

Specialty Update: Urology

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ACGME EDUCATIONAL CONFERENCE

-2023-

FEBRUARY 23-25, 2023
NASHVILLE
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SES047

#ACGME2023

Conflict of Interest Disclosure

Speakers:

Kathleen Quinn-Leering, PhD Emma Breibart-White, MALS

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Topics

- Review Committee Members, Staff, and Meetings
- Review Committee News
- ADS Annual Update
- ACGME News
- Q&A



RC Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 10 members nominated by ABU, ACS, AMA & AOA (6-year term)
- 1 resident/fellow member (2-year term)
- 1 public member (6-year term)*
- 1 ex-officio member from ABU and AOA



RC Voting Members

Eric Wallen, MD, Chair The University of North Carolina at Chapel Hill

Roger Dmochowski, MD, MMHC, Vice Chair Vanderbilt University

Timothy Brand, MD Baptist Health Care

Mark Cain, MD Seattle Children's Hospital

Christopher Corbett, MD (Resident) *University of Minnesota*

Misop Han, MD *Johns Hopkins Hospital*

Jennifer Hagerty, DO *Nemours Children's Hospital*

Stephanie Kielb, MD *Northwestern University*

Kate Kraft, MD *University of Michigan*

James McKiernan, MD
New York Presbyterian/Columbia
University

Eric Rovner, MD *Medical University of South Carolina*



RC Staff

- Kathleen Quinn-Leering, PhD Executive Director
- Emma Breibart-White, MALS Associate Executive Director
- Shellie Bardgett, MPH Accreditation Administrator



RC Meetings

- Three meetings a year: January, April, August
 - Agendas close ~2 months before meeting
- Upcoming meetings
 - April 13-14, 2023
 - August 17-18, 2023
 - January 18-19, 2024

acgme.org > Specialties > Urology > bottom right





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Urology Programs

	Initial Accred	Initial Accred with Warning	Cont'd Accred w/o Outcomes	Cont'd Accred	Cont'd Accred with Warning	Probation	Total
Urology	5	0	8	130	6	1	150
Pediatric Urology	0	0	1	25	0	0	26
FPMRS	2	0	2	12	0	0	16

Residents/Fellows

Program	Residents/ Fellows	Female	Black/ African American	Hispanic/ Latino/ Spanish Origin	Withdrew/ Dismissed from Program
Urology	1,794	545 (30%)	84 (5%)	161 (9%)	10 (<1%)
Pediatric Urology	28	12 (43%)	0 (0%)	2 (7%)	0 (0%)
FPMRS	38	33 (87%)	1 (3%)	3 (8%)	0 (0%)

Source: ACGME Data Resource Book 2021-2022

New Residency Positions

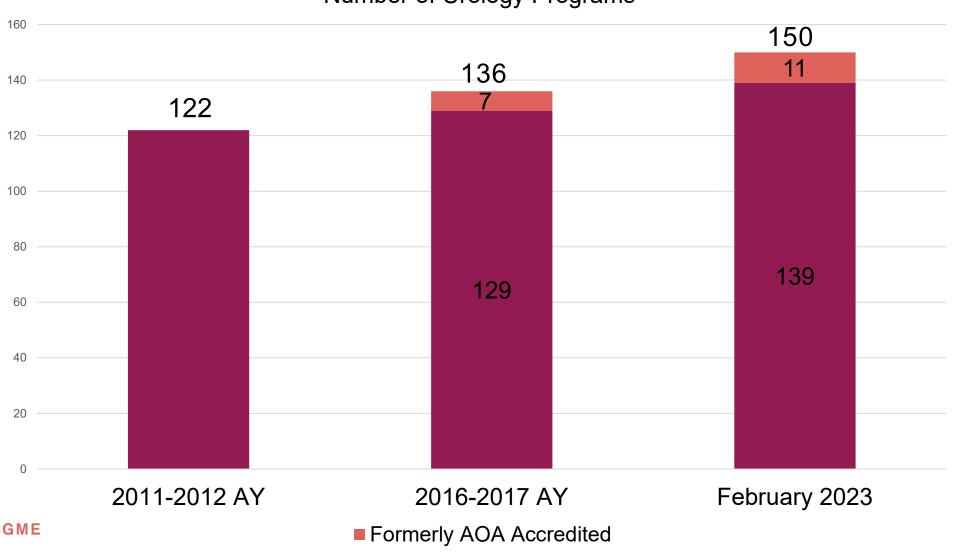
- Programs
 - 2022
 - 2 programs approved
 - 15 new spots
 - 2023 (so far)
 - 2 programs approved
 - 10 new spots
- Permanent complement increases
 - 2022
 - 13 programs approved
 - 60 new spots
 - 2023 (so far)
 - 5 programs approved
 - 25 new spots

