

Cardiology Program Coordinators

Update from the ACGME RC-IM

April, 2016

**James A. Arrighi, MD
Chair, RC-Internal Medicine**



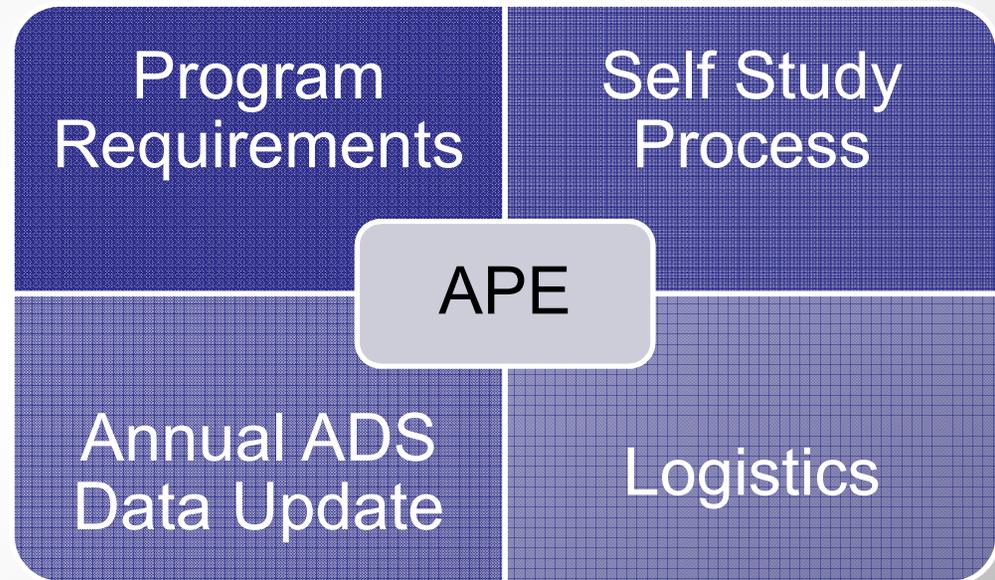
Conflict of Interest

- No conflicts to report



PEC and APE in NAS

PEC



Program Evaluation Committee

V.C.1. The program director must appoint the Program Evaluation Committee (Core)

V.C.1.a) The Program Evaluation Committee:

V.C.1.a).(1) must be composed of at least **two program faculty** members and should include at least **one resident**; (Core)

V.C.1.a).(2) must have a written description of its responsibilities; and, (Core)

Program Evaluation Committee

V.C.1.a).(3) should participate actively in:

V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program; (Detail)

V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (Detail)

V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and, (Detail)

V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below. (Detail)

ACGME Common Program Requirements

Approved: February 7, 2012; Effective: July 1, 2013

Approved focused revision: June 9, 2013; Effective: July 1, 2013



Program Evaluation Committee

V.C.2. 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**. (Core)

ACGME Common Program Requirements

Approved: February 7, 2012; Effective: July 1, 2013

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Details of PEC Function

- There are no requirements on how the PEC should carry out its duties (once, regular meetings, “split” meetings)
- No requirements on “division of labor” for evaluations, improvement plans
- The work of the PEC can go beyond meeting minimum standards
- No requirements on time of year; most done at end of AY



PEC: Composition

Unofficial Tips

- Consider the elements of diversity and representation
 - Subspecialty
 - Participating sites
 - Academic rank and seniority
 - Cultural diversity
- Be pragmatic (= a functional committee)
- Look for volunteers

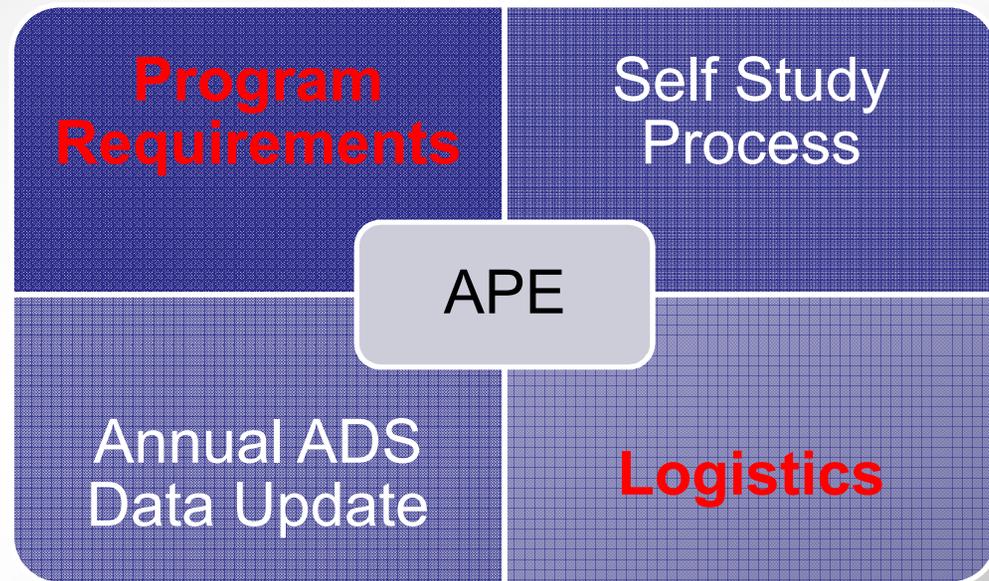


Summary

- You should review your program annually, and document such
- You cannot and should not attempt to do all this work yourself
 - Create committee
- Call the committee the “Program Evaluation Committee”
- None of these concepts is a new thing to PD’s or almost all programs



