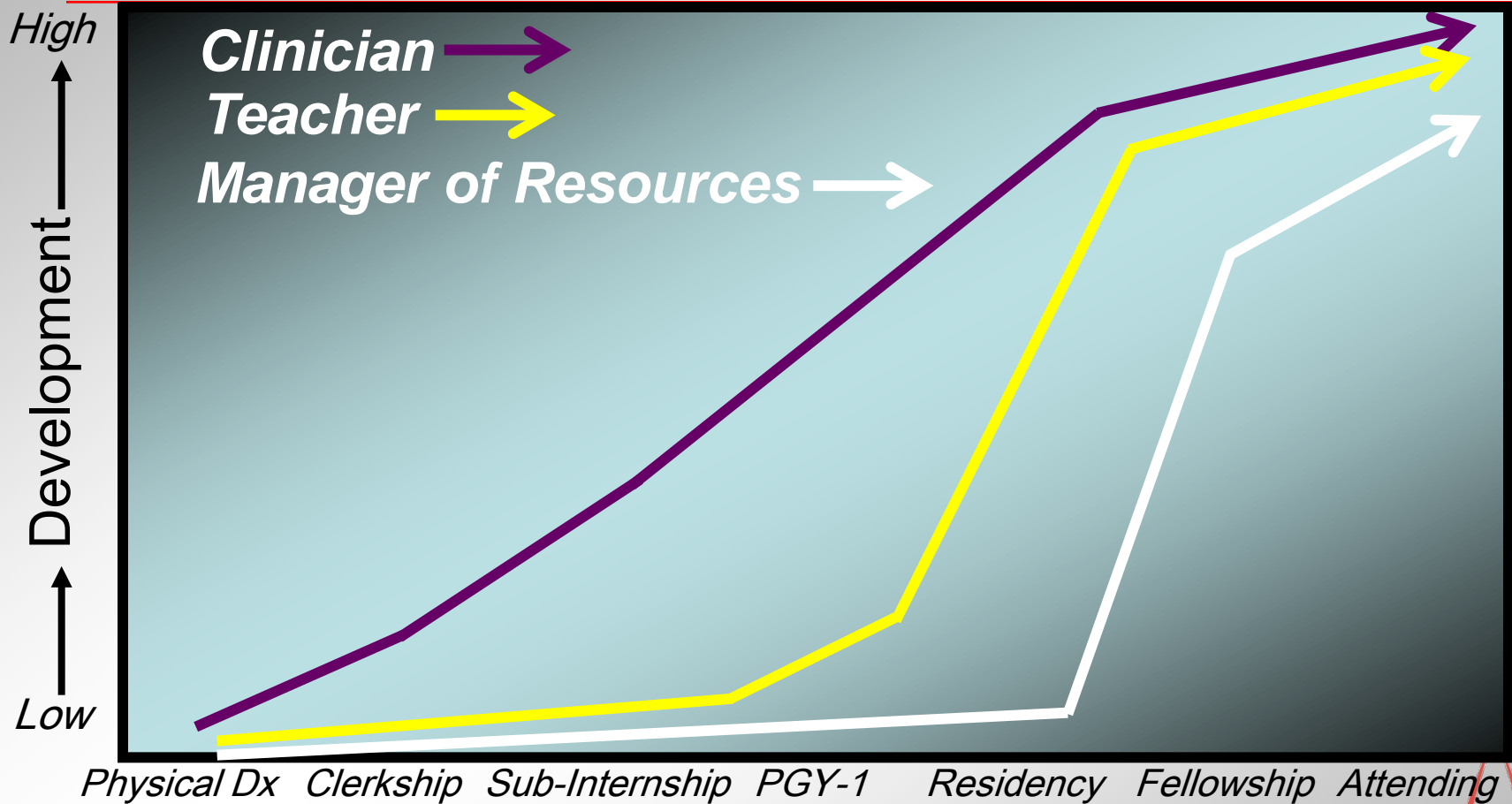
ACGME

The Continuum of Clinical Professional Development



The Continuum of Professional Development

The Three Roles of the Physician¹

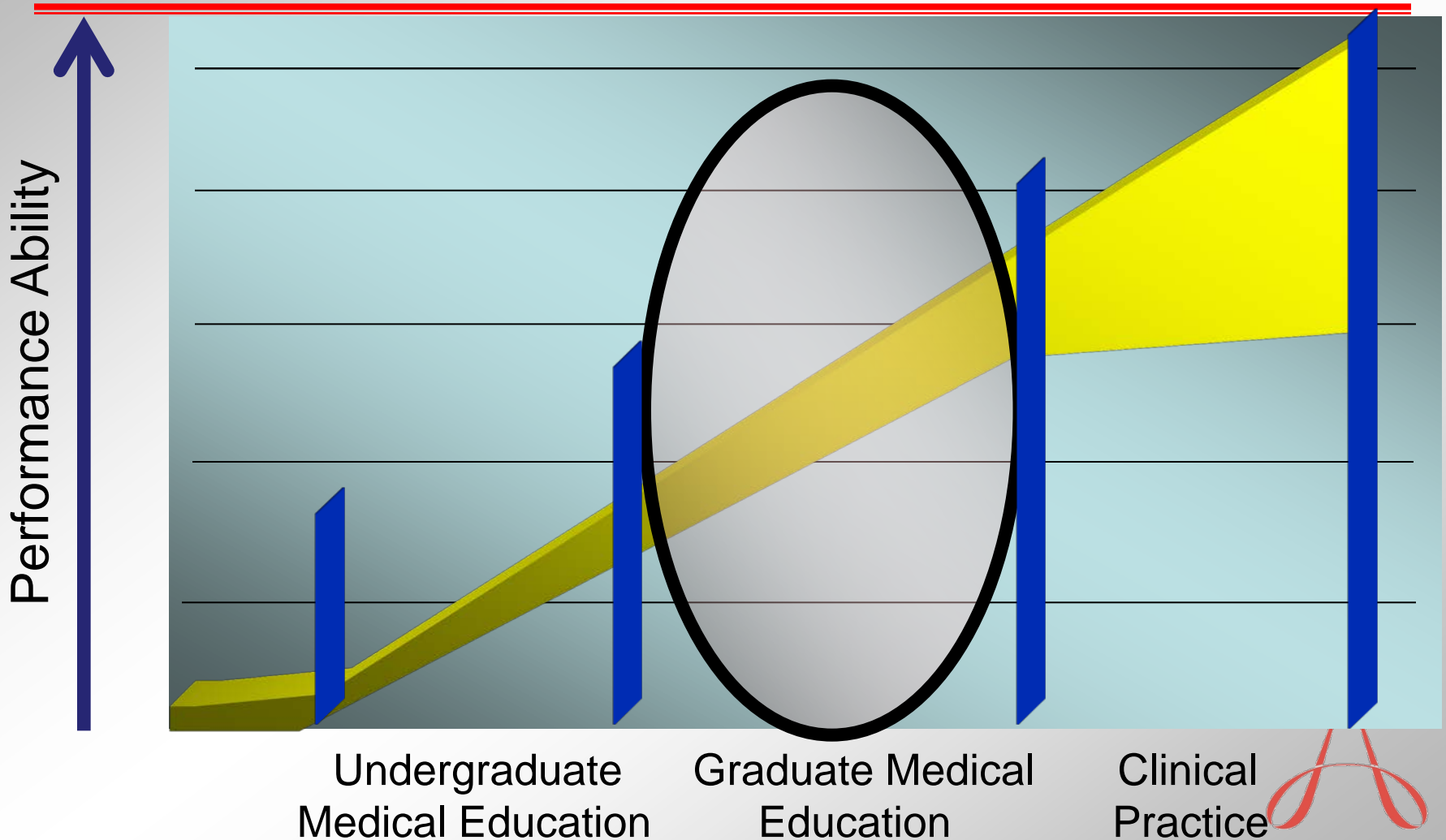


¹ As conceptualized and described by Gonnella, J.S., et. al. Assessment Measures in Medical Education, Residency and Practice. 