- 110 new positions



Urology Program Growth

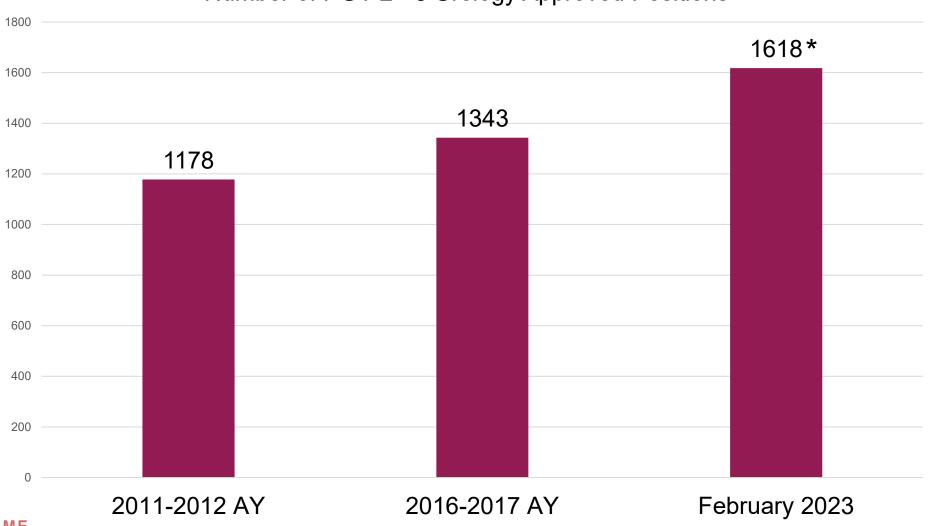






Urology Positions Growth

Number of PGY-2 - 5 Urology Approved Positions







Review Committee News



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Board Eligibility

The program director must:

II.A.4.a).(12)

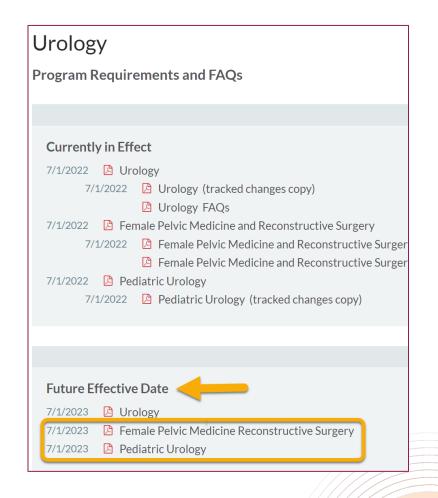
provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)

RC recommends including this information in the initial invitation letter to applicants



Fellowship Eligibility Requirements

- As of July 1, 2023, eligibility exceptions allowed for exceptionally qualified international graduate applicants in FPMRS and pediatric urology programs
- FPMRS and Pediatric Urology Program Requirements with future effective dates include the process
- Contact RC staff with questions



