Accreditation Council for Graduate Medical Education

Neurological Surgery Review Committee Update

Pamela L. Derstine PhD, MHPE
Executive Director

Annual Program Coordinator Meeting
May 19, 2017
Houston TX

A C G M E

Discussion Topics

- Review Committee Members and Staff
- Accreditation Statistics
- Updates and Announcements
- Site Visits
- Single Accreditation System Update
- Program Requirement Revisions
- The Learning Environment for Neurological Surgery Programs

A C G M E

REVIEW COMMITTEE MEMBERS AND STAFF

Review Committee Membership: Current

Kim J. Burchiel, MD, **Chair**	Nicholas M. Barbaro, MD, **Vice Chair/Chair-elect**	M. Sean Grady, MD
Griffith R. Harsh IV, MD **Vice Chair-elect**	Nickalus Kahn, MD, Resident Member	Karin Muraszko, MD
Nelson M. Oyesiku, MD, PhD	Harry Rosenbluth, MBA, Public Member	Gregory Smith, DO

Review Committee Membership: New

Welcome New Members!

Effective July 1, 2017

Sepi Amin-Hanjani, MD
University of Illinois Chicago

Robert Harbaugh, MD
Penn State Hershey

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ACGME Review Committee Staff

Pamela L. Derstine, PhD, MHPE
• Executive Director

Susan E. Mansker
• Associate Executive Director

Jennifer M. Luna
• Senior Accreditation Administrator

Raquel Eng

ADS

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ACCREDITATION STATISTICS

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Accreditation Statistics: Current

Total # Accredited Programs	
# Core	110
# Sub	2

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Accreditation Statistics: Current

Program Accreditation Status (Core)	
Status	**# Programs**
Continued Accreditation	97
Continued Accreditation w/ Warning	3
Continued Accreditation w/o Outcomes	3
Initial Accreditation	5
Probationary Accreditation	2
Accreditation Withheld (allopathic)	1
Accreditation Withdrawn (under appeal)	1

Accreditation Statistics: AY 2016-2017

Other Meeting Decisions (Core)	
Complement increases	
Permanent: # Requested / # Approved	7/1
Temporary: # Requested / # Approved	3/2
Site Visit Requests (reviewed in April 2017)	
Full	1
Focused	2
Progress Reports Requested	
Will be reviewed January 2018	3
Participating Site Requests	
# Requested / # Approved	12/7
Duty Hour Exception Requests	
# Requested / # Approved	7/7
Other (fellowship, curriculum change, etc.)	
# Reviewed / # Approved	7/7

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Citation Statistics: AY 2016-2017

% Total Citations

- Procedural Experience — 43%
- Program Director — 15%
- Resources — 9%
- Evaluation — 8%
- Faculty — 7%
- Scholarly Activities — 6%
- Duty Hours/LE — 6%
- Institutional — 4%
- Board Exams — 2%
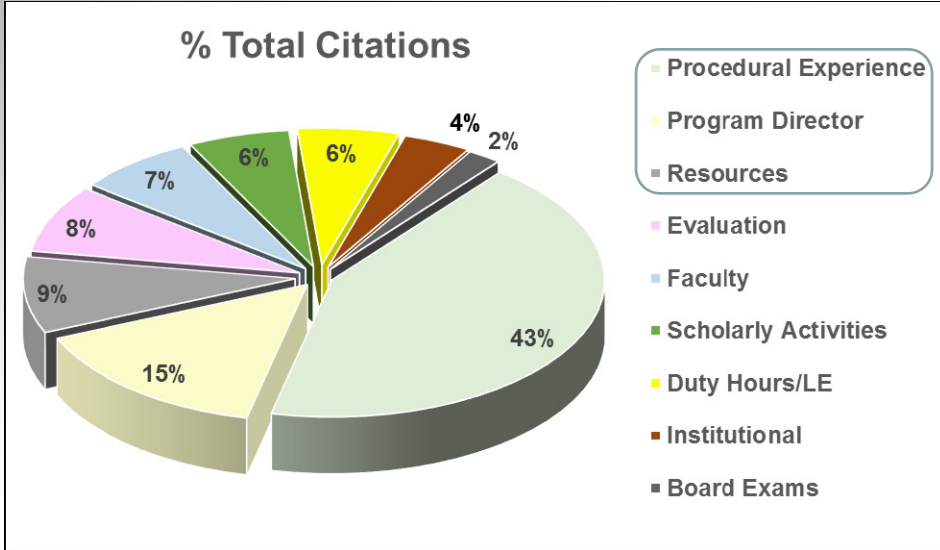
Growth of Neurosurgery Over Time

