Association of Professors of Dermatology
Updates from the Review Committee for Dermatology

Chicago – September 12, 2014

Eileen Anthony, Executive Director

Nicole Owens, MD, Chair

Mary Lieh-Lai, MD, Senior Vice President, ACGME

Accreditation Council for Graduate Medical Education

NAS Updates

ACGME

NAS – Phase II: July 1st, 2014

Decisions on Program Standing in the NAS

Application for New Program

Accreditation with Warning

Probationary Accreditation

Continued Accreditation

2-4%

10-15%

75-80%

STANDARDS

Outcomes
Core
Detail

Withdrawal of Accreditation   <1%

1. NAS: No Cycle Length
2. All programs with 1-2y cycles in the old system – placed in Continued Accreditation with Warning Status
3. Percentages represent approximations based on accreditation status received by programs in the past

ACGME

Accreditation Status Options
New Applications

Core/Subspecialty and Sponsoring Institutions

New Application

Initial Accreditation

Accreditation Withheld

Reapplication anytime or Appeal

ACGME
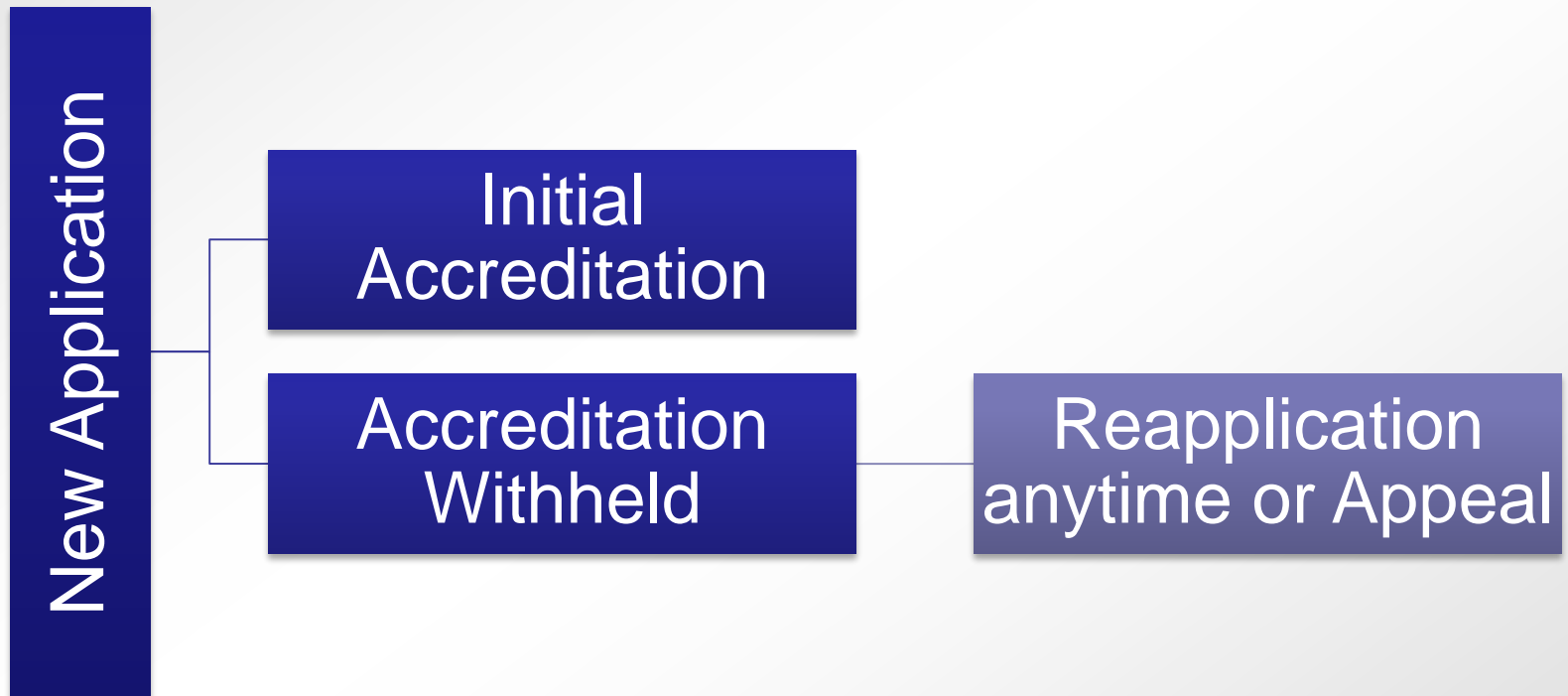
Accreditation Status Options
Initial Accreditation

Core/Subspecialty and Sponsoring Institutions

Initial Accreditation SV in 2 yrs.

