American Society of Hematology
59th Annual Meeting & Exposition
Training Program Directors' Workshop

Review Committee for Internal Medicine Update
Christian Cable, MD, MHPE, Chair

Friday, December 8, 2017
International Ballroom D, North Tower

Disclosures

No conflicts to disclose

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Plan for Session

NAS Review: Processes

Continuous Accreditation

Self-Studies/ 10-year Visits

NAS Review: Goals

Reduce Burden

Foster Innovation

Recent ACGME/ RC-IM Initiatives

CPRs- Section VI

CPRs- The Rest

Scholarship sub FAQ

Milestones 2.0

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How does RC review established programs?

NAS – *~~Next~~ NOW or NEW Accreditation System*

RC reviews every established program annually using data

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NAS Process: Continuous Accreditation

Data Elements (Indicators)

- Fellow Survey
- Clinical Experience
- ABIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Omission of Data

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NAS Process: Continuous Accreditation

2016 – 2017

jul aug sep oct nov dec jan feb mar apr may jun

2016-2017 Faculty/Resident Roster Reporting (Attrition/Changes) - updated until ADS Rollover

2015-2016 Faculty and Resident Scholarly Activity Reporting – updated until ADS Rollover

2016-2017 Milestones* Reporting 1

2016-2017 Milestones* Reporting 2

2017 Resident Survey (including Clinical Experience)

2017 Faculty Survey

ABIM pass rate data (reported by ABIM)

2017 ADS Rollover

** Milestones data are not reviewed by RC*

2017 – 2018

jul aug sep oct nov dec jan feb mar apr may jun

Data Analysis

2017 Annual Update
- *Responses to Citations* ■
- *Major Changes* ■
- *Sites/Block Diagram* ■
- *Overall Eval Methods* □
- *Duty Hours* □
- *DH/Learning Environment* □

RC Reviews Outliers

Site Visits/Clarifying Information

RC Meeting 1

RC1 LONs

SVs/CI

RC Reviews

RC Meeting 2

RC2 LONs

"Annual Accreditation" LON

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What's an "outlier?"

1. Programs with Citations

- ***Is the program addressing the citations?***
- ***Are there positive outcomes?***
- ***Is there enough information?***

2. Programs flagged on NAS data elements

- ***Are there multiple elements flagged?***
- ***Which elements were flagged?***
- ***Are there trends?***
- ***Is there enough information?***

If there is not enough information…request clarifying information or a site visit.

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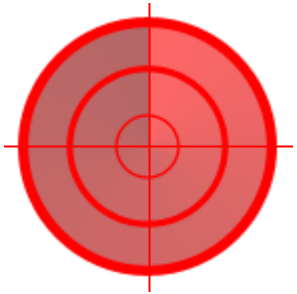
Use "Major Changes and Other Updates" in ADS

- Be proactive
- Provide context
- Describe outcomes



Major Changes and Other Updates

Major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

[Enter text here]

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Compare + Contrast: Citations + AFIs

Citations	Areas for Improvement/Concerning Trends
A citation identifies an area of noncompliance and refers to a specific program requirement	An AFI can identify an area of noncompliance, but also may be a warning that compliance is borderline or that trends indicate noncompliance is likely imminent.
A citation is added to the program's history and requires a response in ADS during the program's Annual Update.	An AFI is added to the program's history, but does not require a response in ADS, though identifying corrective actions in the "Major Changes" field during the Annual Update is a is a good practice.
A citation is reviewed annually until the RC is satisfied that the area of noncompliance has been adequately addressed and the citation is "resolved." If the RC is not satisfied by the program's response, it will be "extended."	An AFI is not reviewed unless the program is re-identified as an outlier. If the AFI is still a concern during a subsequent review, it will likely escalate to a citation. The RC expects that the concern will be addressed, corrected, and monitored for continued compliance locally.

