ACGME Site Visits

Susan B. Promes, MD
Acting DIO, Office of GME
Professor & Program Director
Department of Emergency Medicine
Agenda

• Intro and Overview
• Guide to Navigating the Accreditation Websites and Systems
• Preparing the PIF

Break

• Preparing for the Big Day
• RRC Perspective
Know your Program Requirements
ACGME Competencies (Outcomes Project)

- Patient Care
- Medical Knowledge
- Interpersonal Communication Skills
- Professionalism
- System Based Practice
- Practice Based Learning and Improvement
The Review Process

- Peer Review by RRC member using the following information to determine compliance with the program requirements:
  - Peer Reviewers present assessment of the program to the entire RRC
  - RRC determines degree of compliance and assigns accreditation status along with review cycle range of 1-5 years
Site Visitor Interviews

• Questions to verify and clarify how your program addresses the requirements
  – Program Director and Coordinator
  – Chair
  – DIO
  – Faculty
  – Residents

Be prepared with supporting documentation
New Schedule for Site Visitors

- SV solicits list of program’s strengths and opportunities for improvement
  - Brief meeting with PD and coordinator
  - Interviews Residents
  - Interviews Faculty
  - Meets with PD and coordinator
  - Preliminary feedback to the PD on findings
New Methodology for Site Reviews

Shift to program operations and implementation

- Review of Citations
- Issues identified by residents
- Resident (and faculty) survey data
- Duty Hours

Focus on ongoing changes, improvements
Alertness Management
Fatigue Mitigation

- Educate all residents and faculty
- Adopt processes to manage possible negative effects of fatigue on patient care and learning
  - Naps, back up schedules
Transitions in Care

• Documented process in place for assuring effective hand-offs

• Ensure competency
  – Education
  – Assessment

• Consider
  – Short lectures, chart review, peer teaching and evaluation
Red Flags

• Poor preparation for accreditation process
• Program leadership changes
• Faculty (qualifications, number, hours dedicated to the program, turnover)
• Didactic program
• **Evaluation program**
• Support (financial and support staff)
Red Flags

• Scholarly work
• Appropriate volume and variety of patients
• **Procedural experience**
• Issues with recruitment and retention
• PIFmanship (**Program Director Responsibilities**)
• Faculty or residents not available for meeting with SV
New Accreditation Process

• 7 specialties:
  – Internal Medicine
  – Pediatrics
  – Radiology
  – Emergency Medicine
  – Urology
  – Orthopedics
  – Neurosurgery
Milestones

• Benchmarks of skills and knowledge that residents must achieve in certain stages in their residency

• Document steadily increasing mastery of 6 core competencies
New Institutional Accreditation Process (CLER)

• Periodic visits every 18 months
  – Short notice of visits
  – Senior leadership of sponsoring institution and the primary clinical site will be expected to participate

• Initial visits will begin in final quarter of 2012
Mystery Solved!
Your Guide to Finding and Navigating Key Accreditation Websites and Systems

Heather A. Nichols
Accreditation Manager
Office of Graduate Medical Education
Overview

- ACGME Website
- ACGME Accreditation Data System (ADS)
- ACGME e-Communication
- UCSF GME Accreditation Database (Salesforce)
- UCSF GME website
ACGME Website: Key Pages

- Residency Review Committee (RRC) homepage
  - Program requirements
  - PIF
  - FAQs
  - RRC meeting dates and newsletters
- Site Visit & Field Staff Tab
  - FAQs
  - Site visit checklist
  - Field staff bios
- New pages to keep an eye on
  - The Next Accreditation System
  - Approved Standards (2011 program requirements)
Home

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.

Date: The 2013 ACGME Annual Educational Conference will be held February 27-28, 2013, at the Swan and Dolphin in Orlando, Florida.

Meetings & Workshops:

- ACGME Leadership Skills Training Program for Chief Residents 2012
- 2012 RC Meetings
- New - Council of Review Committee Residents (CRCR) Meetings (PDF, 2012-2014)

Awards:

- 2012 ACGME Awards Recipients Announced (PDF, 2/7/12)
Home

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.

Save the Date: The 2013 ACGME Annual Educational Conference will be held February 28-March 3, 2013, at the Swan and Dolphin in Orlando, Florida.

News:

- **New - Next Accreditation System**
  
  In preparation for the Next Accreditation System (NAS), the Common Program Requirements have been finalized.