- Continued Accreditation (CA)
- Continued Accreditation without Outcomes
- Initial Accreditation w/Warning — SV in 1 yr.
  - CA
  - WD
- Withdrawal of Accreditation (WD)

ACGME
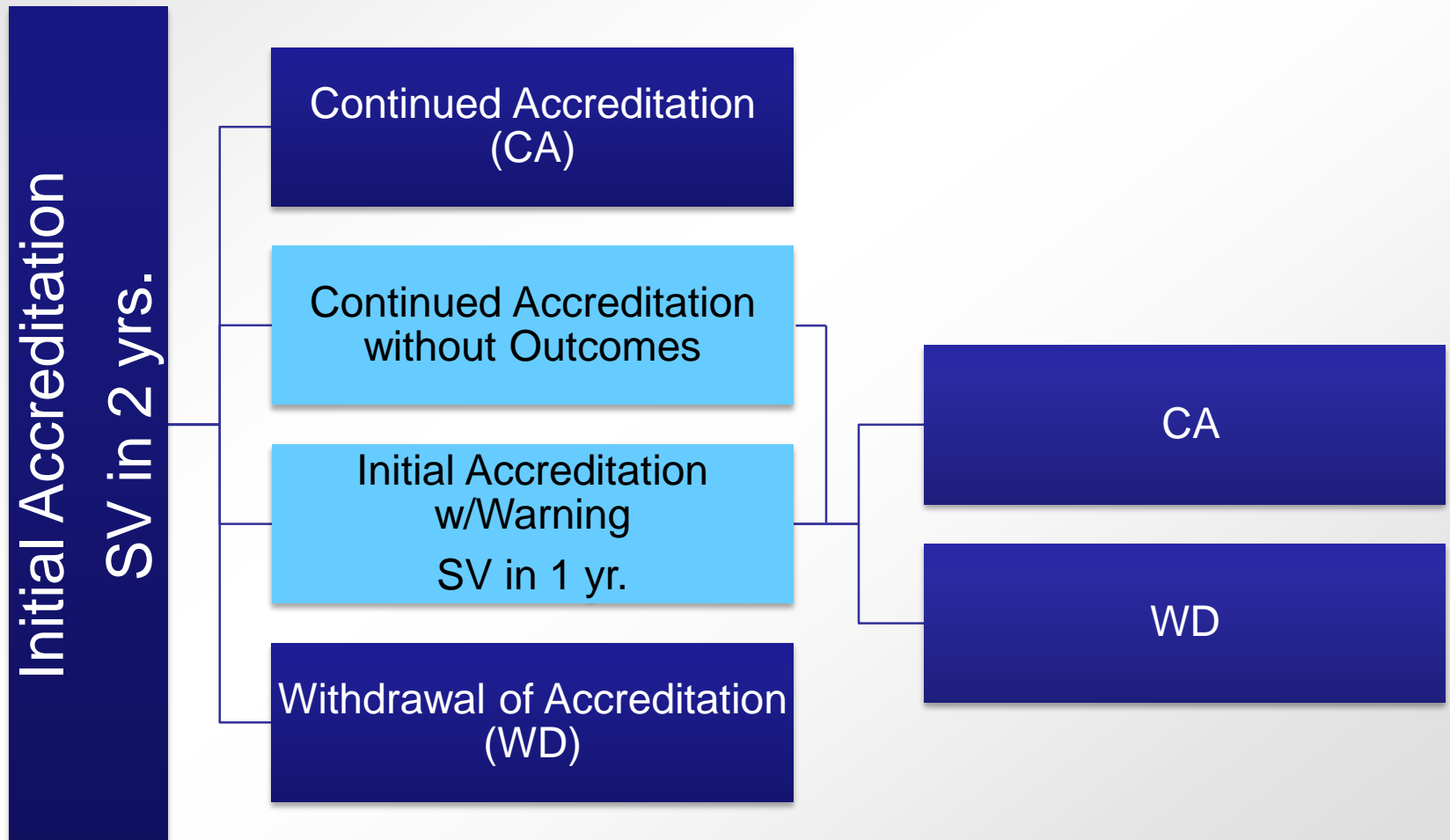
Accreditation Status Options
Continued Accreditation