The APE



Major Elements of APE

(Core Program Requirements)

- Resident performance
 - Faculty evals, case logs, in service exams, scholarly activity, etc.
- Faculty development
 - Online, departmental, institutional, regional/national; topics covered
- Graduate performance
 - Board performance, graduate placement, surveys
- Program quality
 - Program evaluations from faculty and residents, recruitment, accreditation status, ACGME survey, institutional data and reviews



Major Elements of APE

(Core Program Requirements)

- Written action plan
 - Areas for improvement in key areas
 - Preferably with specific goals, follow up
- Progress on previous year's action plan
 - What was done?
 - What will be tabled or redirected?
- Action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)



Annual Program Evaluation

Related or Recommended Components

- CLER Site Visit Report
- All ACGME communications
- Action plans: based on fact
 - Ownership
 - Timeline
- Monitor progress
 - Who is responsible
 - If there is no progress – why?



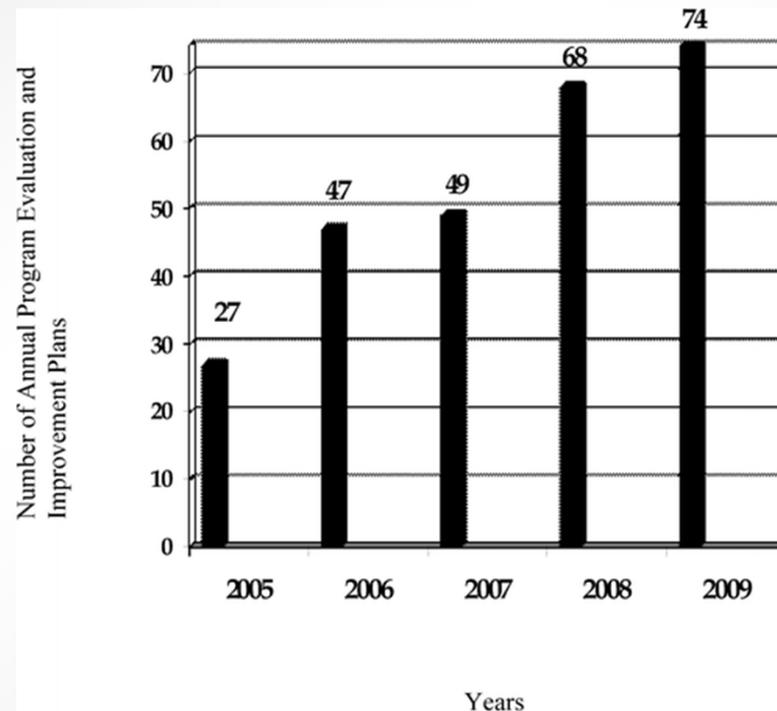
Details of Program Evaluation Process

V.C.2.d).(1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and (Detail)

V.C.2.d).(2) The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program. (Detail)

Practical Considerations: Local GME Committees

- Determine whether your institution has institutional policies, **templates**, and other resources for Annual Program Evaluation



Andolsek et al,
JGME, 2010
(Duke)



Practical Considerations: Local GME Committees

Example of
APE
“checklist”

| Annual Program Evaluation (APE) Checklist | | | |
|---|--|---------------|---|
| Item | Responsibility | Source & Path | |
| RESIDENT PERFORMANCE | | | |
| <input type="checkbox"/> | Scholarly Activity of Residents | Program | WebADS |
| <input type="checkbox"/> | In-Training Exam Scores* | Program | Program Coordinator |
| <input type="checkbox"/> | Aggregated Resident Performance Report | Program | Medhub - Resident/Faculty/Service Ranking under Evaluation Re |
| <input type="checkbox"/> | Procedure Logs* | Program | Varies for each program |
| <input type="checkbox"/> | OSCEs (Objective Structured Clinical Examinations)* | Program | Program Coordinator |
| FACULTY DEVELOPMENT | | | |
| <input type="checkbox"/> | Scholarly Activity of Faculty | Program | WebADS |
| <input type="checkbox"/> | ABMS Certification Status | Program | Board Certification Verification Websites |
| <input type="checkbox"/> | Faculty Attendance in Grand Rounds & Conferences | Program | Medhub - "Reports" tab - Faculty Conference Attendance |
| <input type="checkbox"/> | Faculty Professional Development Courses | Program | Program Coordinator |
| GRADUATE PERFORMANCE | | | |
| <input type="checkbox"/> | Aggregated Board Exam Pass Rates From Each of the Past 5 Years | Program | Program Coordinator/Program Director |
| <input type="checkbox"/> | Alumni Survey* | Program | Program Coordinator/Program Director |
| <input type="checkbox"/> | Graduate Placement | Program | Program Coordinator/Program Director |
| PROGRAM QUALITY | | | |
| <input type="checkbox"/> | 2013-2014 Action Plan | Program | Program Coordinator/PEC |
| <input type="checkbox"/> | 2015 Annual Evaluation of Program by Residents/Fellows | GME | Medhub - "Program Accreditation" under "Site Management" in "myHome" - "Annual Prog |
| <input type="checkbox"/> | 2015 Annual Evaluation of Program by Faculty | GME | Medhub - "Program Accreditation" under "Site Management" in "myHome" - "Annual Prog |
| <input type="checkbox"/> | 2014-2015 GME House Staff Survey | GME | Medhub - "Program Accreditation" under "Site Management" in "myHome" - "Annual Prog |
| <input type="checkbox"/> | 2015 Trend Analysis* | GME | Medhub - "Program Accreditation" under "Site Management" in "myHome" - "Annual Prog |
| <input type="checkbox"/> | 2014 ACGME Faculty and Resident Surveys* | GME | Medhub - "Program Accreditation" under "Site Management" in "myHome" - "Annual Prog |
| <input type="checkbox"/> | ACGME Letters of Notification and ACGME citations | GME | Visits/Self-Study" tab or "Correspondance" tab/WebADS |
| <input type="checkbox"/> | Overview of the Curriculum and Rotations | Program | Medhub - "Curriculum Objectives/Goals" under "Portal Managem |
| <input type="checkbox"/> | Exit Summative Evaluation/Interview* | Program | Program Records |