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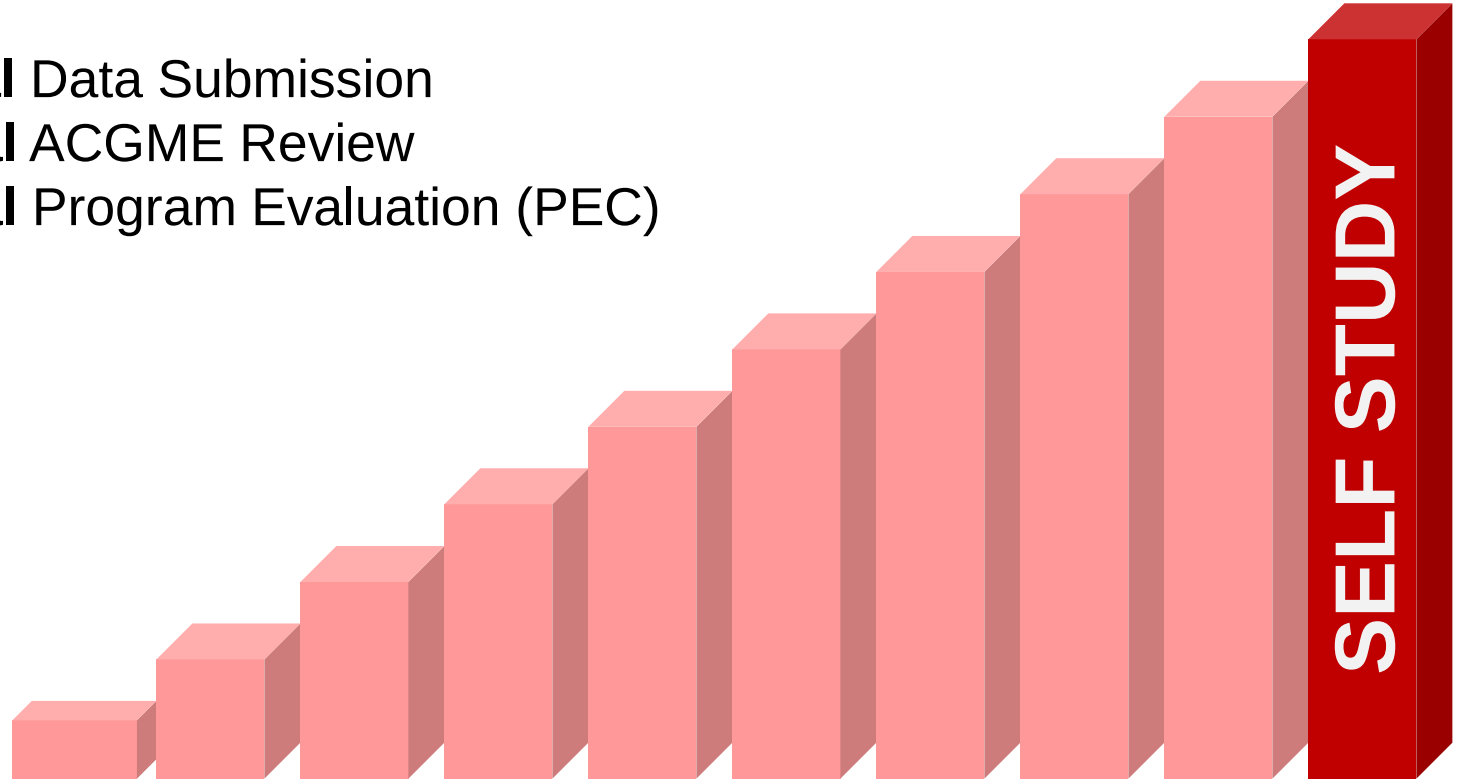
NAS Process: Continuous Improvement

- **Annual** Data Submission
- **Annual** ACGME Review
- **Annual** Program Evaluation (PEC)



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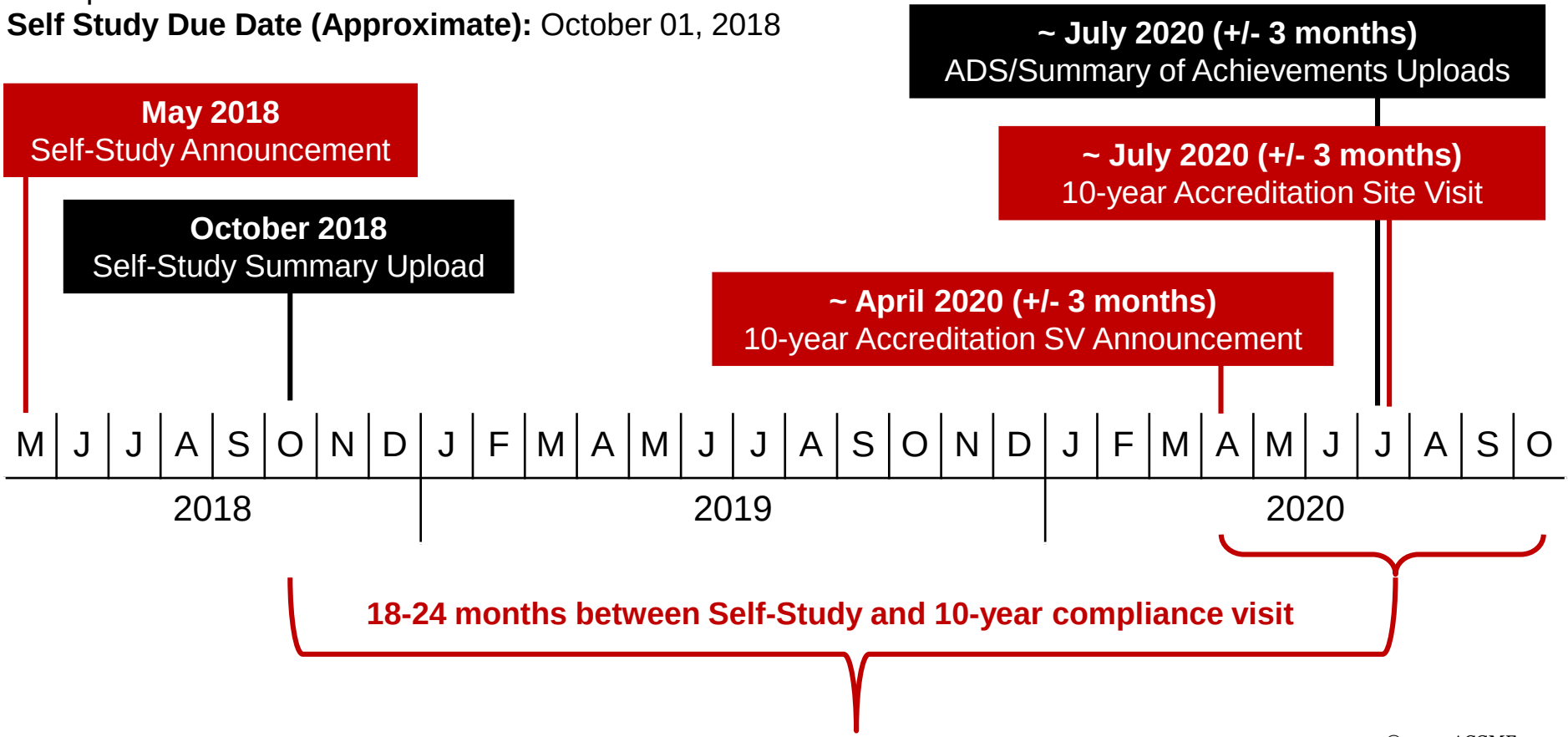
Self-Study/10-year Timeline

