ACGME -101

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Disclosures

• Employed by ACGME
• Staff Residency Review Committee for Preventive Medicine
• Believer in the following…

Understanding is a two-way street

Eleanor Roosevelt
Question #1
ACGME Mission

“We improve health care by assessing and advancing the quality of resident physicians' education through accreditation.”
ACGME Values

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency
- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders
ACGME Strategic Priorities

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders
Principles

- Residents must be educated in an environment that assures:
  - the safety of the patients under the care of residents and faculty today
  - the safety of the patients under the care of today’s residents in the future
  - the humanistic environment within which residents safely learn the principles of professionalism and effacement of self-interest
Certification vs. Accreditation

• **INDIVIDUALS** receive certification by the ABMS Boards

• **PROGRAMS / INSTITUTIONS** receive accreditation from the ACGME
Fellowship programs

• Affiliated with a core residency program
• Application reviewed by the Residency Review Committee (RRC) of the sponsoring core
• Once accredited, fellowships are site visited at the same time as the core
Institutional sponsorship

• Sponsoring institution is ultimately responsible for compliance with institutional requirements
• Graduate Medical Education Committee demonstrates oversight through annual institutional review and program review
• Responsible to actively engage residents and fellows in patient safety, quality improvement, transitions of care, supervision of residents and fellows, duty hours compliance
Program requirements

- Foundation of the work of the RRC’s
- Common Program Requirements are the set of expectations for all GME
- Specialty specific requirements are particular to the individual residency and fellowship
Common program requirements

- Sponsoring institution and participating sites
- Program Letter of Agreement (PLA)
- Program Director qualifications and responsibilities common to all programs
- Faculty qualifications and responsibilities common to all programs
- Eligibility criteria for appointment of fellows
Common program requirements

ACGME competencies  N=6

1. Patient care
2. Medical knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems Based Practice
Common program requirements

- Evaluation of fellows
- Evaluation of the faculty
- Evaluation and Improvement of the program
- Fellow Duty Hours in the Learning and Working Environment
CI program requirements

- Workgroup established to determine program requirements
  - Representatives from Pathology, Medical Genetics, Preventive Medicine, Family Medicine
  - Goal was to get broad representation of medical specialties and CI specialists
- Started with program requirements published by American Medical Informatics Association (AMIA)
Scope of the subspecialty
(to date!)

Clinical informaticians collaborate with other health care and information technology professionals and provide consultative services that use their knowledge of patient care combined with their understanding of informatics concepts, methods and tools to improve clinical practice by:

- assessing information and knowledge needs of health care professionals and patients;
- characterizing, evaluating, and refining clinical processes;
- analyzing, developing, implementing, and refining clinical decision support systems;
- securing the legal and ethical use of clinical information; and
Scope of the subspecialty (to date!)

- leading or participating in ongoing activities designed to enhance health care quality and access through the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.
CI program requirements

- Fellows must have completed an ACGME-accredited residency
  - Any ACGME-accredited residency
- 5-6 selected ACGME-accredited residency programs can sponsor a CI fellowship
- Program director must have at least 5 years of experience in clinical informatics
- There must be at least 3 faculty to instruct and supervise fellows
Cl program requirements

• Resources required
  • Program coordinator
  • Technological support
  • Meeting rooms, classrooms, work/study space, computers
  • A clinical information system to collect, store, retrieve and manage health and wellness data
CI program requirements

- Fellows should maintain their primary board skills during the fellowship
- All fellows must complete educational assignments that may be have a particular focus or track (ex: bioinformatics, laboratory information systems, telemedicine, imaging, public health informatics)
- Educational assignments should be in a variety of settings
- Fellows should participate in an interdisciplinary team
Educational Outcomes

Competencies in Patient Care and Procedural Skills

• leverage information and communication technology to:
  • use informatics across the dimensions of health care: health promotion, disease prevention, diagnosis, and treatment of individuals and their families across the lifespan;
  • use informatics tools to promote confidentiality and security of patient data
Educational Outcomes