* Items in blue are included if applicable for each specific program.

Practical Considerations: Look to the Literature

RIP OUT

The Year is Over, Now What? The Annual Program Evaluation

Deborah Simpson, PhD
Monica Lypson, MD, MHPE

The Challenge

Continuous improvement of graduate medical education programs is the objective of the Common Program Requirement¹ for an annual program evaluation. Although guidelines outlining the who, what, and how for the evaluation are included in the Common Program Requirements, there appears to be a lack of clarity about the expectations for a thorough evaluation as "Evaluation of Program" is one of the most common citations by

RIP OUT ACTION ITEMS

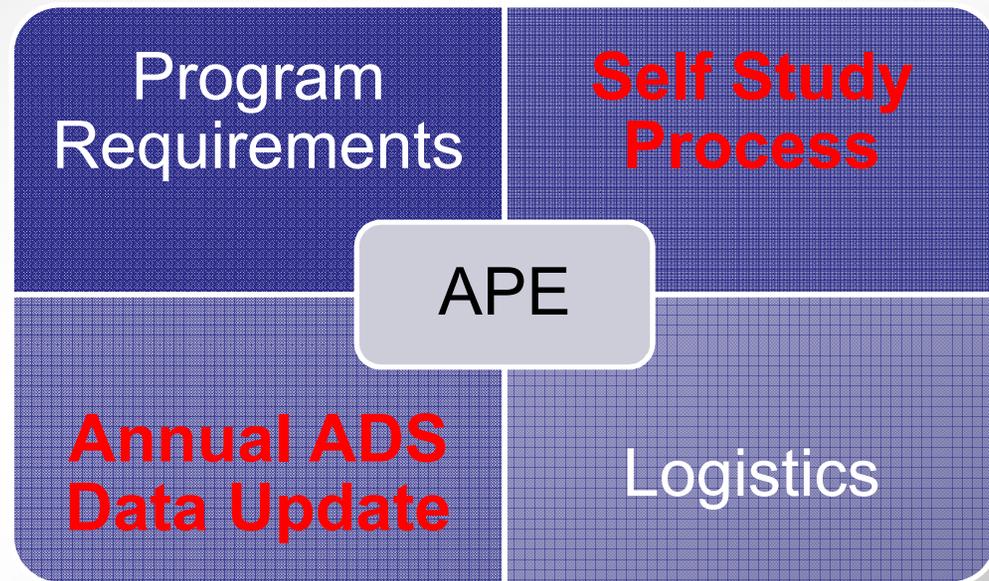
The Plan-Do-Study-Act Program Evaluation Cycle:

1. PLAN:
 - A. Identify problem areas noted by external

| Common Requirements | Existing Evaluation Information by Source | | | | | | Action Plan in Place |
|--|---|-------------------|--|-------------------------------------|-----------------------|------|----------------------|
| | Prior ACGME Citations/Internal Review Recommendations | Resident Feedback | Faculty and Other Stakeholder Feedback | Frequency of Data Collection, No./y | Written Documentation | Gaps | |
| 1. Curriculum | | | | | | | |
| 1.1 Rotation | | ✓ | | 5 | ✓ | | |
| 1.2 M&M | | ✓ | ✓ | 12 | ✓ | | |
| 1.3 Core curriculum | | ✓ | | 3 | ✓ | ✓ | ✓ |
| 1.4 Etc | | | | | | | |
| 2. Residents' and graduates' performance | | | | | | | |
| 2.1 In-service examinations | | ✓ | | 1 | ✓ | | |
| 2.2 Rotation assessments | | | ✓ | 5 | ✓ | | |
| 2.3 Advisor assessments | | | ✓ | 2 | | | |
| 2.4 OSCEs/simulations | | | ✓ | 1 | | | |
| 2.5 Resident self-assessment | | | | | | ✓ | ✓ |
| 2.6 Certifying boards | | | | | | | |

JGME, 2011

The APE



ADS: It's Important!!!

