

# Update from the Review Committee for Internal Medicine (RC-IM)

*American Society of Hematology*  
*December 3-6, 2016*  
*San Diego, CA*

***Christian Cable, MD, MHPE***  
*Chair, RC-IM*  
*Scott & White Health Care*

# *Disclosures*

- No conflicts to disclose



## *Plan for Session*

- **Review of NAS Process**
- **Reminder to Innovate**
- **Update on Self-Study-10 year visit**
- **Report on SAS**
- **Changes**

# *Plan for Session*

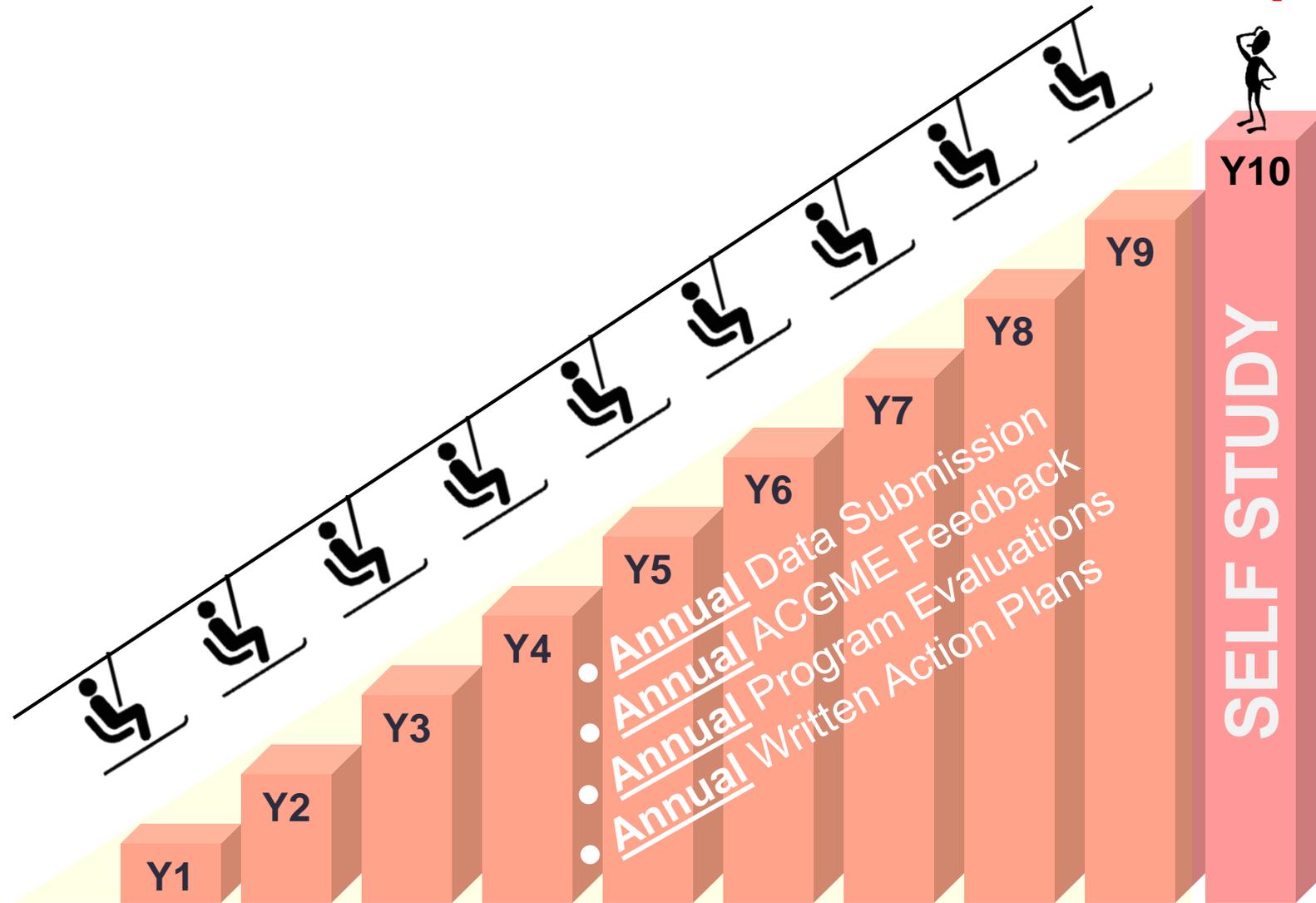
- ***Review of NAS Process***
- Reminder to Innovate
- Update on Self-Study-10 year visit
- Report on SAS
- Changes