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ACGME Surveys

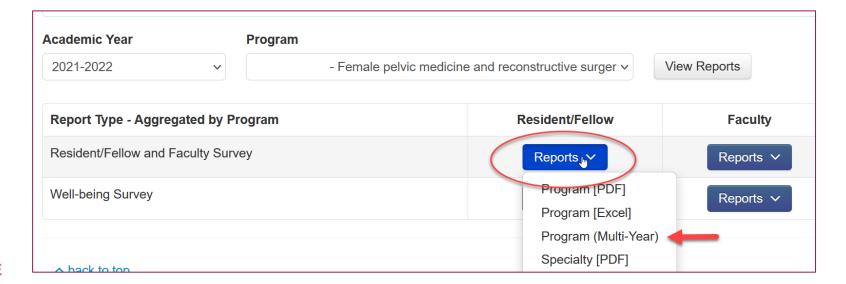
- Surveys opened February 13, 2023 for 8 weeks
- This year, programs remain responsible for notifying and reminding residents/fellows and faculty to complete survey
- Starting in <u>2024</u>, likely that **ACGME** will **notify** residents/fellows and faculty when the survey opens



ACGME Surveys

Small Programs & ACGME Surveys

- Multi-year survey reports now available for small programs
- RC will use them in the annual review may see citations or areas for improvement (AFI)
- Located in ADS > Survey Tab > View Reports





ACGME Surveys

- RC largely focuses on trends
- Items trending down may receive a citation or AFI
- First time drop can lead to a citation or AFI if particularly worrisome





Resident Survey

- Resident Survey Urology-specific section now asks PGY-2-5 residents about
 - Confidence in ability to practice urology at completion of training
 - Progressive responsibility
 - Number of half-day clinics/week (on average)
- Use this feedback for program improvement
- No citations/AFIs related to these items this year
 - Future use of these items in program reviews TBD



PD and PC Dedicated Time

Urology

- Program director: Minimum of 20% FTE (8 hours/week)
- Program coordinator: Minimum of 50% FTE (20 hours/week)

FPMRS

- Program director: Minimum of 20% FTE (8 hours/week)
- Program coordinator:
 - 1-2 approved positions: Minimum of 20% FTE (8 hours/week)
 - 3 or more approved positions: Minimum of 30% FTE (12 hours/week)

Pediatric Urology

- Program director: Minimum of 10% FTE (4 hours/week)
- Program coordinator: Minimum of 20% FTE (8 hours/week)



Case Logs

- If minimum missed, RC still taking COVID-19 into consideration
- FPMRS
 - Starting this academic year, an AFI may be issued for missed minimum
 - Plan to review minimums in 2023-2024



Letter of Notification

RC sharing general information, updates and tips under "Other Comments"

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation Maximum Number of Residents: 15 Residents per Level: 3 - 3 - 3 - 3 - 3

Effective Date: 01/19/2023

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations.

OTHER COMMENTS



The Review Committee for Urology would like to inform all urology programs of the following four items regarding board certification eligibility, ACGME Resident Survey Urology-specific Section, program complement, and the block diagram:

Board certification eligibility: Program directors are required to provide applicants offered an interview with information related to their eligibility for urology certification by the ABU and AOBS. The Committee recommends programs include this information in the initial communication inviting applicants to an interview.

ACGME Resident Survey Urology-Specific Section: The Resident Survey asks PGY-2-5 urology residents about their confidence to independently practice urology at the completion of training and program effectiveness in granting progressive responsibility. Program directors are advised to review this data when survey results are released each year in May and use the feedback for program improvement.

Program Complement: Programs are reminded that the Committee approves resident



Five Year Urology Program

- Transition from 1(or 2) + 4 years of training to a 5-year program began July 1, 2019
- RC has observed two continuing challenges:
 - Challenge #1: Block diagram does not clearly show compliance with PGY-1 requirements



Example: Difficult to determine compliance

YEAR 1												
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	5	1	1	1	1	1	1	1	1	5
Rotation Name	Benign	Benign	MIS	Oncology	Oncology	Oncology	Plastics	Vascular	Benign	Trauma	TBICU	Surg Onc
% Operative	90%	90%	90	90	90	90	90	90	90	90	90	90
% Non-Operative	10	10	10	10	10	10	10	10	10	10	10	10
% Research	0	0	0	0	0	0	0	0	0	0	0	0

Does this program have the required 3 months of general surgery, 3 months of additional non-urological surgery, and 3 months of urology?







