



Transitional Year Review Committee Update

Susan Guralnick, MD, Chair

Cheryl Gross, MA, CAE, Executive Director

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Disclosure

- **No disclosures to report**



Session Objectives

- Summarize the work of the Transitional Year Review Committee this past year
- Describe recent changes in Program Requirements and related policies
- Describe reporting requirements and data elements reviewed by the Review Committee



New Member – 2016-2022

- **Nikhil Goyal, MD**

- *Henry Ford Health System – Michigan*

- Program Director – Transitional Year
- Program Director – IM/EM Combined Residency
- Associate Program Director – EM Residency

- *Specializes in Internal Medicine, Emergency Medicine, and Clinical Informatics*



Seeking New Members 2018-2024 Term

- **Application Deadline – July 1, 2017**
- **Seeking Specific Specialties**
 - *Anesthesiology*
 - *Pediatrics*
 - *Surgery*
- **E-mail cgross@acgme.org for info**



Activities – 2016-2017



Trends in Transitional Year Programs

Academic Year	# Residents	# Programs
2016-2017	1,117	108
2015-2016	1,093	100
2014-2015	1,098	101
2013-2014	1,181	108
2012-2013	1,198	108
5-Year Trend	↓ 6.7%	---

**Slight uptick this year



Annual TYRC Activities

- **Review:**

- Applications
- Permanent complement increase requests
- Annual data
 - *Programs with citations*
 - *Programs with annual data indicators*
- Self-Study reports



Additional Projects

- Review Committee looking for additional/better measures of program effectiveness
- Transitional Year Graduate Evaluation Resource (TYGER)
 - *In progress*



TYGER

- Feedback from advanced programs (through ADS) to transitional year programs regarding how their graduates have performed.
- ADS survey to residency program director
 - *How well did the transitional year program prepare the resident?*
 - *How is the resident performing?*
 - *Additional feedback*



TYGER – Draft Survey Questions

This resident:

1. can generate an appropriate diagnostic and therapeutic plan.
2. communicates effectively and forms productive relationships with patients.
3. communicates effectively and forms productive relationships with coworkers and all members of the health care team.
4. works to enhance patient safety and improve patient care quality.
5. demonstrates effective self-assessment and a commitment to self-directed learning.



TYGER – Draft Survey Questions

This resident:

6. uses evidence-based medicine effectively.
7. exemplifies professionalism and ethics in his/her work.
8. entered our program with the knowledge, skills, and attributes needed to perform well.
9. Any feedback for this resident's PGY-1 program? (free text comments)



Other Activities

- **Chair** – Member of Council of Review Committee Chairs
- **Resident Member** – Member of Council of Review Committee Residents
- **Public Member** – Member of Council of Review Committee Public Members



Other Current Activities

- Milestones 2.0
- CRCR – *Back to Bedside*
- Physician Well-Being
- Common Program Requirements – Update



Program Requirements Changes



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Program Requirement Update

- **Common Program Requirements**
 - *Effective July 1, 2017 for Section VI*
- **Specialty Program Requirements – Focused Revisions**
 - *Effective July 1, 2017*



Common Program Requirements

- **Sections I-V**

- *Phase 2 Task Force finalizing for review and comment period*

- **Section VI**

- *Released March 2017 – Effective July 1, 2017*
- *No citations issued for new areas until July 2019*
- *Areas for Improvement may be issued*



Focused Revisions - NEW

- At least 24 weeks of education must occur in rotations on which residents from other ACGME-accredited programs rotate
- Transitional year residents must be supervised by physician faculty members with current certification in the specialty or who possess alternate qualifications judged to be acceptable by the Review Committee



Focused Revisions - Unchanged

- 28 weeks of Fundamental Clinical Skills (FCS) rotations
- CCU, general acute care surgery, and trauma surgery **may** be used as FCS rotations
- **No other** subspecialty experiences meet FCS requirements



Annual Program Reviews



Annual Timeline



Data Reviewed

- Surveys - Resident and Faculty (*attention to trending*)
- Clinical Experience
- Scholarly Activity - Faculty and Resident
- Attrition
- Information Omission
- Major Changes / Responses to Citations



The Review Process

- **Staff Review**
 - *Broad Review of all Data – Concerns Flagged*
- **Committee Review**
 - *Data Concerns*
 - *Programs with Active Citations*
 - *Programs on Warning or Probation*



Accreditation Status

- **Continued Accreditation**
- **Continued Accreditation with Warning**
- **Probation**
- **Withdrawal of Accreditation**



Continued Accreditation

- **Substantial compliance with requirements**
 - *Programs may or may not have Citations or Areas for Improvement (AFIs) issued*
- **Review Committee will continue annual review of outcomes**
- **Programs can innovate around “Detail” requirements (not Core or Outcome requirements)**