Example:
Self Study Due Date (Approximate): October 01, 2018



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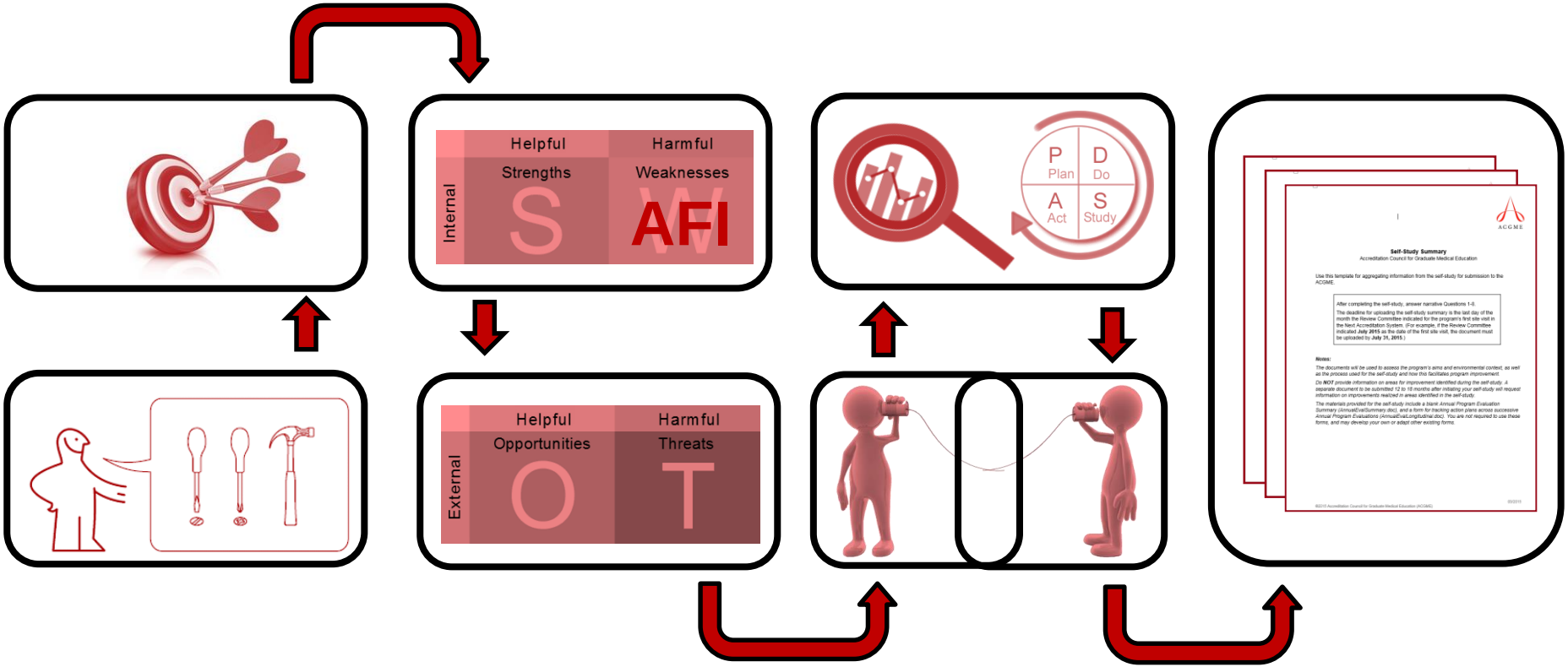
Self-Study in 8 Steps



http://www.acgme.org/What-We-Do/Accreditation/Self-Study

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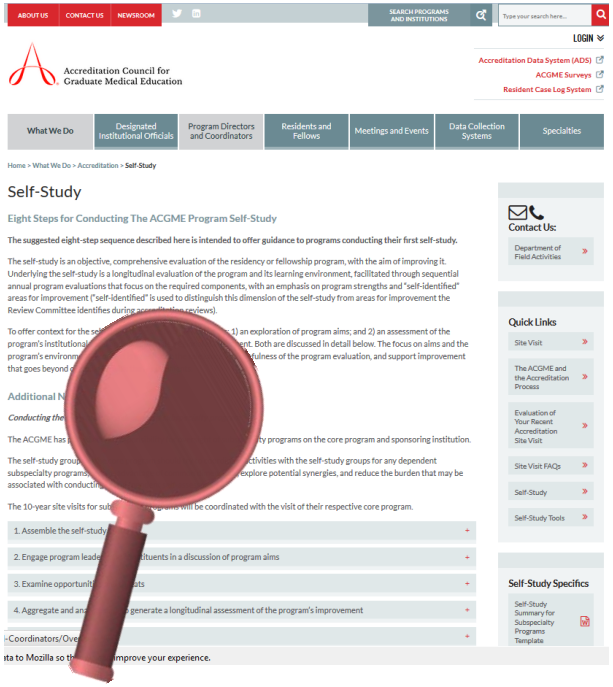
Self-Study: Fellowships



"Additional Notes"

Conducting the self-study for a dependent subspecialty program

- The ACGME has placed added responsibility for oversight of subspecialty programs on the core program and sponsoring institution.
- The self-study group for the core program should try to coordinate activities with the self-study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment.
- The 10-year site visits for subspecialty programs will be coordinated with the visit of their respective core program.

