

Implementing the Next Accreditation System for Otolaryngology Programs

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Webinar

December 9, 2013



Topics

- Otolaryngology Milestones (Choi)
 - Overview
 - Development
 - Reporting Milestones
- Next Accreditation System (Derstine)
- NAS Timeline



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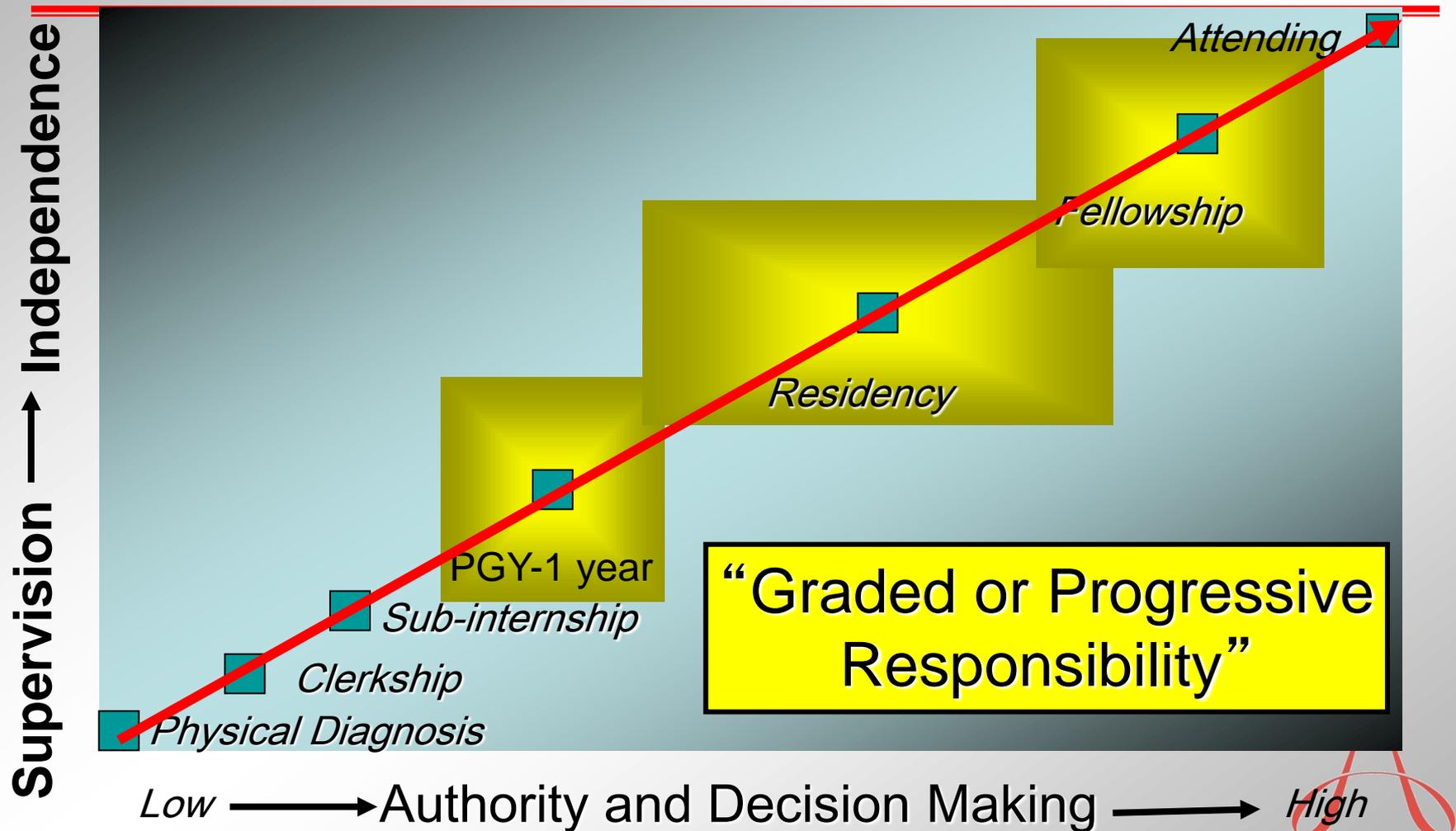
Next Accreditation System Goals

- Help produce physicians for 21st century
- Accredite programs based on outcomes
- Reduce administrative burden of accreditation
- Free good programs to innovate
- Assist underperforming programs to improve
- Provide public accountability for outcomes



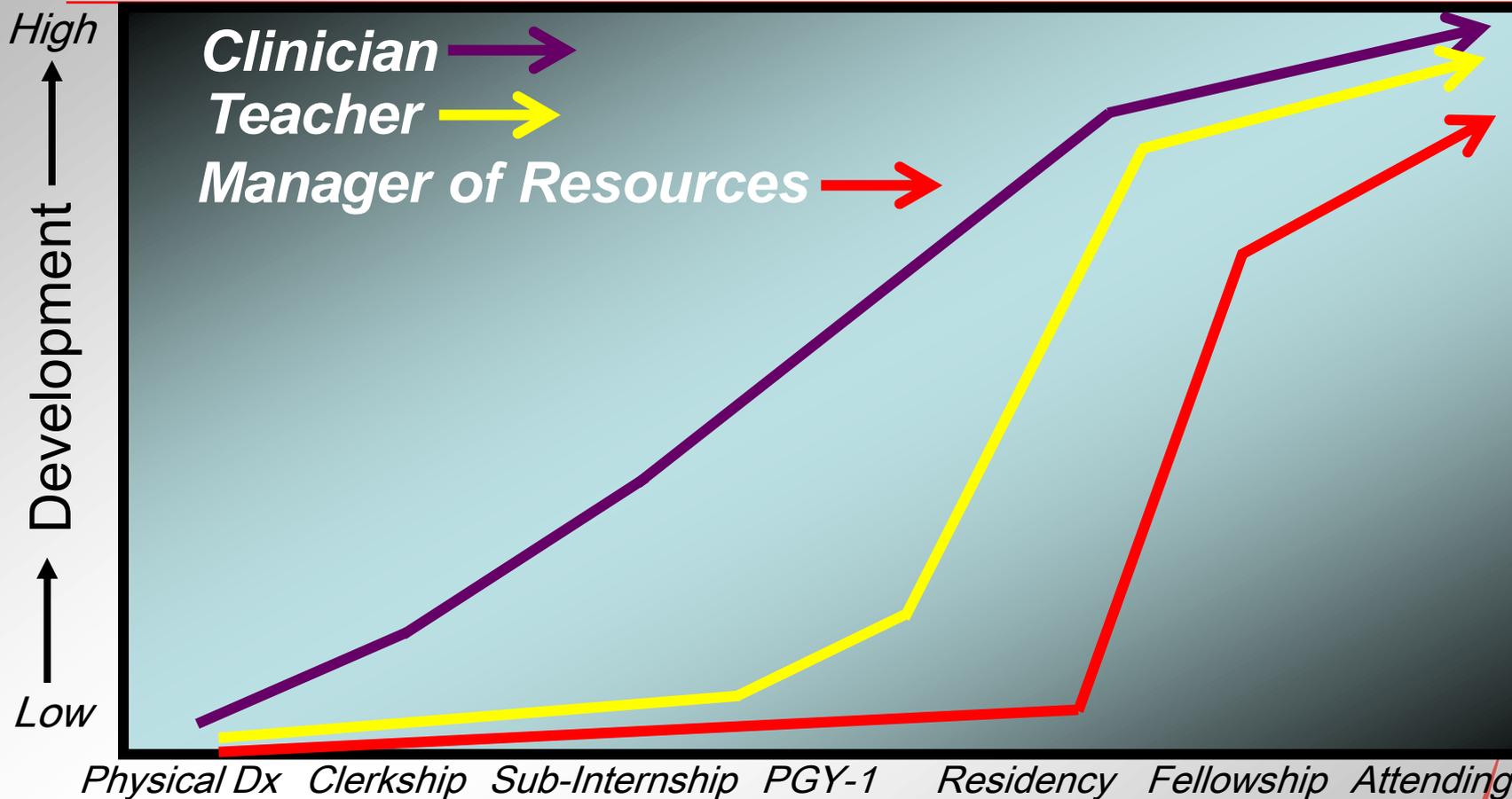
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The Continuum of Clinical Professional Development