Core/Subspecialty and Sponsoring Institutions

Accredited Program

- Continued Accreditation (CA)
- CA w/Warning
- Other (e.g. egregious)
- Site Visit
  - Probationary Accreditation*
  - Withdrawal of Accreditation**
  - CA w/Warning
  - CA
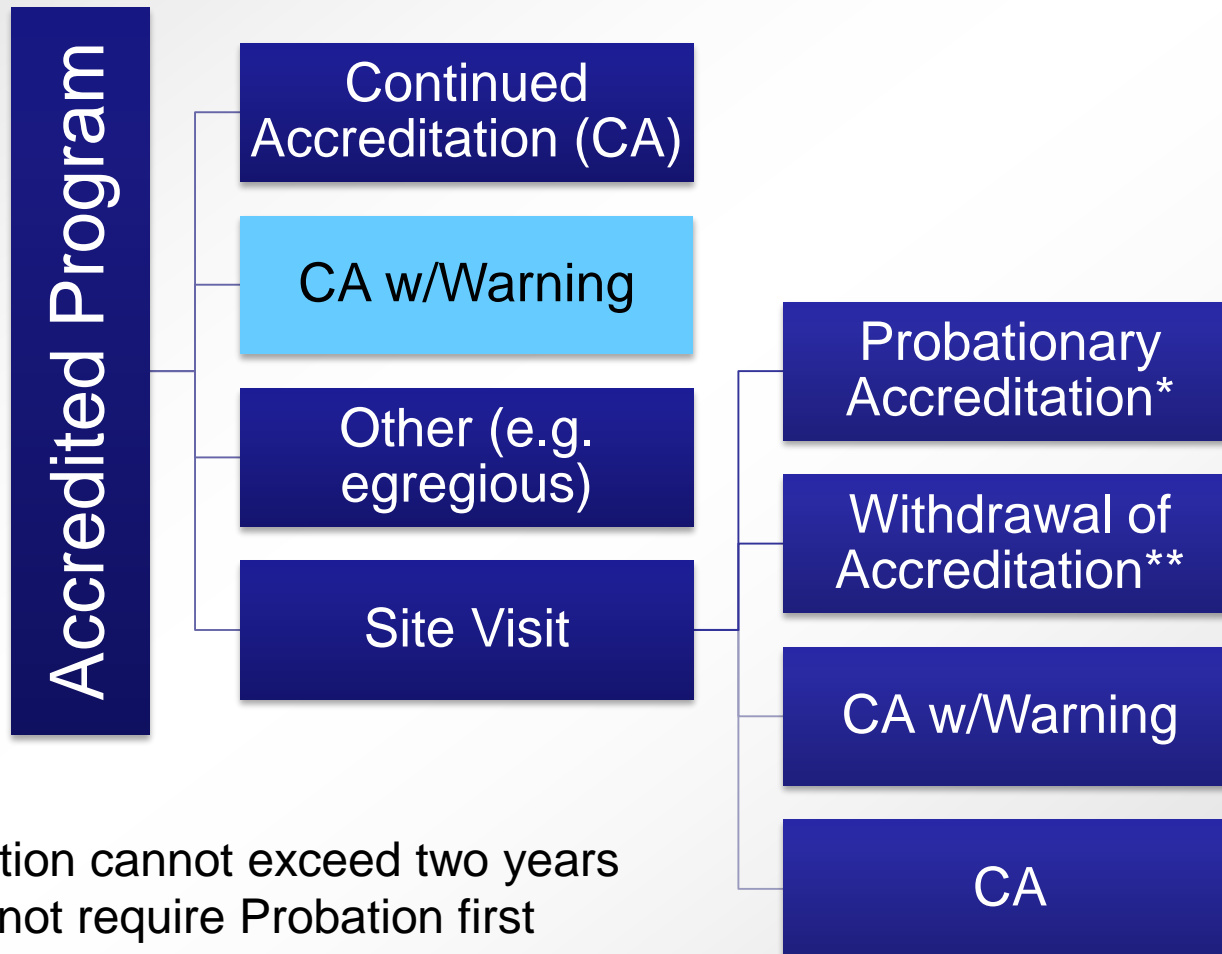
*   Probation cannot exceed two years
** Does not require Probation first

© 2014 Accreditation Council for Graduate Medical Education

ACGME

Along with an accreditation decision, the RC may…

- Identify areas for improvement
- Identify concerning trends
- Issue new citations or "Extend" existing citations
- "Resolve" previous citations
- Increase or reduce resident complement
- Recognize and commend exemplary performance or innovations