155-173. Springer, New York, NY. 1993, and in 1998 Paper commissioned by ABMS.



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Clinical Professional Development



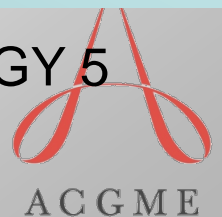
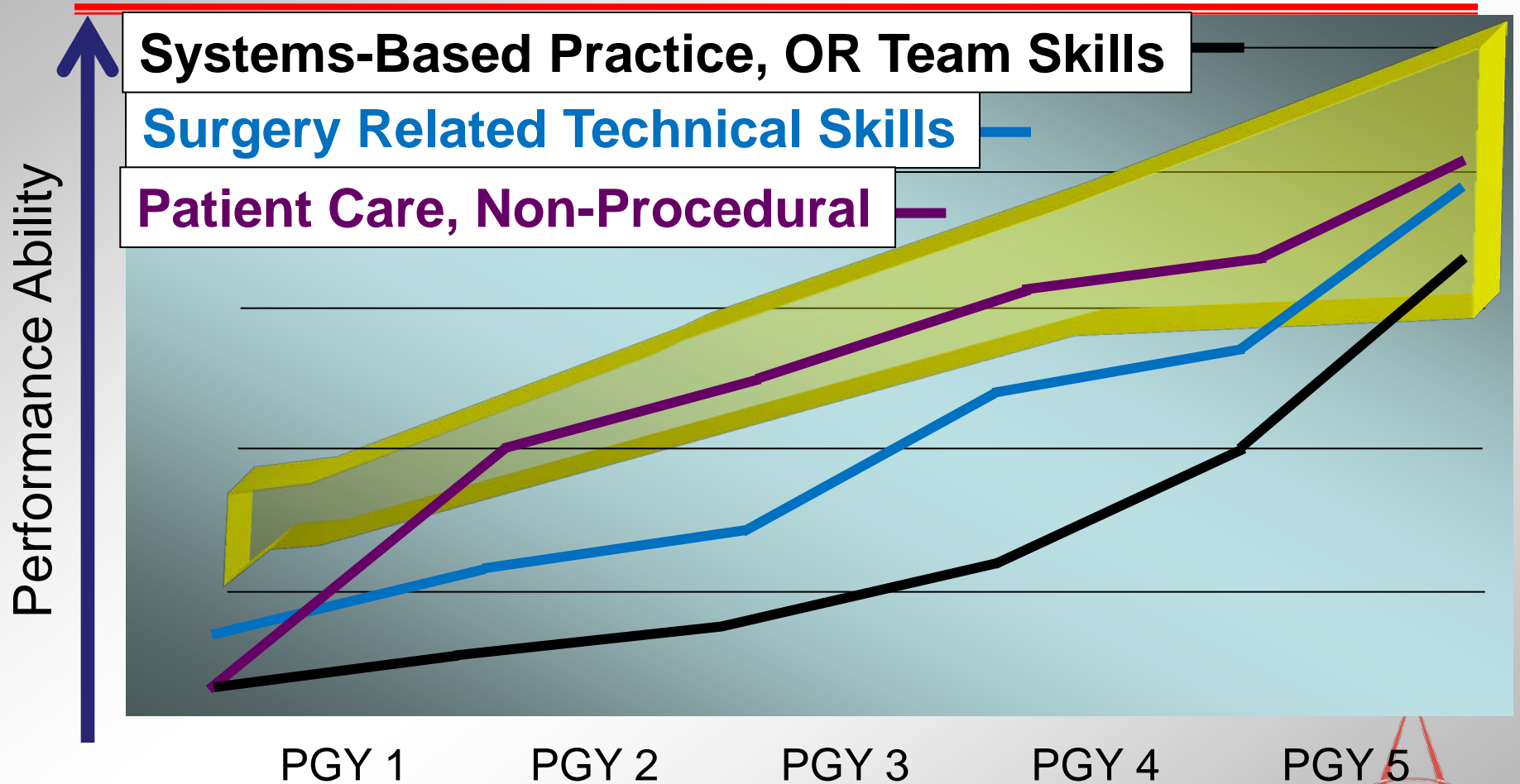
Undergraduate
Medical Education