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Five Year Urology Program

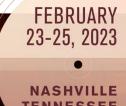
- Challenge #2: Resident transfers at PGY-2 level
 - Questions about transferring residents who did not have three months of urology during PGY-1
 - A few options depending on the circumstances—working on a FAQ, but for now, best to contact RC staff



Urology Program Requirements: Proposed Revisions

Timeline

- Posted for on ACGME's <u>Review/Comment</u> page through March 20, 2023
 - New easy online comment process!
- RC will review comments and may make further revisions
- ACGME Board of Directors will review at June 2023 meeting
- If approved, revisions effective July 1, 2023



Program Coordinator Dedicated Time Proposal

II.C.2.a)

At a minimum, tThe program coordinator must be provided with support equal to athe dedicated time and support specified below minimum of 0.5 FTE for administration of the program. (Core)

Number of Approved Resident Positions	Minimum FTE				
<u>1-5</u>	<u>.5</u>				
<u>6-10</u>	<u>.7</u>				
<u>11-15</u>	<u>.8</u>				
<u>16-20</u>	<u>.9</u>				
≥ 21	<u>1.0</u>				

Note: If revisions approved, compliance not enforced until July 1, 2024

PGY-1 Curriculum Proposal

- Better outlines requirements for each "bucket"
 - 6 months core surgical education
 - 3 months of general surgery
 - 3 months of additional non-urological surgery
 - 3 months of urology
 - 3 months at the discretion of the program director

PGY-1 Curriculum Proposal

 Details about the 6 months core surgical education moved to Background and Intent box

Specialty-Specific Background and Intent: Core surgical rotations are expected to include direct, hands-on, intra-operative, and peri-operative care of patients. The three months of general surgery provide residents with education on the care of general surgical patients with abdominal and/or pelvic conditions (e.g., general surgery, acute care surgery, colon and rectal surgery, surgical oncology, and trauma surgery). The three months of non-urological surgery rotations advance residents' knowledge, skills, and abilities in the surgical care of patients relevant to the future practice of urology (e.g., pediatric surgery, plastic surgery, surgical critical care, transplant surgery, and vascular surgery).



PGY-1 Curriculum Proposal

Program director given greater latitude for the 3 "flexible" months

IV.C.3.d)

no more than three months total of non-surgical of clinical rotations designed at the discretion of the program director to further develop basic surgical skills and/or care of urological patients complement urological education which must be selected from the following: (e.g., urology, nephrology, anesthesiology, interventional radiology, general surgery, and nephrology, anesthesiology). (Core)



Additional Proposed Revisions

- Residents must demonstrate knowledge of palliative care
- Curriculum must include instruction on harassment and implicit bias may be delivered through in-person, virtual, synchronous, or asynchronous formats
- Chief resident experience details moved to a Background and Intent box:

Specialty-Specific Background and Intent: The clinical and academic experience as a chief resident prepares residents for the independent practice of urology. Experiences include the management of patients with complex urologic disease, advanced procedures, and, with appropriate supervision, a high level of responsibility and autonomy.



Please comment on the proposed revisions--your input is important!

Program Changes



Program Changes

- The following changes are submitted in ADS:
 - Complement
 - Program Director
 - Participating Site
 - Sites must be added if at least one month and a required experience for all residents/fellows
 - However, can add other sites and it helps RC understand resident/fellow experience
- All three changes require RC approval!



Program Changes

- RC carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education
- On behalf of the RC staff: PLEASE enter all requested information completely and accurately
- Reach out to <u>ADS@acgme.org</u> with questions



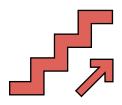
Complement Increases

- Residency programs over the approved total complement and <u>within</u>
 <u>a year</u> (e.g., PGY-3) must request RC approval for a temporary
 complement increase
- Programs must demonstrate a sound educational rationale and necessary resources (e.g., faculty, procedures)
- If a **proposed** block diagram is requested in the online form, include one for **each year** of the increase
- Complement increase instructions available at acgme.org > Specialties > Urology > <u>Documents and Resources</u>