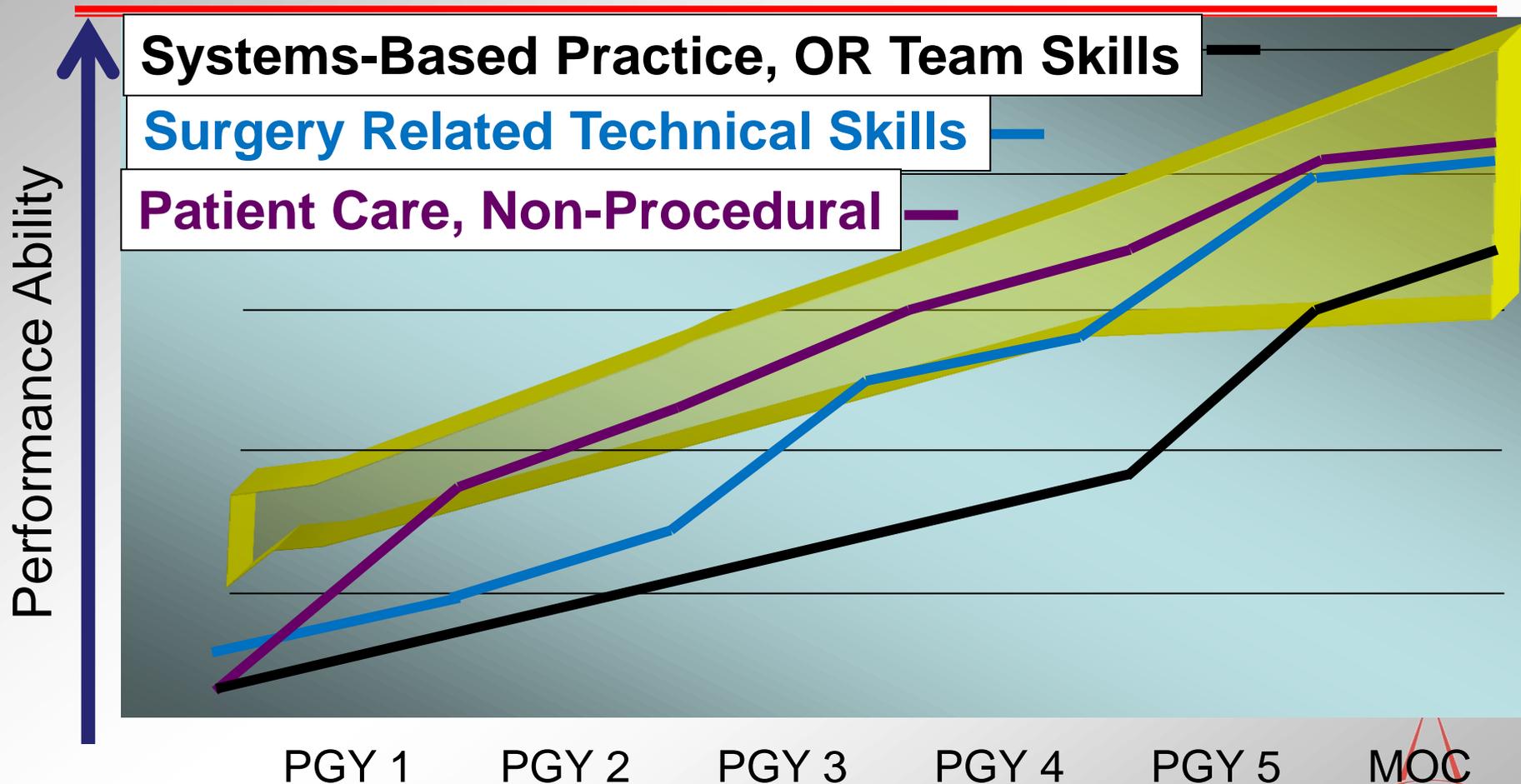
The Continuum of Professional Development