Graduate Medical
Education

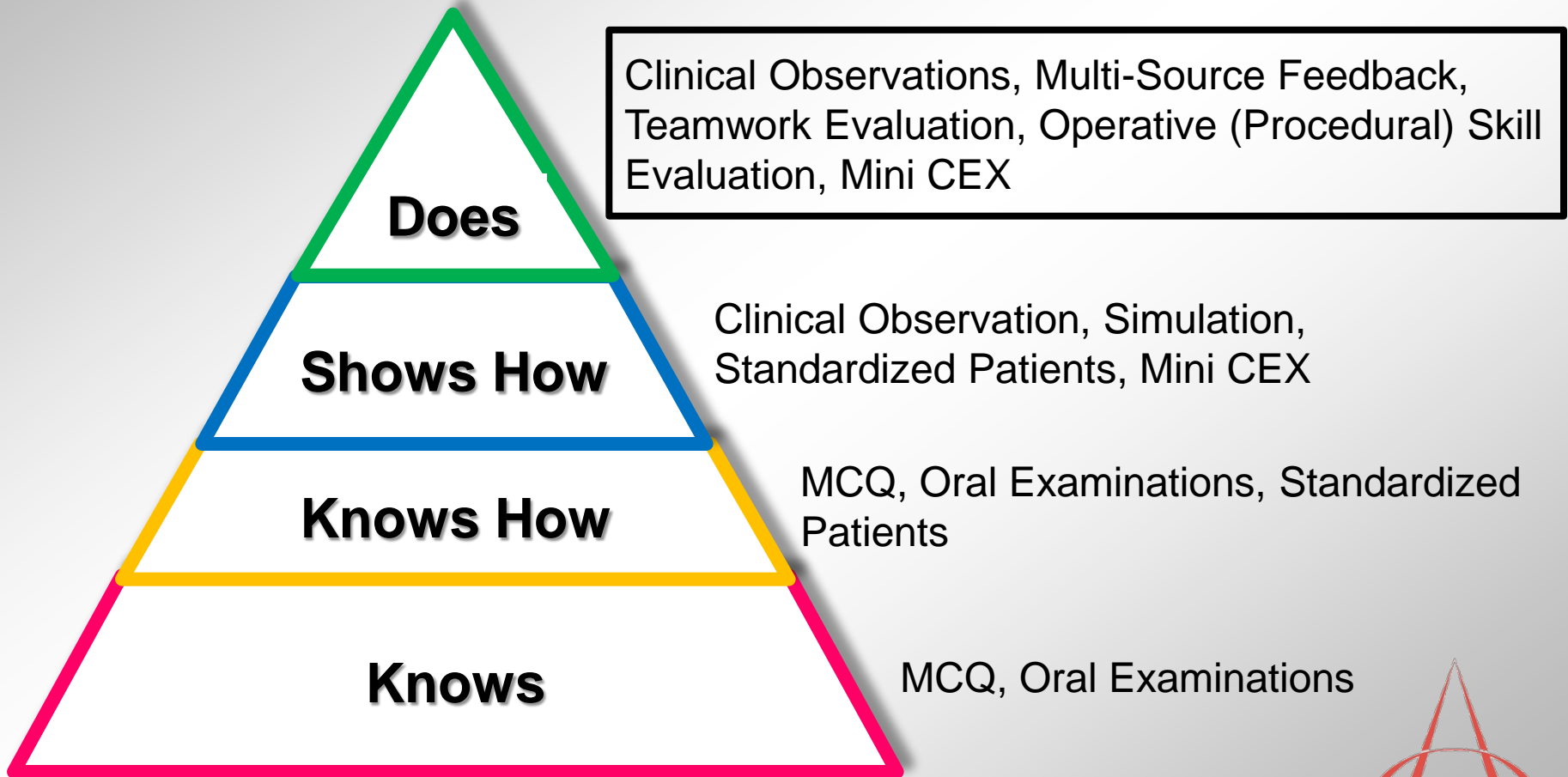
Clinical
Practice



Professional Development in the 5 year Preparation of the Surgeon



Miller's¹ Pyramid of Clinical Competence



¹Miller, GE. Assessment of Clinical Skills/Competence/Performance. *Academic Medicine (Supplement)* 1990. 65. (S63-S67)