http://www.acgme.org/What-We-Do/Accreditation/Self-Study

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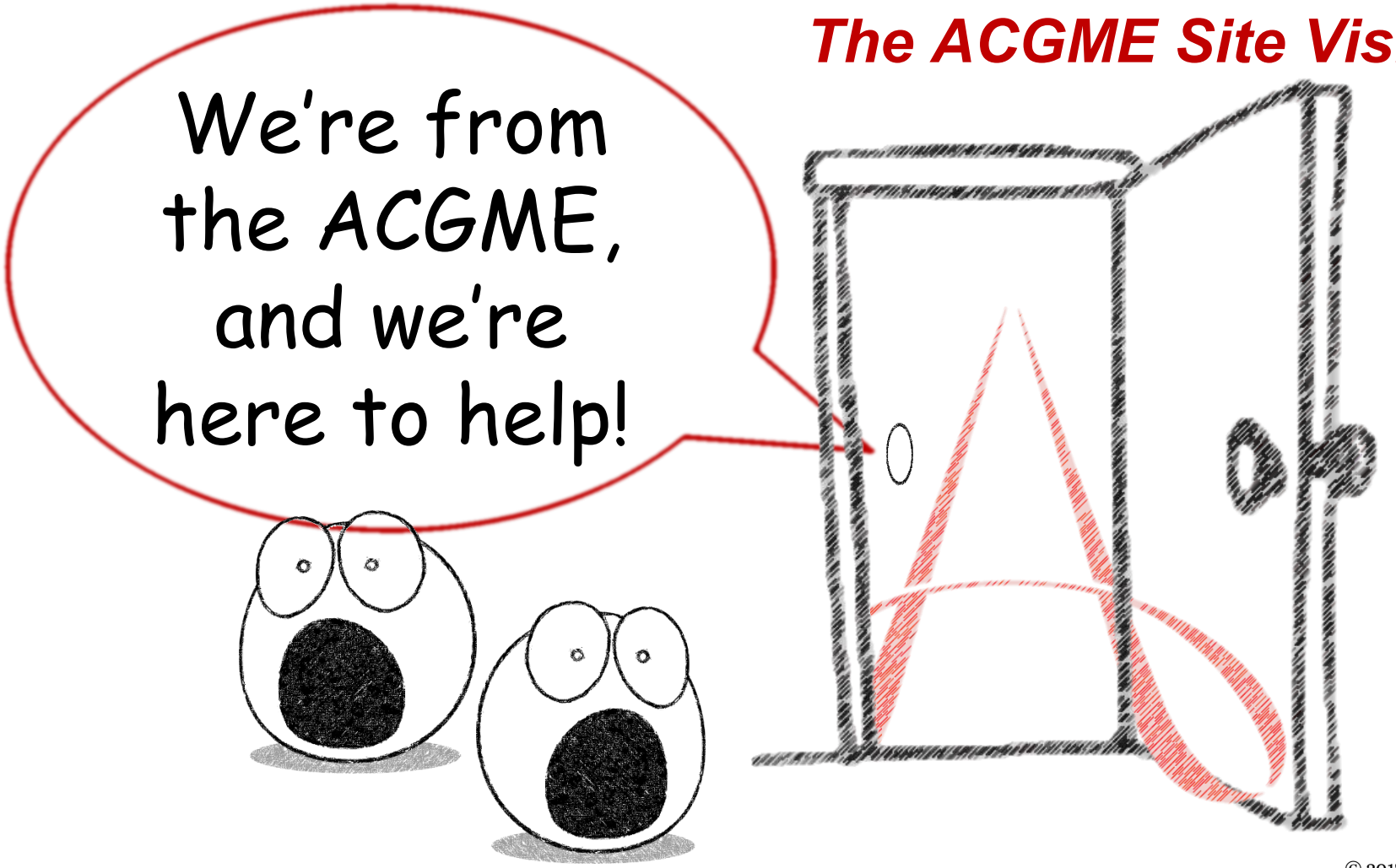
The ACGME Site Visit…



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…Two Site Visits in One

Self-Study Review

Self-Study Report

- Verifies that the self-study document offers an objective, factual description of the learning and working environment
- Verifies educational outcomes and their measurements and how processes and the learning environment contribute to these outcomes

Compliance Review

Compliance Report

- Assessment of Compliance with Program Requirements
- For programs on Continued Accreditation, focus is on “Core” and “Outcome” Requirements

Strengths/AFIs

- Assessment of program strengths and areas for improvement
- Note: This is the field staff’s assessment, not the strengths/AFIs identified by the program in the self-study (though there may be overlap).

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Site Visit Feedback

SV Verbal Feedback to Program Leadership

- Key Strengths
- Suggested Areas for Improvements

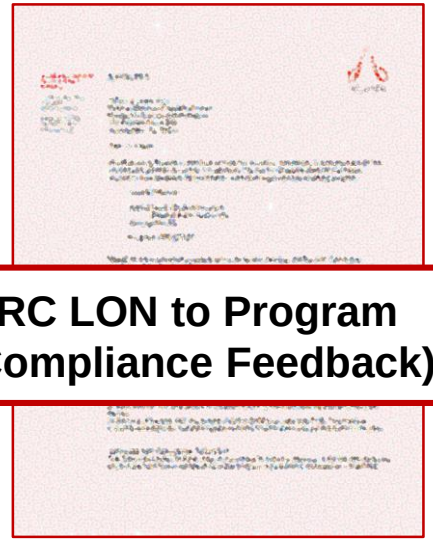
Strengths/AFIs

Compliance Report

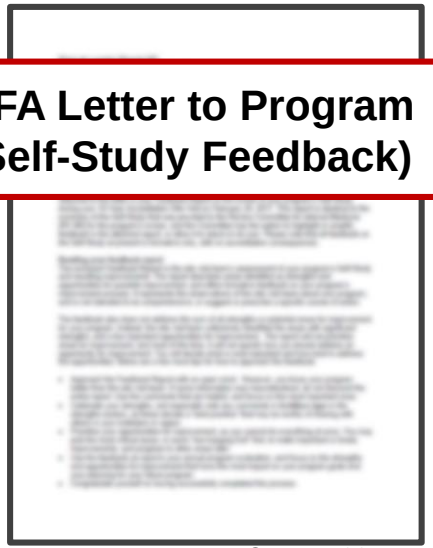
Self-Study Report

SV Report to RC

RC LON to Program (Compliance Feedback)