The Three Roles of the Physician¹

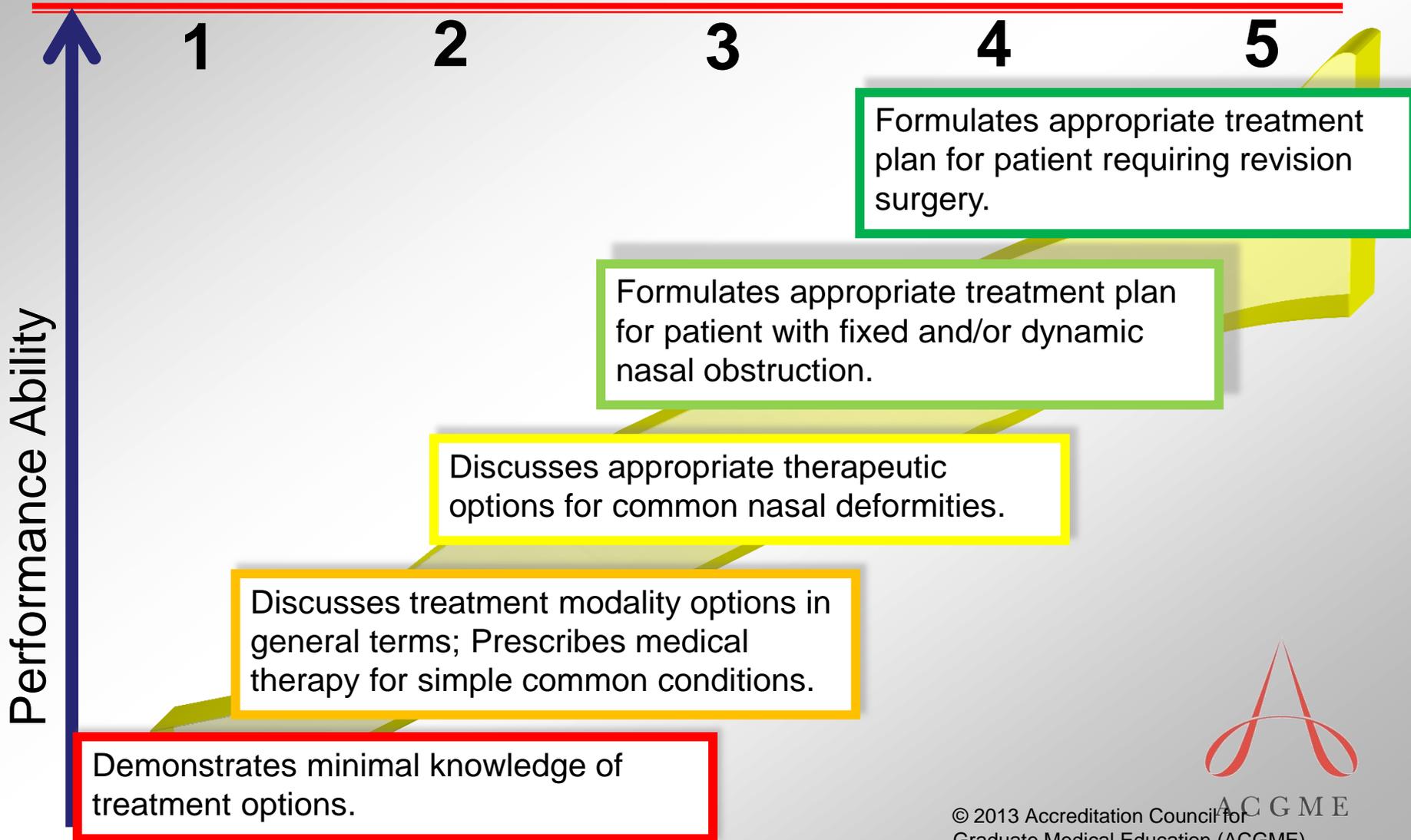


¹ As conceptualized and described by Gonnella, J.S., et. al. Assessment Measures in Medical Education, Residency and Practice. 155-173. Springer, New York, NY. 1993, and in 1998 Paper commissioned by ABMS.

Professional Development in the 5 year Preparation of the Surgeon



The “Envelope of Expectations” Nasal Deformity



What Are Milestones?

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



ACGME Goal for Milestones

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



ACGME Milestones Project

Joint effort of

- the ABMS – American Board of Medical Specialties (ABOto), and
- the ACGME – Accreditation Council for Graduate Medical Education (RC for Otolaryngology)

- Based on the six general competency domains
- Transition from time-based training to competency-based outcomes.
- An effort to break down training into definable, measurable points that can be taught and evaluated over time
- Specialty specific



Milestone Project – Value Added

- More explicit expectations of residents
- Increased resident self-assessment and self-directed learning
- Better feedback to residents
 - observable, measurable behaviors
- Early identification of under-performers
- Guide curriculum development



Milestones Groups

Working Group

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John Potts, MD



Milestone Development

- Utilized “disease-based” format for patient care and medical knowledge
- Identified 19 disease processes across subspecialty areas derived from:
 - ABOto Scope of Knowledge Study Summary Report
 - ABOto Otolaryngology-Head and Neck Surgery Comprehensive Core Curriculum
 - ABOto Core Surgical Procedures
 - Otolaryngology Program Requirements and Key Indicator Procedures



Milestone Development

- Patient Care Milestone Framework

- Diagnostics and workup
- Pathophysiology and differential diagnosis
- Treatment, surveillance
- Indications/contraindications
- Procedural complications and their management

- Medical Knowledge Milestone Framework

- Anatomy and histopathology
- Pathophysiology and differential diagnosis
- Natural history and staging of disease
- Diagnostics and workup
- Treatment, surveillance
- Indications/contraindications



Milestone Development

- Each milestone contains PC and MK elements
 - Identified as either a PC or MK milestone depending on importance of procedural and patient care skills versus medical knowledge for each disease process
- 19 disease processes narrowed down to 12
- Five other milestones chosen from drafts developed by ACGME expert panel



Otolaryngology Milestones (17)

Patient Care

- Aerodigestive tract lesions
- Salivary disease
- Sleep disordered breathing
- Facial trauma
- Rhinosinusitis
- Chronic ear
- Nasal Deformity
- Pediatric otitis media

Medical Knowledge

- Upper aerodigestive tract malignancy
- Hearing loss
- Dysphagia-dysphonia
- Inhalant allergy

Other Competency Domains

- ICS
- PBLI
- Professionalism
- SBP-patient safety
- SBP-resource utilization



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Milestones Review & Testing

- November 2012: Presented at SUO-OPDO meeting
- Spring 2013: Piloted in 14% of programs
- Favorable responses to pilot survey
- Average of 10-12 minutes per resident
- Additional revisions to the Milestones



[Program and Institutional Accreditation](#)
[Data Collection Systems](#)
[Meetings and Conferences](#)
[Graduate Medical Education](#)
[Program and Institutional Accreditation](#)
[Surgical Specialties](#)
[Otolaryngology](#)

Otolaryngology

 [Pediatric Otolaryngology Procedure Domains](#)
 [Operative Performance Rating Form](#)
 [Resident Complement](#)
 [Case Log Coding Guidelines](#)
 [Required Minimum Number of Key Indicator Procedures](#)
 [Neurotology Fellowship Surgical Case Reporting](#)

Program Requirements

 [Currently In Effect](#)
 [Approved but not in Effect](#)

Milestones

 [Otolaryngology Milestones](#)

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Common Resources

Otolaryngology Milestones

- In addition to the reportable milestones, 7 optional milestones will also be made available for program use.



Sub-Competency

General Competency

Developmental Progression Or 'Milestone Set'

Rhinosinusitis — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Obtains basic sinonasal symptom history and performs basic head and neck exam Recognizes symptoms that indicate sinonasal pathology Demonstrates minimal knowledge of treatment options Performs surgical time out; familiar with pre-op documentation requirements (e.g., consent, history and physical, imaging) Knows how to scrub Lists some complications of rhinosinusitis 	<ul style="list-style-type: none"> Obtains focused history and physical, including detailed sinonasal symptom inventory Explains the diagnostic distinction between viral upper respiratory infections (URI) and acute bacterial sinusitis Discusses treatment modality options in general terms; prescribes medical therapy for simple common conditions (i.e., viral URI, acute bacterial rhinosinusitis [ABRS]) Performs intra-operative patient nasal decongestion and local injections under endoscopic guidance; able to apply/register stereotactic surgical guidance system Lists some potential complications of sinus surgery 	<ul style="list-style-type: none"> Performs nasal endoscopy and recognizes basic sinonasal pathology; demonstrates basic understanding of appropriate laboratory, pathologic, and radiologic diagnostic studies Provides a differential diagnosis that includes the most common spectrum of bacterial sinusitis disease processes Discusses appropriate therapeutic options for chronic rhinosinusitis (CRS) and chronic rhinosinusitis with nasal polyps (CRSNP) Performs endoscopic sinus surgery (ESS) procedure with oversight 	<ul style="list-style-type: none"> Identifies nasal endoscopic pathologic findings in the previously operated patient; facile with interpretation/use of appropriate laboratory, pathologic and radiologic diagnostic studies Distinguishes the pathophysiologic and clinical presentations of the various subtypes of chronic rhinosinusitis Formulates appropriate treatment plan for patient with acute exacerbations of CRS or recurrent polypoid disease; tailors medical therapy to patient's symptoms level and disease presentation Completes ESS procedure with oversight Recognizes and is able to treat and/or develop treatment plan for significant complications 	<ul style="list-style-type: none"> Teaches nasal endoscopy Recognizes and diagnoses the possible uncommon etiologies of chronic bacterial sinusitis refractory to standard therapy Provides treatment of recurrent/extensive frontal sinus disease Performs revision and advanced endoscopic sinus surgery Treats complex complications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p>				

Milestone

Graduating medical student

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Aspirational goal/fellow

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<p>Comments:</p>				

Milestones: Resident Evaluation

New Common Program Requirements for Resident Evaluation (V.A.1): Effective 7/1/2014

- The program director must appoint the Clinical Competency Committee.
- CCC must have at least three program faculty.
- CCC members may also include non-physician members of the health care team and residents in their final year.