Total Programs values: 94, 95, 95, 95, 97, 97, 97, 99, 100, 101, 101, 102, 105, 105, 106, 110

Legend: Total Programs, Total Approved Residents, Total On-Duty Residents
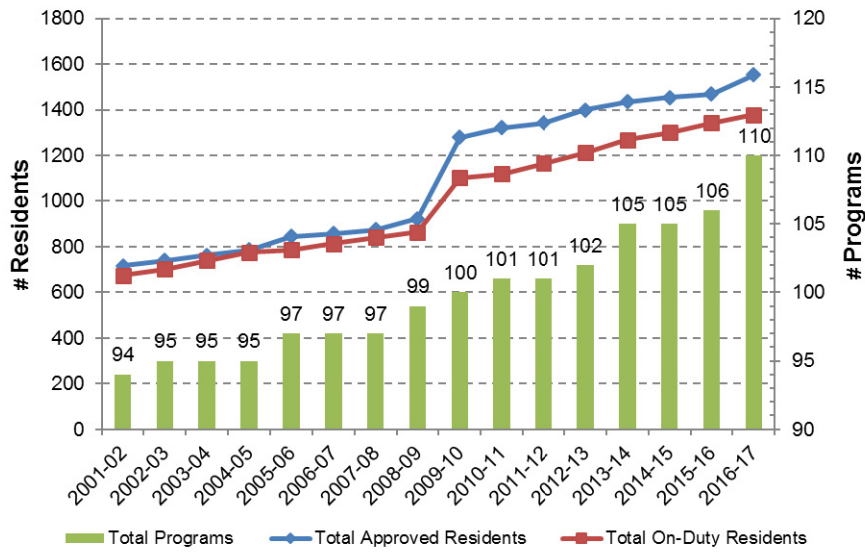
Upcoming Review Committee Meetings

- **August 3, 2017***
  - ➢ Agenda close: July 6, 2017
- **January 5-6, 2018**
  - ➢ Agenda close: October 27, 2017
- **April 6-7, 2018**
  - ➢ Agenda close: March 9, 2018
- **Fall 2018 TBD**

* Interim requests only:
complement changes
participating site changes
curriculum changes
international rotations

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UPDATES AND ANNOUNCEMENTS

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Changes to Defined Case Categories

March 2016

- Corrected mapping for CPT codes to following DCCs
  - DC1, 2, 3b, 5, 6, 7, 8, 9, 11,13,15,16,18,19

August 2016

- DC3a and DC3b combined into total vascular lesion cases DC3
  - Required minimum = 50
  - Cases must be logged as either DC3a or DC3b for tracking purposes only
- DC24 stereotactic frame placement removed
- DC28 arteriography removed
- Total required critical care = 60
- Total defined cases = 400

Critical Care

- As previously announced, review of Case Log reports for 2015-2016 graduates included critical care DCCs

Critical Care National Data 2015-2016
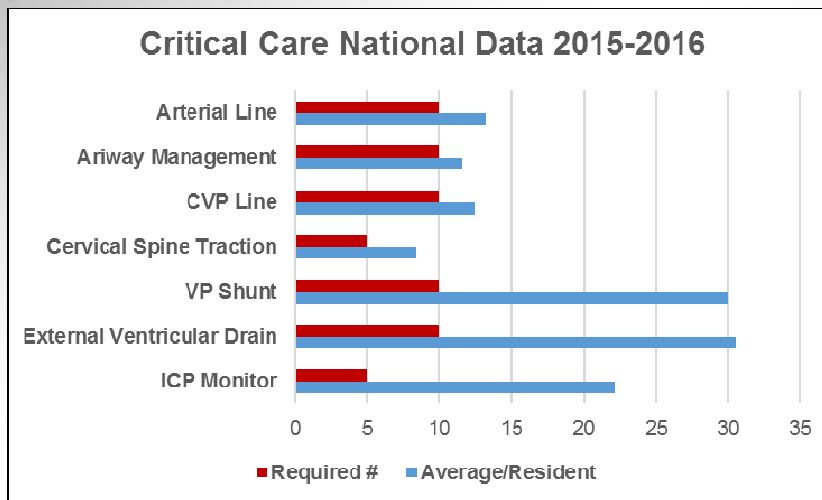
Complement Change Request FAQ

Case Log reports for most recent program graduates are reviewed (Minimums Report and Program Report)

Meeting defined case category minimums required but not sufficient

Graduating resident averages should exceed the 50th percentile nationally in at least 75% of DCC 1-19

At least 4 of DCC 1-19 should be at or above 75% percentile nationally

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Milestones Survey

Revised "common" milestones for PBLI, professionalism, interpersonal and communication skills, and SBP

Broad pubic and specialty input requested

Survey window through 6/7/2017

https://www.surveymonkey.com/r/HarmonizedMilestones

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Slide 1

SEARCH PROGRAMS AND INSTITUTIONS

Type your search here...