The program director must:

II.A.4.g) prepare and submit all information required and requested by the ACGME; (Core)

II.A.4.g).(1) This includes but is not limited to the program application forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete. (Core)



ADS Update: The Official Stuff

- Email will be sent with window open/close dates
 - Core Residencies: August –September
 - **Subspecialty programs: September – October**
- Required Information:
 - Duty Hour/Learning Environment/Evaluation Responses
 - **Major Changes**
 - **Responses to Citations**
 - Resident/Faculty Rosters
 - Resident/Faculty Scholarship (for **previous** year)
 - Sites (and Block Diagram)
- Scholarship data entry is for for *last year's* productivity. (See FAQ for more detail)
- **“Omission of Data” is a data point.**



ADS Update: The Unofficial Stuff

- You may edit most information (not rosters) anytime
- May – August time frame (after your APE), it may be prudent to:
 - Review ADS data
 - Respond to citations, informed by APE process
 - Consider brief summary of program improvement plans in “Major Changes” section, informed by APE, AFI’s



*Your last love letter to
RRC before new
review cycle!*



APE to Self Study:

Part of the Process of Ongoing Program Improvement

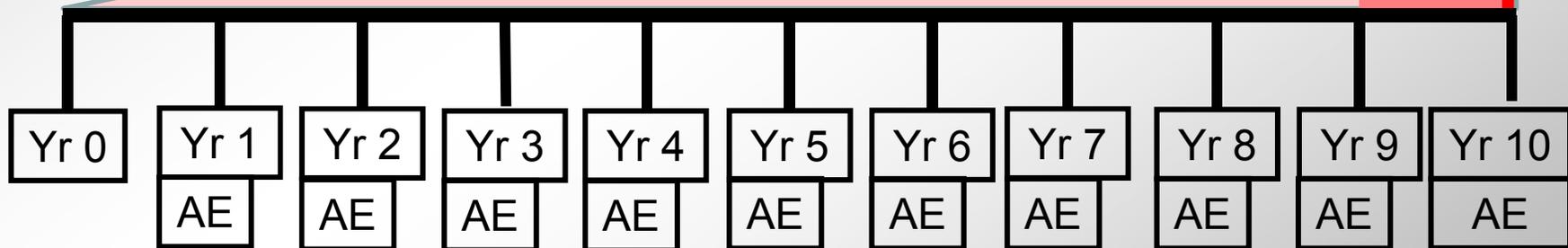
Annual Program Evaluation (PR V.C.)

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

Self-Study

Site Visit

Ongoing Improvement



AE: Annual Program Evaluation



APE to Self Study

Tracking Action Plans Longitudinally

Suggested Annual Program Evaluation Action Plan and Follow-up Template

Use this template for tracking areas for improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue. *(Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits).*

| | Areas for Improvement (AY 2014-15) | Intervention | Date instituted/Individual responsible | Expected Resolution (outcome measures and date) | Status (resolved, partially resolved and detail, not resolved and date) |
|------|------------------------------------|--------------|--|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| | | | | | |
| | Areas for Improvement (AY 2015-16) | Intervention | Date instituted/Individual responsible | Expected Resolution (outcome measures and date) | Status (resolved, partially resolved and detail, not resolved and date) |
| 1 | | | | | |

ACGME Template



APE to Self Study

Tracking Action Plans Longitudinally

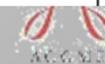
Annual Program Evaluation Improvement Plan and Follow-up Tracking Document

PROGRAM NAME: Pediatrics

Instructions: Use this form for tracking areas for improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. *Indicate APE Category for each improvement: RP = Resident Performance, FD = Faculty Development, GP=Graduate Performance, PQ = Program Quality*

| 2014-15 | 2014-15 Areas for Improvement (add more rows as needed) | Indicate APE Cat.: RP, FD, GP, PQ | Intervention/Initiative | Date instituted/ Individual(s) responsible | Expected Resolution (outcome measures and date) | Status • Resolved • Partially Resolved • Not Resolved (provide details and dates to be resolved) |
|---------|--|--------------------------------------|--|---|--|---|
| 1 | Increase faculty number of faculty members | PQ | <ul style="list-style-type: none"> The PD will work with the department Chairperson to develop a strategic plan to 1. Increase core faculty (recommend at least 2) and 2. Increase engagement of adjunct faculty and post a position for 4th year Chief | Chairperson Senior Administrator Program Director | Addition of faculty and a 4 th year chief resident (faculty member) | NR This is a complex issue and the program has not determined optimal number of core faculty and optimal engagement of adjunct faculty. However faculty still report risk of burnout. This will remain an active issue |
| 2 | Increase faculty scholarly activity and participation in resident educational sessions | FD | <ul style="list-style-type: none"> The department needs to allot resource to accomplish increase scholarly productivity of faculty members | Chairperson Senior Administrator Program Director | Increase faculty publications | PR This is an ongoing issue that extends beyond the scope of the program. We will continue to work with the department leadership to improve |
| 3 | Increase Board Rates | RP | <ul style="list-style-type: none"> We already have in place a very robust board improvement plan, which we monitor closely (mini ITEs on a quarterly basis) by faculty and residents. Discussed with residents 2-4 times per year. We also monitor very closely our recruitment strategy | All PDs, faculty and residents | Most resident hitting monthly ITE targets. We have seen significant improvements in mini ITEs since going to monthly mini ITEs | NR Although trending in the right direction, Board pass rates are over the past 5 years, it will take time to resolve. |