- www.acgme-nas.org

Meetings & Workshops:

- ACGME Leadership Skills Training Program for Chief Residents 2012

- 2012 RC Meetings

- Council of Review Committee Residents (CRCR) Meetings (PDF, 2012-2014)

Awards:

- 2012 ACGME Awards Recipients Announced (PDF- 2/7/12)
CHECK LIST FOR THE ACGME ACCREDITATION SITE VISIT (January 2012)

Please check off the items as you complete them during your preparation for the ACGME program site visit. Forward a copy of the completed check list to your site visitor along with the PIF. New program applications have already been filed with the ACGME; a copy of the document will be sent to our site visitor prior to the survey date. This will ensure that all documents needed for the accreditation site visit are complete and available on the day of the site visit. Many thanks in advance.

Site Visit Document Preparation

☐ Please follow the instructions on your Review Committee=s web page to determine the documents you need to complete.

☐ Once completed, ask your Designated Institutional Official (DIO) to review and sign the PIF.

☐ Make 4 hard copies of the PIF documents.

☐ Send one (1) copy of the documents to the site visitor at the above address of the site visitor 14 days before the date of the site visit.

☐ Provide the remaining three (3) sets to the ACGME site visitor on the day of the visit.

☐ Notify residents of the site visit interview. In programs with ten or fewer residents, the site visitor will interview all residents on duty on the day of the visit. In programs with more than 10 residents, the site visitor will interview 10 to 12 peer-selected residents, representing all years of training. Extra-year chiefs may not participate.

Include the Following Documents with the PIF Materials You Send to the Site Visitor

☐ A copy of the site visit schedule with names and titles of all the participants.

☐ Detailed directions to the institution and the meeting room in which the visit will be conducted.

☐ The contact number of the program director or another staff member, ideally with a cell phone or pager number for the site visitor to contact the program if an emergency or other urgent need to contact the program arises.

☐ An electronic copy of the program=s written response to all citations from the most recent accreditation action, which will assist the site visitor in documenting the corrections and improvements the program has made, and a list of all major changes in the program and sponsoring institution since the last site visit, e.g., administration, faculty, curriculum, facilities, participating institutions (if this information is not included in PIF). Both electronic documents should be e-mailed to the site visitor at the e-mail address shown in the announcement letter.

☐ On the Day of the Visit, Please Have these Documents Available for Review by the Site Visitor
ACGME Accreditation Field Representative

John D. Roscelli, MD

John D. Roscelli, MD, earned a BA in Physics from the University of the Pacific in his home town of Stockton, California. He earned his MD at the University of Washington, during which time he was also enrolled in the US Army Senior Medical Program. After graduation, he served his Pediatric internship and residency at Tripler Army Medical Center in Honolulu, Hawaii. He completed his Pediatric Nephrology fellowship at the Los Angeles Children’s Hospital and UCLA Medical School.

Dr. Roscelli has had a variety of military assignments including staff pediatrician at the 2nd General Hospital (US Army) at Landstuhl, Germany, and Chief of Pediatrics at US Army Hospital, Augsburg, Germany.

He served as Chief and Pediatric Program Director at Brooke Army Medical Center at Ft. Sam Houston, TX from 1991 to 2002, and as a Consultant in Pediatrics to the Office of the Surgeon General of the Army from 1999 to 2003. Dr. Roscelli was the Dean of Graduate Medical Education and Chief Operating Officer of San Antonio Uniformed Services Health Education Consortium from 2001 to 2005, where he served as Designated Institutional Official. He also held the title of Clinical Professor of Pediatrics at the University of Texas Medical School at San Antonio.
The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits more than 9,000 residency programs in 135 specialties and subspecialties in the United States, affecting more than 116,000 residents. Its mission is to improve health care in the U.S. by assessing and advancing the quality of graduate medical education for physicians in training through accreditation.

This website shares background and detail regarding the ACGME's next accreditation system, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

**Recent News**

- Categorization of Common Program Requirements
Quality Care and Excellence in Medical Education

As the accrediting body for more than 8,800 medical residency programs, the Accreditation Council for Graduate Medical Education (ACGME) is charged with setting and enforcing standards for supervision and resident duty hours for graduate medical education. This website shares background and detail regarding proposed new standards developed by a special task force convened to review, deliberate and draft new standards that will go into effect July 2011.
ACGME Accreditation Data System (ADS)

- Login required (issued by ACGME)
- Key site visit documents/processes:
  - PIF
  - Faculty CVs
  - Resident/Fellow/Faculty Survey
  - RRC notification letters
  - Participating sites
  - Trainees
- Misc.
  - Change in resident complement request
  - Annual Program Update
  - Case logs
PROGRAM DIRECTOR:
PROGRAM: UNIVERSITY OF CALIFORNIA (SAN FRANCISCO) PROGRAM

ANNUAL UPDATE TO BEGIN ON: JULY 27, 2011
ANNUAL UPDATE TO BE COMPLETED BY: AUGUST 19, 2011
ANNUAL UPDATE COMPLETED? YES

WEB ACCREDITATION DATA SYSTEM HIGHLIGHTS

MINIMUM BROWSER REQUIREMENTS
Note: In order to display content correctly within ACGME Data Systems now and in the future, we will no longer support Internet Explorer 6 beginning July 1st, 2010. We recommend upgrading to a more recent version of Internet Explorer or an alternative web browser (Firefox, Safari, Chrome). Currently, our systems function, while not ideal, with IE 6, however future scheduled enhancements will not support IE 6.