LOGIN ⌄

Accreditation Data System (ADS) ⤢
ACGME Surveys ⤢
Resident Case Log System ⤢

Accreditation Council for Graduate Medical Education

| What We Do | Designated Institutional Officials | Program Directors and Coordinators | Residents and Fellows | Meetings and Events | Data Collection Systems | Specialties |

Single GME Accreditation System

View expanded, updated pages with content geared specifically to institutions, programs, and residents.

AOA Programs
AOA Residents and Medical Students

What's New Follow us on Twitter to stay up to date

MAY 17 2017	Respond today! Milestones feedback survey available for public input	»
MAY 16 2017	Audio and slides now available from the May 9 Summer Spotlight Coordinator Forum Webinar Series	»
MAY 16 2017	View Webinar: Themes in Supervision from the CLER National Report	⤢

Slide 2

Milestones

The Milestones Team wants your feedback on Milestones subcompetencies for Interpersonal and Communication Skills, Practice-based Learning and Improvement, Professionalism, and Systems-based Practice. For more information, please read the Harmonized Milestones Survey Announcement or e-mail milestones@acgme.org with questions. Survey links can be found on the table below. Thank you for your participation.

Competency	Survey Link	Deadline
Full Survey (ICS, PBLI, PROF, SBP)	https://www.surveymonkey.com/r/HarmonizedMilestones	June 7, 2017
ICS Survey	https://www.surveymonkey.com/r/ICSsurveyACGME	June 7, 2017
PBLI Survey	https://www.surveymonkey.com/r/PBLIsurveyACGME	June 7, 2017
PROF Survey	https://www.surveymonkey.com/r/PROFsurveyACGME	June 7, 2017
SBP Survey	https://www.surveymonkey.com/r/SBPsurveyACGME	June 7, 2017

Feedback and Questions

milestones@acgme.org

Milestones Department

Milestones Department

Milestones Publications

Harmonized Milestones Survey Announcement

First GME Mil...

SITE VISITS

Site Visits: Focused and Full

Notification of site visit may be sent upon review of annual data in the fall or immediately following January Review Committee meeting.

Approximate date will be about same date as notice due to need to get it into scheduling system.

Follow-up admin LON provides detailed info on Review Committee concerns, type of site visit, more realistic approx. date.

When date is established, announcement letter from Department of Field Activities is sent.

Self-Study/10-Year Visit Definitions
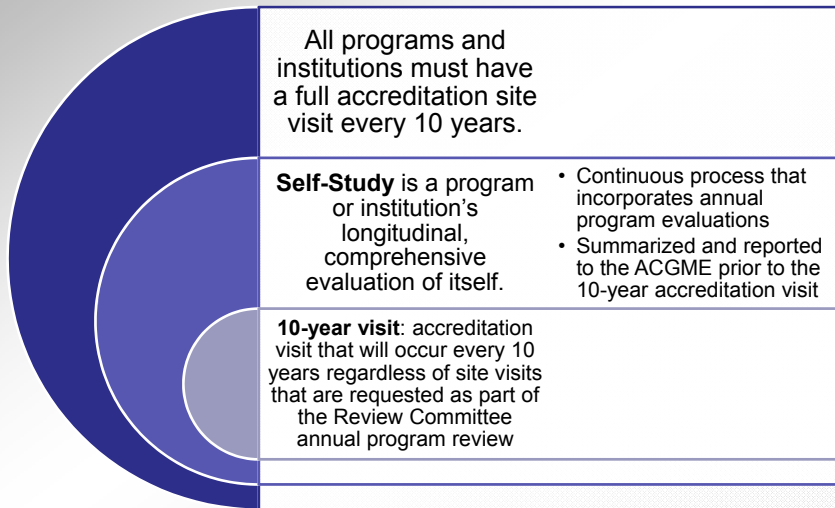
All programs and institutions must have a full accreditation site visit every 10 years.

Self-Study is a program or institution's longitudinal, comprehensive evaluation of itself.