DFA Letter to Program (Self-Study Feedback)



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Recent ACGME/ RC-IM Initiatives

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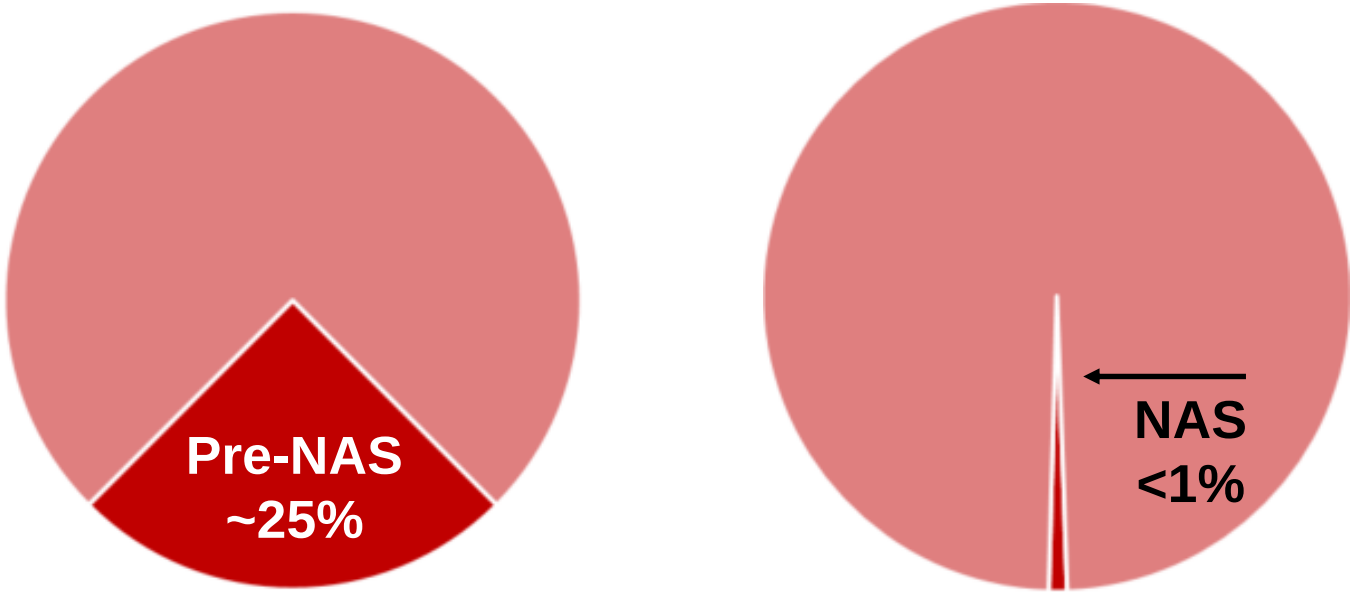
NAS Goal: Reduce Burden



% of IM programs (core and sub) with **site visits per year**

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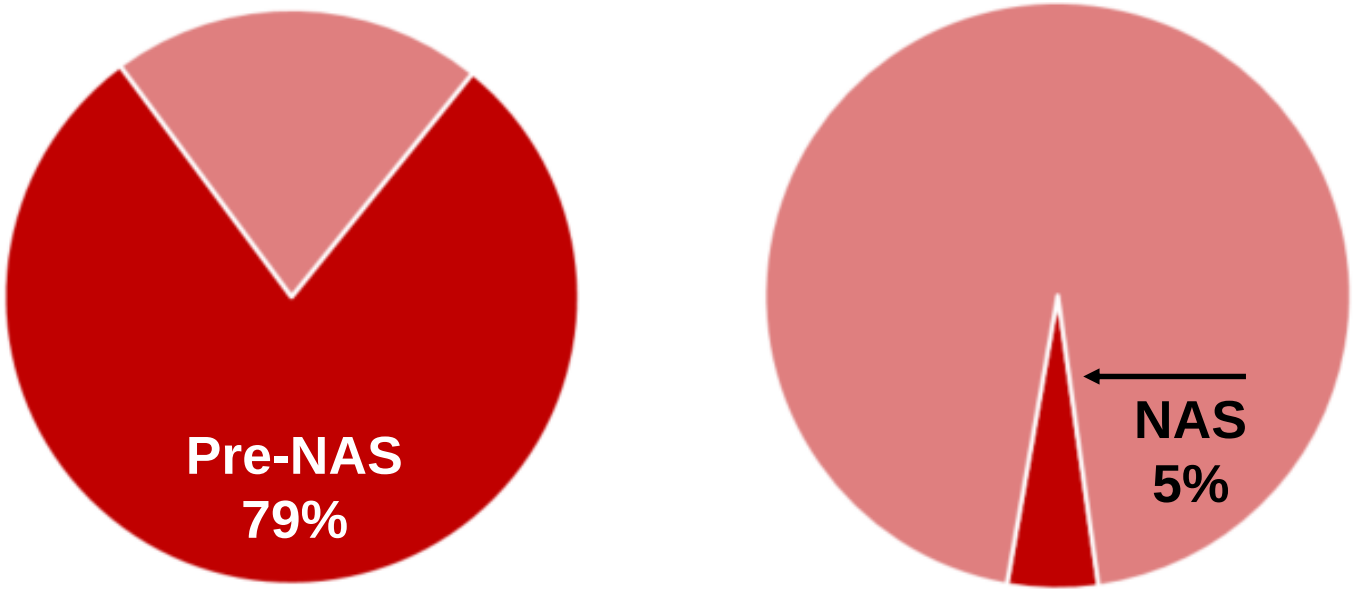
NAS Goal: Reduce Burden