ACGME

Citations

- Identify areas of noncompliance
- Must be linked to a program requirement
- Program **must** respond in ADS
- Responses reviewed annually by the RC
- Remain active until corrected

Areas of Improvement

- May or may not be linked to a requirement
- General concern "before" it's a problem
- Written program response **not** required
- Will be tracked by RC

New Process for Notification Letters

- **If program receives new citation(s):**
  - Will receive its own LON

- **If program receives Areas for Improvement (AFI):**
  - Will receive its own LON

- **If program DOES NOT receive new citation(s) or AFIs:**
  - Core: will receive separate LON
  - Sub: will NOT receive separate LON
  - Will be copied on NEW departmental letter

Notification Letter

Accreditation Council for Graduate Medical Education

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

Continued Accreditation

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, 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:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program

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:
Effective Date:
Progress Report Due:
Approximate Date of Self-Study Visit:

Notification Letter

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

EXTENDED CITATIONS

Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/**Status: Extended**
(Citation and supporting text will be pulled into the LON – no need to reenter)

Continued non-compliance: *(Date citation was extended will be entered)*

NEW CITATIONS
Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/**Status: New**
** **Reference in progress report** *(if applicable)* – *THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST MEETING ACTIONS ARE ENTERED*

Type of Response for Progress Report *(if applicable)*

RESOLVED CITATIONS

The Review Committee determined that the following citations have been resolved.

Citation description *(based on citation code)*/**Since:** *(date citation was originally issued)*/**Status: Resolved**

OPPORTUNITIES FOR PROGRAM IMPROVEMENT/CONCERNING TRENDS *(if applicable)*

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

NEW!
Departmental LON

- **Summarizes actions for entire department**

- **Sent to core PD, sub PDs, and DIO**

> Sub was independently reviewed at the meeting and will get its own letter with Citations and/or AFIs

> Sub was NOT reviewed at the meeting due to status.

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

    State University Program
        Hospital
    City, State

    Program 140XXXXXXX

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 with Warning
    Maximum Number of Residents: 100
    Effective Date: 01/24/2014

Subspecialty Programs
The following is a list of subspecialty programs associated with your program. Subspecialty programs with ** preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will be issued a separate Letter of Notification.

141XXXXXXX - Cardiovascular disease
Continued Accreditation - Effective: 01/24/2014

144XXXXXXX - Gastroenterology
Continued Accreditation - Effective: 01/24/2014

LTR-155XXXXXXX - Hematology and oncology
Probationary Accreditation - Effective: 01/24/2014

LTR-158XXXXXXX - Transplant hepatology
Accreditation Withheld - Effective: 01/24/2014

**-159XXXXXXX - Advanced heart failure and transplant cardiology
Initial Accreditation - Effective: 07/01/2012

ACGME

Milestones Reporting Window

- CCC should have met and "deliberated"

- The reporting window is meant to be the time for programs to <u>enter</u> the milestones levels for each resident/fellow

- Time for entry: 1-2 minutes for each resident (data from Phase I specialties)

Some Issues Identified from the Phase I Programs

Annual Update Submission
Confirmation of Accuracy

Are you sure you are ready to submit your annual update?

The ACGME relies on data collected and reviewed annually. It is critical, therefore, that the data reported by programs each year are accurate and timely. As the program director, by submitting the ADS Annual Update, you acknowledge that all data are accurate and complete as of the time of submission. Any institution, program, resident/fellow, faculty, or other changes that occur after the annual update has been submitted should be indicated in ADS, as they occur, throughout the academic year.

Close   Confirm

ACGME

Findings from RCs Annual Data Review
Incomplete/Inaccurate Data – Subspecialty Block Diagram

- Block Diagram
  - Abbreviations
  - Non-standard format
  - Research time

Only 1 year provided

% of time spent on research/ clinical

No key provided for abbreviations

Block	Dates	Smith	Brown	Jones	Wilson	Lee	Doe
1	7/1 to 7/28	S1	C	S1	S1	S1	S1
2	7/29 to 8/25		C	R	S2	A	S2
3	8/26 to 9/22	R	C	S2	R	S2	A
4	9/23 to 10/20	R	C	S3	S3	R	R
5	10/21 to 11/17	S2	S1	R	R	R	S3
6	11/18 to 12/15	R	C		R	S3	S4
7	12/16 to 1/12	S3	S2		R	R	R
8	1/13 to 2/9	R	C		S4	S4	R
9	2/10 to 3/9	R	C		R		
10	3/10 to 4/6	Pre A	S3		R		R
11	4/7 to 5/4	R	C	*R*	S5		S6
12	5/5 to 6/1	Pre A	C	S5	R	S6	**R**
13	6/2 to 6/30	R	C	*R*	R	S7	S7

ACGME

Block Diagram Instructions

- Include the **participating site** in which a rotation takes place, as well as the **name of the rotation**.