REQUESTS FOR VOLUNTARY WITHDRAWAL MUST BE DONE THROUGH ADS
According to ACGME policy, a program or sponsoring institution may request voluntary withdrawal of accreditation when a decision has been made to no longer participate in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted using the Accreditation Data System (ADS). Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, including the proposed effective date which should coincide with the end of the academic year, the reason for program closure, and a plan to place all active residents in other programs. Once submitted, the DIO is automatically sent an email requesting approval through ADS. DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, and the program may not accept new residents/fellows, may not request "reversal" of the action (regardless of the proposed effective date), but may seek re-accreditation at a future date by undergoing the application process pursuant to ACGME policy.

Once the DIO approves the request, ADS notifies the Review Committee staff. After the staff process the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.

Prevent timeout by periodically saving your work!

Do not leave your browser session inactive for more than 45 minutes to prevent session timeout. In order to protect the sensitive information in ADS from unauthorized viewing, ADS will time users out after 45 minutes of inactivity. If you are spending a lot of time on one screen, it is always a good idea to save your work periodically.
Below is the faculty roster. Physicians and non-physicians appear on separate tabs. To add faculty, click the "Add faculty" tab. To view faculty details, click the "i" button to collapse. Faculty members that appear in red are missing required information necessary for display on the Program Information Form (PIF). Remove faculty details. You may also copy faculty from other accredited programs at your institution if the faculty members exists in another ADS account at your institution and your institution has other institutions. To remove a faculty member from your list, enter a "date left the program or became inactive" under the Mark Faculty as Inactive column. To remove inactive faculty tab and they will not appear on the PIF.

Click Here to View Physician Faculty Definition

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Degree(s)</th>
<th>Specialty(ies)</th>
<th>Base Institution</th>
<th>Years/Spec</th>
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<tbody>
<tr>
<td>Liu, Kishion O</td>
<td>Program Director</td>
<td>MD, PhD</td>
<td>Neuroradiology, Critical care medicine</td>
<td>UCSF and Mount Zion Medical Center</td>
<td>5</td>
</tr>
</tbody>
</table>

Original Certification Year: 2005
Certification Status: Original Certification Currently Valid

Secondary Specialty: Critical care medicine

Faculty Hours Breakdown

- Clinical Supervision: 8
- Administration: 0
- Didactic Teaching: 2
- Research: 10
- Avg. Hours/Week: 20
ACGME e-Communication

- Sent by ACGME to PDs and PCs listed in ADS

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From: ACGME Communications <ACGMECommunications@acgme.org>
To: 
Cc: 
Subject: ACGME e-Communication - April 23, 2012

ACGME e-Communication
April 23, 2012

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Next Accreditation System News

- **Categorization of the Common Program Requirements for July 2013 Implementation of the ACGME’s Next Accreditation System**
  
The phased implementation of the ACGME’s Next Accreditation System (NAS) will begin in July 2013 for seven accredited specialties (emergency medicine, internal medicine, neurological surgery, orthopaedic surgery, pediatrics, diagnostic radiology, and urology) and related subspecialties. The NAS requires categorization of the ACGME’s Common Program Requirements to clearly identify Core Requirements and Detail Requirements pertaining to structure, resources, and educational processes, as well as Outcome Requirements. Categorizing Core and Detail Requirements for structure, resources, and processes will allow the ACGME to create high-performing programs from meeting Detail Requirements, enabling such programs to innovate.

Definitions of Core, Detail, and Outcome Requirements, and the categorized Common Program Requirements have been posted on the ACGME’s NAS microsite, [www.acgme-nas.org](http://www.acgme-nas.org), and can be viewed [here](http://www.acgme-nas.org).

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Accreditation Data System (ADS) and Case Log System – Downtime Notice

- **In preparation for integrating our data collection systems and moving to the next accreditation system, ADS and the Case Log System will be unavailable in mid-June for approximately one week, tentatively scheduled for June 9-16.** We will provide updates as details are finalized. If your program or institution is preparing for a site visit, please be aware of the downtime and complete all necessary documentation prior to mid-June.