*It's a new dawn  
It's a new day...  
Well...it's a relatively new day...*



- As of July 1, 2013, ~~Next~~ *Now* or *New* Accreditation System
- Delivers on promise of *outcomes-based accreditation*
- Provides annual RRC review to identify “problem programs” and help them improve
- Changes the workflow of the process of accreditation
  - *Annual review* – no more review cycles
  - Site visits only every 10 years (*or as needed*)
  - Annual ADS data entry replaces PIFs
- Categorized program requirements (PRs)
  - *Detail* PRs = potential for innovation

# NAS is about Continuous Improvement



**NAS is about...**

# Annual Review w/ Data Elements

- Resident Survey
- Clinical Experience
- ABIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes
- Subspecialty Performance (for cores)
- Omission of Data



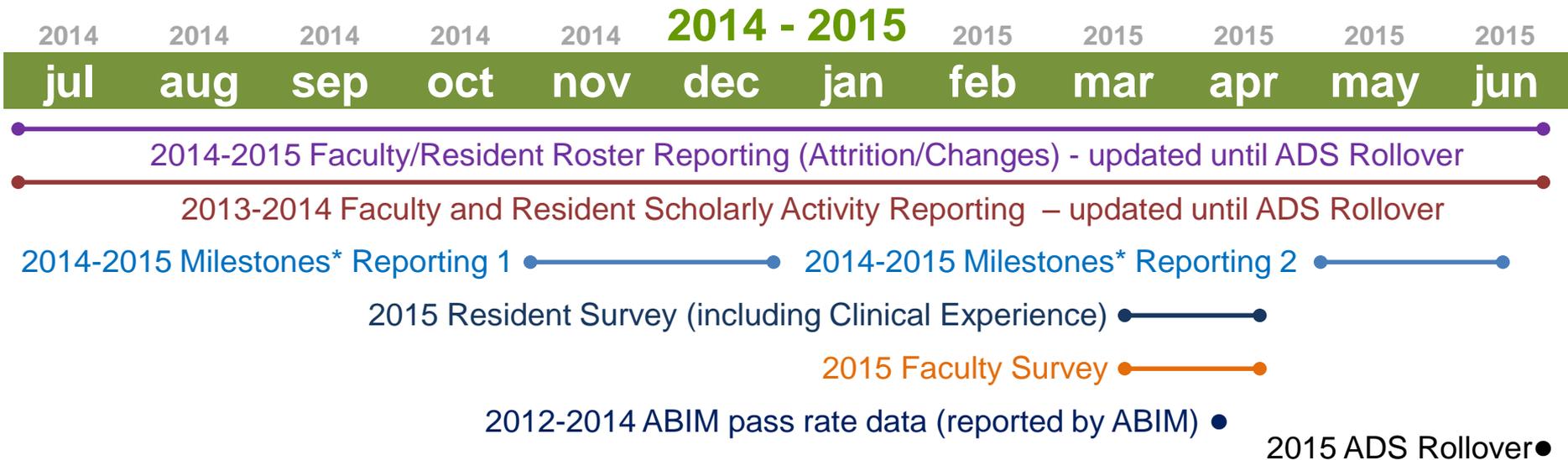
# NAS: Annual Data

## What is “Clinical Experience?”

Rate how strongly you agree or disagree with the following statements:

- I have had clinical experiences with patients with a **variety of clinical problems and stages of disease**
- I have had clinical experiences with patients of **both genders and a broad age range**
- My **continuity ambulatory clinic experience** provided me sufficient exposure to the breadth and depth of the sub-specialty
- At the completion of training, I will be able to competently perform all of the **medical and/or diagnostic procedures** considered essential for a sub-specialist in this area
- At the completion of training, I will be able to manage patients in the practice of health **promotion**, disease **prevention**, **diagnosis**, and **care and treatment** of diseases/disorders appropriate of a sub-specialist in this area

# Annual Data: Reported vs. Reviewed



\* Milestones data are not reviewed by RC



## Data Analysis

- 2015 Annual Update
- Responses to Citations ■
- Major Changes ■
- Sites/Block Diagram ■
- “Common” Questions ■
- Evaluations □
- Duty Hours □
- Patient Safety □
- Learning Environment □