New Programs and Permanent Complement Increases

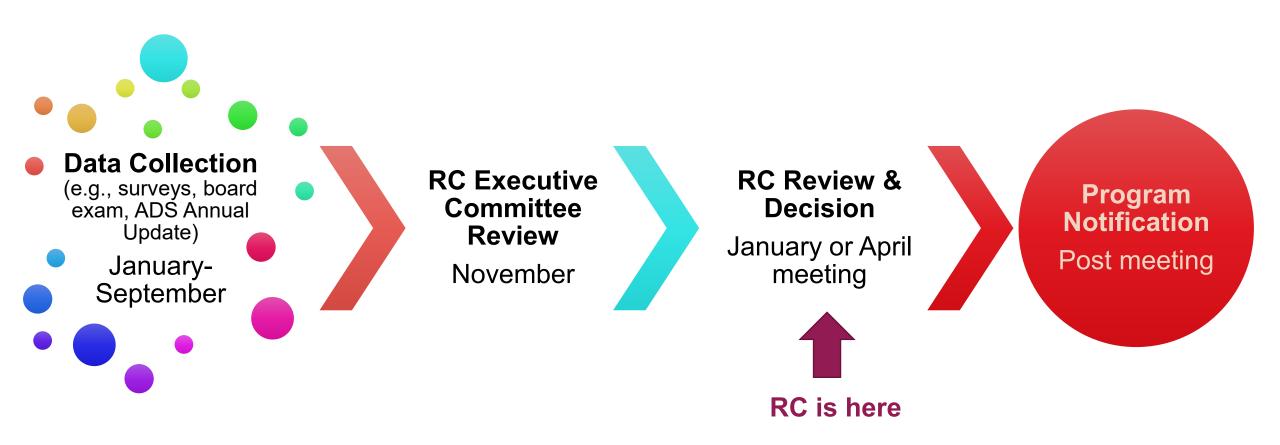
- If approved, the number of residents/fellows is expected to rollout year by year until the full complement is reached
- The Committee will consider a first- and second-year resident or fellow start the initial year of approval
- Questions? Contact RC staff







Annual Program Review



ADS Annual Update

- Late summer/early fall each year
- Very important to provide complete and accurate program information during the annual update
- The information entered provides key information to the RC that may be used during the annual program review
- ACGME continues efforts to make the update easier to complete

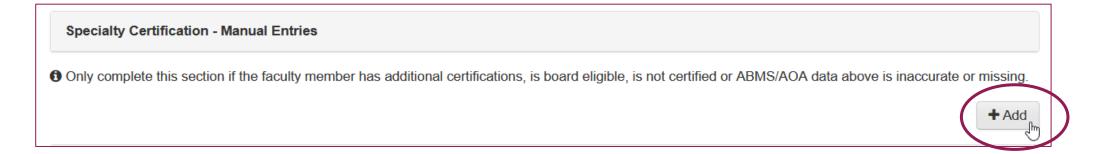


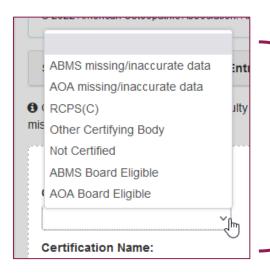
Faculty Certification

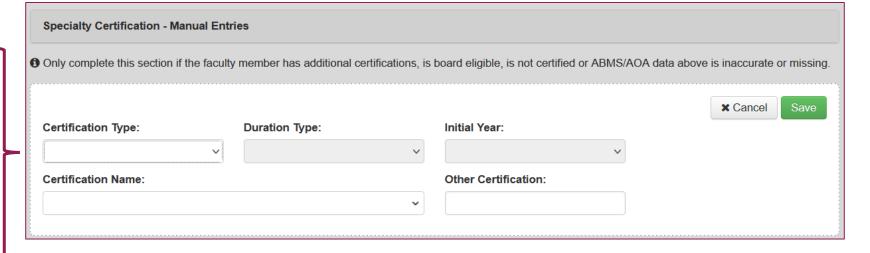
- ABMS and AOA faculty certification data is now automatically populated in faculty profiles
- Programs are expected to review certification information and make corrections if needed
- Manual entry available for faculty who recently completed training ("board eligible"), missing, incorrect, or other certification data
 - TIP: If incorrect certification information, check NPI number using the "Search National Provider ID" link in ADS