Example 1



APE to Self Study

Tracking Action Plans Longitudinally

| Year | Goal | Plan | What was accomplished? | Aligns with Which Aim? |
|------|---|--|--|--|
| AY15 | Improve procedure skills | We will encourage the fellows to document all procedures, and monitor every 6 months to be sure they are meeting goals. | Procedure logs reviewed at semi-annual meetings; need to establish goals | Aim 1: Procedures |
| AY15 | Get more evaluation data | Will send evaluations after each service month. Will also develop plan for collection of 360 evals. | Sending evals after each month; no 360s yet | Aim 1: Evaluation |
| AY15 | Develop CCC | We will establish the Clinical Competence Committee for the Fellowship. We will have faculty complete the evaluations this fall in anticipation of the report to the ACGME that is due in January. | CCC established | Aim 5: Program Administration |
| AY15 | Support fellow research | We will continue to support research of the fellows through regular meetings of the Scholarly Oversight Committees. | Doing this | Aim 2: Mentoring, Scholarly Activities |
| AY15 | Improve board pass rate | Continue to support fellow attendance at the NeopREP course. | Division has agreed to fund for current residents | Aim 1: Board Pass Rate |
| AY15 | Improve board pass rate | Ensure review of all core topics throughout fellowship, using the content specifications as a guide. | Not implemented formally | Aim 1: Board Pass Rate |
| AY15 | Cover ABPs Scholarly Activities content | Ensure adequate review of Scholarly Activities topics by means of the monthly departmental Fellow Conference. | John and Caroline are ensuring that the core topics are covered | Aim 2: Scholarly Activities |
| AY15 | Provide clinical support for fellows | Appoint clinical mentors for each fellow. | Discussed but not implemented | Aim 1: Mentoring |
| AY15 | Appoint AFD from neonatology | Over this next year, identify someone to serve as associate fellowship director. | Lydia appointed as AFD | Aim 5: Program Administration |
| AY15 | Clarify roles for fellows | Develop policies and procedures for the roles of the fellows, particularly at deliveries, with procedures, and generally caring for | Discussed | Aim 3: Curriculum |

Example 2

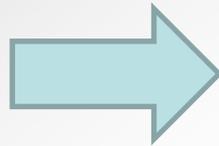
<http://www.acgme.org/acgmeweb/tabid/473/ProgramandInstitutionalAccreditation/Self-Study.aspx>



Self-Study Timeline



ACGME notifies
Program to initiate
Self-study



Self-Study Date



Don't call me
APE

Program uploads
Self-study summary
Into ADS

Program conducts
and completes
Self-study

The Self-Study Date
assigned is the date
your **self-study begins**

10-year Site Visit:
Self-Study Summary
+
Accreditation Visit

18-20 months after the self-
study begins



Summary of PEC-APE Slides

- Program evaluation requirements are not new
- Program requirements allow considerable flexibility in operationalizing the process
- The program evaluation process is based on a 10 year cycle
 - Longitudinal tracking of program improvement activities is a new focus
- Know what are the expectations and resources of your local GME Committee
- Look to colleagues and literature for ideas

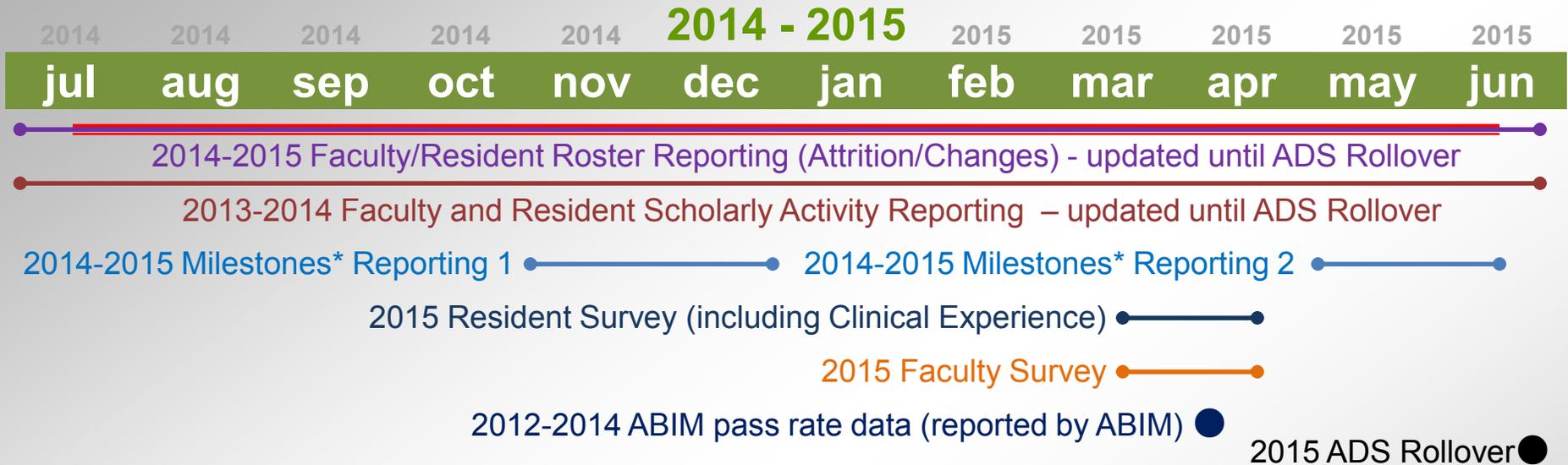


Next...

-
- Series of slides on various accreditation topics to stimulate discussion and questions
 - Annual cycle of data flow
 - What might trigger a review
 - AFI's
 - Self-study process
 - Innovation



Annual Data: Reported vs. Reviewed



* Milestones data are not reviewed by RC



Data Analysis

- 2015 Annual Update
- Responses to Citations
- Major Changes
- Sites/Block Diagram
- “Common” Questions
- Evaluations
- Duty Hours
- Patient Safety
- Learning Environment

Data Review by RC staff

Site Visits/Clarifying Information

RC Review

RC Meeting 1

RC1 LONs

SVs/CI

RC Review

RC Meeting 2

RC2 LONs



Annual Data Issues →

Further
Review

QUESTION #1: Are flags real?