## Data Review by RC staff

Site Visits/Clarifying Information

RC Review

RC Meeting 1 ●

RC1 LONs

SVs/CI

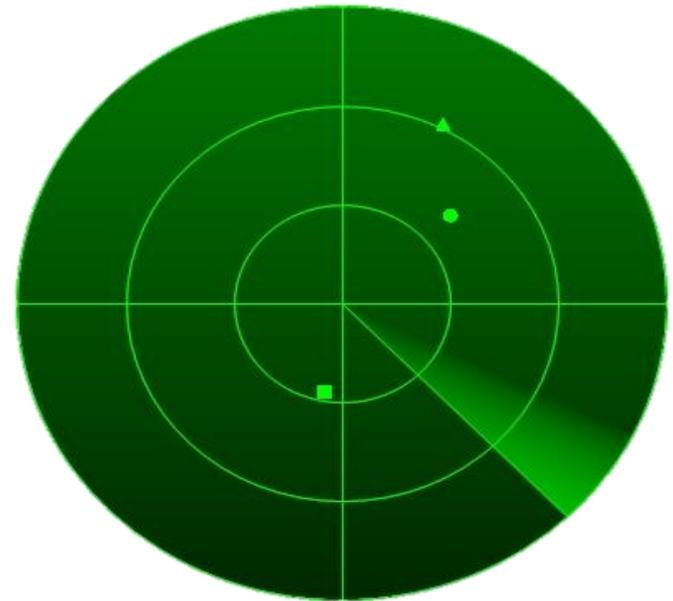
RC Review

RC Meeting 2 ●

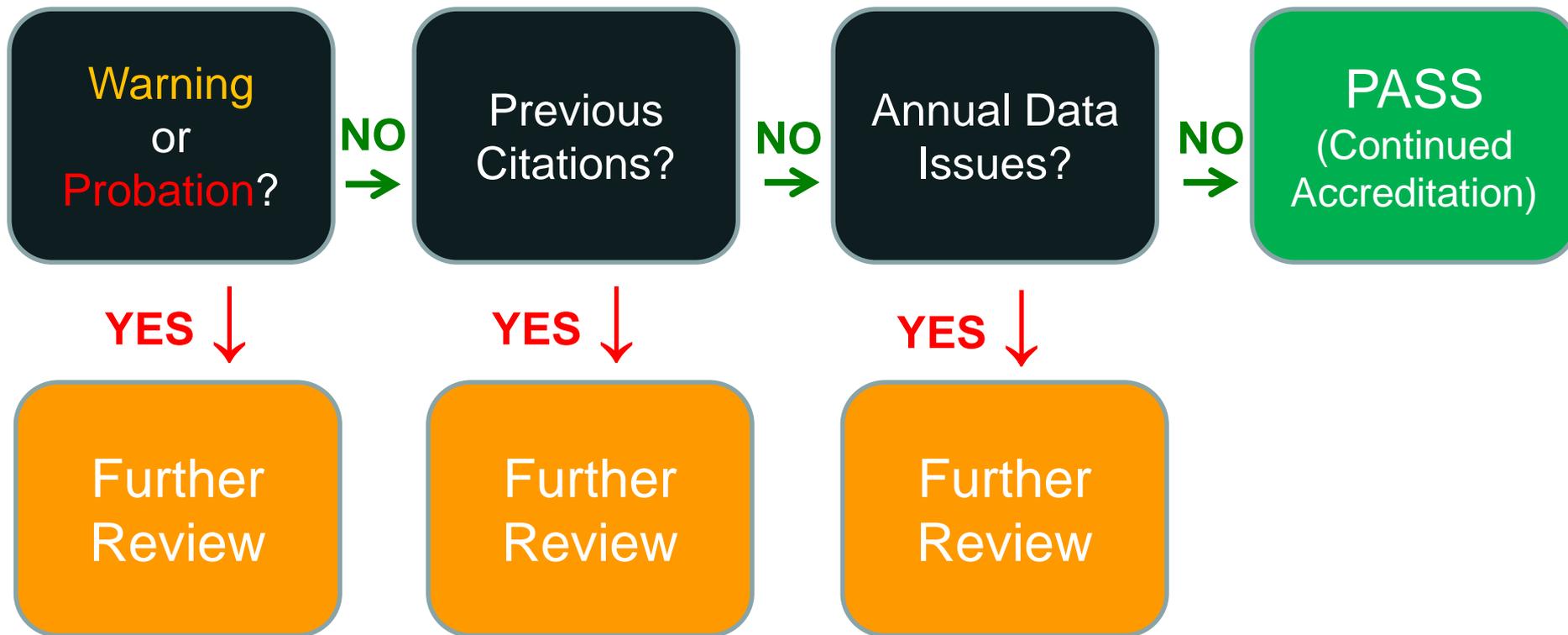
RC2 LONs

## ***Good practice for annual ADS update...***

- *Proactively use the “**major changes and other updates**” field in ADS*
  - *If see high non-compliance on survey and you implement corrections, inform the RC via this field*
  - *Provides RC context if program is flagged*