- Continuous process that incorporates annual program evaluations
- Summarized and reported to the ACGME prior to the 10-year accreditation visit

10-year visit: accreditation visit that will occur every 10 years regardless of site visits that are requested as part of the Review Committee annual program review

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Self-Study/10-Year Visit

All programs with Continued Accreditation status have an assigned Self-Study date

- Month/year when completed Self-Study uploaded to ADS
- Assigned dates July 2015-January 2025
- **21 programs have submitted a Self-Study Report to date**

10-year accreditation visit takes place 18-24 months later

- Pilot visits occurring now
- **First 10-year accreditation visits for neurosurgery programs that submitted Self-Study in 2015 (4) planned for this summer**
- Site visit reports from those visits will be included in the annual program reviews next year (2018)

Self-Study/10-Year Visit

Process Overview

- Conduct a Self-Study (4 months preceding Self-Study date)
- Submit the Self-Study Summary (improvement plan) by Self-Study date
- Work on improvement plan (next 18-24 months)
- Submit Summary of Achievements (12 days before 10-year site visit)
- Full site visit includes compliance review and discussion of improvement achievements
- Review Committee reviews compliance for accreditation decision and summary of achievements as informational item (may provide feedback)

Self-Study/10-Year Visit Timeline: Four programs

Notification to Begin Self-Study
• 3/1/2015

Self-Study Submission Due Date
• 7/31/2015

Annual Program Review
• Jan. 5-6, 2018

Self-Study Due Date in ADS 7/1/2015

Work on Identified Improvement Projects
• August 2015-May/June/July 2017

Site Visit Day
• July/August/September 2017

Due Date for ADS Updates and Uploads
• July/Aug/Sept 2017

Notification of 10-Year Accreditation Site Visit
• May/June/July 2017
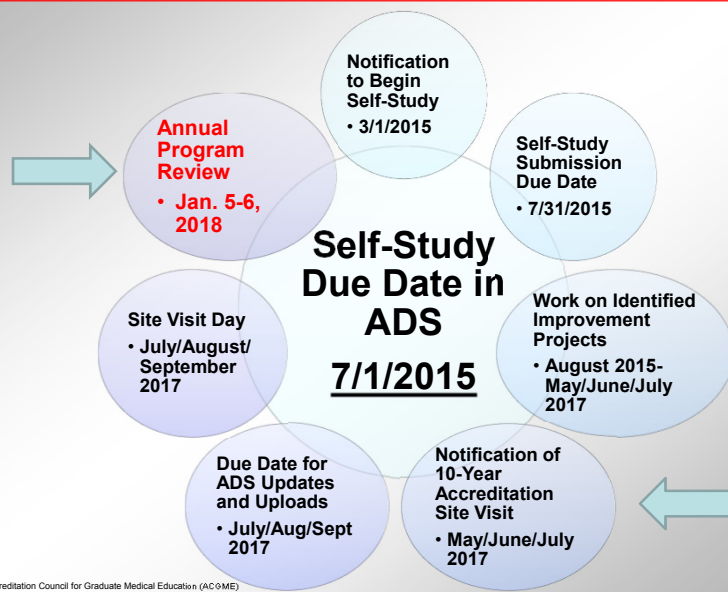
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Self-Study/10-Year Visit Timeline: Six programs

Self Study Due Date in ADS

1/1/2016

- **Notification to Begin Self-Study**
  - 8/1/2015
- **Self-Study Submission Due Date**
  - 1/31/2016
- **Work on Identified Improvement Projects**
  - Feb 2016-Aug/Sept/Oct 2017
- **Notification of 10-Year Accreditation Site Visit**
  - Oct/Nov 2017
- **Due Date for ADS Updates and Uploads**
  - Jan/Feb 2018
- **Site Visit Day**
  - Jan/Feb 2018
- **Annual Program Review**
  - April 6-7, 2018

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Self-Study/10-Year Visit Timeline: Four programs

Self Study Due Date in ADS

6/1/2016 or 7/1/2016

- **Notification to Begin Self-Study**
  - Feb/Mar 1, 2016
- **Self-Study Submission Due Date**
  - 6/30/2016
  - 7/31/2016
- **Work on Identified Improvement Projects**
  - July/Aug 2016-May/June/July 2018
- **Notification of 10-Year Accreditation Site Visit**
  - May/June/July 2018
- **Due Date for ADS Updates and Uploads**
  - July/August/September 2018
- **Site Visit Day**
  - July/August/September 2018
- **Annual Program Review**
  - January 2019