ACGME

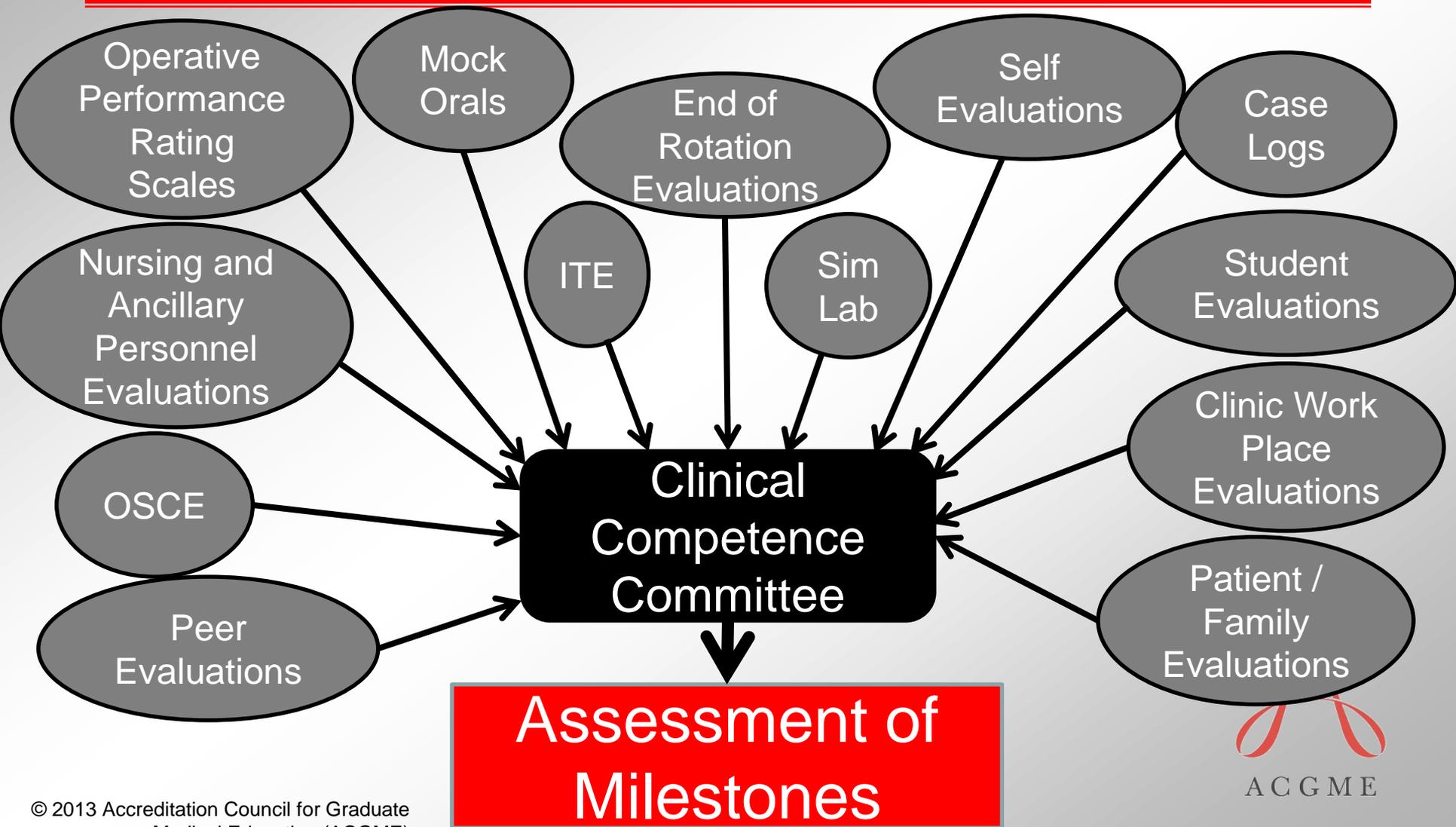
Milestones: Resident Evaluation

New Common Program Requirements for Resident Evaluation (V.A.1): Effective 7/1/2014

- CCC activities include:
 - reviewing all resident evaluations completed by all evaluators semi-annually
 - preparing and ensuring the reporting of Milestones evaluations of each resident semi-annually to the ACGME
 - making recommendations to the program director for resident progress, including promotion, remediation, and dismissal



Clinical Competence Committee



Inhalant Allergy — Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Demonstrates familiarity with basic nasal anatomy and normal respiratory mucosa histology • Demonstrates familiarity with normal functions of nasal mucosa and nasal cavities • Demonstrates limited knowledge of allergy work-up 	<ul style="list-style-type: none"> • Demonstrates basic understanding of derangements in nasal anatomy and mucosal inflammation • Knows pathophysiology of allergic rhinitis (AR) • Describes comorbidities in AR • Demonstrates familiarity with clinical presentations of allergic disease • Prescribes basic medical treatment for AR 	<ul style="list-style-type: none"> • Demonstrates knowledge of histopathology of allergic rhinitis and anatomic factors affecting the nasal airway • Knows pathophysiology of non-allergic rhinitis • Describes the natural history and components of severity in allergic disease • Demonstrates knowledge of testing methods in allergic disease • Prescribes advanced medical treatment for allergic disease 	<ul style="list-style-type: none"> • Demonstrates thorough understanding of anatomic impact of allergic inflammation on the nasal airway • Distinguishes presentations of allergic and non-allergic rhinitis patients; demonstrates knowledge of cellular and molecular features of inhalant allergy • Describes systems for AR subtype and severity (e.g., seasonal vs. perennial, intermittent vs. persistent, etc.) and incorporates knowledge of severity and natural history into patient management • Combines clinical features and test results to correctly diagnose allergic disease • Demonstrates a working knowledge of immunotherapy for allergic disease 	<ul style="list-style-type: none"> • Demonstrates advanced understanding of allergy diagnostic testing • Is facile with multiple methods of immunotherapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

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Substantial demonstration of all milestones at this and lower levels

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<p>Comments:</p>				

Milestones at lower level and some milestones at higher level have been demonstrated

Patient Safety — Systems-based Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Understands the need for formal patient safety measures (e.g., surgical time out) 	<ul style="list-style-type: none"> Participates in the use of tools to prevent adverse events (e.g., checklists and briefings) Understands and uses chain of command to develop and implement patient care plans (junior to senior resident to attending) 	<ul style="list-style-type: none"> Consistently uses tools to prevent adverse events (e.g., checklists and briefings) Identifies potential patient safety issues (patient positioning in OR, aspiration risk) and means to prevent those problems Presents at morbidity and mortality (M&M) conference (organizes data and identification of some pertinent patient safety issues) 	<ul style="list-style-type: none"> Advocates for quality patient care and optimal patient care systems Analyzes M&M findings and provides feedback to improve patient safety 	<ul style="list-style-type: none"> Educates other services re patient safety issues in otolaryngology head and neck surgery OHNS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Resource Utilization — Systems-based Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Uses resources (social work, patient care manager) to coordinate patient care 	<ul style="list-style-type: none"> • Actively functions as part of an interdisciplinary team to care for patients • Aware of socio-economic issues in patient care and takes those into consideration when developing patient care plans 	<ul style="list-style-type: none"> • Incorporates cost issues into care decisions • Contributes to leadership of the interdisciplinary care team • Uses technology and other hospital/clinic resources in patient care 	<ul style="list-style-type: none"> • Practices cost-effective care (e.g., managing length of stay, operative efficiency) • Leads interdisciplinary team in patient care 	<ul style="list-style-type: none"> • Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

The ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning — Practice-based Learning and Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Is aware of one's own level of knowledge and uses feedback from teachers, colleagues, and patients • Identifies learning resources 	<ul style="list-style-type: none"> • Continually seeks and incorporates feedback to improve performance • Develops a learning plan and uses published review articles and guidelines 	<ul style="list-style-type: none"> • Demonstrates improvement in clinical thought and action based on continual self-assessment • Selects an appropriate evidence-based information tool to answer specific questions 	<ul style="list-style-type: none"> • Demonstrates consistent behavior of incorporating evidence-based information in common practice areas • Organizes educational activities at the program level 	<ul style="list-style-type: none"> • Is competent at performing meta-analyses to answer complex patient care questions • is a sophisticated user of learning resources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families • Exhibits professional behavior (e.g., reliability, industry, integrity, and confidentiality) • Maintains respect for patient confidentiality 	<ul style="list-style-type: none"> • Is aware of ethical issues in patient care, including issues of autonomy, end-of-life care and research ethics • Recognizes individual limits in clinical situations and asks for assistance when needed • Understands and manages the issues related to fatigue and sleep deprivation • Completes paperwork, administrative tasks and assignments in a timely manner 	<ul style="list-style-type: none"> • Recognizes ethical issues in practice and is able to discuss, analyze, and manage common ethical situations • Displays sensitivity and responsiveness toward all patient populations 	<ul style="list-style-type: none"> • Analyzes and manages ethical issues in complicated and challenging situations • Develops a mutually agreeable care plan in the context of conflicting physician and patient values and beliefs 	<ul style="list-style-type: none"> • Helps lead institutional and organizational ethics programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Interpersonal Communication Skills				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Develops a positive relationship with patients and understands patients' and families perspectives • Utilizes interpreters as needed 	<ul style="list-style-type: none"> • Effectively communicates during transitions of care • Communicates with patients and families, taking into account the socioeconomic and cultural backgrounds of these individuals • Ensures that the medical record is timely, accurate, and complete 	<ul style="list-style-type: none"> • Sustains effective relationships with services requesting OHNS consultation • Works effectively as a member of a health care team • Uses multiple forms of communication (e.g., e-mail, patient portal, social media) ethically and with respect for patient privacy 	<ul style="list-style-type: none"> • Develops working relationships across specialties and systems of care • Organizes and facilitates family/health care team conferences 	<ul style="list-style-type: none"> • Develops models/approaches to managing difficult communications • Coaches others to improve communication skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Milestones

- Milestones for fellowship programs to be developed and published next year
- Use of fellowship milestones begins AY 2015-2016



Milestones

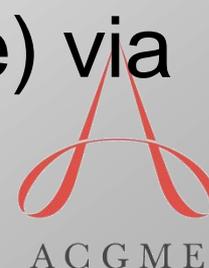
- Translate “general” competencies into **specific competencies** to be met by all residents
- Create “core” resident outcomes in the competencies, not “standardization” of all outcomes
- **MILESTONES ARE OUTCOMES, NOT ELEMENTS of a CURRICULUM**
 - Not intended to include all elements of training....IS a selective biopsy
 - Not intended to be an assessment form....IS a report of assessment results aggregated over the previous six months



Milestones Timeline

NAS Program Activities

- Now: Form CCC and prepare for milestone evaluations
 - Faculty should be oriented to the milestones and faculty development in assessment should be provided
- Milestone data will be reported semiannually (Nov/Dec and May/June) via a link in ADS



Milestones Timeline

NAS Program Activities

- July – December 2014: First evaluation period [core only]
- Nov 1 – Dec 31 2014: First milestone evaluations submitted to ACGME (via ADS) [core only]



Milestones Timeline

NAS Program Activities

- January – June 2015: Second evaluation period [core only]
- May 1 – June 15 2015: Second milestone evaluations submitted to ACGME (via ADS) [core only]

February 2016: RRC review of AY 14/15 data, including milestones for core programs



Milestones Timeline

NAS Program Activities

- July – December 2015: First evaluation period [core and fellowship programs]
- Nov 1 – Dec 31 2015: First milestone evaluations submitted to ACGME (via ADS) [core and fellowship programs]



Milestones Timeline

NAS Program Activities

- January – June 2016: Second evaluation period [core and fellowship programs]
- May 1 – June 15 2016: Second milestone evaluations submitted to ACGME (via ADS) [core and fellowship programs]

February 2017: RRC review of AY 15/16 data, including milestones for core and fellowship programs





Next Accreditation System (NAS)

This section provides information and detail regarding the ACGME's Next Accreditation System, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

News:

- [Key Dates for Phase I and Phase II Specialties \(Updated 7/25/13\)](#) 
- [ACGME Board Approved Policies and Procedures for the Next Accreditation System \(Effective date: 7/1/2013\)](#) 
- [New England Journal of Medicine Report: The Next GME Accreditation System — Rationale and Benefits \(3/15/2012\)](#) 

NAS Resources

[Next Accreditation System](#)

[Milestones](#)

[Webinars](#)

[CLER](#)

FAQs

- [NAS FAQs \(Updated 7/25/13\)](#) 
- [Site Visit FAQs](#)
- [New Programs and Sponsoring Institutions](#) 

NAS Topics

- Key Features
- Program Activities
- Accreditation Activities
- Timeline



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Next Accreditation System

Key Features

- Continuous accreditation model
- No PIF's or cycle lengths
- Annual program review of core program data
- Scheduled (self-study) visits every ten years
- Focused site visits only for issues
- Full site visits for multiple or broad issues



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Next Accreditation System

Key Features

- GMEC mid-cycle internal reviews replaced by continuous GMEC oversight
- Semiannual resident reviews replaced by semiannual milestone assessment
- Annual core faculty survey in addition to annual resident survey



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Next Accreditation System

Key Features

- Program Requirements revised every 10 years
 - Recent major revision effective 7/1/2013
 - Focused revision effective 7/1/2014
 - ❑ Categorization
 - ❑ CCC (resident evaluation) and PEC (program evaluation) requirements added



Next Accreditation System

Key Features

- Program Requirements organized by
 - Core Structures/Processes/Resources
 - Detailed Structures/Processes/Resources
 - Outcomes



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Next Accreditation System

Key Features

- **Definition of Categories**
 - **Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.
 - **Detail Requirements:** Statements that describe a specific structure, resource, or process for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
 - **Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.