% of IM programs (core and sub) with **citations**

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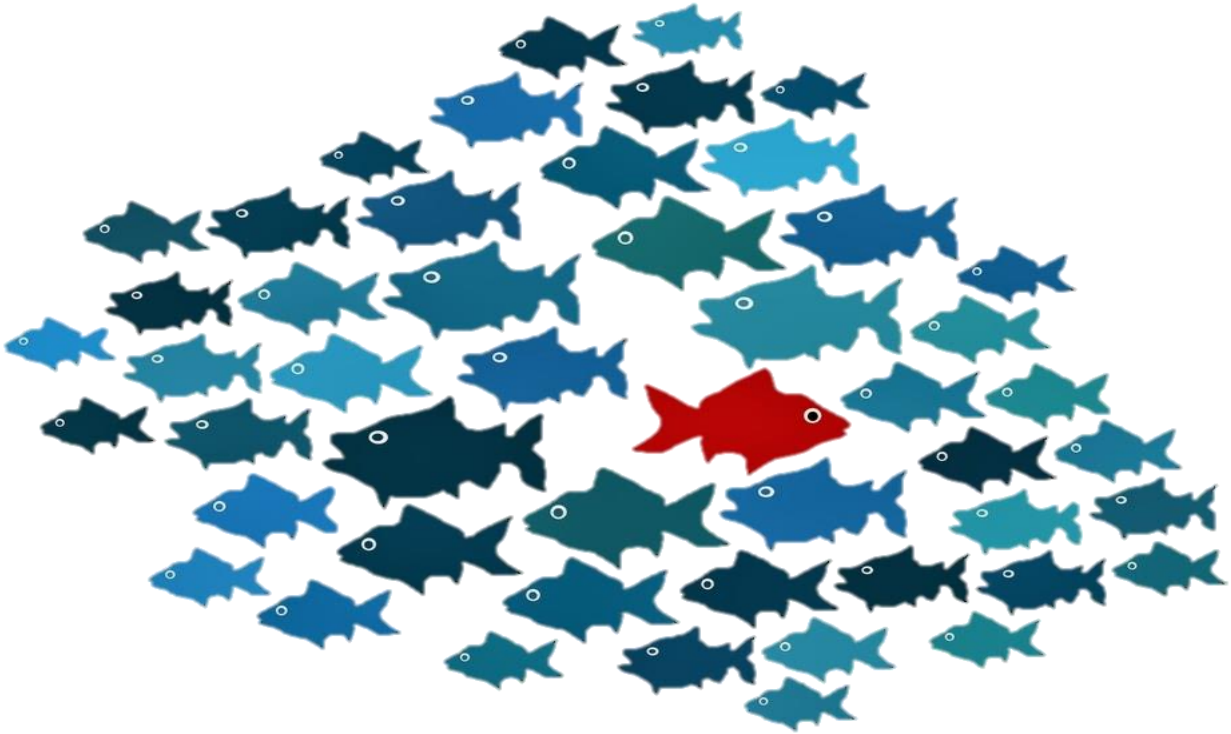
Another NAS Goal: Innovation



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How does NAS promote innovation?

In NAS PRs are categorized as *Outcome, Core* and *Detail*

- ***Outcome -*** ***Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents at key stages of their GME***
- ***Core -*** ***Statements that define structure, resource, or process elements essential to every graduate medical educational program.***
- ***Detail -*** ***Statements that describe a specific structure, resource, or process, for achieving compliance with a Core PR. Programs and sponsoring institutions in substantial compliance with the Outcome PRs may use alternative or innovative approaches to meet Core PRs.***

Programs in substantial compliance with *Outcome* and *Core* and PRs can innovate with *Detail* PRs.