- ***Which*** data elements were flagged?
(Not all data elements have same weight/importance)
- ***How many*** elements were flagged?
- Are there ***trends***?
 - *Has RC cited program for this issue in the past?*
 - *Are other data elements corroborating?*

If reviewer believes the signal is real...

QUESTION #2: Is more information (clarifying information or site visit) necessary?



Scenario 1

ABIM American Board

Secondary Specific Questions Response Rate: 100%

What year are you in the program? Year 1: 44.2% Year 2: 30.8% Year 3: 25.0%

Facilities

Are the on-call facilities adequate with regards to:

- Safety/Security
- Privacy
- Accessibility

Quality of Training

In each of the following areas, have you had adequate clinical and didactic experience?

| | Clinical Experience | | Didactic Experience | |
|--------------------------------------|---------------------|-------|---------------------|-------|
| | Yes | No | Yes | No |
| General Medicine | 93.3% | 3.3% | 6.7% | 10.0% |
| Cardiovascular Disease | 93.3% | 3.3% | 13.3% | 3.3% |
| Critical Care Medicine | 96.7% | 0.0% | 3.3% | 3.3% |
| Endocrinology, Diabetes & Metabolism | 93.3% | 13.3% | 6.7% | 26.7% |

ACGME

Accreditation Council for Graduate Medical Education

March, 2012

555 North State Street
Suite 2000
Chicago, Illinois 60654
Phone: 312.755.6000
Fax: 312.755.7498
www.acgme.org

April, 2014

555 North State Street
Suite 2000
Chicago, Illinois 60654
Phone: 312.755.6000
Fax: 312.755.7498
www.acgme.org

Doctor Doctor, MD
Program Director, IM Residency
University Hospital
City, ST 12345

Dear Dr. Doctor:

The Residency Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Internal Medicine
University Hospital Program
University Hospital
City, ST
Program 1401234567

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

Status: Continued Accreditation
Maximum Number of Residents: 90
Effective Date: 02/2014
Approximate Date of Next Site Visit: 01/2017

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

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

AREAS FOR IMPROVEMENT/CONCERNING TRENDS

The Review Committee identified the following areas for program improvement and/or concerning trends:

Duty Hours AFIs

- ABIM Pass Rate
- Resident Survey
- Clinical Experience
- Pre-NAS DH Citations
- NAS Y1 DH AFIs

Site visit
requested!



Scenario 2

ABIM American Board

ACGME Accreditation Council for Graduate Medical Education

April, 2012

515 North State Street
Suite 2000
Chicago, Illinois 60654
Phone: 312.755.6000
Fax: 312.755.7400
www.acgme.org

Doctor Doctor, MD
Program Director, IM Residency
County Hospital
City, ST 12345

Dear Dr. Doctor:

The Residency Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Internal Medicine
County Hospital Program
County Hospital
City, ST
Program 1402345678

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

Status: Continued Accreditation
Length of Training: 3
Maximum Number of Residents: 90
Effective Date: 02/2014
Approximate Date of Next Site Visit: 01/2017
Cycle Length: 5 years
Approximate Date of Internal Review:

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education.

However, the Committee cited the following areas as not in compliance:

Continuity Experience Citation
Faculty Time and Interest Citation

- ABIM Pass Rate
- ~~Resident Survey~~
- Faculty Survey
- Clinical Experience
- Subspecialty Performance
- Pre-NAS Citations
 - Continuity Experience
 - Faculty Time and Interest
- NAS YR1, no citations/AFIs