  - *Reminder: RC reviews data from previous AY*



# Annual Program Review



## **Annual Data Issues** →

Further  
Review

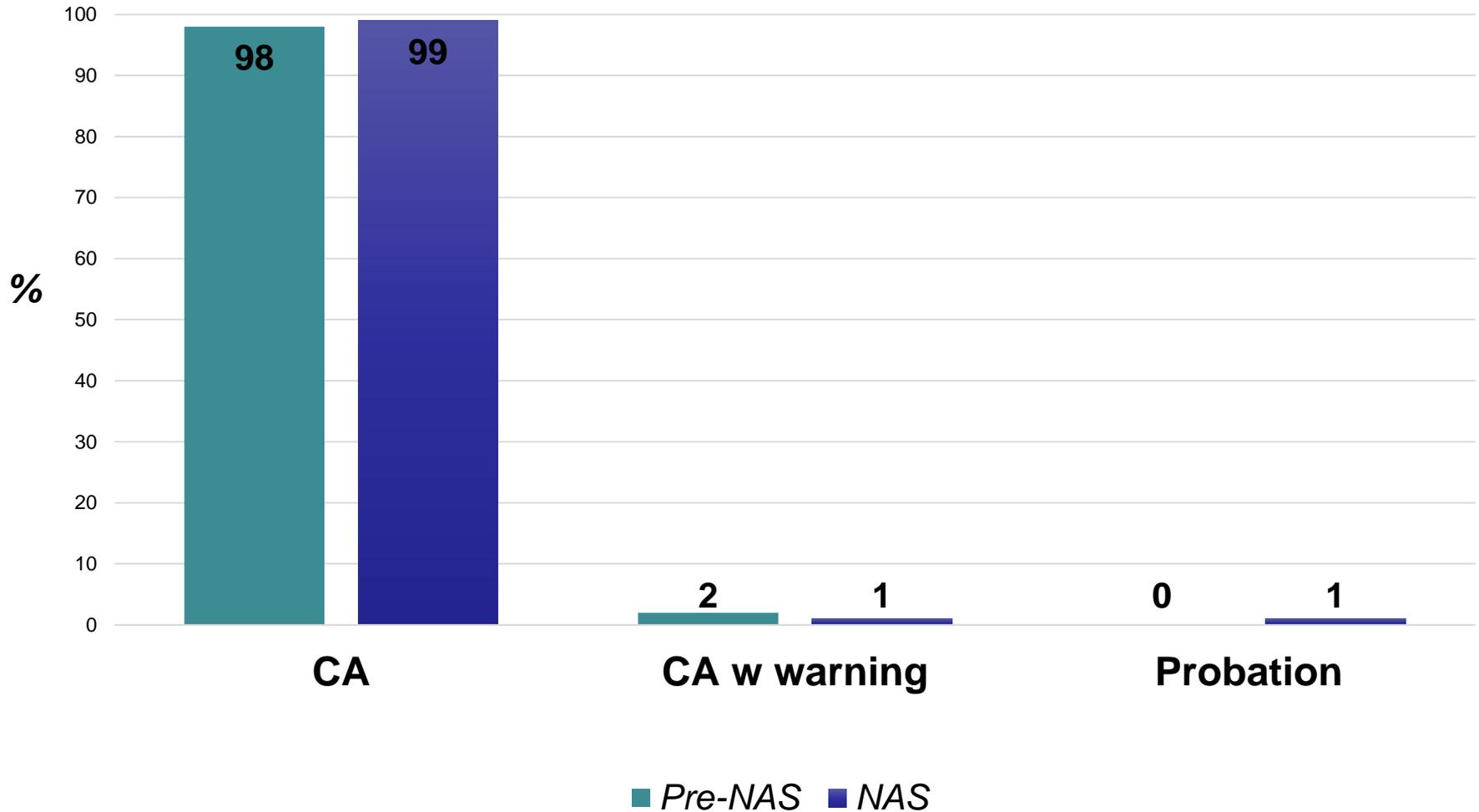
### **QUESTION #1: Are flags real?**

- **Which** data elements were flagged?  
(Not all data elements have same weight/importance)
- **How many** elements were flagged?
- Are there **trends**?
  - Has RC cited program for this issue in the past?
  - Are other data elements corroborating?