Faculty Certification: Manual Entry







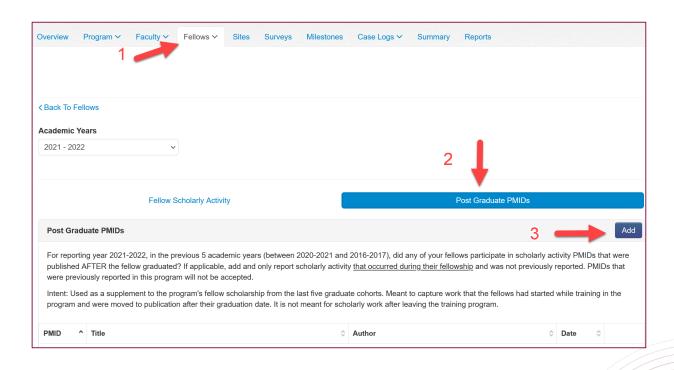
Faculty Scholarly Activity

- Scholarly activity must be entered for all faculty members listed on the faculty roster
 - TIP: To lessen data entry burden, review faculty roster instructions to see if any faculty can be removed
 - TIP: Faculty scholarly activity can be copied from another program IF a record is available to copy



Fellow Publications

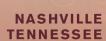
Fellow publications **after** graduation can be reported in the ADS Annual Update – must be based on work during fellowship







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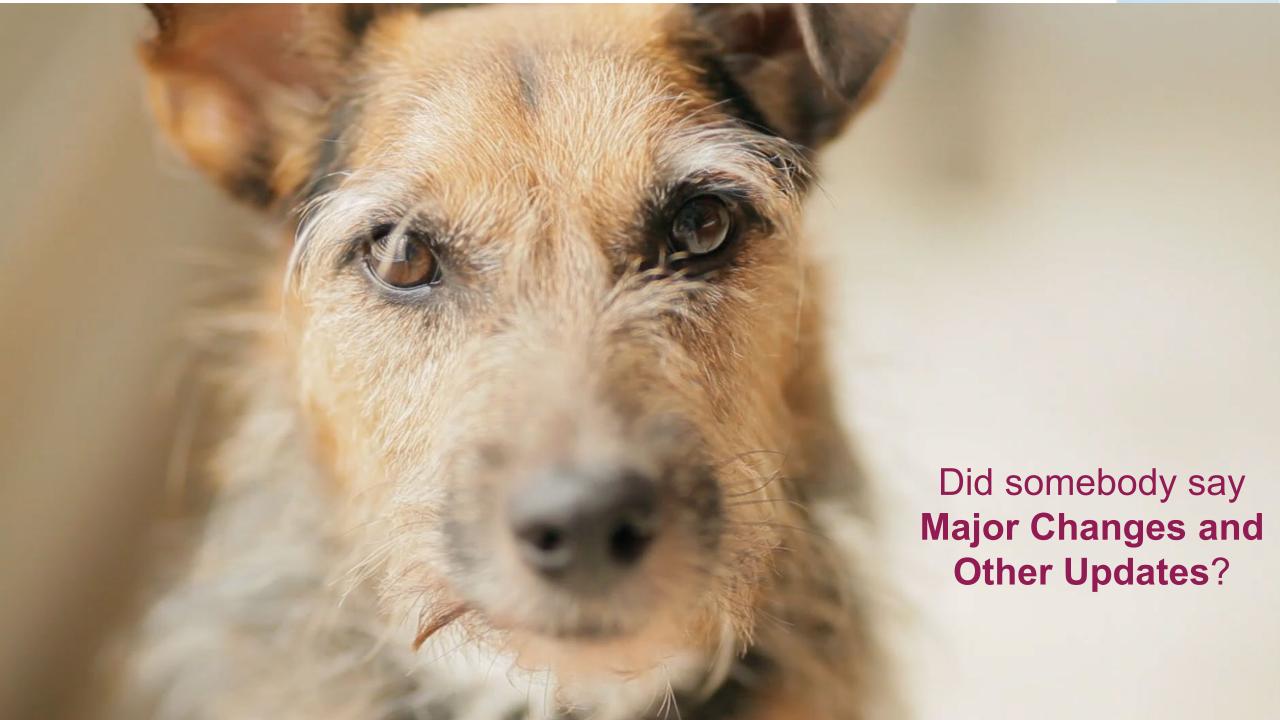