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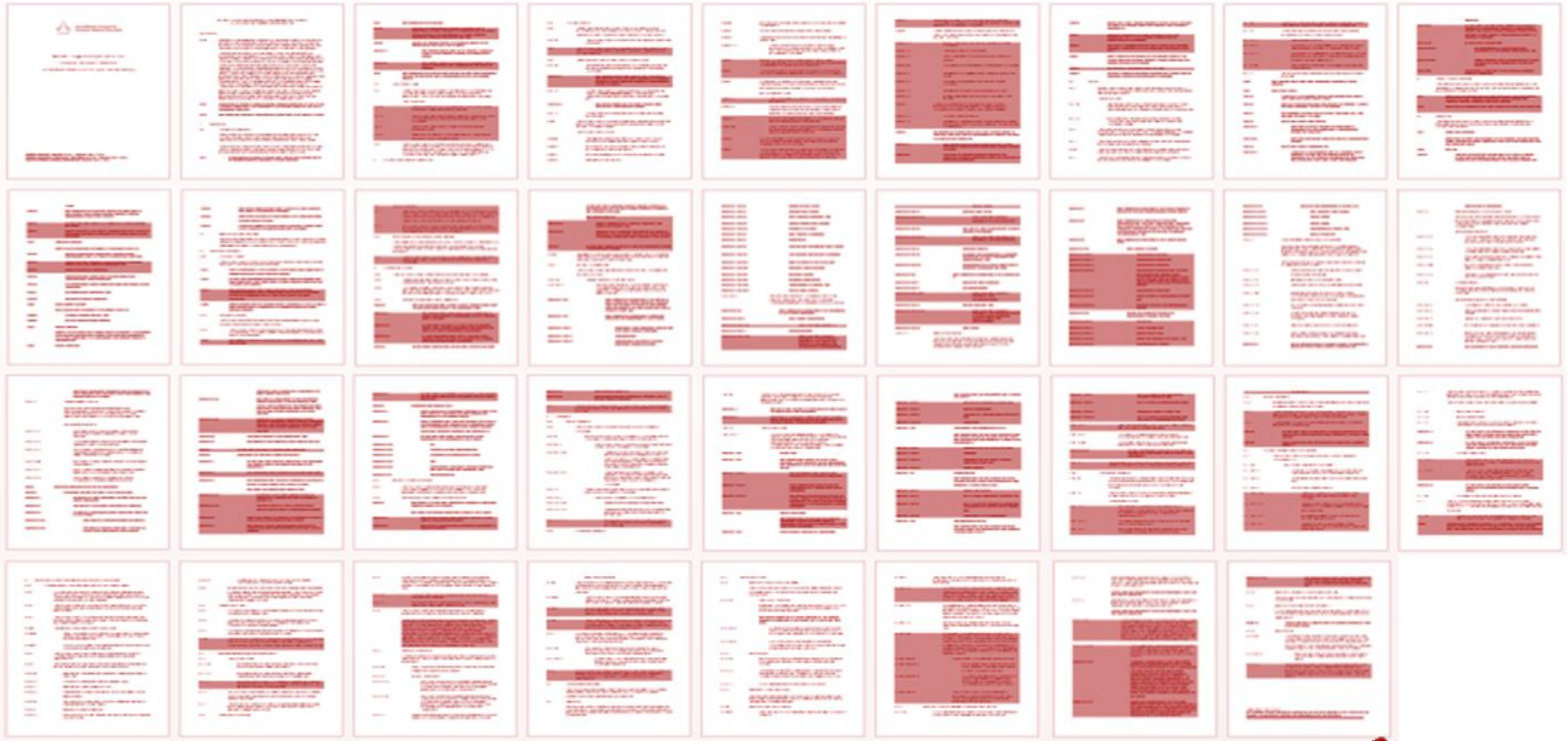
“Detail” PRs



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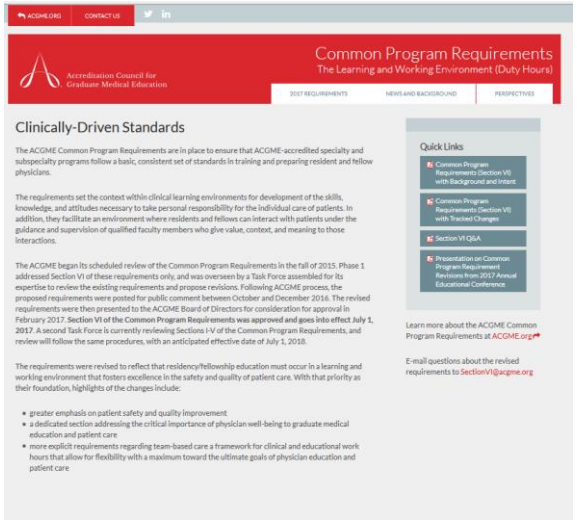
"Task Force I" Revised Section VI of the CPRs



Standardized 24-hour maximum shift

16-hour rule for interns was removed

New sections for patient safety, QI, well-being

- *Effective date of implementation July 1, 2017*
- *Assessment of new sections will not be cited until 2019*

Increased flexibility

No longer need to document when shift exceeds 24 hours

Potential for burden?

- *Resources for patient safety, QI, well-being*
- *Counting work at home as clinical and educational work hours*

https://acgmecommon.org/2017_requirements

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“Task Force II” Will Revise the rest of the CPRs

RC-IM Chair Christian Cable is on Task Force II.

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Scholarship for Subspecialty Faculty

In the past, the RC-IM has had a very high bar for scholarship from fellowship faculty—X publications from Y faculty (varies by complement).

Not meeting that minimum number of required publications led to citations for existing programs, and accreditation was withheld from new applications.

That was the past…

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NEW Scholarship FAQ for subs

The Review Committee requires that fellowship education occur in an environment of inquiry, scholarship, and research productivity in order to promote and inspire a professional commitment to lifelong learning. It concluded that current PRs II.B.7.e.(1-2) too narrowly defined scholarship. As such, **the Committee has broadened its interpretation of scholarship and now considers the scholarship of not only discovery, but also application, integration and teaching, as long as the scholarly products are characterized by clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique.** [1,2,3,4]

The Review Committee expects programs to document annually that 50% of the key clinical faculty (KCF) engage in a *variety* of scholarly activities, as listed in section II.B.5.a & b (1-4). If 50% of the KCF give grand rounds presentations exclusively, the program will not have demonstrated compliance with the expectation because the program has not provided evidence of a variety of scholarly activity. The Review Committee considers the fellows' scholarly output as well as their perceptions of whether the program has created a scholarly environment when determining whether the program has adequately established and maintained an environment of inquiry and scholarship.

http://www.acgme.org/Portals/0/PDFs/FAQ/140s_GeneralSubspecialtiesFAQs.pdf?ver=2017-07-27-144107-113