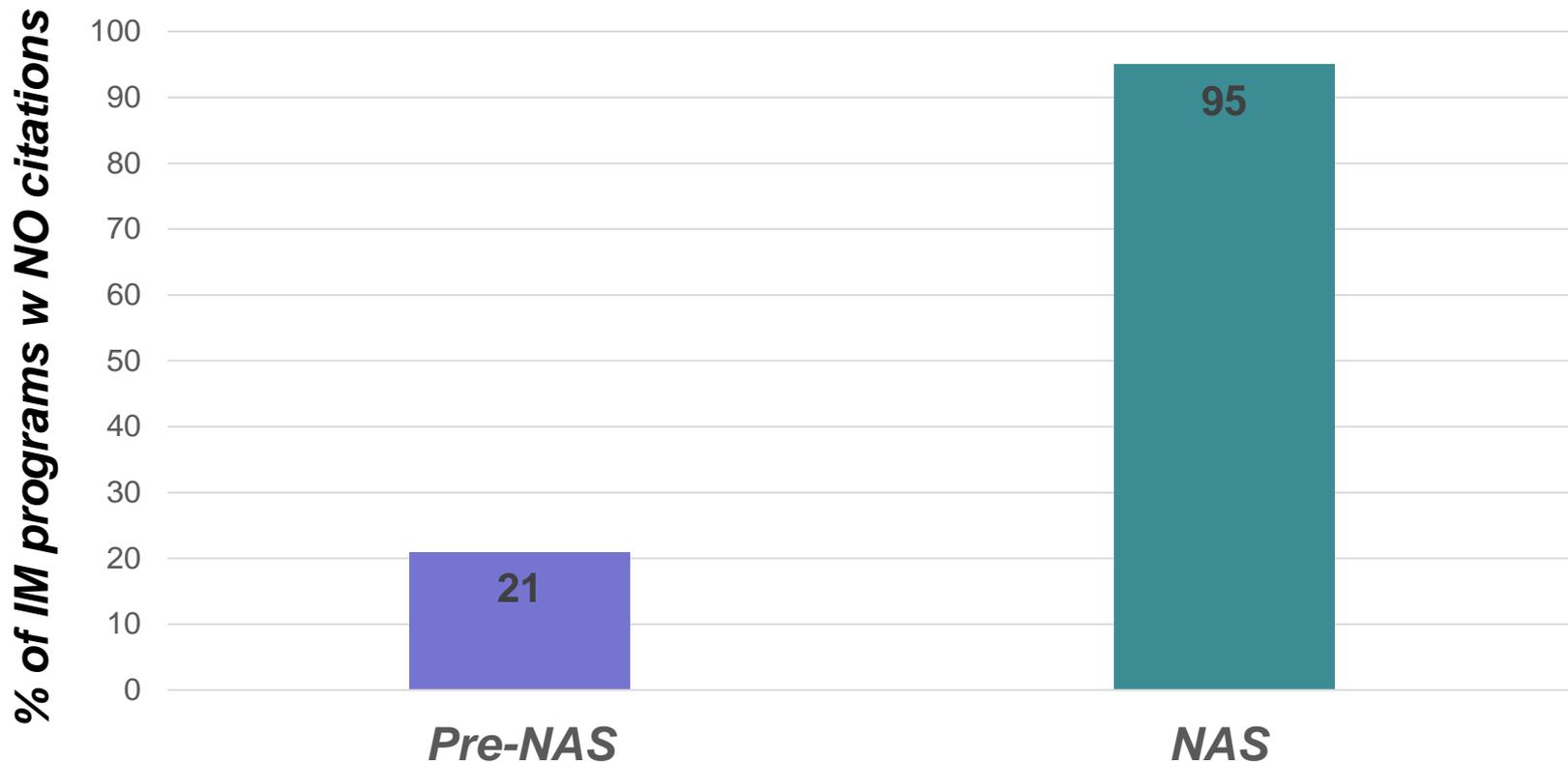
*If reviewer believes the signal is real...*