Block Diagrams

Urology RC-specific block diagram instructions and fillable block diagrams available on ACGME website







Major Changes and Other Updates

Use Major Changes and Other Updates to communicate to the RC about:

- Low ACGME Survey ratings
- How the program has addressed any Areas for Improvement
- Low ACGME Survey ratings
- Program changes (rotations, faculty)
- Low ACGME Survey ratings
- Innovations
- Low ACGME Survey ratings
- TIP: Keep a running document during the year of program highlights, changes, and challenges



Major Changes and Other Updates





Responding to Citations

- Be clear and concise
- Demonstrate understanding of non-compliant area
- Outline implemented action plan
- Describe verifiable outcomes (e.g., survey trending up, minimums met)
 - If goals not met, explain why and outline next steps





ADS Annual Update

Bottom Line:

Provide the RC with complete and accurate information about your program's compliance with the Program Requirements!



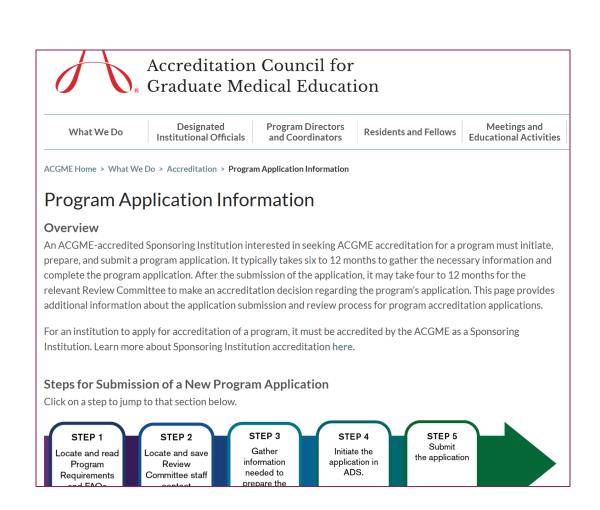


Applications

New application resource!

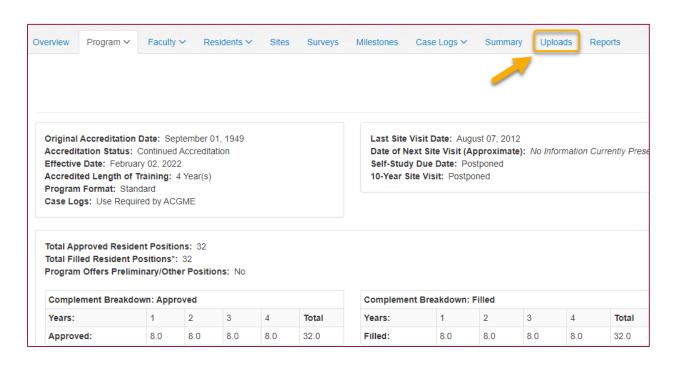
acgme.org > What We Do >

Program Application Information





New "Upload" Tab in ADS



For program uploads

- Documents requested by a field representative
- Requests from the RC (e.g., Progress Report)



Self-Studies and 10-Year Site Visits

- Self-study and 10-year site visit process re-design still underway
- What should programs do for now?
 Continue to conduct and document high quality annual program evaluations

Stay tuned!