• demonstrate fundamental programming, data base design, and user interface design skills;
• identify changes needed in organizational processes and clinician practices to optimize health system operational effectiveness;
• analyze patient care workflow and processes to identify information system features that will support improved quality, efficiency, effectiveness and safety;
• evaluate the impact of information system implementation and use on patient care and users;
Medical knowledge

- Program requirements for medical knowledge are written as educational outcomes – **NOT** course requirements
  - Health care environment including business process and financial considerations influence delivery
  - Re-engineering health care processes
  - Leadership in organizational change
  - Project management
  - Clinical decision support
Categories of Program Requirements

Core
Define structure, resource or process elements essential to every graduate medical educational program.

Detail
Describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.

Outcome
Specify expected measurable or observable attributes (knowledge, skills, attitudes) of residents or fellows at key stages of their graduate medical education.
Next steps

• Solicit input from Council of Review Committee Chairs and Preventive Medicine RRC
• On ACGME web page for public comment, Summer 2013
• Workgroup and Preventive Medicine RRC will consider comments
• Approval by ACGME Board, Committee on Requirements target is Feb 2014
• Goal for implementation July 1, 2014
Application process

1. Review the program requirements, both for CI fellowships and institutions
2. Determine the core residency that will sponsor the fellowship. This will be the RRC that will review the application.
3. Based on core specialty, some have specific deadlines for application submissions.
   - Generally applications are accepted 2 months before the scheduled RRC meeting.
Application process

4. Most specialties DO NOT require a site visit prior to review of applications.

5. Complete the application form

General section includes:

a) Number of fellows
b) Program director CV
c) Listing faculty
d) A summary of faculty scholarly activity
e) Block diagram of proposed rotation schedule
f) Information on participating sites
Application process

Specialty specific section of application will request information on the curriculum, organization of the curriculum

6. Application will need approval by GMEC, signed by program director and designated institutional official.

7. After initial accreditation has been awarded, site visit in 2 years
Annual evaluation of program outcome data

New Programs
Initial Accreditation

“Conditional” Accreditation
Accredited Programs with Warning

Maintenance of Accreditation
Accredited Programs without Major Concerns

STANDARDS
Structure
Core Process
Detailed Process
Outcomes

2-4%
Structure
Core Process
Detailed Process
Outcomes

10%
Structure
Core Process
Detailed Process
Outcomes

85%
Structure
Core Process
Detailed Process
Outcomes

Probationary Accreditation
Withdrawal of Accreditation

2-4%
NAS - Annual Data Collected and Reviewed

Focus on Existing Data

1. Annual ADS Update - Streamlined
   1. Program Attrition
   2. Program Characteristics – Structure and Resources
   3. Scholarly Activity – Not full faculty CV’s

2. Resident Survey

3. Faculty Survey – Core Faculty

4. Board pass rate

5. Semi-Annual Resident Evaluation and Feedback
   1. Milestones
What is a Milestone?

• Specific behaviors, attributes or outcomes to be acquired at a *particular point* during fellowship training

• *Distinct, observable* set of behaviors which *support the achievement of one or more of the required competencies* for an individual learner

• Represents a “notable accomplishment”

• Provides a method for *assessing* fellow learning and performance over time and *against a benchmark*

• Programs will have Clinical Competency Committees that will review fellow evaluations semi-annually and report individual resident evaluations to ACGME
How Will Milestones Be Developed?

• Defined by a group of experts in GME in Clinical Informatics
  • RRC members
  • Program Directors
  • Fellow and/or content experts

• Focus on medical knowledge and patient care skills
The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.
Program Requirements

- Currently In Effect
- Approved but not in Effect
Human resources

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Human resources

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Questions & Discussion

Gracias

Merci

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Köszönettel

Thank You

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Obrigado!

Grazie

Ευχαριστώ

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