When ADS and the Case Log System become available after the downtime, the data systems will reflect the 2012-2013 academic year, and every resident will have an unconfirmed status (similar to previous academic year rollovers).

**Specialties that utilize the Case Log System:** You will not be able to submit the data for your graduating residents until our systems become available in mid-June. You will have several weeks before the ACGME deadline to review and submit the data for your graduating residents, and we will notify all affected specialties when these data can be submitted.

During the downtime, it will not be possible to log into the Case Log System to enter data or generate reports. Therefore, any data that needs to be entered or reports generated (especially for graduating residents), must be completed before the downtime. Please encourage graduating residents to keep their case log data up-to-date now.
UCSF GME Accreditation Database (Salesforce)

• Login required (issued by Office of GME)

• “Libraries” Tab
  – Your programs key accreditation documents (policies, goals and objectives, annual program director survey, internal review reports, etc.)
  – ALL previously completed UCSF GME PIFs

• “Reports” Tab: GME Accreditation folder
  – Site Visitor Summary report
<table>
<thead>
<tr>
<th>Actions</th>
<th>Library Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GME Shared Documents</td>
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<tr>
<td></td>
<td>GME Shared Documents</td>
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<td></td>
<td>Radiation Oncology</td>
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<td>Residency - 4300521013</td>
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**Top Content**

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<tr>
<th>Title</th>
<th>Author</th>
<th>Publication Date</th>
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<tr>
<td>ALL Attending Communications Policy 030912</td>
<td>Heather Nichols</td>
<td>3/15/2012</td>
</tr>
<tr>
<td>Rad Onc GME Annual Survey 2010-111</td>
<td>Haley Garcia</td>
<td>12/9/2011</td>
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<tr>
<td>Pads PIF 121510</td>
<td>Heather Nichols</td>
<td>12/7/2011</td>
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<td>Rad Onc Prog Lt to OMEDG Res Comp 102911</td>
<td>Haley Garcia</td>
<td>11/30/2011</td>
</tr>
<tr>
<td>Site Visitor Name</td>
<td>Site visitor summary</td>
<td></td>
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<td>---------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
| Carl L Stanitski, MD      | 1. He wanted to look at a file of a transfer fellow from 5 years ago.  
2. He stressed educating fellows about how to give feedback concerning faculty teaching.  
3. He made one comment about how some faculty need to be more academic, but didn’t go into an... |
Demeanor was formal but friendly. Comments were very much in a constructive tone. Everything went exactly accor... |
| Harold Johnstone          | Asked few questions. Did not review IRs or Affiliation Agreements. Asked open ended questions ("Any citations we should...  
Golden Eagles in Sonoma... Very brief meeting. Meeting included Chair DOM (Pat C.)  |
| John H. Beernink          | Dr. Beernink is a very pleasant individual and thorough in his review of the PIF. Most of the topics are those that were...  
-Program strengths and weaknesses (asked of fellows, faculty, PD)  
-Asked fellows questions from t... |
| William T. McKinney, MD    | Dr. McKinney was very low-key and pleasant. He went through everything we expected, including all of our residents files...  
documents on the checklist. He also pointed out a couple of things with the PIF, which he allowed us to correct... |
| William W Robertson, MD    | He arrived at 8:15 for an 8:30 meeting so he was early. We got everything together for him and began with an orientation  
Dr. Robertson started to talk about the new system and how it will work. We had a discussion about the number of fac... |
| John Roscelli             | He had PLENTY of questions to ask us. He focused a lot on the accuracy of what we wrote in the PIF. He wanted to make...  
the PIF were correct; that there were only 3 sites used (UCSF/Mount Zion, Langley Porter, SFGH) in the PIF... |
| Carl Stanitski            | He is a Pediatric Orthopedist. So is his wife. Charleston, Pitt, Michigan. Looked out here with Bradford. Easy going; read...  
competency rather than numbers for deliveries. Visited OB-GYN, Vascular Neurology, Sports Medicine on Feb 2. Di... |
Procedures for Away Rotations

UCSF GME training programs may establish rotations for educational experiences for residents and clinical fellows at a variety of training sites. Examples of training sites include: a university, a medical school, a health department, a public health agency, a federally qualified health center, a consortium, or an educational foundation.

Training programs interested in establishing rotations must follow the UCSF GME procedures for away rotations.