  - If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.

- Group the rotations by site. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.

- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.

- For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

- The percentage of time devoted to structured research on a clinical rotation should be noted. If a block is purely research, it should be labeled as such, and should *not* be associated with a participating site.

ACGME

Findings from RCs Annual Data Review
Examples of Accurate/Complete Block Diagrams

Block Diagram: Use These Abbreviations:

ADOL	Adolescent medicine	SP	Subspecialty Experience (Subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from list 1 or 2).
AI	Acute Illness		
DB	Developmental/Behavioral		
CM	Community Experience	TN	Term newborn
EM	Emergency Medicine	ELEC	Electives (Experiences chosen by the residents over and above their required experiences)
GP	General Pediatrics		
NICU	Neonatal Intensive Care	VAC	Vacation
PICU	Pediatric Intensive Care		
RS	Required Subspecialty (Required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from list 1 in the requirements.)		

1st Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	ADOL/CM* (IP/OP)1	DB/CM* (OP)1	EM/CM (OP)1	RS* (IP/OP)1	TN/CM (IP)2	NICU (IP)1	GP/CM* (OP)1	GP (IP)1	GP (IP)1	GP (IP)1	GP (IP)1	GP (IP)1	VAC
Duty Hours	50/10	50/10	60/10	50/10	60/10	75/13	11/55	70/14	70/14	70/14	70/14	70/13	

2nd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	RS (IP/OP)1	RS* (IP/OP)1	RS* (IP/OP)1	RS (IP/OP)1	PICU (IP)1	PICU (IP)1	GP/CM* (OP)1	GP (IP)1	GP (IP)1	GP (IP)1	NICU (IP)2	EM (OP)1	VAC
Duty Hours	55/10	50/10	50/10	60/12	75/28	75/28	11/55	70/14	70/14	70/13	75/28	60/10	
Supervisory Role	no	no	no	yes	no	no	yes	yes	yes	no	no	no	

3rd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	ELEC* (IP)1	ELEC* (IP)1	ELEC* (OP)1	ELEC* (OP)1	NICU (IP)2	SP (IP/OP)	SP (IP/OP)	SP (IP/OP)	GP (IP)1	GP (IP)1	GP (IP)1	EM (OP)1	VAC
Duty Hours	70/14	70/14	50/10	50/10	75/28	50/10	50/10	50/10	72/13	72/13	72/13	60/10	
Supervisory Role	yes	yes	no	no	no	no	no	no	yes	yes	yes	no	

ACGME

Findings from RC Annual Data Review
Incomplete/Inaccurate Data

- Response to Citations
  - Explain how corrected/progress made toward correction/what is the action plan
  - Include data, if applicable
  - Keep up-to-date
    - Not limited to providing updates at the time of the annual review

ACGME

Findings from RCs Annual Data Review
Incomplete/Inaccurate Data – Faculty Roster

- Faculty Roster
- Certification information
- Hours devoted to the program

Name	Core Faculty	Total Years Mainly at Inst.	Specialty / Field	Cert	Original Cert Year	Cert Status	Re-cert Year	No. of Years Teaching in This Specialty	Clinical Super-vision	Admin	Didac-tic Teach-ing	Re-search	
Doctor Overtime, MD	N	1	Pediatrics	ABMS	1991	R	2005	19	10	40	5	2	= 57 hrs.
			Pediatric critical care medicine	ABMS	2008	O	2008						
MD (Assistant Program Director / Assistant Professor of Pediatrics)	Y	3	Pediatrics	ABMS	1987	N	–	24	10	3	12	0	
			–	–	–	–	–						
MD (Professor of Pediatrics)	Y	1	Pediatric hematology/oncology	ABMS	1992	R	2005	18	10	21	4	35	
			–	–	–	–	–						
Doctor Overtime, MD	Y	1	Pediatrics	ABMS	1986	R	1997	25	37	23	7	3	= 70 hrs.
			Pediatric critical care medicine	ABMS	1990	R	2002						
(Faculty Neonatologist)	Y	1	–	–	–	–	–	5	18	0	1	1	
		1	–	–	–	–	–	3	16	0	0	1	
		3	–	–	–	–	–	4	15	0	1	1	
		3	–	–	–	–	–	15	2	0	0	0	
(Associate Program Director)	Y	1	Pediatrics	ABMS	2008	O	–	3	7	5	2	1	
			–	–	–	–	–						