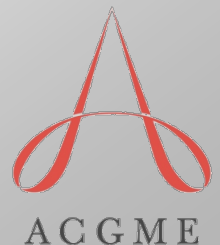
van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. *Medical Education* 2005; 39: 309–317

Move from Numbers to Narratives

- Numerical systems produce range restriction
- Narratives:
 - easily discerned by faculty
 - shown to produce data without range restriction¹

¹ Hodges and others

Most recent reference: Regehr, et al. Using “Standardized Narratives” to Explore New Ways to Represent Faculty Opinions of Resident Performance. ***Academic Medicine.* 2012. 87(4); 419-427.**



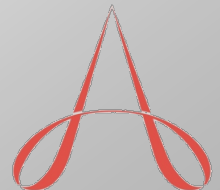
The Power of Narratives



The illustration above shows:



A. A prolate spheroid which is 725 mm in long circumference and 550 mm in transverse circumference. It is similar to a rugby ball but slightly smaller, more rounded at the ends and more elongated. Red balls are used for day matches and yellow for night matches.



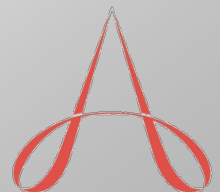
ACGME

The Power of Narratives



The illustration above shows:

B. This has the form of a prolate spheroid, 11 inches long axis; 28 inches long circumference; 21 inches short circumference. It is less rounded at the ends than a rugby ball and has a pebble grained leather case of natural tan color.



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The Power of Narratives



The illustration above shows:

C. A prolate spheroid ball which is 28 cm long, 60 cm in circumference at its widest point and 76 cm in circumference end to end.

The Power of Narratives



The illustration above shows:



D. A spherical ball with a circumference of 68-70 cm, which may be white, consisting of 32 panels of leather or plastic including 12 panels that are regular pentagons and 20 panels that are hexagons.

The Power of Narratives



The illustration above shows:

E. A white ball which is of 25 cm diameter. The pattern of panels consists of six groups perpendicular to each other, each group being composed of two trapezoidal and one rectangular panel; 18 panels in all.

Milestones

- Why?
- **What?**
- Who?
- When?



Milestones

- Organized under six domains of clinical competency
- Observable steps on continuum of increasing ability
- Describe trajectory from neophyte to practitioner
- Intuitively known by experienced specialty educators
- Provide framework & language to describe progress
- Articulate shared understanding of expectations
- Set aspirational goals of excellence



ACGME Goals for Milestones

- Permits fruition of the promise of “Outcomes”
- Track what is important
- Uses *existing tools* for *observations*
- Clinical Competence Committee *triangulates* progress of each resident
 - Essential for valid and reliable clinical evaluation system
- RRCs track unidentified individuals’ trajectories
- ABMS Board *may* track the identified individual