Procedures and Policies

Office of GME Procedures for Away Rotations

Procedures for Adding New Training Site to GME Accreditation Database

UCSF Affiliation Agreement Policy

UCSF GME PLA Template and TAA Request Form

Program Letter of Agreement (PLA) Template

Training Affiliation Agreement (TAA) Request Form

GME Training Affiliation Agreements

Active GME Training Affiliation Agreements

GME Program Specific Affiliation Agreements

GME International Training Affiliation Agreements
Key ACGME Webpages

- **RRC Homepage**
  [http://www.acgme.org/acWebsite/navPages/nav_comRRC.asp](http://www.acgme.org/acWebsite/navPages/nav_comRRC.asp)
- **Program Directors & Coordinators**
  [http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp](http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp)
- **Field Staff FAQs**
  [http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp](http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp)
- **Field Staff Bios**
  [http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp](http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp)
- **Next Accreditation System**
  [http://www.acgme-nas.org/](http://www.acgme-nas.org/)
- **Approved Standards (2011 program requirements)**
  [http://www.acgme-2010standards.org/](http://www.acgme-2010standards.org/)
Misc. Key Websites

• **ADS**
  - https://www.acgme.org/ads/default.asp
  - Login: Assigned by ACGME

• **UCSF GME Accreditation Database**
  - https://login.salesforce.com/
  - Login: One per program, assigned to program coordinator to share with program director

• **UCSF GME Website: Program Letter of Agreement Template**
  - http://medschool.ucsf.edu/gme/Prog_Resources/taa.html
Questions?

Contact Heather Nichols, Accreditation Manager
nicholsha@medsch.ucsf.edu
Preparing the ACGME Program Information Form (PIF)

Claire Brett, MD: Vice Chair, GMEC
Do and Don’t: PREPARING THE PIF
PIF: Sections

- Common: electronic
- Subspecialty: electronic vs “word”
- Specialty: electronic vs “word”
Common Electronic PIF

- Accreditation Information
- Citation Information
- response to previous citations
- major changes
- Participating Sites
  - Sponsoring Institution
  - Primary Site (Site #1)
  - Participating Site (Site #2, 3)
- brief educational rational
- PLA
  - Integrated
- Faculty/Teaching Staff
  - Program Director information
- Physician Faculty Roster
- Non-Physician Faculty Roster
- Physician CV's
- Resident appointments
- Evaluation
  - Methods of evaluation: Competencies
  - Evaluators: educated on assessments
  - Residents: informed of methods
  - Ensuring that faculty complete evaluations
  - Process to complete/document semiannual evaluations
  - Annual confidential evaluations of faculty
  - Feedback to faculty
- Program evaluation
- Program improvement: program evaluation/ACGME Survey
Common Electronic PIF

- Duty Hours
- Back up system: clinical care needs exceed the residents' ability
- Describe how clinical assignments are designed to minimize the number of transitions in patient care
- The program & the sponsoring institution: ensure that hand-over processes facilitate both continuity of care & patient safety
- Indicate how your program educates residents to recognize the signs of fatigue & sleep deprivation
- Facilities & amenities available to residents on-call
- Transportation options the program or institution offer residents who may be too fatigued to safely return home
- Describe how the program director & faculty evaluate the resident's abilities to determine progressive authority & responsibility, conditional independence & a supervisory role
- Moonlighting
- Describe ambulatory and non-hospital settings other than the inpatient experience
- Describe residents' use of electronic medical records & how this contributes to their education
Specialty PIF

- **Pediatric subspecialty PIF**
  - Faculty research
  - Research resources
  - Program curriculum
  - Block diagram
  - Goals and objectives
  - Conferences
  - Fellow research activities
- **Specialty specific PIF**
  - Facilities and services
  - Patient care
  - Medical knowledge
  - PBL and improvement
  - Professionalism
  - System based practice
PREPARING THE PIF
Timeline: early; monitor; revise
• GME
• Program
• Update ADS
Assignments
• CV’s
• Logs
• Data for each site
Program Requirements are the guide
PD writes the PIF: one voice
Resources
• ACGME/weekly e-Communications
• Other PD: internal and program
• Other Coordinators
• PIF library: electronic via OGME
• RRC/site visitor
PREPARING THE PIF
Timeline:
Site Visit *July 1*

- Notification from RRC: 110-120 days
  - March 1
- Site visitor sends instructions
  - March 8
- Site visitor: 2 weeks before site visit
  - June 15
- DIO: 3 weeks before site visit
  - June 8
- Final PIF: 4-6 weeks before site visit
  - June 1
- First draft: 2-3 months before site visit
  - April 1
PREPARING THE PIF