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Self-Study/10-Year Visit Timeline: Seven programs
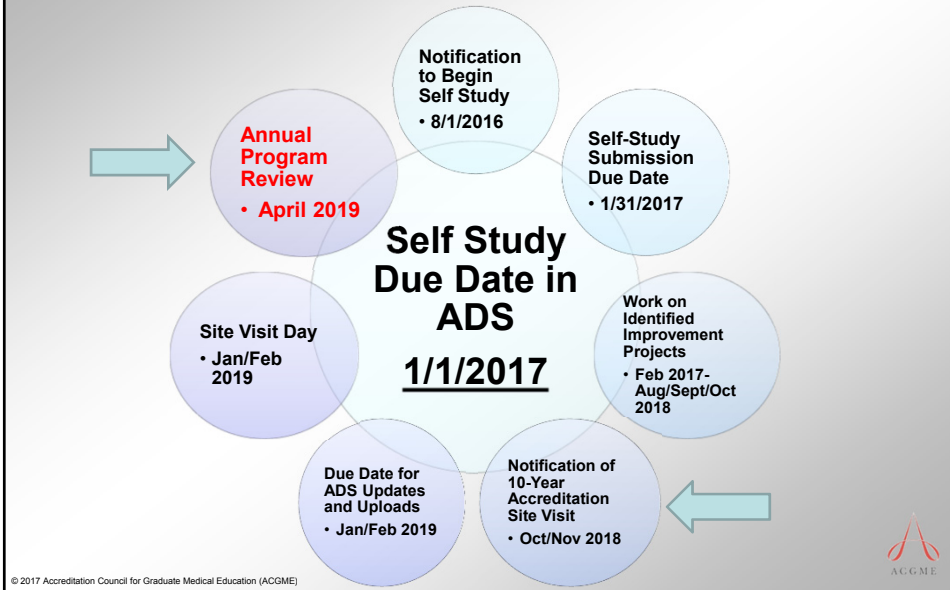
10-Year Visit: A Full Accreditation Site Visit

Self-Study Date	Summary Due	Approximate Site Visit Date	Review Committee Review
7/1/2015	7/31/2015	July-Aug 2017	January 2018
1/1/2016	1/31/2016	Jan-Feb 2018	April 2018
7/1/2016	7/31/2016	July-Aug 2018	January 2019
1/1/2017	1/31/2017	Jan-Feb 2019	April 2019

10-Year Visit: A Full Accreditation Site Visit

Requests to postpone must be received with 5 calendar days of notice

Sources of information
- **ADS Update (citation responses, major changes, current block diagram)**
- **Self-Study Summary (uploaded in ADS)**
- **Summary of Achievements (uploaded in ADS)**

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Self-Study Templates

http://www.acgme.org/What-We-Do/Accreditation/Self-Study

Self Study Summary

- Uploaded to ADS on the Self-Study due date

Self-Study Summary of Achievements

- Uploaded to ADS 12 days before scheduled 10-year site visit date

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The ACGME has placed added responsibility for oversight of subspecialty programs on the core program and sponsoring institution.

The self-study group for the core program should try to coordinate activities with the self-study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment.

The 10-year site visits for subspecialty programs will be coordinated with the visit of their respective core program.

1. Assemble the Self-Study Group	+
2. Engage Program Leaders and Constituents in a Discussion of Program Aims	+
3. Aggregate and Analyze Data from Your Annual Program Evaluations and the Self-Study to Create a Longitudinal Assessment of Program Strengths and Areas for Improvement	+
4. Examine the Program's Environment for Opportunities and Threats	+
5. Obtain Stakeholder Input on Strengths, Areas for Improvement, Opportunities, and Threats to Prioritize Actions	+
6. Interpret the Data and Aggregate the Self-Study Findings	+
7. Discuss and Validate the Findings with Stakeholders	+
8. Develop a Succinct Self-Study Document for Use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit	+

Site Visit

Site Visit FAQs »

Self-Study »

Self-Study Tools »

Self-Study Documents

Self-Study Summary [w]

Self-Study Summary Short Form [w]

Self-Study Summary Update [w]

The 10-Year Site Visit

10-Year Site Visit »

[w] Summary of Achievements »

Self-Study Summary Template

Program Description and Aims

Describe the program and its aims, using information gathered during the Self-Study.

Item 1: Program description

Provide a brief description of the residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about the program. (Maximum 250 words)

Item 2: Program Aims

Based on information gathered and discussed during the Self-Study, describe the program's aims. (Maximum 150 words)

Item 3: Program activities to advance the aims

Describe current activities that have been, or are being, initiated to promote or further these aims. (Maximum 250 words)

Self-Study Summary Template

Environmental Context

Summarize the information on the program's environmental context that was gathered and discussed during the Self-Study.