### **QUESTION #2: Is more information (clarifying information or site visit) necessary?**

# Comparing Pre-NAS to NAS

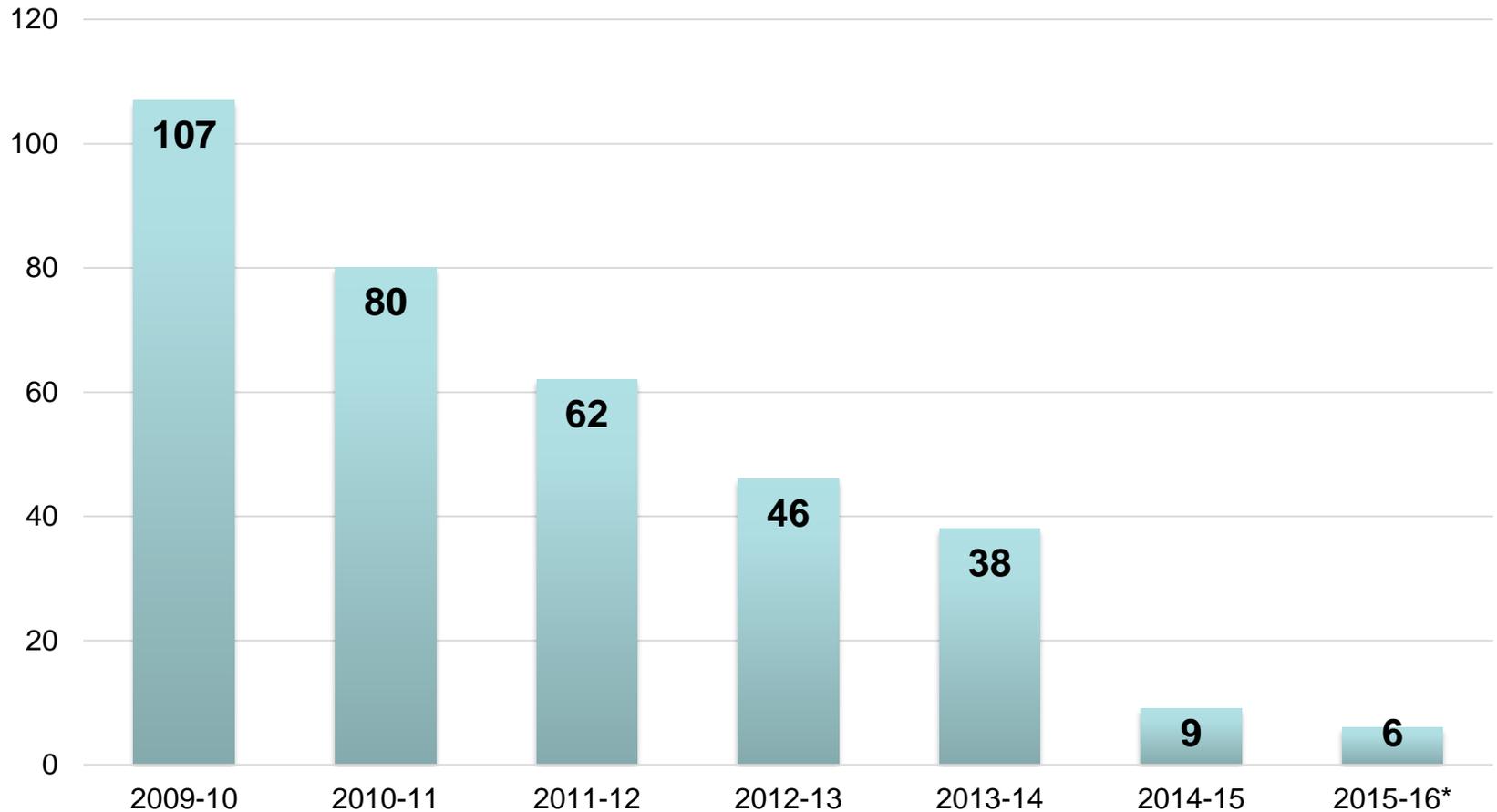


***The big deal of NAS...  
7.1.2015\*, % of IM programs w ZERO citations = 95%***



**\* In 7.1.2015, all programs that ...**  
**- had not had pre-NAS citations actively extended, and**  
**- had not received any new citations in previous 2 years...**  
**had their pre-NAS citations removed from ADS.**