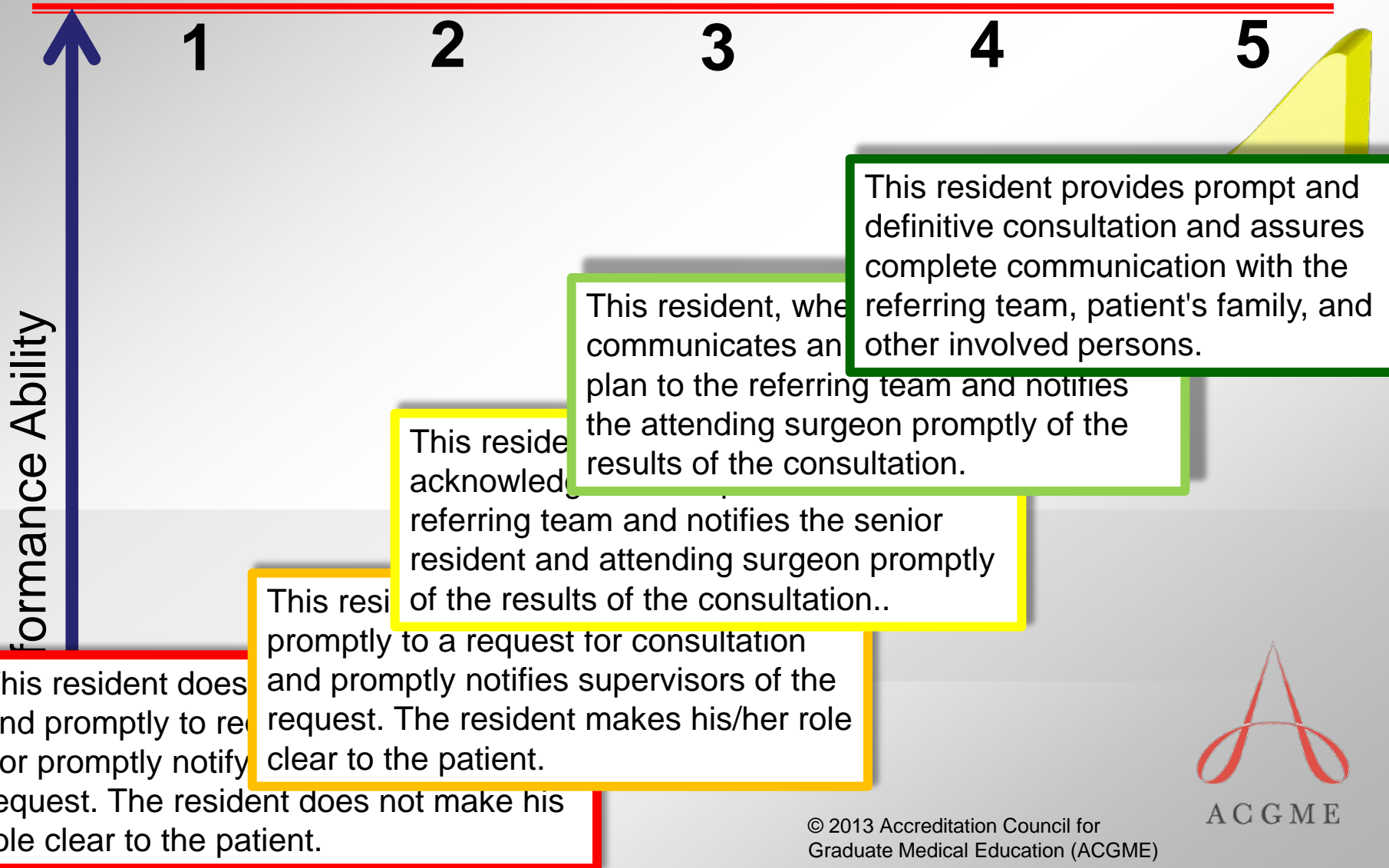


ACGME Goals for Milestones

- Specialty specific normative data
- Common expectations for individual resident progress
- Development of specialty specific evaluation tools



The “Envelope of Expectations” Professionalism

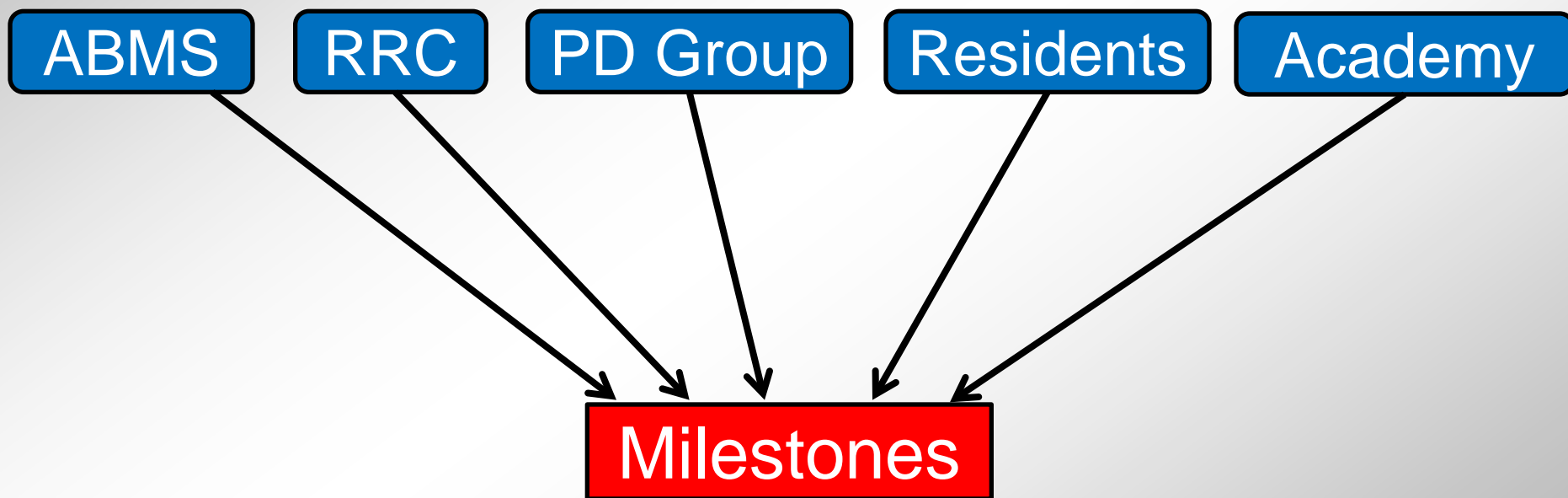


Milestones

- Why?
- What?
- **Who?**
- When?