Item 4: Opportunities for the program

Based on the information gathered and discussions during the Self-Study, describe important opportunities for the program. (Maximum 250 words)

Item 5: Threats facing the program

Based on the information gathered and discussions during the Self-Study, describe any real or potential significant threats facing the program. (Maximum 250 words)

Self-Study Summary Template

Significant Changes and Plans for the Future

Item 6a: Describe significant changes and improvements made in the program over the past five years. (Maximum 250 words)

Item 6b: Project your vision and plans for the program for the coming five years. (Maximum 250 words)

Item 6c: Based on the plans described in the previous item, describe what will "take this to the next level." (Maximum 200 words)

Note: In your response, discuss what the "next level" will look like, the envisioned steps and activities to achieve it, and the resources needed.

Self-Study Summary Template

Item 7a: Describe Elements of the Self-Study process for your program.

Provide information on your program's Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 300 words)

Who was involved in the Self-Study (by title)?	
How were data analyzed, and how were conclusions reached?	
How were areas for improvement prioritized?	

Item 7b: Describe the core program's role in the Self-Study(ies) of all dependent subspecialty program(s). (Maximum 150 words)

Note: If this is a solo core program or a dependent or "grandfathered" freestanding subspecialty program, skip this item.

OPTIONAL Item 8: Learning that occurred during the Self-Study

Describe learning that occurred during the Self-Study. This information will be used to identify potential best practices for dissemination. (Maximum 200 words)

Self-Study Summary of Achievements Template

Program Strengths

Question 1: List the program's key strengths identified during the Self-Study. **(**Maximum 250 words)

Question 2: Discuss how these strengths relate to the program's aims. (Maximum 200 words)

Question 3: Discuss how these strengths relate to the program's context (i.e., how do they capitalize on program opportunities or mitigate threats facing the program). (Maximum 200 words)

Self-Study Summary of Achievements Template

Achievements in Program's Self-Identified Areas for Improvement

Question 4: Describe improvements in critical areas identified during the Self-Study. (Maximum 250 words)

Question 5: Discuss how these improvements relate to the program's aims. (Maximum 250 words)

Question 6: Discuss how these improvements relate to the program's context (i.e., how do they capitalize on program opportunities or mitigate threats facing the program). (Maximum 250 words)

Question 7: Summarize the process for how the program made these improvements, and what information was used to track progress and to assess the improved outcomes. (Maximum 250 words)

Self-Study Summary of Achievements Template

Question 8: If this is a core program with two or more dependent subspecialty programs, did the Self-Study process for the dependent subspecialty programs identify strengths, areas for improvement, opportunities and/or threats that were shared among all or some of these programs? **___ Yes   ___ No.**

If Yes, please summarize common areas identified during the Self-Study where improvements have been made. (Maximum 200 words)

OPTIONAL Question 9: Summarize any learning that occurred during the process of making improvements in areas identified during the Self-Study. (Maximum 200 words)

10-Year Visit: A Full Accreditation Site Visit

List of documents available for review during site visit

- **PLAs**
- **Files of recent program graduates and current residents**
- **Sample of competency-based goals and objectives for one rotation/assignment**
- **Sample of completed annual confidential evaluation of faculty members by residents**
- **Written description of CCC (membership, semiannual resident evaluation process, reporting of Milestones to ACGME, CCC advising on resident progress)**
- **Written description of PEC (membership, evaluation and tracking protocols, resident evaluations of rotations, development of APE and action plans resulting from APE)**
- **Program-specific policies for resident supervision**
- **Sample duty hour compliance data demonstrating monitoring system**
- **Sample documents demonstrating resident participation in patient safety and QI projects**

10-Year Visit: A Full Accreditation Site Visit

Prior to site visit:

- Faculty will be asked to prepare a consensus list of program strengths and opportunities for improvement and send it to the site visitor
- Residents will be asked to prepare a consensus list of program strengths and opportunities for improvement and send it to the site visitor

During the site visit:

- Separate interviews with the program director, faculty, residents, and DIO or designee
- If less than 15 residents, all residents on duty will be interviewed
- If more than 15 residents, a minimum of 15-18 **peer-selected** residents will be interviewed
- Site visitors will indicate the interview format to be used

SINGLE ACCREDITATION SYSTEM UPDATE

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Osteopathic Application Status

- Surgical Program Status Decisions as of 5/17/17

Specialty	Pre-Accreditation	Continued Pre-Accreditation	Initial Accreditation
Neurological Surgery	0	6 (75%)	2 (25%)
Obstetrics Gynecology	2	10 (39%)	16 (61%)
Ophthalmology	0	4 (80%)	1 (20%)
Orthopaedic Surgery	0	35 (85%)	6 (15%)
Otolaryngology	1	13 (93%)	1 (7%)
Plastic Surgery	0	2 (100%)	0
Surgery	7	33 (70%)	14 (30%)
Urology	0	3 (30%)	7 (70%)