## # of Citations x AY: Hem-Onc



- # of citations has declined steadily, even though the pool of programs reviewed annually has got *bigger*
  - Starting AY 2013-14 *\*ALL\** programs are reviewed annually

## *RC-Identified “Areas for Improvement”*

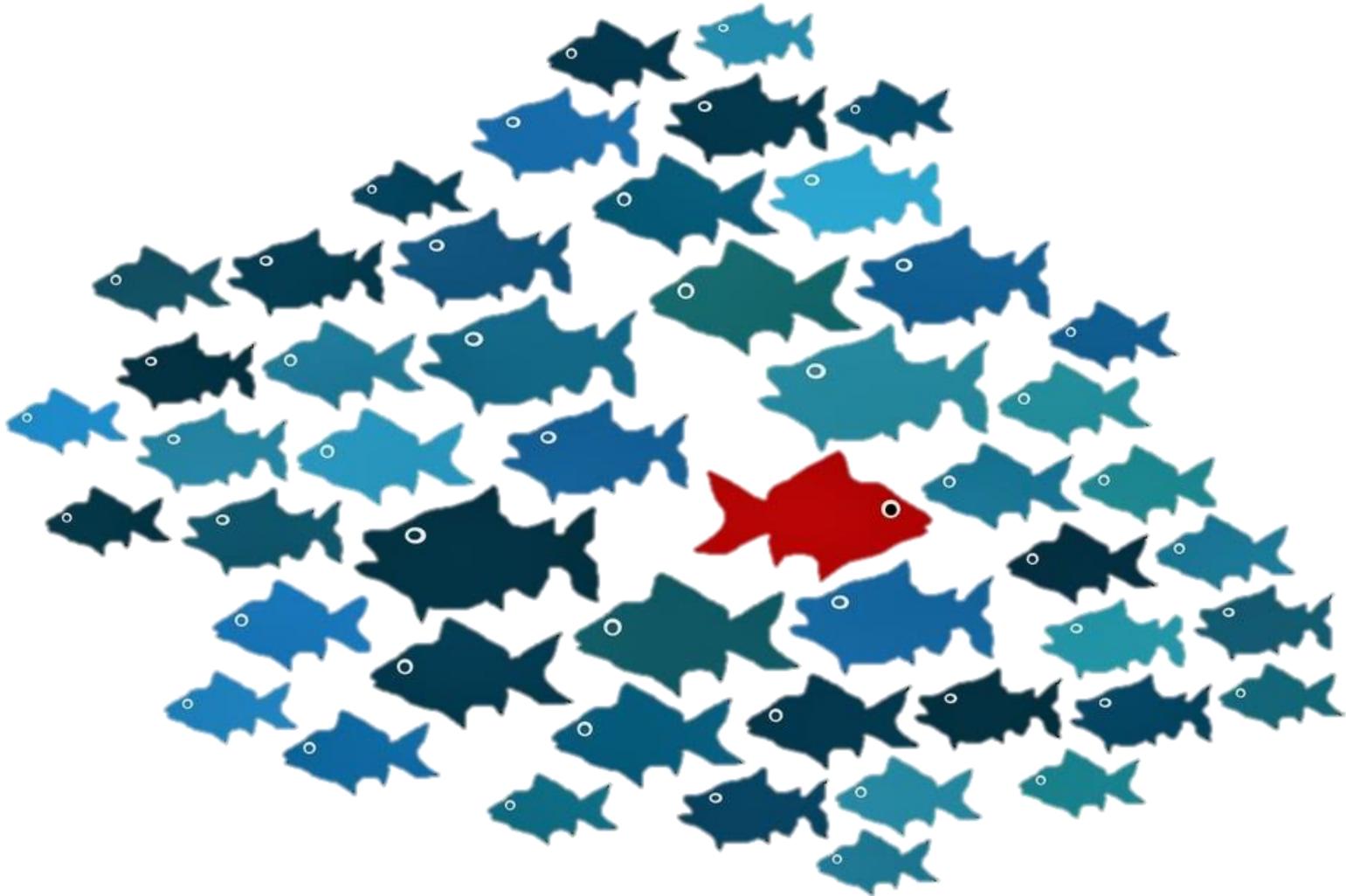
- **Maybe you didn’t receive a citation, but you may have received an AFI**
- **New way of communicating with programs...less punitive. Less onerous.**
- **AFI = un-citation. Unlike citations, AFIs do not require specific response in ADS.**
- **RC assumes the program and institution will address AFIs. Will draw further scrutiny (possibly become citations) if the trend continues**