**Site visit
requested!**

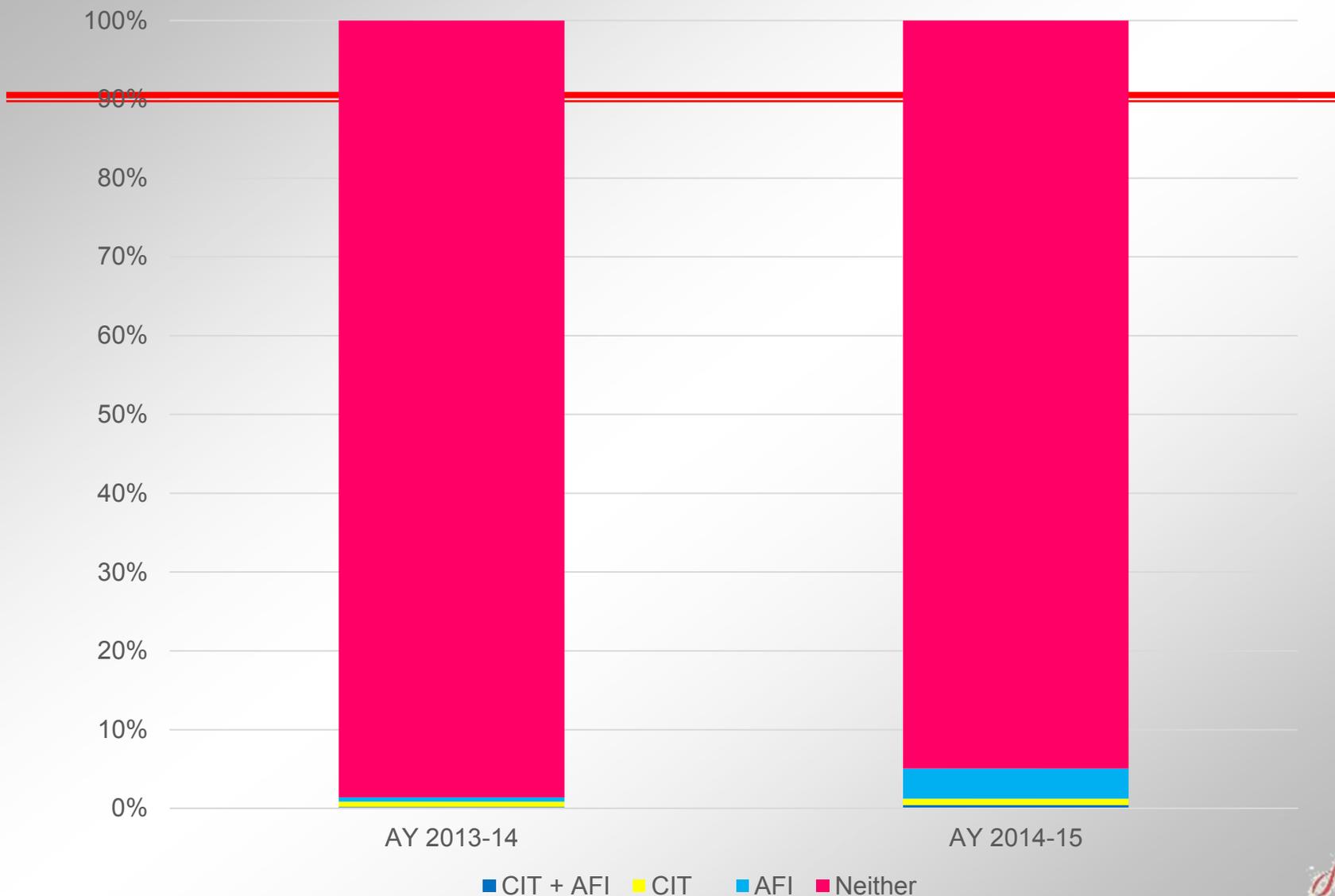


RC-Identified “Areas for Improvement”

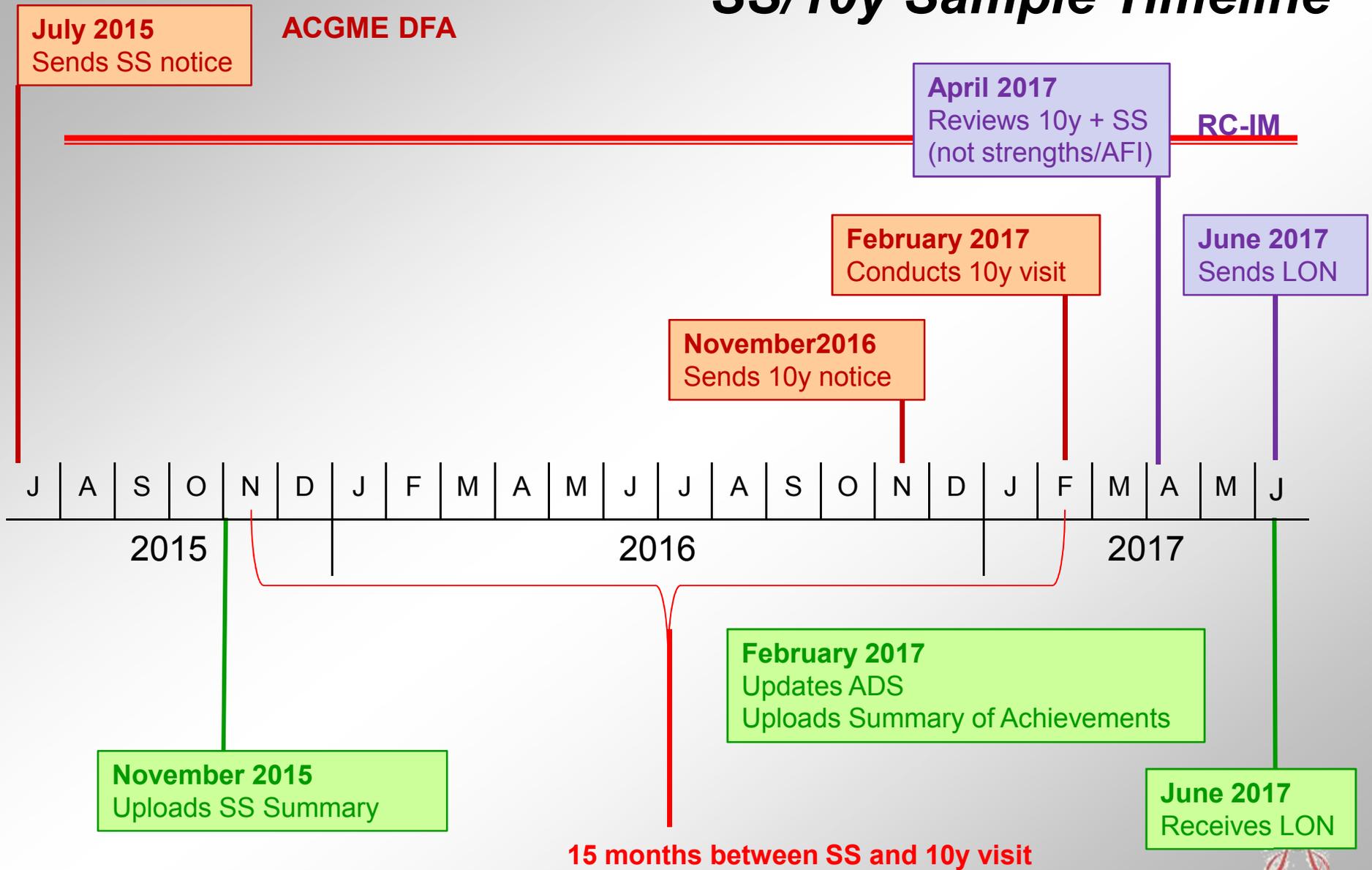
- **AFI = concerning area on review of annual data or site visit.**
 - **Why AFI? No trend, lesser “magnitude” signal**
 - **Unlike citations, AFIs do not require specific response in ADS.**
- **The RC assumes the program and institution has been and will be addressing such concerns, and they will only draw scrutiny if the trend continues**
 - ***i.e., if they are again indicated as potential areas of noncompliance during the following year’s annual review***