No Board certification provided

Findings from RCs Annual Data Review
Incomplete/Inaccurate Data – Scholarly Activity

FACULTY SCHOLARLY ACTIVITY

Scholarly activity for the previous academic year (2011-2012)

Faculty Member	PMID1	PMID2	PMID3	PMID4	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
Walker-Descartes, Ingrid	21652071				0	0	0	0	N	Y
Arroyo, Alexander	Scholarly Activity not entered									
Bhutada, Alok	22906960	22854377			0	0	0	0	N	N
Brown, Suzette					Scholarly Activity not entered					
Canary, Catherine					Scholarly Activity not entered					
Caronia, Revital					Scholarly Activity not entered					
Chung, Paul					Scholarly Activity not entered					
Cleveland, Jeremiah					Scholarly Activity not entered					
Coleman, Steven					Scholarly Activity not entered					
Dapul, Heda					Scholarly Activity not entered					
Dyan, Michelle					No Scholarly Activity					
Foltin, George					Scholarly Activity not entered					
Guarini, Ludovico					No Scholarly Activity					
Kaicker, Shipra					No Scholarly Activity					
Kaplovitz, Harry					No Scholarly Activity					
Kazachkov, Mikhail					No Scholarly Activity					
Kupchik, Gabriel					No Scholarly Activity					
Kupferman, Juan	22692504				0	0	0	0	N	

Note: data entered into the CV doesn't transfer to the SA table

Indicates that zeroes were entered into the SA table in each category

Accreditation Council for Graduate Medical Education

Dermatology: 2017

Self-Study and Self-Study Visits

ACGME

Switch in Mindset

- Ask not what you have to do (yet again) for the ACGME

- Ask what you can do for your program

What is a Self-Study Anyway?

- A procedure where an education program
  - *Describes*
  - *Evaluates*
  - Subsequently *improves* the quality of its efforts
  - Must be ongoing

The Self-Study (done by the program) is not to be confused with the Self-Study Visit (done by the ACGME)

ACGME
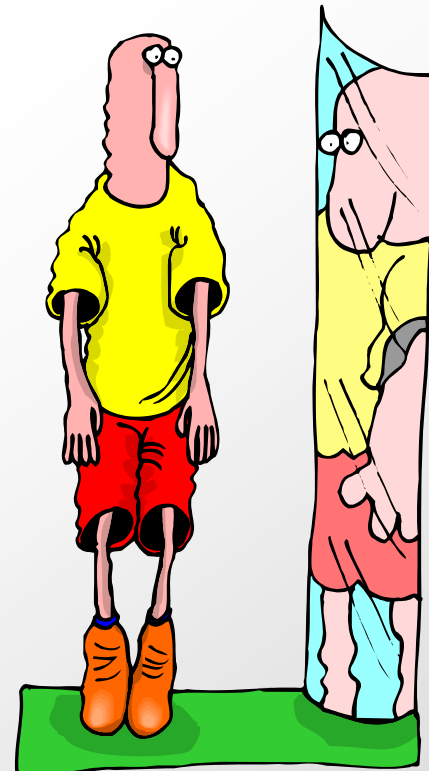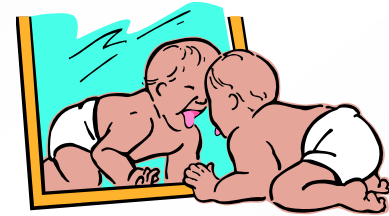
What is a Self-Study Anyway?