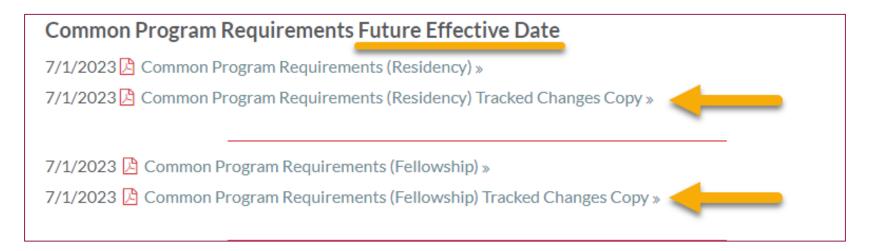




Common Program Requirements

Revised **Common** Program Requirements (CPRs) in effect July 1, **2023**

- Number of CPRs reduced
- A few revisions may impact programs, e.g., annual program evaluation requirements significantly reduced
- Review revisions on acgme.org > What We Do > Common Program Requirements
 - TIP: Review Tracked Changes Copy





Resident/Fellow Leaves of Absence



Effective July 1, 2022, the Institutional Requirements require Sponsoring Institutions to provide residents and fellows with at least six weeks of paid medical/parental/ caregiver leave

- Look to the Sponsoring Institution and Boards for guidance
- RC requires a resident/fellow to be in program for a minimum amount of time from start to finish
- RC does not have requirements about leaves or vacations
 - No need to contact the RC about a leave

Rural Track Program (RTP) Designation

- The ACGME has developed processes for programs that seek to create "rural tracks" as defined by Centers for Medicare and Medicaid Services (CMS)
- ACGME RTP designation options
 - Type 1 = separately accredited program
 - Type 2 = expansion of existing program with a new rural site
- Information available at acgme.org > What We Do > <u>Rural Track Program</u> <u>Designation</u>





The ACGME's Online Learning Portal



Have a question or need assistance? Contact desupport@acgme.org

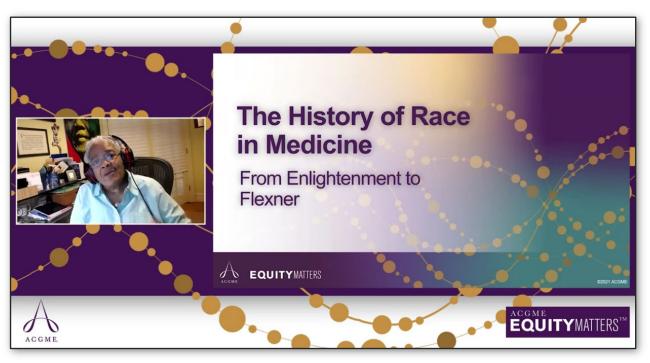
Visit our learning portal at dl.acgme.org
or scan the QR code below.











Self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

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Distance Learning



Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback





Live Event Program Director Well-Being



April 11, 2023

Registration required

An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.





Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews. Watch the Milestones Engagement page and the weekly ACGME Communications email!





Milestones Resources

Resources are added and updated throughout the year

Current resources include:

- CCC Guidebook
- Assessment Guidebook
- DOCC and TEAM Assessment Tools
- Clinician Educator Milestones
- Resident and Fellow Guidebook





Clinician Educator Milestones

- Joint effort of the ACGME, ACCME, AAMC, and AACOM
- Designed to help develop teaching skills
- Not an ACGME requirement
- Available at acgme.org > What We Do > Milestones > Resources

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback from learners and other input) to inform goals	Seeks performance data episodically, with adaptability and humility	Consistently solicits specific performance data, with adaptability and humility, including from learners, that leads to behavior change	Role models consistently seeking performance data with adaptability and humility and making positive behavior changes
Identifies the factors that contribute to gap(s) between expectations and actual performance	Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges personal assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for other



Where to go for help?

RC Staff

<u>Urology section of website</u> > Contact Us

- Program requirements
- Notification letters
- Complement requests
- Case Log <u>content</u>

Milestones Staff

milestones@acgme.org

Milestones

ADS Staff

ADS@acgme.org

- ADS
- Surveys
- Case Log <u>System</u>

Field Activities Staff

fieldrepresentatives@acgme.org

- Site Visit
- Self-Study





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Deadline – March 24, 2023

Questions? cme@acgme.org