Style

• Avoid abbreviations
• Never refer the reviewer to another section of the PIF; every answer stands alone, even if repetitive.
• Bullets rather than paragraphs
• Answer THE QUESTION; avoid extraneous/irrelevant information
• Final PIF: no changes for site visit
  No materials after the site visit
NP fellows are admitted into the program from one of two routes:
1) through combined AP/NP residency or
2) as an NP fellow after completion of American Board of Pathology requirements in AP/CP or AP only residency.
PREPARING THE PIF
Answer the Question

“Describe your educational program”
≠
Goals and Objectives
PREPARING THE PIF

Answer the Question

Faculty Roster

“List alphabetically and by site all physician faculty who devote at least 10 hours a week to resident education”
Go to your program’s ADS site
Choose “Last Notification Text”
Choose “Respond to Citation”
BE SPECIFIC IN ANSWERING CITATIONS
USE CURRENT INFORMATION
(not 3-year old progress report)
PREPARING THE PIF:
Content

• Identify a team of readers to review
• Check consistency among data/narrative/tables
PREPARING THE PIF:
Content

- **Complete**: response clear to any reader
- **Compliant**: program requirements/provide evidence for response
- **Correct**: accurate data? Consistent among sections/tables
MAKE SURE YOU HAVE DATA TO SUPPORT YOUR ANSWERS

If you report the residents use learning plans...
Have a copy of a blank learning plan in your binder

If you report the learning plans are assessed...
Have a copy of the assessment form or format in your binder

Data

- What data do you collect?
PREPARING THE PIF

Answer the Question

Describe how fellows:

a) Develop teaching skills necessary to educate patients, families, students, and other residents;
b) Teach patients, families, and others; and
c) Receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)

a) Fellows develop teaching skills:
b) Fellows teach patients, families, and others:
c) Fellows receive and incorporate formative evaluation:
PREPARING THE PIF

Answer the Question

“Discuss the organization and assignment of A&I resident outpatient activities, type of clinical practice, e.g., hospital, clinic, private practice, and whether A&I residents have other responsibilities during outpatient assignments.”

The pediatric immunology practice at UCSF began in 1979 under the direction of Dr. AAA. In 1984, Dr. BBB, already a leader in pediatric immunology and HIV/AIDS in children, became the Director of Pediatric Immunology/Rheumatology as well and retained the primary responsibility for supervising the inpatient and outpatient clinical program for the diagnosis and treatment of children with primary immunodeficiency disorders until 2010. Going forward, Dr. BBB will continue to direct the HIV/AIDS program and will participate in the primary immunodeficiency program, the latter now Directed by Dr. CCC. The Immunology Clinic directed by Dr. CCC will be the site of initial evaluation of infants born in Northern California who are identified through universal newborn screening to have low T cell receptor excision circles, or TRECs, and low or absent T lymphocytes. These infants, seen between 4 and 6 weeks of age, may have SCID or other known or as yet unrecognized conditions associated with primary or secondary T lymphocytopenia....
PREPARING THE PIF

Answer the Question

“Discuss the organization and assignment of A&I resident outpatient activities, type of clinical practice, e.g., hospital, clinic, private practice, and whether A&I residents have other responsibilities during outpatient assignments.”

The outpatient activities of the Allergy & Immunology resident:
- Organization/type of clinical practice
- Assignment
- Other responsibilities
PREPARING THE PIF

Answer the Question

Faculty CV’s

• Academic Appointments - List the past ten years, beginning with your current position.
• Concise Summary of Role in Program
• Current Professional Activities / Committees (limit of 10)
• Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
• Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)
• Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10)
PREPARING THE PIF

Answer the Question
Faculty CV’s

Current Professional Activities / Committees (limit of 10):

[2007 - 2008] Chair, California Society of Anesthesiologists,
Resident Research Competition
PREPARING THE PIF
Answer the Question
Faculty CV's

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Citation #2:

Program Director Responsibilities

The program director must prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.

The information presented included outdated faculty publications (prior to 2005) and listed publications that did not include publication dates. [Program information Form, pp. 7-27]
PIF

Describe one learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning).

PROGRAM REQUIREMENTS

Residents must demonstrate the ability to investigate & evaluate their care of patients, to appraise & assimilate scientific evidence, & to continuously improve patient care based on constant self-evaluation & life-long learning. Residents are expected to develop skills and habits to be able

- identify strengths, deficiencies, & limits in one’s knowledge & expertise
- set learning and improvement goals
- identify & perform appropriate learning activities
- systematically analyze practice using quality improvement methods, & implement changes with the goal of practice improvement
- incorporate formative evaluation feedback into daily practice
- locate, appraise, and...
PIF

Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies.