Next Accreditation System

Sample Categorizations

Int.C. The educational program in otolaryngology must be 60 months in length. (Core)

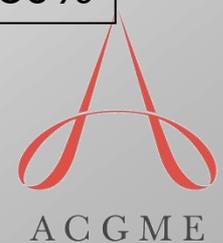
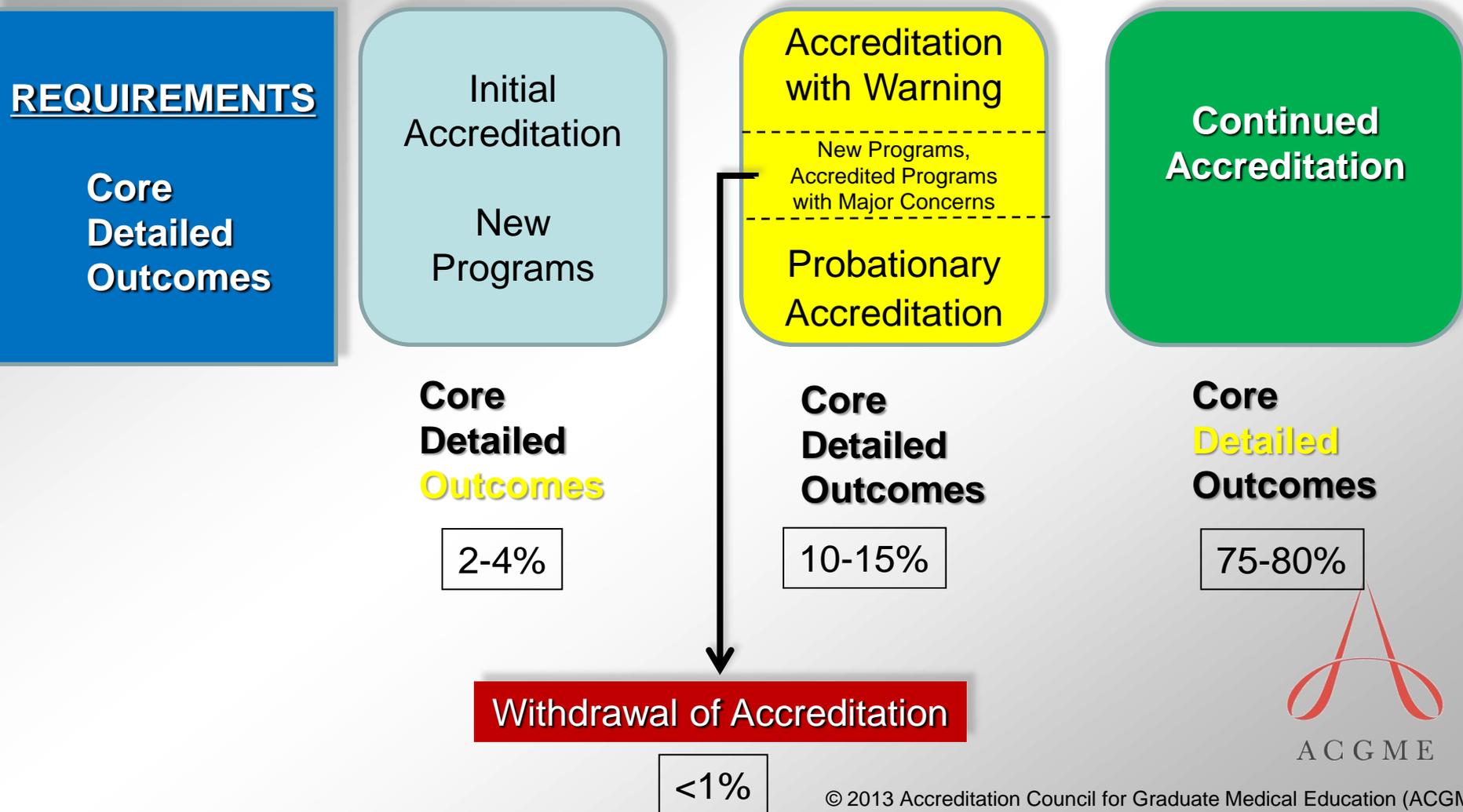
II.D.1. There must be space and equipment for the educational program, including 24-hour computer access with Internet, classrooms with audiovisual and other educational aids, meeting rooms, and office space for residents. (Detail)

IV.A.5.a).(2).(b) Residents must demonstrate proficiency in formulating differential diagnoses of conditions affecting the head and neck; (Outcome)



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Next Accreditation System Requirements Implementation



NAS: What's different?

- No site visits (as we know them)
- Focused site visits for an “issue”
- Full site visits for board issues (but no PIF)
- Self-study visits every ten years



Focused Site Visits

- Assesses *selected* aspects of a program and may be used to:
 - address *potential* problems identified during review of annually submitted data
 - diagnose factors underlying deterioration in a program's performance
 - evaluate a complaint against a program



Focused Site Visits

- Minimal notification given (30 days)
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC



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Full Site Visits

- Application for new program
- At the end of the initial accreditation period
- RRC identifies broad issues / concerns
- Other serious conditions or situations identified by the RRC
- 60 days advance notification
- Minimal document preparation
- Team of site visitors



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Site Visits

- Most focused and full site visits will be requested following the annual data review at the February RRC meeting (begins 2015) and will take place prior to the July/Aug RRC meeting.



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Site Visits: Self-Study

- Not fully developed
- Scheduled every ten years
- Conducted by a team of visitors
- Minimal document preparation
- Interview residents, faculty, leadership
- Self-study visit program begins **July 2016**



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Ten Year Self-Study Visit

- Review of
 - annual program evaluations (PR V.C)
 - response to citations
 - faculty development
- Judge program success at CQI
- Learn future goals of program
- Will verify compliance with core Program Requirements
- First RRC review of self study report:
February 2017



Next Accreditation System

Annual Program Evaluation

New Common Program Requirements for Annual Program Evaluation (V.C.1) Effective 7/1/2014

- Program director must appoint Program Evaluation Committee (PEC)
- PEC members: at least 3 program faculty; representation from residents
- Written description of PEC responsibilities
- PEC plans, develops implements evaluates program activities, develops competency-based goals and objectives, conducts annual program review, ensures areas of non-compliance are corrected



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Next Accreditation System Annual Program Evaluation

New Common Program Requirements for Annual Program Evaluation (V.C.2) Effective 7/1/2014

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written annual program evaluation (APE).



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Ten Year Self-Study Visit

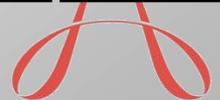
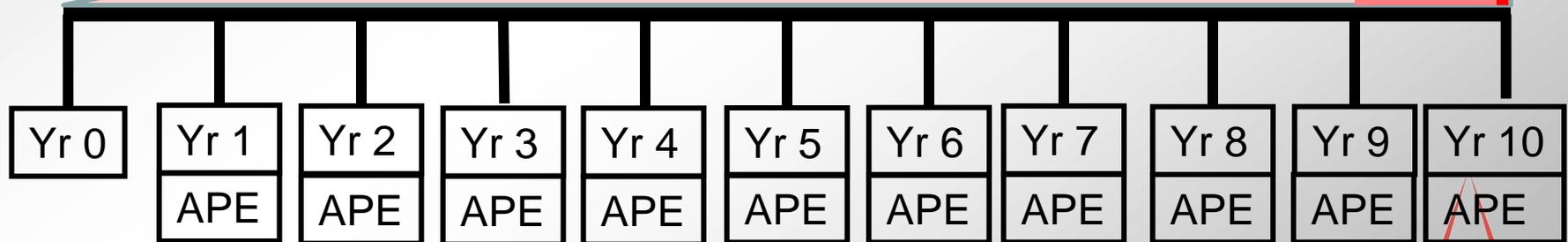
Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-
Study
PROCESS

Self-
Study
VISIT

Ongoing Improvement



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Site Visits: Self-Study

- Most programs have been notified of the approximate self study date
- Is a date between **7/1/2016 – 1/1/2026**
- Month announced 12-15 months in advance
- Specific date announced 90-100 days in advance
- Once the first self-study date is assigned, the next one will take place 10 years later!
- First RRC review of program self study: **February 2017**



Site Visits: Self-Study

Two webinars on self-study site visits will be held January 2014:

- **Preparing for a self-study site visit**
- **Self-study visit process**

Dates to be announced



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When Is My Program Reviewed?

