Next/New Accreditation System

Aug 18, 2015

New Program Director’s Series
Objectives

• Recognize how milestones have impacted trainee evaluation

• Describe and implement the following for your program: PEC, CCC, APE

• Describe CLER, annual resident and faculty surveys, annual data submission and how it affects your program
• Go To the ACGME Website
History of NAS

• Announced at Feb 2012 ACGME national meeting
• Attempt is to base residency training program’s accreditation on educational outcomes rooted in the six core competencies.
History of the NAS

• Phase one programs went live on NAS July 2013 (IM, EM, Ortho, NS, Pediatrics, Diagnostic Radiology, and Urology) and began to report data to the ACGME

• Phase two programs went live on NAS July 2014.
Next Accreditation System

• Model of Continuous Quality Improvement
• Moving away from the “biopsy model of accreditation”.
• Greater emphasis on self regulation and self evaluation
• Emphasis on outcomes instead of process
• Huge emphasis on quality and patient safety
Goals of the “Next Accreditation System”

• To begin the realization of the promise of the Outcomes Project (started in 1999)
• To free good programs to innovate
• To assist poor programs in improving
• To reduce the burden of current process based accreditation system
• To provide accountability for outcomes (in tandem with ABMS) to the public

The Components of The “Next” Accreditation System (NAS)

Clinical Learning Environment Review
CLER Visits

10 year Self-Study Visit

10 year Self-Study

prn Site Visits (Program or Institution)

Continuous RRC and IRC
Oversight and Annual Accreditation
What’s different: Milestones

• A new method of evaluation
• Product of each RRC and the specialty board
• A framework used to describe and evaluate resident’s skills, knowledge and attitude along a developmental spectrum
• Milestone rankings are reported to the ACGME on each resident twice yearly
PC1. Gather essential and accurate information about the patient

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<tr>
<th>Not yet Assessable</th>
<th>Level 1</th>
<th>Level 2</th>
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<td>Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone.</td>
<td>Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters. Allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories.</td>
<td>Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.</td>
<td>Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.</td>
<td>Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.</td>
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Comments:
## PROF3. Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries

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<td>Has repeated lapses in professional conduct wherein responsibility to patients,</td>
<td>Under conditions of stress or fatigue, has documented lapses in</td>
<td>In nearly all circumstances, conducts interactions with a professional</td>
<td>Demonstrates an in-depth understanding of professionalism that allows</td>
<td>Others look to this person as a model of professional conduct; has</td>
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<td>peers, and/or the program are not met. These lapses may be due to an apparent lack</td>
<td>professional conduct that lead others to remind, enforce, and resolve</td>
<td>mindset, sense of duty, and accountability; has insight into his or her</td>
<td>her to help other team members and colleagues with issues of</td>
<td>smooth interactions with patients, families, and peers; maintains high</td>
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<td>of insight about the professional role and expected behaviors or other</td>
<td>conflicts; may have some insight into behavior, but an inability to</td>
<td>own behavior, as well as likely triggers for professionalism lapses,</td>
<td>professionalism; is able to identify potential triggers, and uses</td>
<td>ethical standards across settings and circumstances; has excellent</td>
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<td>conditions or causes (e.g., depression, substance use, poor health)</td>
<td>modify behavior when placed in stressful situations</td>
<td>is able to use this information to remain professional</td>
<td>this information to prevent lapses in conduct as part of her duty to</td>
<td>emotional intelligence about human behavior and insight into self, and</td>
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<td>help others</td>
<td>uses this information to promote and engage in professional behavior</td>
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Comments:
What’s Different: Accreditation Status

• Pre-accreditation
• Initial Accreditation
• Continued Accreditation
• Accreditation with Warning
• Probationary Accreditation
What’s New: Committee Structure

• Two required committees
  – Program Evaluation committee
  – Clinical Competency committee
What’s New: PEC

• Planning, developing, implementing, and evaluating educational activities of the program; (Detail)
• Reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (Detail)
• Addressing areas of non-compliance with ACGME standards; and, (Detail)
• Reviewing the program annually using evaluations of faculty, residents, and others, as specified below. \\
• Must have a resident member
What’s new: CCC

- Review all resident evaluations semi-annually;
- Prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)
- Advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)
- Does not have a resident member
What’s Different: Citations

- Can be levied by the RRC without a site visit
- Will be reviewed annually by the RRC
- Could be removed quickly based upon:
  - Progress report
  - Site visit (focus or full)
  - New annual data from program
What’s Different: Site visits

- No site visits (as we used to know them) but....
- Focused site visits for an “issue”
- Full site visits still exist (no PIF.....)
- Self-study visits every ten years
Focused Site Visit

- Minimal notification given (30 days)
- Minimal document preparation expected (??)
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC
- We have not experienced a focused site visit at this time.
Full Site Visits

• Application for a new program
• At the end of the initial accreditation period
• RRC identifies broad issues/concerns
• Other serious conditions or situations identified by the RRC
• Minimal notification given (60 days)
• Minimal document preparation expected (??)
• Team of site visitors (??)
Ten Year Self-Study Visit

• These visits start 2015
• The first Carilion program scheduled for a self study visit is OB-GYN in Dec 2016
• Core residency programs and any dependent subspecialty program(s) will be reviewed together.
Ten Year Self-Study: Conceptual Model