Creation of Milestones

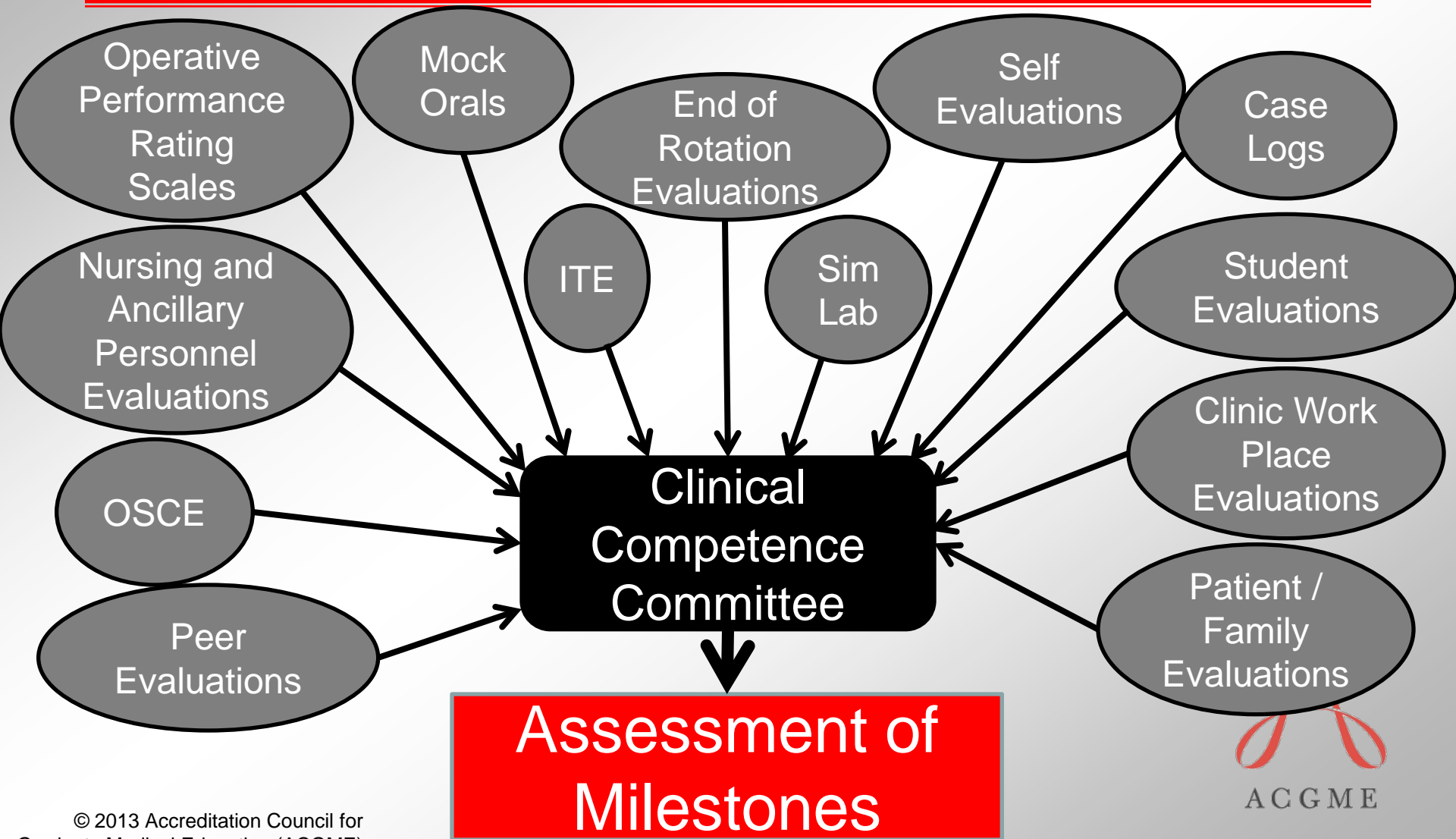


Key Elements of Quality Evaluation of Miller's "Does"

- Trained observers
 - Common understanding of the expectations
 - Sensitive "eye" to key elements
 - Consistent evaluation of levels of performance
- Requires certain number of observations
- Interpreter/Synthesizer Experts
 - Clinical Competency Committee (Resident Evaluation Committee)

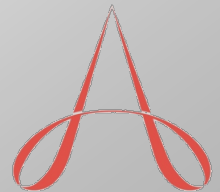
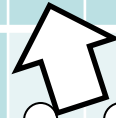


Clinical Competence Committee



Professionalism Milestones

Level	1	2	3	4	5			
a.) Honesty, integrity and ethical behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.) Responsibility and follow through on tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Humanistic behaviors of respect, compassion and empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.) Receiving and giving feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Professionalism Milestones

Level	1	2	3	4	5
a.) Honesty, integrity and ethical behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.) Responsibility and follow through on tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Humanistic behaviors of respect, Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Professionalism Milestones

Level	1	2	3	4	5
a.) Honesty, integrity and ethical behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.) Responsibility and follow through on tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Humanistic behaviors of respect, compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.) Receiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.



Professionalism Milestones

Level	1	2	3	4	5
a.) Honesty, integrity and ethical behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.) Responsibility and follow through on tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Humanistic behaviors of respect, compassion and empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.) Receiving and giving feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resident seeks out opportunities to demonstrate compassion and empathy in the care of all patients; and demonstrates respect and is sensitive to the needs and concerns of all patients, family members, and members of the health care team.



Milestones

- Why?
- What?
- Who?
- **When?**



Milestones: When?

Publication:

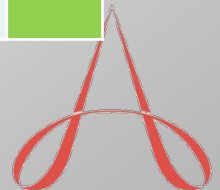
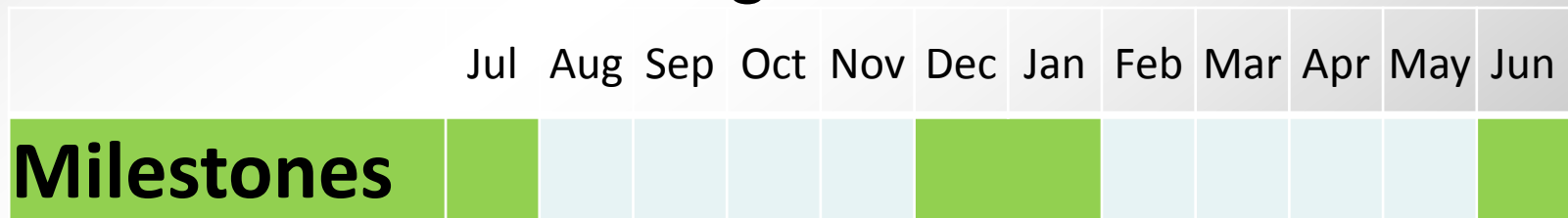
Phase 1 Programs: Jan 2013