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Preliminary conversations…

- **In February, Milestones Dept announced it would try to *harmonize* the four common milestones – PROF, ICS, PBLI and SBP.**
  - **That is, have these common milestones be the same across all specialties/subspecialties.**
- **In December, there will be a summit with members of the IM core and subspecialty community to determine whether there is interest in making changes to the PC and MK milestones.**

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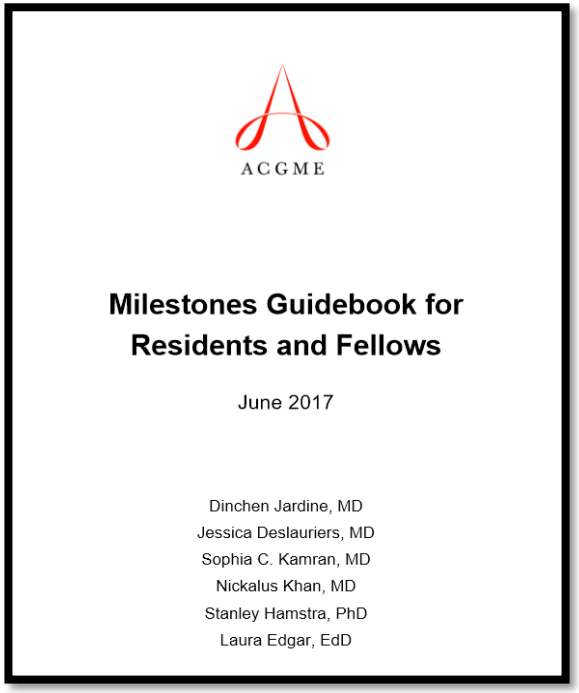
New Milestones Guidebook



http://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesGuidebookforResidentsFellows.pdf?ver=2017-06-29-090859-107

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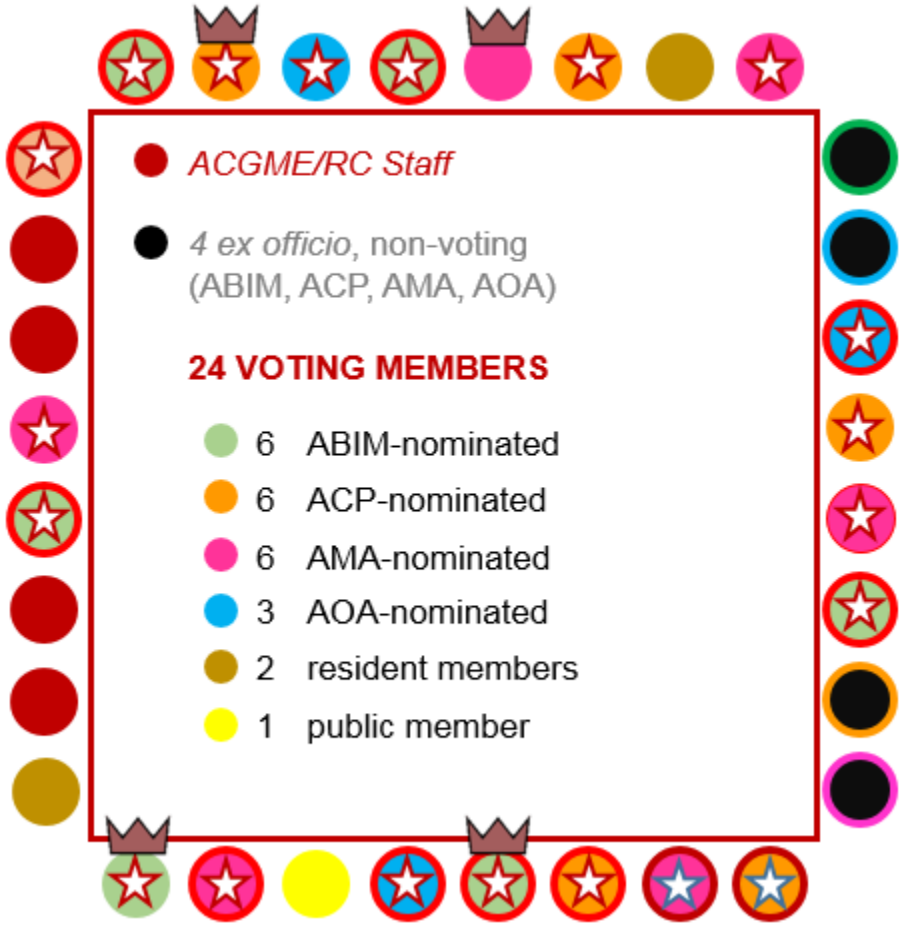
Who is the RC-IM?



Program Director

DIO

Subspecialist

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The RC-IM

Robert Benz, MD
Christian Cable, MD *Chair*
Alan Dalkin, MD
Andrew Dentino, MD
Sanjay Desai, MD
Sima Desai, MD
Jessica Deslauriers, MD *resident member*
Oren Fix, MD
Christin Giordano, MD *resident member*
James Herdegen, MD
Russell Kolarik, MD
Monica Lypson, MD
Brian Mandell, MD *Vice Chair*
Elaine Muchmore, MD
Cheryl O'Malley, MD
Amy Oxentenko, MD
Jill Patton, DO
Kris Patton, MD
David Pizzimenti, DO
Donna Polk, MD
Samuel Snyder, DO
David Sweet, MD
Jacqueline Stocking, RN, PhD *public member*
Heather Yun, MD
Davoren Chick, MD *ex officio, ACP*
Alejandro Aparicio, MD *ex officio, AMA*
Furman McDonald, MD *ex officio, ABIM*
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