PROGRAM REQUIREMENTS

Residents must demonstrate interpersonal & communication skills that result in the effective exchange of information & collaboration with patients, their families, & health professionals

• communicate effectively with patients, families, & the public, across a broad range of socioeconomic & cultural backgrounds
• communicate effectively with physicians, other health professionals, related agencies
• work effectively as a member or leader of a health care team or other professional group
• act in a consultative role to other physicians and health professionals
• maintain comprehensive, timely, & legible medical records
PREPARING THE PIF

• Describe *one learning activity* in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health related agencies.

• Describe *at least one learning activity, other than lecture*, by which residents develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.
• Describe *one example of a learning activity* in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients’ health problems. The description should include:
  a) locating information
  b) using information technology
  c) appraising information
  d) assimilating evidence information (from scientific studies)
  e) applying information to patient care
PREPARING THE PIF

• Limit your response to 50 words. Limit your response to 200 words.

• Start date & end date for data collection: *Use the same 12-month period throughout document.*
PREPARING THE PIF

• Non-electronic: Print on one side
• Paginate as directed
• No extra attachments
• No binders, stables, clips
Have the following documents available for the site visitor:

References to Common Program and Institutional Requirements are in parentheses.

1. Policy for supervision of residents (addressing resident responsibilities for patient care, progressive responsibilities for patient management, and faculty responsibility for supervision) (CPR IV.A.4)
2. Program policies and procedures for residents’ duty hours and work environment (CPR II.A.4.j; CPR VI.C; IR II.D.4.i; IR III.B.3)
3. Moonlighting policy (CPR II.A.4.j; CPR VI.F)
4. Documentation of internal review (date, participants’ titles, type of data collected, and date of review by the GMEC)
5. Overall educational goals for the program (CPR IV.A.1)
6. Competency-based goals and objectives for each assignment at each educational level (CPR IV.A.2)
8. Files of current residents who have transferred into the program, if applicable (including documentation of previous experiences and summative competency-based performance evaluations) (CPR II.C.1)
9. Evaluations of residents at the completion of each assignment (CPR V.A.1.a)
10. Evaluations showing use of multiple evaluators (faculty, peers, patients, self, and other professional staff) (CPR V.A.1.b.(2))
11. Documentation of residents’ semiannual evaluations of performance with feedback (CPR II.A.4.g; V.A.1.b.(4))
12. Final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision (CPR V.A.2)
13. Completed annual written confidential evaluations of faculty by the residents (CPR V.B.3)
14. Completed annual written confidential evaluations of the program by the residents (CPR V.C.1.d.(1))
15. Completed annual written confidential evaluations of the program by the faculty (CPR V.C.1.d.(1))
16. Documentation of program evaluation and written improvement plan (CPR V.C)
17. Documentation of resident duty hours (CPR II.A.4.j; VI.D.1-3)
18. Files of current residents and most recent program graduates
PREPARING THE PIF
Do & Don’t

**DO**
- Read and re-read
- One author: Program Director
- Ask for help
- Follow directions meticulously
- ANSWER THE QUESTION

**DON’T**
- Last minute
- Cut & paste from many authors
- Revising an old PIF
- Outdated CV’s
- General statements without evidence
The Big Day: Preparation, Collection and Presentation

How to Prepare your Documentation for a Site Visit

Amy C. Day, MBA
Director of Graduate Medical Education
Site Visit Notification

- Letter/email from ACGME (three to four months prior)
- Make contact immediately
- Be very accommodating
- Site Visitor will make specific scheduling requests
  - Who should attend
  - Timeline for the day
  - Additional information that should be provided

- Offer:
  - Help with travel plans
  - Parking at UCSF
  - Detailed directions and location information
  - Breakfast/coffee/lunch
Site Visit Date

- Not flexible
- All people requested by Site Visitor must be present
  - Inform him/her immediately if someone is unavailable
- Once it’s set don’t change... especially on the day of the visit
Day of Visit

- Conference room – one room for whole day
  - Private and quiet
  - Make sure room is clean
  - Sign on door
  - Refreshments
  - Computer and phone access if possible
  - All binders and files should be in room, ready upon request
- Page/email reminders for all participants
  - One week prior, day before, and/or morning of Site Visit
- Program Coordinator should participate
  - Additional help for Coordinator to serve as a “runner”
- Stick to schedule – be on time
- Again, be as accommodating as possible
Site Visit

- **Focus:** Verify the PIF
- **Tools:**
  - Program documentation
  - Resident Survey
    - Faculty Survey in the future
  - Interviews with key people
    - Program Director and Program Coordinator
    - Chair
    - DIO
    - Residents/Fellows
    - Faculty
Typical Site Visit Schedule