Phase 2 Programs: Dec 2013

Implementation:

Phase 1 Programs: AY 2013

Phase 2 Programs: AY 2014



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Program Citations

- *Will* be levied by RRC
- *Could* be removed as early as next meeting
 - New program annual data
 - Progress report
 - Site visit (focused or full)



Ten Year Self-Study Visit

- Not fully developed
- Will be implemented \geq 2014
- Examine annual program reviews (PR-V.C.)
 - Response to citations
 - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *May* verify compliance with Core Reqs



Annual Program Evaluation

V.C. Program Evaluation and Improvement

V.C.1. The program must document formal, systematic evaluation of the curriculum at least annually. (Core)

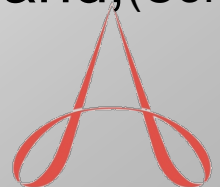
The program must monitor and track each of the following areas:

V.C.1.a) resident performance; (Core)

V.C.1.b) faculty development; (Core)

V.C.1.c) graduate performance, including performance of program graduates on the certification examination; and, (Core)

V.C.1.d) program quality. (Core)



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Annual Program Evaluation

V.C.1.d) program quality. (Core)

V.C.1.d).(1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and (Detail)

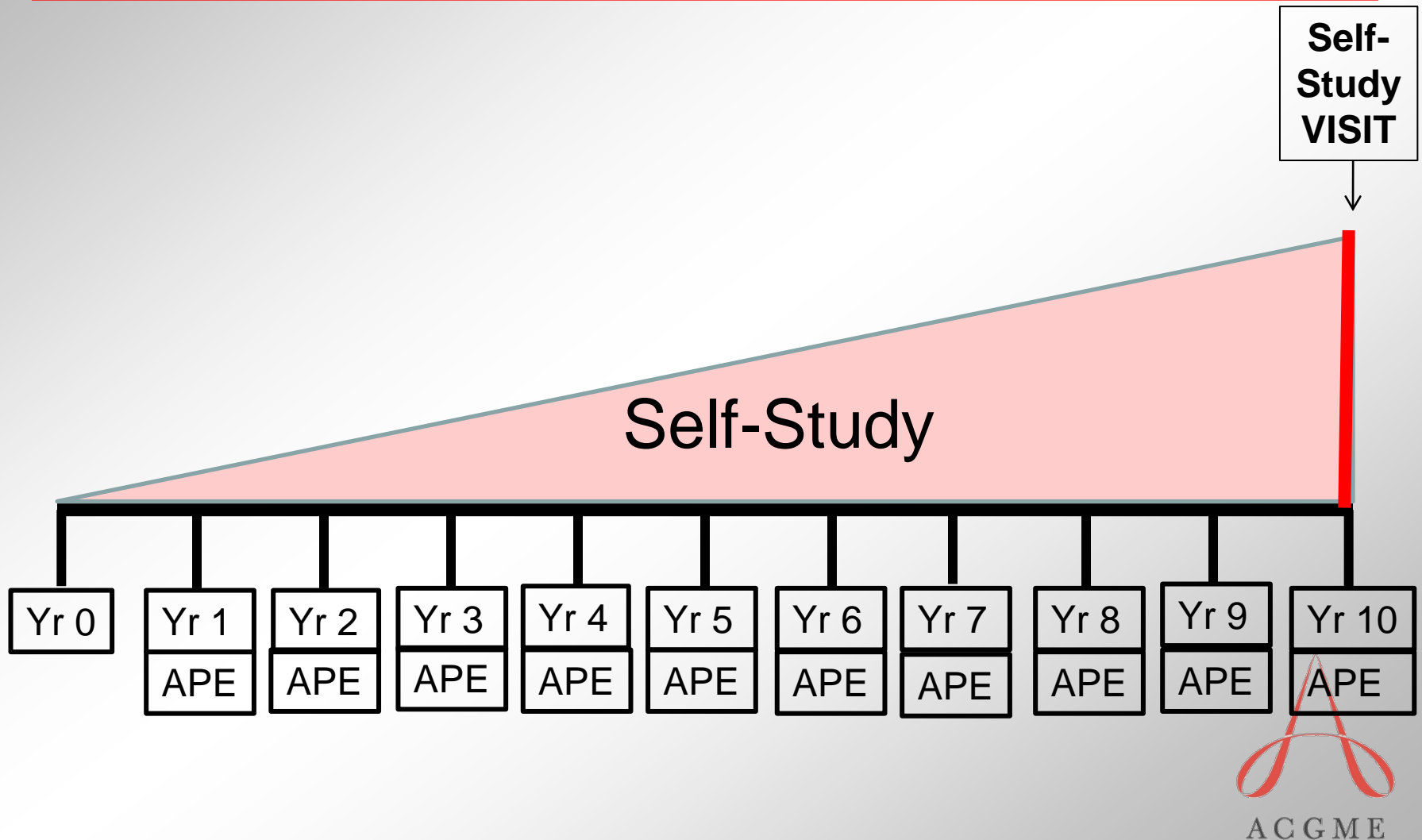
V.C.1.d).(2) The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program. (Detail)

V.C.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. (Core)

V.C.2.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)



Ten Year Self-Study Visit



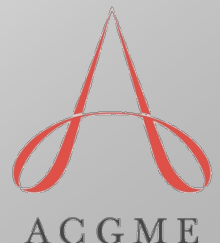
OTHER PROGRAM ISSUES?