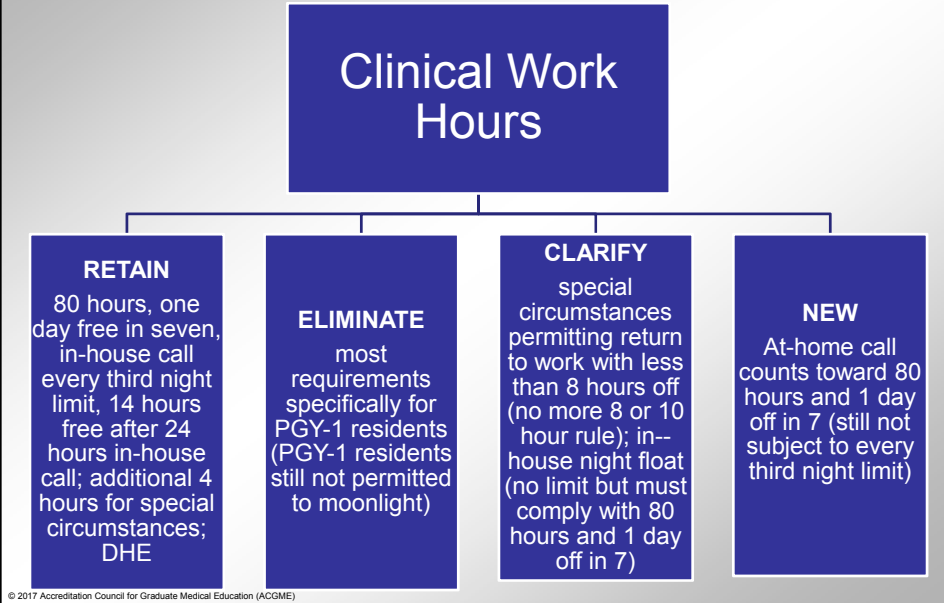# PROGRAM REQUIREMENTS: COMMON AND SPECIALTY-SPECIFIC

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Common Program Requirements: Section VI

- programs as partners with their Sponsoring Institution
- flexibility in educational and clinical work scheduling
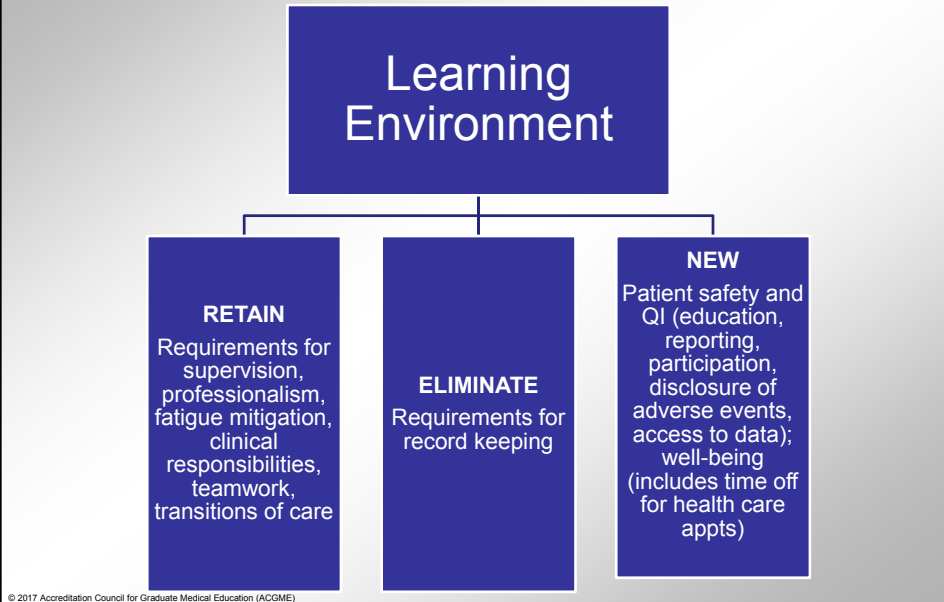- individual and program responsibility over documentation requirements

Emphasizes

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Common Program Requirements: Section VI

Clinical Work Hours

RETAIN
80 hours, one day free in seven, in-house call every third night limit, 14 hours free after 24 hours in-house call; additional 4 hours for special circumstances; DHE

ELIMINATE
most requirements specifically for PGY-1 residents (PGY-1 residents still not permitted to moonlight)

CLARIFY
special circumstances permitting return to work with less than 8 hours off (no more 8 or 10 hour rule); in-house night float (no limit but must comply with 80 hours and 1 day off in 7)

NEW
At-home call counts toward 80 hours and 1 day off in 7 (still not subject to every third night limit)