- *Each* program reviewed *at least* annually
- NAS is a continuous accreditation process
 - Review of annually submitted data
 - Supplemented by:
 - Reports of self-study visits every ten years
 - Progress reports (when requested)
 - Reports of site visits (as necessary)



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Next Accreditation System Program Activities

- Annual data submission
- Respond to other possible RRC requests:
 - Progress reports for potential problems
 - Focused site visit
 - Full site visit
 - Site visit for potential egregious violations
- Annual Program Evaluation
- Self-study visit every ten years



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Annual Data Reviewed by RRC

- Annual ADS Update
 - Program Changes – Structure and resources
 - Program Attrition – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
- Board Pass Rate – 5 year rolling average
- Clinical Experience – Case logs
- Resident Survey – Common and specialty elements
- Faculty Survey (beginning 2013-2014)
- Semi-Annual Resident Evaluation and Feedback
 - Milestones (beginning 2014-2015)
- Omission of data



Annual RRC Program Review

- **Annual ADS Update**

- **Scholarly Activity – Faculty and residents**

- ❖ CV used for program director
- ❖ Scholarly activity templates used for faculty and residents
- ❖ Scholarly activity is reported for the most recently completed academic year (12 month period, not a 5 year period) for all but the PD



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Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:				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	Grant 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:			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

Scholarly Activity as Performance Indicator

Templates for 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	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	Grant 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 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

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 member 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.
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

Faculty Member	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
	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



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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	Number of presentations (grand rounds, professional materials, (such as modules, presentations, review papers) between 7/1/2011 and 6/30/2012	Number of grants with faculty or had a leadership role (PI, or site) 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.	
	PMID 1	PMID 2	PMID 3	PMID 4						Conference Presentations
John Smith	12433	32411			3			3	Y	N

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

Enter a number

Chapters / Textbooks
1



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		

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

Grant Leadership

3

Faculty Member	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.
John Smith	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			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



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Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned PubMed) for articles 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



Faculty Scholarly Activity

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

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Teaching Formal Courses

N

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
N

Answer Yes or No



Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for 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	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
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Resident Scholarly Activity

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	Grant 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

Resident Scholarly Activity

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
Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks
John Smith	12433	32411			3	1	1

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 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
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks
June Smith	12433			1		0

Teaching / Presentations	
Y	
Participated in research	Teaching / Presentations
N	Y

Annual RRC Program Review

- **Board Pass Rate – 5 year rolling average**
 - ABOto provided pass rates to the ACGME electronically for each year beginning with 2008 through 2012 for parts 1 and 2 for all programs
 - ABOto will provide an annual electronic update to the ACGME, beginning with the 2013 exam results



ACGME

Annual RRC Program Review

- **Clinical Experience – Case logs**
 - 2012-2013 case log review February 2014 RRC meeting (pre-NAS)
 - ❖ minimum numbers for defined case categories reviewed and feedback provided (no citations based on min. numbers)
 - 2013-2014 case log review February 2015 RRC meeting (NAS)
 - ❖ graduates expected to comply with minimum number requirements in all categories



Annual RRC Program Review

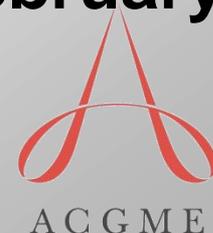
- **Resident Survey – Common and specialty elements**
 - ❖ 7 survey question domains: duty hours; faculty; evaluation; educational content; resources; patient safety; teamwork
 - ❖ 70% response rate expected
 - ❖ Aggregated non-compliant survey responses for each domain are reviewed
 - ❖ Limited number of items for surgical specialties to be added AY 2014-2015



Annual RRC Program Review

- **Faculty Survey**

- ❖ 5 question domains: supervision and teaching; educational content; resources; patient safety; teamwork
- ❖ Intended to mirror most resident survey questions and provide opportunity to compare responses by question domain
- ❖ First survey completed: *spring 2014 (Fall 2013)*
- ❖ First RRC review of faculty survey data: **February 2015**
- ❖ 60% response rate expected



Annual RRC Program Review

• Milestones

- ❖ First milestone evaluation period: July – December 2014 (core programs only; fellowship programs begin 2015)
 - Residents evaluated as usual by the program (competency-based, multiple evaluators)
- ❖ First milestone reports to ACGME: Nov/Dec 2014
 - Collected evaluations reviewed by the CCC
 - CCC determines milestone level for each resident for each milestone
 - Milestone reporting will be done through a link in ADS (not yet available)
- ❖ Second milestone reports to ACGME: May/June 2014
- ❖ First RRC review of milestone data: **February 2015**

Annual RRC Program Review

- **Annual ADS Update**

- **Omission of data**

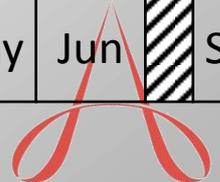
- ❖ If any required annual ADS update information is missing, the program will be flagged by the NAS data system
- ❖ Data omission could result in an altered accreditation status



ACGME

NAS: Annual Data Submission

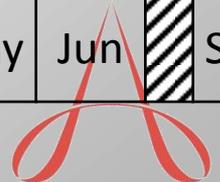
	AY 2013-2014													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep



ACGME

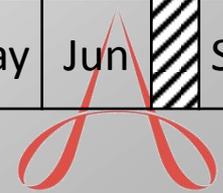
NAS: Annual Data Submission

	AY 2013-2014													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep



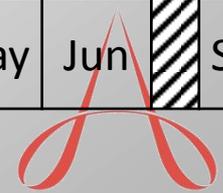
NAS: Annual Data Submission

	AY 2013-2014													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
ADS Update	Yr 1													Yr2
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep



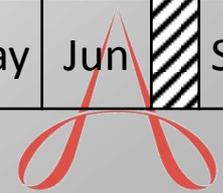
NAS: Annual Data Submission

	AY 2013-2014													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Resident Survey							Yr 1							
ADS Update	Yr 1													Yr2
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep



NAS: Annual Data Submission

	AY 2013-2014													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Faculty Survey					Yr 1			X						
Resident Survey							Yr 1							
ADS Update	Yr 1													Yr2
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep



NAS: Annual Data Submission

	AY 2013-2014													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Faculty Survey					Yr 1			X						
Resident Survey							Yr 1							
ADS Update	Yr 1													Yr2
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

Year 1 Data reviewed in February of AY 2014/15

NAS: Annual Data Submission

	AY 2014-2015														
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep	
Milestones					Yr 2							Yr 2			
Faculty Survey								Yr 2							
Resident Survey							Yr 2								
ADS Update	Yr 2													Yr3	
Case Logs			Yr 1											Yr2	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep	

Year 2 Data reviewed in February of AY 2015/16

NAS: RRC Accreditation Activities

Possible Accreditation Status Decisions for Accredited Programs

- Continued Accreditation
- Continued Accreditation with Warning
 - programs with this status not permitted to request permanent complement increase
 - no limit to number of years with this status
 - not an adverse status



NAS: RRC Accreditation Activities

Possible Accreditation Status Decisions for Accredited Programs

- Probationary Accreditation (no proposed; may appeal)
 - this status allowed only after a site visit
 - no more than 2 years with this status
 - programs with this status not permitted to request permanent complement increase
- Withdrawal of Accreditation (no proposed; may appeal)
 - this status allowed only after a site visit