- Core and subspecialty programs together
- Independent subspecialty programs subject to:
 - Program Requirements and program review
 - Institutional Requirements and institutional review
 - CLER visits
- No new independent sub. programs after 7/2013
- Programs notified of status *at least* annually



Next Accreditation System

- Background & rationale
- Goals
- Structural overview
- Program Perspective
- **Institutional perspective**
- Timeline



Institutional Perspective

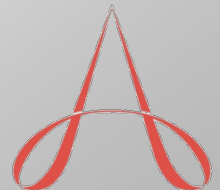
- New Institutional Requirements
 - Categorized as Outcome, Core and Detail
- Institutional self-study visit
- Routine “Infernal Reviews” no longer required
- New GMEC roles
 - Annual institutional review
 - *Oversight* of annual program evaluation
 - Special reviews of underperforming programs



CLER Visits

Clinical Learning Environment Review

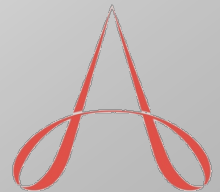
- JGME 2012; 4:396-8
- ACGME Webinar 12/13/2012



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CLER Visits: Six Areas of Focus

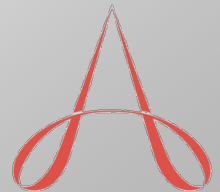
- Patient Safety
- Quality Improvement
- Transitions in Care
- Supervision
- DH Oversight / Fatigue Management
- Professionalism



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CLER Visits: Context

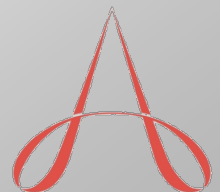
- Resources
- Faculty
- Residents
- Measures
- Improvement



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CLER Visits: Structure

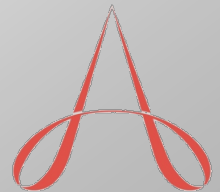
- NOT yet fully established
- *But will include:*
 - Meetings:
 - C suite
 - Quality / Safety Officers
 - Program Directors
 - Faculty
 - Residents
 - “Walk Arounds”



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CLER Visits: Report Content

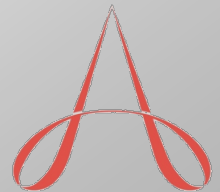
	Resources	Faculty	Residents	Measures	Improvement
Patient Safety					
Quality Improvement					
Transitions in Care					
Supervision					
DH Oversight / Fatigue Management & Mitigation					
Professionalism					



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CLER Program

- Five pilot visits
- Beta testing began September 2012
- Institutions to be visited q 18 months
- Giving formative feedback
- Aggregate data to inform standards



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Next Accreditation System

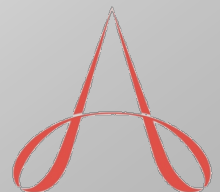
- Background & rationale
- Goals
- Structural overview
- Program Perspective
- Institutional perspective
- **Timeline**



NAS Timeline

Phase I specialties

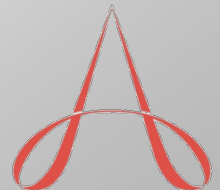
- Diagnostic Radiology
- Emergency Medicine
- Internal Medicine
- Neurological Surgery
- Orthopaedic surgery
- Pediatrics
- Urology
- *Subspecialties of all above*



NAS Timeline: Phase 1 Specialties

- **Spring 2012:**
 - Most programs with > 2 year cycles moved to NAS
- **July 2012 – June 2013**
 - Phase 1 programs report annual data
- **January 2013**
 - Milestones published for Phase 1 core specialties
- **Spring 2013**
 - Identify and train CCCs
- **July 2013: Go live**

<http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf>

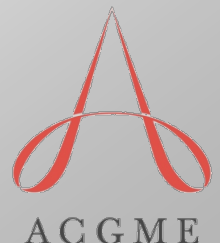


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NAS Timeline: Phase 2 Specialties

- **December 2013**
 - Milestones published for Phase 2 specialties
- **Spring 2013:**
 - Most programs with > 2 year cycles moved to NAS
- **July 1, 2013 – June 30, 2014**
 - Programs report annual data
- **Spring 2014**
 - Identify and train CCCs
- **July 2014: Go live**

<http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf>



Next Accreditation System

- **Background & rationale**
- **Goals**
- **Structural overview**
- **Program Perspective**
- **Institutional perspective**
- **Timeline**



Next Accreditation System: Goals

- Accredit programs based on outcomes
- Free good programs to innovate
- Provide public accountability for outcomes
- Produce physicians for 21st century
- Reduce the burden of accreditation



Future Educational Sessions

- ACGME Annual Educational Conference
 - Orlando February 28 – March 3, 2012
 - Milestones
 - NAS
 - Specialty sessions
 - Town hall meetings
- Future ACGME webinars
 - Milestones
 - Self-study
 - Phase 1 specialties



This will be available within three weeks on the NAS microsite:
<http://www.acgme-nas.org/index.html>
under “ACGME Webinars”.

