



FACET

FELLOWSHIP ADMINISTRATORS IN
CARDIOVASCULAR EDUCATION AND TRAINING

Fellowship Fundamentals

Workshop for New Program Administrators
ACC' 18
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ACGME Word Salad: What it all means

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- I have no financial relationships with any commercial interest related to the content of this presentation

....maybe someday



Goals and Objectives

- Participants will have a better understanding of some of the terminology the Accreditation Council for Graduate Medical Education (ACGME) expects us all to be familiar with and how this terminology fits into our daily lives as administrators.

Duty hours

Learning and Working Environment

- The term “Learning and Working Environment” has replaced the term “**duty hours**”

Use these terms in your Curriculum

- Other new terms for what was previously known as “duty Hours”
 - “clinical experience and education,” “clinical and educational work,” and “work hours”

Volunteer hours for hospital sponsored events – COUNT TOWARDS DUTY HOURS!!

Accreditation Data System (ADS OR WebAds)

- This is the ACGME Data Collection Website
- Accreditation Data System (ADS) A Web-based system that contains critical accreditation data for all sponsoring institutions and programs.
- Serves as an ongoing communication tool with programs and sponsoring institutions and incorporates several ACGME applications and functions.
- Used by ACGME for annual review of program and monitoring of any concerns or problems.
- ***Helpful Hint: Log in at least every couple of weeks to make sure your program is current. Makes life easier for the annual update.***

Should vs Must vs Shall

- ACGME Definitions

Should: A term used to designate requirements so important that their absence **must be justified**. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.

Must: A term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement.

Shall: (see must)

Should = Must = Shall

http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

Programs MUST:

- Provide accurate annual data
- Submit changes
- Report resident milestone data Nov (Jan) and May (June)
- Monitor resident survey participation

Resident Survey Reports – When at least 70% of a program's residents/fellows have completed the survey, reports will be available annually. For those programs with fewer than four residents/fellows scheduled for the survey who meet the 70% compliance rate, reports will only be available on a multi-year basis after at least three years of survey reporting, but may contain up to four years of data.

- Monitor Ratio of teaching faculty to residents
 - has a significant influence on the performance of a program ~ You can list just enough to cover your ratio requirement.
 - All Key Clinical Faculty (KCF) listed receive a faculty survey from the ACGME –**60% completion rate**
 - Key Clinical Faculty = Core Faculty

Pick your Key Clinical Faculty Wisely!

Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (50%)
3	4	2
4	4	2
5	4	2
6	4	2
7	5	3
8	6	3
9	6	3
10	7	4
11	8	4
12	8	4
13	9	5
14	10	5

What are Core Requirements?

- Statements that define structure, resource or process elements essential to every graduate medical education program.
- Example from Program Requirements
 - *IV.A.6.c) Experience with Continuity Ambulatory Patients*
 - *IV.A.6.c).(1) Fellows **must** have continuity ambulatory clinic experience that exposes them to the breadth and depth of the subspecialty. (Core)*

What makes this a Detail Requirement?

- Statements that describe a specific structure, resourced or process for achieving compliance with a Core requirement
 - *IV.A.6.c).(2) This experience **should** average one half-day each week. (Detail)*

What is expected of an Outcome Requirement?

- Statements that specify expected measurable or observable attributes (knowledge, abilities, skills or attitudes) of residents or fellows at key stages of their GME

Requirement:

*IV.A.6.c).(1) Fellows **must** have continuity ambulatory clinic experience that exposes them to the breadth and depth of the subspecialty. (Core)*

VI.A.6.a) assurance of the safety and welfare of patients entrusted to their care; (Outcome)

*IV.A.6.c).(2) This experience **should** average one half-day each week. (Detail)*

*IV.A.6.c).(4) Each fellow **should**, on average, be responsible for four to eight patients during each half-day session. (Detail)*

Should = Must = Shall

Feedback

- Formative vs. summative

Formative

- opportunity to correct mistakes without academic penalty
- Faculty given greater opportunity to provide more constructive feedback
- Measurements (milestones) that can help provide meaningful feedback to improve learning by the fellow

Summative

- assessment whether or not performance that is measured meets established performance standards
- PERMANENTLY recorded in the file

Evaluations: Milestones vs. Competencies

- Milestones: Skill & Knowledge-based development that commonly occur by a specific time

Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.

Milestones progressively documented from the beginning of fellows education through graduation to the unsupervised practice of their specialties.

<http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview>

- Competencies:
 - Medical Knowledge
 - Patient Care
 - Professionalism
 - Interpersonal & Communication Skills
 - Practice-based Learning and Improvement
 - Systems-based Practice: system improvement

Evaluations

Practice-based Learning and Improvement									
		Critical Deficiencies				Ready for unsupervised practice	Aspirational	NA	
		<ul style="list-style-type: none"> Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement 	<ul style="list-style-type: none"> Unable to self-reflect upon practice or performance Misses opportunities for learning and self-improvement 	<ul style="list-style-type: none"> Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections Inconsistently acts upon opportunities for learning and self-improvement 	<ul style="list-style-type: none"> Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement 	<ul style="list-style-type: none"> Regularly seeks external validation regarding self-reflection to maximize practice improvement Actively and independently engages in self-improvement efforts and reflects upon the experience 			
- Colspan -									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Identify competency gaps and engage in opportunities to achieve focused education and performance improvement?