ACGME provides summary data from Annual Reviews for Self-Study

Ongoing Improvement

Yr 0
ACGME Review
Ann Prgr Eval

Yr 1
ACGME Review
Ann Prgr Eval

Yr 2
ACGME Review
Ann Prgr Eval

Yr 3
ACGME Review
Ann Prgr Eval

Yr 4
ACGME Review
Ann Prgr Eval

Yr 5
ACGME Review
Ann Prgr Eval

Yr 6
ACGME Review
Ann Prgr Eval

Yr 7
ACGME Review
Ann Prgr Eval

Yr 8
ACGME Review
Ann Prgr Eval

Yr 9
ACGME Review
Ann Prgr Eval

Yr 10
ACGME Review
Ann Prgr Eval

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Ten Year Self-Study Visit

• Review annual program evaluations
  – Response to citations
  – Faculty development
• Judge program’s success at Continuous Quality Improvement (CQI)
• Learn future goals of the program
• Will verify compliance with Core Requirements
Annual Program Evaluation

• The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).
Annual Program Evaluation

- Components of the APE (CPR V.C.2)
  - Resident performance
  - Faculty development
  - Graduate performance including performance on the certification exam
  - Program quality
    - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually
    - The program must use the results of the residents and faculty members’ assessments of the program together with other program evaluations results to improve the program.
  - Progress on the previous years action plan
Resident Performance

• In-training exam scores
• Milestone data
• Disciplinary action
  – Remediation
  – Probation
  – Non-Renewal of contracts
  – Dismissal
• Procedure logs
• Resident scholarly activity
• Quality improvement activity
Faculty Development

• Input into the core faculties annual evaluations
• Did the PD attend a national educational meeting
• Core faculty development activities sponsored by the program.
• Core faculty’s scholarly activity
• Core faculty’s quality improvement activity
Graduate Performance

• Board Pass rate
• Employment of graduates
• Results of graduate surveys
Program Quality

- Accreditation Status
- ACGME citations/communication
- ACGME areas of concern
- ELA’s
- Supervision
- Transitions of Care
- Moonlighting
- Duty Hour compliance
Program Quality

- ACGME resident survey
- ACGME faculty survey
- Tenure of PD
- Core faculty turn over
- New faculty in the department
- Turn over of the departmental chair
- Residents leaving the program prior to graduation
- Residents entering the program after PGY-1
Program Quality

• Results of the confidential written evaluation of the program by the
  – Residents
  – Faculty
Annual Program Evaluation

• The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the required areas as well as delineate how they will be measured and monitored.

• The action plan should be reviewed and approved by the faculty and documented in meeting minutes.
Annual ACGME Updates

- Updated each year in the fall
- Answer questions on duty hours, patient safety and the learning environment
  - resident participation in quality and patient safety projects
  - supervision and duty hours,
  - use of the EMR, etc
Annual WebAds Update

• Update program information
  – Response to citation
  – Update participating sites
  – Update contact information
  – PDs credentials
  – Program major changes
  – Evaluation Methods
  – Specific sections of application
  – Updated block diagram
Annual WebAds Update

• Resident information
  – Start/end date
  – Year of training
  – Scholarly activity

• Board pass rates (supplied by ABMS)

• Case logs
Scholarly Activity: Faculty

- **Conference Presentation:** Abstracts, posters and presentations given at international, national or regional meeting
- **Other presentations:** Grand rounds, invited professorships, work presented in non-peer review publications. (Articles without PMID #)
- **Textbook chapters**
- **Leadership/Peer Review Role:** 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
- **Teaching formal courses:** Held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant’s performance) for any didactic training within the SI or program. This includes training modules for MS, residents, fellows and other health professionals. This **does not** include single presentations such as individual lectures or conferences.
Scholarly Activity: Residents

• **Teaching Presentations:** Lectures or presentations (such as grand rounds or case presentations) of at least 30 min duration within the SI or program
NAS “accreditation timeline”

• Faculty and resident surveys completed in spring with results in June
• WebAds update completed in September/October by programs
• Information compiled for the RRCs
• Data reviewed
  – Information entered into WebAds
  – Faculty and resident scholarly activity
  – ACGME faculty and resident surveys
  – Milestone reporting
Awarding of accreditation status annually

• Information reviewed by RRCs in winter meeting
• Status is awarded in the late winter after the RRCs meet and review data
• Citations can be removed or new ones added
Clinical Learning Environment Review

- Patient Safety
- Quality Improvement
- Transitions in Care
- Supervision
- Duty hours and fatigue management and mitigation
- Professionalism
1. The CLER pathways are designed as *expectations* rather than requirements.

2. It is anticipated that by setting these expectations, clinical sites will meet or exceed them in their efforts to *provide the best care to patients and produce the highest quality physician workforce*.

3. *Six focus areas*

4. *34 pathways*

5. *89 properties*
PS Pathway 1:
Reporting of adverse events, close calls (near misses)

1. Residents, fellows and faculty members know how to report patient safety events.
2. Residents, fellows and faculty members know their roles and responsibility in reporting safety events
3. Faculty members report safety events on the clinical sites preferred system
PS Pathway 1:
Reporting of adverse events, close calls (near misses)

4. Residents and fellows report patient safety events via the clinical site’s preferred system.
5. Patient safety events reported by faculty members and resident/fellows are aggregated into the clinical site’s central repository for event reporting.
CT Pathway 2:
Resident engagement in change of duty hand-offs

1. Resident use a common clinical site based process for change of duty hand-offs

2. Residents change of duty hand offs involve, as appropriate, interprofessional staff members (e.g. nurses)

3. Residents change of duty hand-offs involve as appropriate patients and families
Conclusion

• The NAS is a model of continual accreditation
• The NAS has brought with it two new required committees (PEC and CCC)
• The NAS requires annual data submission
• The NAS has defined a new way to assess residents along a development spectrum
• The NAS through the CLER program has focused GME on patient safety and quality improvement