- Self-Study = Self-Assessment
- Identification of:
  - Strengths
  - Limitations
    - Delineate steps for correction
- Requires:
  - <u>Commitment to change for the better</u>, not just maintaining status quo (meeting bare minimum of program requirements to get a pass from the ACGME)
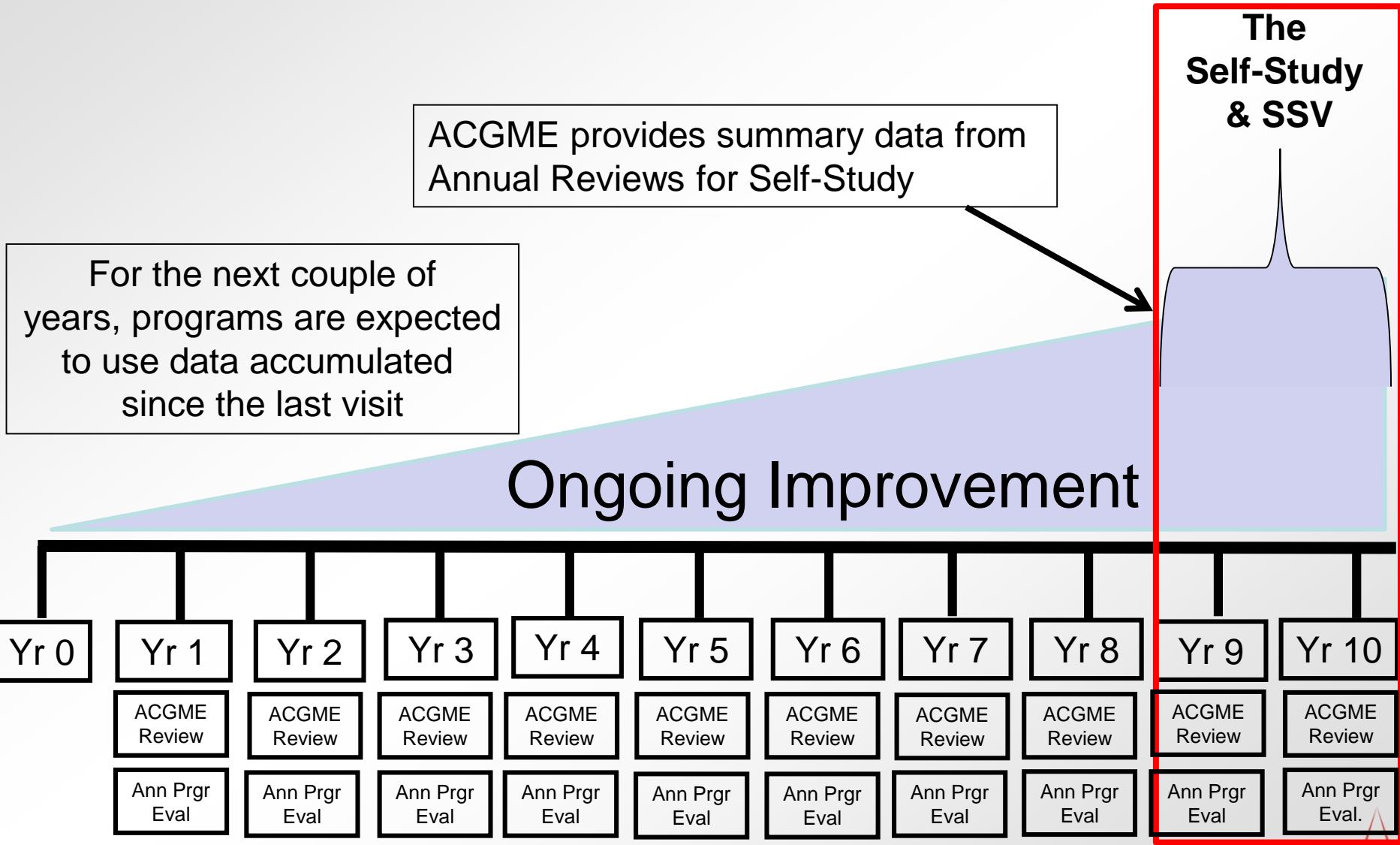
ACGME

The 10-year Self-Study

- A comprehensive review of the program

  - Using the Annual Program Evaluation

    (please don't call me APE)

- Information on how the program creates an effective learning and working environment

  - How this leads to desired educational outcomes

- Analysis of strengths, weaknesses, opportunities and threats, and ongoing plans for improvement