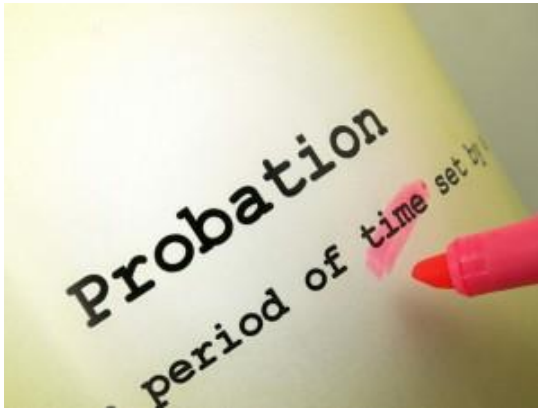
Continued Accreditation with Warning

- **Areas of non-compliance jeopardize accreditation status**
- No permanent increase in complement
- Status is made public on website
- Do NOT need to inform residents



Probation

- **Must have a site visit before conferring this status**



- No increase in complement (temp or perm)
- Status is made public on website
- Must inform residents in writing



Review – 2016-2017

Reviewed (December)

- 78 Consent Agenda
- 11 Annual Data Review
- 8 Application
- 1 Site Visit
- 1 Complement Increase

Scheduled (April)

- 7 New Applications
- 1 Site Visit

Meeting Outcomes

- 89 Continued Accreditation
- 1 Continued Accreditation with Warning
- 5 Initial Accreditation (Site Visit–2 years)
- 1 Initial Accreditation (Site Visit–1 year)
- 1 Continued Pre-Accreditation (Single Accreditation System)



Letters of Notification

Areas for Improvement (AFIs)

- Concerns not reaching the level of citation
 - Often program trends
- No written response required
- Should be reviewed with Program Evaluation Committee
- TYRC will Review Again following year
- Unresolved AFIs may become Citations



Letters of Notification

Citations

- More serious concerns than AFIs
- Linked to Program Requirements
- Require written response in ADS
- Committee will review again following year
 - Extended or resolved



Summary

- **RC reviews all flagged programs**
- **AFIs:** Review Committee will review data trends
- **Citations:** Program director must address in ADS Annual Update
 - Review Committee reviews responses
 - Send evidence of program response
 - Forward supporting documentation as needed



Tips



Common Concerns

Inaccurate/incomplete information in Annual Update

- Faculty certifications, licensure, qualifications
- Faculty/resident scholarly activity
- Responses to citations
- Lack of documentation (when requested)
- Block diagram information/format



Block Diagram

- **Snapshot of the program**
- **Follow instructions and format!**
- **Essential components:**
 - Legend
 - Site
 - Rotation name (*be specific*)
 - Designate FCS rotations
 - % Outpatient time
 - % Research time



Upcoming – Self-Study



Elements of the Self-Study

- **“Look Back”** at changes, improvements, needs (5-year)

- **“Look Forward”** to plans for the future (5-year)

“What will take this program to the next level?”



Elements of the Self-Study

- **Program Aims**
- **Program SVOT/SLOT Analysis**



Program Aims

- **How do you differentiate your program from others?**
 - Help create priorities for improvement
- **Relevant considerations**
 - Who are our residents? What do we prepare them to do?
 - Private practice /academic practice / global health / research / ?
 - Leadership and other roles
- **Should be reassessed during Annual Program Evaluation**



Program Aims

Stakeholder Input

- Internal
 - Resident
 - Faculty
 - Institutional leadership
 - Nurses/technicians/social workers/other staff
- External



Program Aims

Ultimate goal...

Intentionality in program design



Elements of the Self-Study

- **Program SVOT/SLOT Analysis**
 - Internal and external assessment
 - **Strengths**
 - Areas for Improvement/**Vulnerabilities/Limitations**
 - **Opportunities**
 - Institutional, local, regional, national
 - **Threats**
 - Institutional, local, regional, national



Self-Study Summary

- ACGME template online
- 2,550-2,800 words (~5 pages)
- Uploaded through ADS



Self-Study Summary

- Aims
- Program activities to advance aims
- Annual Program Evaluation process
- Program strengths, opportunities, and threats
- Self-study process:
 - Who was involved
 - Data used
 - How data was analyzed
 - How were areas prioritized
- **Omitted by design... Areas for Improvement**



Program 10-Year Site Visit

- 12-18 months after self-study
 - Time for programs to implement improvements
- Full accreditation site visit
 - Assess whether meeting Program Requirements
- “Summary of Achievements”
 - Improvements made in response to self-study



Program 10-Year Site Visit

- Assess maturity of program improvement effort
- Opens with a review of the self-study
 - Provides context for the accreditation site visit



Summary of Achievements

- ACGME template uploaded through ADS
- ~1,500 words
 - Program strengths
 - Key improvements accomplished through self-study
- No information is collected on areas not yet improved



Summary of Achievements

- Program may provide an update to the original self-study summary
 - Changes in Aims or context (e.g., hospital merger)
 - Changes in future plans



Review Committee Review of 10-Year Visit

- Letters of Notification
- Citations and AFIs, based on Program Requirements



RC Review of 10-Year Visit

- **NEW: Formative feedback**
 - Without accreditation impact
 - From Review Committee assessment of self-study
 - Formative only – envisioned for 5-7 years as more learned about program improvement
 - Focus on the improvement process, not on the priorities the program has selected





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THANK YOU!

Contact ACGME Staff – They want to help!

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