SUBs



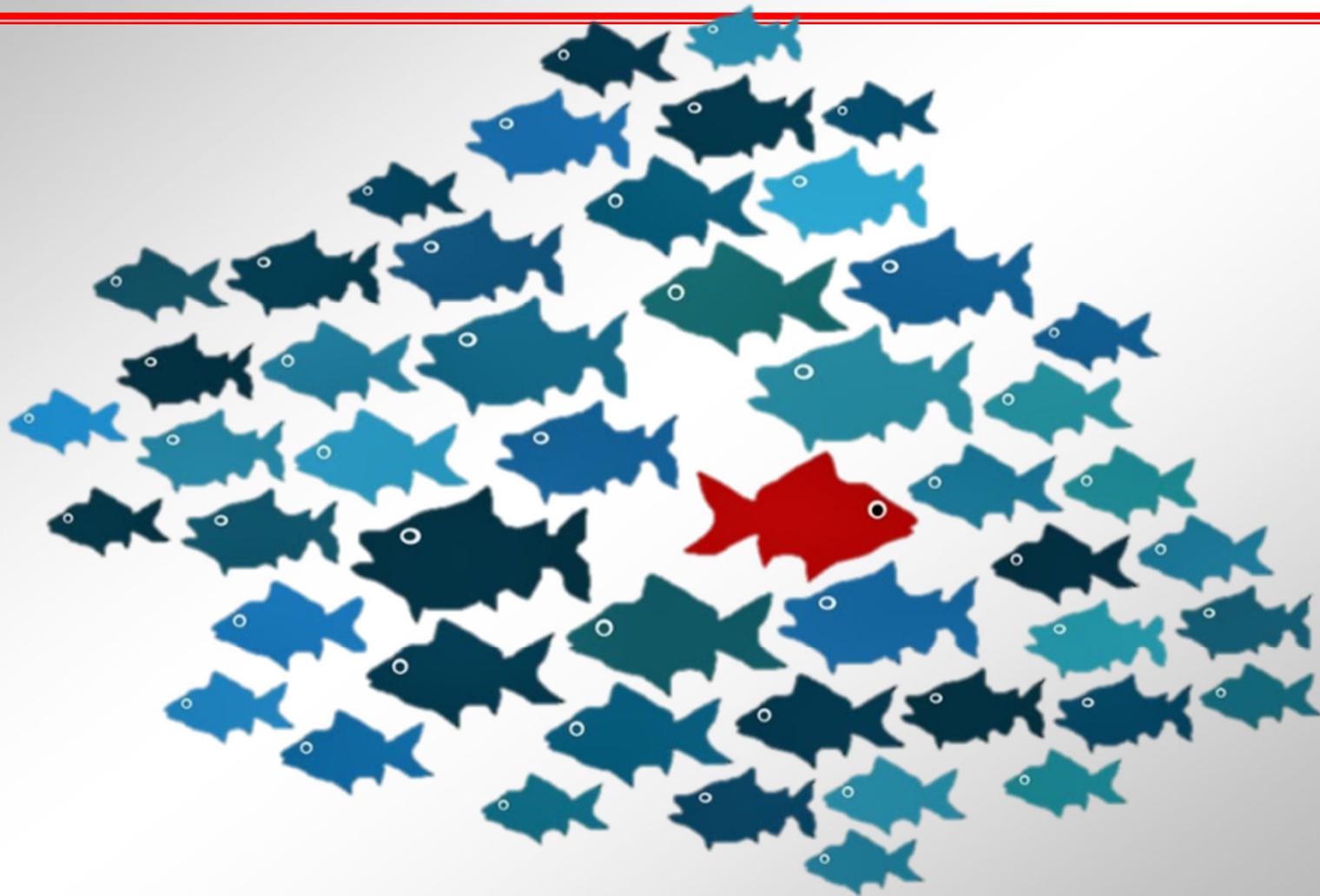
SS/10y Sample Timeline



Program



NAS: Encourages Innovation



Please Contact RC Staff



Betty Cervantes

brc@acgme.org

Accreditation Assistant 312.755.7470



Lauren Johnson

lajohnson@acgme.org

Senior Accreditation Administrator 312.755.5085



billy Hart

whart@acgme.org

Associate Executive Director 312.755.5002



Karen Lambert

kll@acgme.org

Associate Executive Director 312.755.5785



Jerry Vasilias

jvasilias@acgme.org

Executive Director 312.755.7477