11. Feedback:

Practice-based Learning and Improvement

This is the competency

Milestone:
How are they doing?

COCAT Question:

10. Identify competency gaps and engage in opportunities to achieve focused education and performance improvement?

Critical Deficiencies			
<ul style="list-style-type: none">▪ Unwilling to self-reflect upon one's practice or performance▪ Not concerned with opportunities for learning and self-improvement	<ul style="list-style-type: none">▪ Unable to self-reflect upon practice or performance▪ Misses opportunities for learning and self-improvement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Competency Committee (CCC)

- The ultimate purpose of the CCC is to demonstrate accountability as medical educators to the public, that graduates will provide high quality, safe care to patients and maintain the standards of the health care system.
- “required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

MUST have description of CCC in your curriculum

Clinical Competency Committees- A Guidebook for Programs

<http://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2017-10-18-141733-920>

Clinical Competency Committees

A Guidebook for Programs

- **The Coordinator Role**

- “Program coordinators distribute and collect assessment tools.
They may also participate in multi-source feedback assessment instruments as they may have valuable and often unique perceptions of an individual resident’s/fellow’s abilities in interpersonal and communication skills, teamwork, and professionalism. (page 11 -12)
- Coordinators can have key roles in scheduling and coordinating CCC meetings.
They may aggregate data sources on each resident/fellow electronically or on paper, and create resident/fellow summaries or snapshots of performance, which may be easier for committee members to use in the meetings.
- Coordinators can prepare and distribute any necessary information to CCC members in advance. (page 19)

<http://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2017-10-18-141733-920>

Committee chair:

Can be the program director

- Guidelines for Committee Chairs:
 - Be the Milestones **expert** for the committee
 - Encourage a confidential positive working environment and open communication from all members
 - Ensure members know their roles, as well as the Milestones and the review process/guidelines
 - Use best practices in effective group processes; for instance, employ structured format of getting information from each committee member; go in the same order of members, get perspectives of most junior member first (See Part 4, Running the CCC Meeting)
 - Keep meetings on task and move towards the common goal
 - Make certain the coordinator or designated member maintains documentation and meeting minutes

- In addition, the CCC chair should be familiar and comfortable with major assessment methods and develop a plan for professional development of CCC members

CCC - Faculty Development

- The guidebook provides references and annotated bibliographies for use.
- Faculty members should reach a common understanding on the meaning of the narratives of each milestone in the context of the specialty.

Preparing for CCC meeting

- Members need to develop a shared mental model of what resident/fellow performance looks like, and understand their roles and responsibilities on the committee, as well as how the CCC operates to judge resident/fellow performance.

Program Evaluation Committee (PEC)

- V.C.1 The program director must appoint the Program Evaluation Committee (PEC). (Core)
- V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one fellow; (Core)
 - » *We hold ours during a faculty meeting and invite all the fellows to attend*
- 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 (APE). (Core)

MUST have description of PEC in your curriculum

The information covered at this meeting essentially is reported as.....

Annual Program Evaluation (APE) Report

- The data from the PEC meeting completes the APE report.
- This report is part of the Ongoing Program Improvement of the ACGME
- Much of this data completes the self- study on the ACGME Website
- GME offices are held responsible to make sure each program is holding APEs and Results are reported back to the GMEC.

Action Plans

- Areas from your Annual Program Evaluation meeting that the Program Evaluation Committee felt needed improvement or closer scrutiny for the upcoming academic year.

PROGRAM ACTION PLAN 2016-2017

AREAS FOR IMPROVEMENT	INTERVENTION	DATE DUE	OUTCOME MEASURES	FOLLOW-UP	STATUS & ACTION DATE
Disappointed in attending attendance at conferences	Change room for Monday evening conference to in the hospital	10/2016	Will monitor attending attendance at conferences	January	Still room for improvement, only 1 additional attending increase
Disappointed in Fellows attendance at conferences	If fellow is not able to attend conference, they need to notify Program Administrator (PA) via email the reason	10/2016	Will monitor	January	1/2017 Attendance has increased. Fellows are not always emailing PA. PA emails them if signature is not on sign in sheet.
Holding Journal Club Conference on Thursday morning	One Thursday morning conference a month will be dedicated to	10/2016	Will monitor	January	Fellows are satisfied with topics being covered

Glossary of Terms

- There are currently 11 pages on the ACGME website.
- https://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

Program Requirements

- Review and interpret both the *Common* and *Specialty* program requirements

READ THEM LINE BY LINE

Many interpretations of the same requirement

***Current Program Requirements went into effect July 1, 2016**

http://acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/141_cardiovascular_disease_int_med_2016.pdf

****Currently review of Program Requirements is taking place. Requirements are being broken down into sections and feedback requested. New Section VI changes are posted**

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_2017-07-01_TCC.pdf

- Lots of terms....these are only a few....just to get you started.
- Many more are available at https://www.acgme.org/acgmeweb/portals/0/pfassets/programrequirements/ab_acgmeglossary.pdf
- Clinical Competency Committee handbook <http://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2017-10-18-141733-920>
- <http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview>

- Questions