8:30-8:45 AM - Meet with Program Director and Program Coordinator

8:45-9:00 AM - Document review

9:00-10:00 AM - Meet with twelve residents, three from each class and selected by their peers

10:00-10:30 AM - Meet with Designated Institutional Official

10:30-10:45 AM - Meet with Department Chair (or designee)

10:45-11:30 AM - Meet with up to eight core faculty

11:30 AM-1:00 PM - Meet with Program Director and Program Coordinator
PIF

- Send one copy to site visitor at least 14 days prior
  - Site visit schedule (names and titles)
  - Directions and room location
  - Contact number for program director and/or program coordinator (for emergencies)
  - Email the site visitor:
    - Written response to previous citations
    - List of all major program and sponsoring institution changes (administration, faculty, training sites, facilities, etc.)
- Give three additional copies to the site visitor on the day of the visit
Site Visit Checklist

- Updated January 2012
- ACGME site visit FAQs
  - http://www.acgme.org/acWebsite/fieldstaff/fs_faq.asp
- Five categories of documentation:
  1. Sponsoring and Participating Institution
  2. Resident Appointment
  3. Educational Program
  4. Evaluation
  5. Duty Hours and the Learning Environment
RRC-Specific Documentation

- Case/procedure logs
- Conference attendance
- Individualized learning plans
- Etc.
1. Sponsoring and Participating Institution

- Program Letters of Agreement
  - Five years
  - Signed by current program director and site director

- NOTE: Training Affiliation Agreements - DIO will bring to meeting
2. Resident Appointment

- Files of current residents/fellows
- Files of recent program graduates
- File of residents/fellows who have transferred out of program
Resident/Clinical Fellow Files

- Personnel files – one file per trainee
- Can organize by year, type of document, or both
- Transfer trainees:
  - Verification of educational experiences
  - Competency-based evaluations
- Check your program requirements!

Include:
- Annual appointment paperwork
- Evaluations (ALL) of trainee
  - Divided by competency
  - Final evaluation for program graduates
  - Semi-annual evaluations by program director
- Other educational information, including:
  - Procedure logs
  - Presentations and other scholarly work (articles)
  - In-service exam scores
  - Conference attendance
  - Rotation schedules
  - Records of disciplinary actions
  - Moonlighting records
3. Educational Program

- Overall educational goals for the program
- Competency-based goals and objectives
  - For each assignment/rotation
  - At each educational level (PGY)
4. Evaluation

- E*Value reports, summaries, and questions
- Evaluations of residents/clinical fellows:
  - End of a rotation/assignment
  - Showing use of multiple evaluators
  - Semiannual of performance with feedback
  - Final (summative) evaluation documenting:
    - Performance during the final period of education and
    - Demonstration of sufficient competence to enter practice without direct supervision
4. Evaluation (continued)

- Annual written confidential evaluations of faculty by residents/clinical fellows
- Annual written confidential evaluations of the program:
  - By residents/clinical fellows
  - By faculty
- Documentation of program evaluation and written improvement plan
- Document of duty hours
5. Duty Hours and the Learning Environment

- Supervision policy
  - Addresses progressive responsibility and faculty responsibility for supervision
- Duty hours policy
- Moonlighting policy
- Protocols defining circumstances requiring faculty involvement
  - Communications policy
5. Duty Hours and the Learning Environment (continued)

- Sample documents for episodes when residents/fellows remain on duty beyond scheduled hours
  - Comments from E*Value
- Evidence of trainee participation in QI and safety projects
  - Meeting minutes
  - Project documentation
  - Etc.
Additional Program Documentation

- Competency-based goals and objectives (by rotation and PGY)
- Program Letters of Agreement (PLAs)
- Conference schedules and attendance
- Duty hour reports
- Written Plan of Action (and meeting minutes when discussed)
- Meeting minutes where applicable
- Rotation and call schedules
- Program policies and/or handbooks
Presenting the Documentation

- Two types:
  - Resident/clinical fellow personnel files
  - Program documentation
- Organized
  - No loose paper (use binders or folders)
  - Be able to find things quickly when requested
ACGME Resident Survey

- Survey results available in ADS
  - Be sure to discuss with residents/clinical fellows
- Will ask how noncompliance was handled
  - Must match what is reported to OGME in Annual Program Director Update and in the PIF
- Look at trends over time
- Trainee interviews will be focused on noncompliant areas
Preparing the People

- Residents/fellows and core faculty
- Trainees must be peer selected
- Distribute the PIF – should be read several times prior
- Review:
  - ACGME Resident Survey
  - Policies
  - Evaluation process
  - ACGME competencies
  - Goals and objectives
  - Etc.
- Prepare everyone, but don’t tell them what to say
Questions..........................