- Subspecialty Programs

  - Core and subspecialty programs reviewed together

Core and Subspecialty Programs
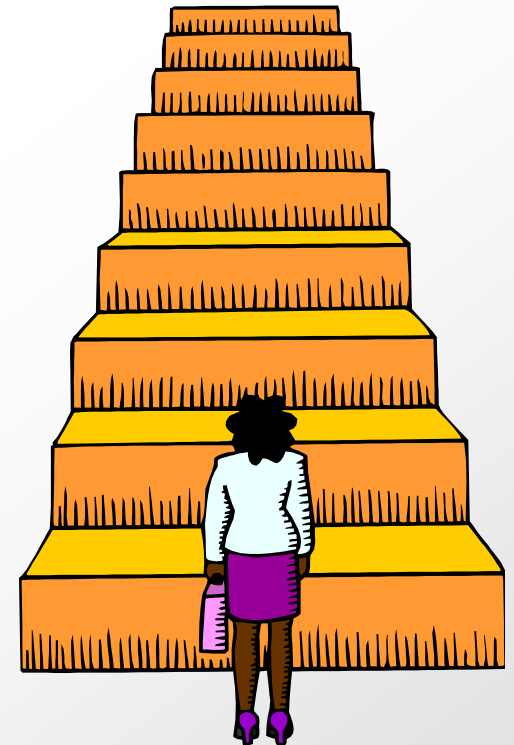## Reviewed Together

- Coordinated Self-Study of core & subspecialty programs:
  - Assess common strengths and areas for improvement
  - Action plans for improvement
- Efficient Self-Study Visit
  - Less time and resources spent, coordinated collection and review of data

A C G M E

Ten Year Self-Study: Conceptual Model

The Self-Study & SSV

ACGME provides summary data from Annual Reviews for Self-Study

For the next couple of years, programs are expected to use data accumulated since the last visit

Ongoing Improvement

Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review
Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval.

ACGME

Self-Study: 8 steps

1. Forming the Self-Study Committee
2. Longitudinal Annual Program Evaluation data
3. Program Aims
4. Strengths and self-identified areas for improvement
5. Opportunities and threats
6. Aggregating the Self-Study findings
7. Discussion of findings
8. The Self-Study document

A C G M E

The 10-year Self-Study: Timeline

Time *prior* to SSV	ACGME Actions	Program Actions
11-12 months For Dermatology programs: 2016	Sends summary of actions/follow-up from Annual Data Review	Aggregates data from Annual Program Evaluations
6-11 months		Conducts Self-Study
4 months	Sets <u>FINAL</u> Self-Study Visit Date and informs program	
10 days		Completes ADS data update Uploads Self-Study summary to ADS

ACGME

Who Should Organize and Conduct the Self-Study?

- Core and dependent subspecialties: committee made up of PEC members from the programs

  - *Effective*: Individuals who care the most about the program and have the most knowledge

  - *Efficient*: Link the Self-Study to existing structure:

    – identify and prioritize areas for improvement

    – track action plans and successes

  - *Coordinated*: Identify common areas for improvement across programs - address <u>collectively</u> - conserve resources and maximize impact

Required Components
Annual Program Evaluation

- Resident/Fellow performance (V.C.2.a.)(Core)

- Faculty Development (V.C.2.b.)(Core)

- Graduate Performance - including specialty examination (V.C.2.c.)(Core)

- Program Quality (V.C.2.d.)(Core)

ACGME

The 10-year Self-Study Aims

- **Assess** ongoing compliance and improvement in all areas relevant to the program
- **Focus on**
  - Program Strengths
  - Areas that need improvement
- **Track** ongoing improvements and the success of actions taken
- **Consider**
  - Program Aims
  - The program's external environment
    - Opportunities
    - Threats

A C G M E

Resident Participation in the Self-Study

- Resident participation critical:

  - Beneficiaries of the educational program

  - First hand knowledge of areas that need improvement (in the trenches)

- Double benefit:

  - Residents help improve their own education

  - Resident participation in "educational QI effort" can be used to meet the requirement for quality and safety improvement

Sample Improvement Plan

Area for Improvement	Issue(s)	Improvement Plan	Group Responsible	Target Completion Date	Follow-up
Residents consistently performing poorly in statistics topic on ITE and Specialty Board Exams	• One didactic lecture scheduled every 18 months • Lectures cancelled	• Identify and overcome reason(s) for lectures being cancelled • Institute board reviews – ensure proper question writing format • Faculty development	• 2 residents and 1 faculty member (names) – give them credit for work	• June XXXX for implementation at start of new academic year	• Follow-up ITE/board scores • Ensure that successful measures are sustained • Revise actions that are not helpful

Elements of the Self-Study Document

- Introduction: How and Who

- Program Overview

- Program Aims

- Aggregated list of strengths and areas for improvement since the last visit

- Opportunities and Threats

- Action Plans for maintaining strengths, addressing areas for improvement and plans to address opportunities and threats

Accreditation Council for Graduate Medical Education

Thank You!

ACGME