Common Program Requirements: Section VI

Learning Environment

RETAIN
Requirements for supervision, professionalism, fatigue mitigation, clinical responsibilities, teamwork, transitions of care

ELIMINATE
Requirements for record keeping

NEW
Patient safety and QI (education, reporting, participation, disclosure of adverse events, access to data); well-being (includes time off for health care appts)

Common Program Requirements: Section VI

Timeline

- July 1, 2017 for most, including some in patient safety and well-being analogous to current
  - Survey language updated in 2018 for work hours and in 2019 for learning environment
- July 1, 2019 for most in patient safety and well-being and all in quality improvement
  - AFIs but no citations may be given before 7/1/2019

Website: www.acgmecommon.org

Common Program Requirements: Sections I-V

Proposed Timeline

- Phase 2 Task Force began work: fall 2016
- Post for public comment: fall 2017
- Board review/approval: 2018
- Effective: 2018 or 2019

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Specialty Program Requirements

Focused revisions announced earlier will be reviewed at the June Board meeting

- Core faculty (number, qualifications, location at sites)
- Faculty development
- Full-time program coordinator
- ABNS board pass rates
- AOBS board pass rates

Accreditation Council for Graduate Medical Education

THE LEARNING ENVIRONMENT FOR NEUROLOGICAL SURGERY PROGRAMS

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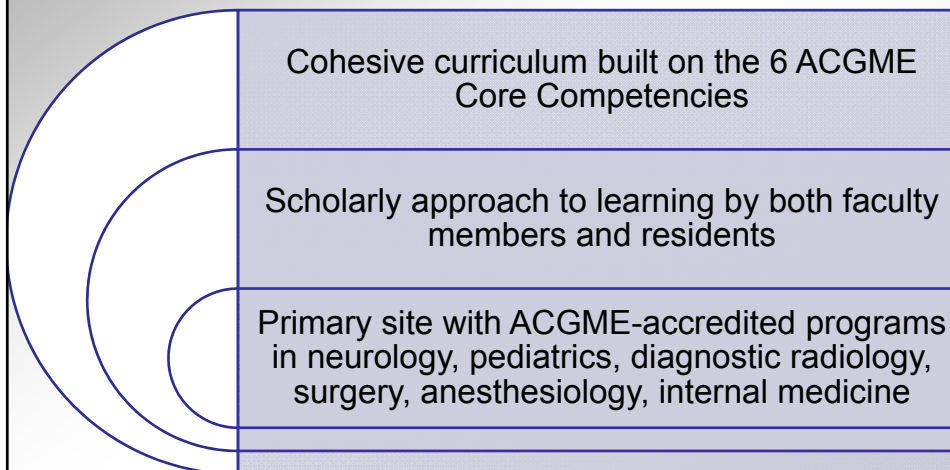# Goal of Neurological Surgery Resident Education

> **Acquire knowledge and skills for safe and effective practice**

- Develop technical proficiency
- Abilities for self-analysis of practice
- Preparation for life-long continuous quality improvement

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Program Elements

Cohesive curriculum built on the 6 ACGME Core Competencies

Scholarly approach to learning by both faculty members and residents

Primary site with ACGME-accredited programs in neurology, pediatrics, diagnostic radiology, surgery, anesthesiology, internal medicine

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Program Elements

> **Review Committee may approve a primary site that lacks one of these specialty areas. Requires educational rationale to include:**

- Educational opportunities proposed as a remedy for the deficiency in training
- How the proposal overcomes the deficiency
- Methods by which atmosphere of learning will be fostered and maintained by the program

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Negative Impact of Geographically Dispersed Programs

Resident Well-being

- Disrupt living arrangements
- Increase demands on resident's family and friends
- Reduce quality time away from work (rest, travel, recreation)
- Disrupt cohesiveness of faculty/resident team
- Variable levels of institutional support for travel, housing, insurance

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Negative Impact of Geographically Dispersed Programs

Diminishes integrity of educational environment

- Conference participation
- Mentoring relationships
- Faculty-directed scholarly activity
- Institutional quality improvement activities
- Team approach to resident education

Compromises patient safety

- Inadequate supervision due to insufficient faculty availability, inexperience, or lack of dedication to GME

Key Program Features

Single primary site that offers most or all core elements critical for education

Additional sites permitted that offer specialty experiences for a comprehensive education

Should be limited to no more than 5 separate health care facilities

- Must ensure an appropriate service-education balance
- Must have ACGME-accredited program in the specialty area that is the focus of the rotation(s)
- Should be located less than 25 miles from primary site (exceptions may be granted following review by the Review Committee)