NAS: RRC Accreditation Activities

Possible Accreditation Status Decisions for Program Applications (follows a site visit)

- Initial Accreditation
 - Full site visit in two years
 - No more than two years allowed with this status
- Withhold Accreditation (no proposed; may appeal)



NAS: RRC Accreditation Activities

Possible Accreditation Status Decisions for Initial Accreditation Programs (follows a site visit)

- Initial Accreditation with Warning
 - programs with this status not permitted to request permanent complement increase
 - used to extend initial accreditation one more year
- Withdrawal of Accreditation (no proposed; may appeal)



NAS: RRC Accreditation Activities

Possible Accreditation Status Decisions for Initial Accreditation with Warning Programs

- Continued Accreditation
- Withdrawal of Accreditation (no proposed; may appeal)



NAS: RRC Accreditation Activities

- Other Potential Actions (if currently accredited):
 - Recognize exemplary performance; innovations
 - Identify opportunities for program improvement
 - Identify concerning trends
 - Issue new citations
 - Continue previous citations
 - Acknowledge correction of previous citations



NAS: Letter of Notification

Areas Not in Compliance (Citations)

Resources | Since: 02/04/2011 | Status: Extended

Resources

Residents should be provided with adequate office, sleeping, lounge, and food facilities during assigned duty hours.

[Program Requirement II.D.6]

Original citation wording

The information provided did not demonstrate compliance. Specifically....*(new wording based on most recent annual program evaluation/progress report/site visit)*



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NAS: Letter of Notification

Areas Not in Compliance (Citations)

Evaluation of Residents | Since: 08/02/2013 | Status: New

Resident Formative Evaluation/Multiple Evaluators

[Common Program Requirement V.A.1.b).(2)]

The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff).

The information provided did not demonstrate compliance.

Specifically....



ACGME

NAS: Letter of Notification

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

Qualifications of Faculty | Since: 08/02/2013 | Status: Resolved

Faculty Qualifications/Specialty Certification

[Common Program Requirement II.B.2]

The physician faculty must have current certification in the specialty by American Board of Otolaryngology or possess qualifications acceptable to the Review Committee.

The information provided did not demonstrate compliance. Specifically....*(original citation wording)*



NAS: Letter of Notification

OPPORTUNITIES FOR IMPROVEMENT CATEGORIES

- Procedural Volume
- Clinical Experience
- Faculty Supervision and Teaching
- Educational Content
- Resources
- Evaluations
- Duty Hours and Learning Environment
- Teamwork
- Patient Safety
- Board Passage Rate
- Significant Program Level Changes
- Faculty Scholarly Activity
- Resident Scholarly Activity
- Leadership Turnover
- Resident's Milestone Progression
- Failure to Provide Required Information
- Significant Attrition



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NAS: Letter of Notification

Opportunities for Program Improvement/Concerning Trends

Board Passage Rate

The Committee noted the program's analysis of ABOto exam pass rates for program graduates and commended the program on its proactive efforts to address the identified deficiencies. The Committee will continue to monitor progress in this area.



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NAS Timeline: Preliminary Year

- July 1, 2013 – June 30, 2014
 - Site visits for short cycled programs take place
 - All Programs: complete AY 2013-2014 ADS update [July – Oct 2013]
 - All Programs: complete AY 2012-2013 case log archiving [9/1/13]
 - All Programs: resident and **faculty** surveys [spring 2014]
 - All Programs: faculty development for milestones



NAS Timeline: Preliminary Year

- July 1, 2013 – June 30, 2014
 - All Programs: establish milestone evaluation procedures
 - RRC: assign self-study dates to most programs
 - RRC: establish thresholds for screening annual data
 - RRC: complete reviews for short cycled programs; assign remaining self study dates; review AY 2012-2013 case logs
- July 1, 2014: Enter NAS



NAS Timeline: First Year

- July 1, 2014 - June 30, 2015
 - All Programs: complete AY 2014-2015 ADS update [July – Oct 2014]
 - All Programs: complete AY 2013-2014 case log archiving [8/1/14]
 - Core Programs: submit first AY 14/15 milestone reports [Nov – Dec 2014]
 - Core Programs: submit second AY 14/15 milestone reports [May – June 2015]



NAS Timeline: First Year

- July 1, 2014 - June 30, 2015
 - February, 2015: RRC conducts annual data review [**AY 2013-2014 data; no milestone data**]
 - Most programs receive accreditation status [Feb 2015]
 - Site visits or progress reports requested for some programs
 - Programs: follow-up site visits take place [Mar – May 2015]
 - July 2015: RRC reviews site visits, progress reports
 - Remaining programs receive accreditation status



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NAS Timeline: Second Year

- July 1, 2015 - June 30, 2016
 - All Programs: complete AY 2015-2016 ADS update [July – Oct 2015]
 - All Programs: complete AY 2014-2015 case log archiving [8/1/15]
 - Core/fellowship Programs: submit first AY 15/16 milestone reports [Nov – Dec 2015]
 - Core/fellowship Programs: submit second AY 15/16 milestone reports [May – June 2016]



NAS Timeline: Second Year

- July 1, 2015 - June 30, 2016

- February, 2016: RRC conducts annual data review [**AY 2014-2015 data; incl. AY 14/15 milestone data - core**]

- Most programs receive accreditation status [Feb 2016]

- Site visits or progress reports requested for some programs

- Programs: follow-up site visits take place [Mar – May 2016]

- July 2016: RRC reviews site visits, progress reports

- Remaining programs receive accreditation status



ACGME

NAS Timeline: Third Year

- July 1, 2016 - June 30, 2017
 - **Self Study Visits Begin**
 - ALL Programs: complete AY 2016-2017 ADS update [July – Oct 2016]
 - ALL Programs: complete AY 15/16 case log archiving [8/1/16]
 - ALL Programs: submit first AY 16/17 milestone reports [Nov – Dec 2016]
 - ALL Programs: submit second AY 16/17 milestone reports [May – June 2017]



NAS Timeline: Third Year

- July 1, 2016 - June 30, 2017
 - February, 2017: RRC conducts annual data review [**AY 2015-2016 data; incl. AY 15/16 milestone data - core**]; **first self study visit reviews**
 - ❑ Most programs receive accreditation status [Feb 2017]
 - ❑ Site visits or progress reports requested for some programs
 - Programs: follow-up site visits take place [Mar – May 2017]



NAS Timeline: Third Year

- July 1, 2016 - June 30, 2017
 - Programs: Self Study Visits continue
 - July 2017: RRC reviews site visits, progress reports; self study site visit reviews
 - ❑ Remaining programs receive accreditation status



ACGME

Program Resources

Previous webinars available for review at:
<http://www.acgme-nas.org/index.html> under
“NAS Resources/Webinars”

- CLER
- Coordinator Webinars (Phase 1)
- NAS Phase I Overview Webinars: Milestones, Clinical Competency Committees, and Assessment
- NAS Phase II Overview Webinars: Implementing the Next Accreditation System

Program Resources

Slide Presentations for Faculty Development:

<http://www.acgme.org/acgmeweb/tabid/442/GraduateMedicalEducation/SlidePresentationsforFacultyDevelopment.aspx>

- NAS
- Clinical competency Committee
- Milestones
- Update on Policy and Requirements changes
- Annual Program Evaluation

Coming soon: CLER; Self-Study Process; Self-Study Visit

Thank You!
😊