# *Plan for Session*

- Review of NAS Process
- ***Reminder to Innovate***
- Update on Self-Study-10 year visit
- Report on SAS
- Changes

# ***NAS: Encourages Innovation***

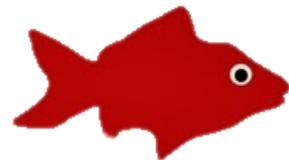


# *Categorization of PRs*

- In NAS, PRs were categorized: ***Outcome, Core and Detail***
- ***Why is categorization important?***
  - *Programs in good standing can innovate with “detail” PRs.*
  - *“Detail” PRs do not go away. PDs will not need to demonstrate compliance w/ these PRs, unless it becomes evident that “outcome” or “core” PRs are not being achieved.*

- Programs that have a status of ***Continued Accreditation*** and have not been cited for not being able to meet ***outcome*** or ***core PRs***.
  - ***But, noncompliance ≠ innovation***

# NAS Objective - Innovation



# *Plan for Session*

- Review of NAS Process
- Reminder to Innovate
- ***Update on Self-Study-10 year visit***
- Report on SAS
- Changes

# *What is a Self-Study?*

- **Self-Study = Self-Assessment**
- **Commitment to change for the better**
  - **Not just maintaining status quo (meeting bare minimum of program requirements to get a pass from the ACGME)**



# Elements of the Self-Study

- ***What is our mission? What are our aims?***
- **Systematic/thorough evaluation of program**
- **Need input from those involved in the program**
- **Must be ongoing**
- **Plan-Do-Study-Act...**
  - ***Important to “do” not just “plan”***



# Self-Study: “An Opportunity, Not a Burden”



Accreditation Council for  
Graduate Medical Education

Program and Institutional Accreditation

Data Collection Systems

Meeting

## Eight Steps for Conducting the ACGME Program Self-Study

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their first self-study.

The self-study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and “self-identified” areas for improvement (“self-identified” is used to distinguish this dimension of the self-study from areas for improvement the Review Committee identifies during accreditation reviews).

To offer context for the self-study, there are two new concepts: 1) an exploration of program aims; and 2) an assessment of the program’s institutional, local and, as applicable, regional environment. Both are discussed in detail below. The focus on aims and the program’s environmental context is to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements.

## The ACGME Self-Study—An Opportunity, Not a Burden

Susan Guralnick, MD  
Tarnika Hernandez, BS  
Mark Corapi, MD  
Jamie Yedowitz-Freeman, DO  
Stanislaw Klek, MD

Jonathan Rodriguez, MD  
Nicholas Barbari, MD  
Kathryn Bruno, BBA  
Kara Scallice, MBA, BS  
Linda Wade

*Editor’s Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.*

### Introduction

In 2013, the Accreditation Council for Graduate Medical Education (ACGME) implemented the Next Accreditation System.<sup>1</sup> A major goal of the new system is for program accreditation to become a continuous process of quality improvement. Accredited residency and fellowship programs report specified data annually to the ACGME. These data are then reviewed by the specialty review committees for compliance with each specialty’s requirements. The newest component of this process is the self-study.

The self-study is a new and evolving approach to residency and fellowship accreditation. Although a self-study has been used by many educational accreditors, it has not been used in graduate medical education. The ACGME now requires programs, as a part of their 10-year review cycle, to perform a self-study.<sup>2,3</sup>

Why is this a challenge for programs? This is a new process and tested models are lacking. The approach used by the Liaison Committee for Medical Education is time-consuming and not truly applicable to a graduate medical education program, as it is a much smaller unit of analysis compared to a medical school. To date, there are no templates or sample documents available, nor have any seminars or workshops been presented by representatives from programs that have done this successfully. Programs need to “start from scratch,” and this is not an easy task. Additionally, the more time programs spend on developing a new

process, the less time they may have to actually perform the self-study.

The purpose of this article is to provide an example of a successful self-study process, along with a sample timeline and self-study materials. This will hopefully guide other programs through the process, and decrease the time spent on developing a new self-study process. Ultimately, this should allow more time to be spent on the performance of a rich and informative self-study.

### The Self-Study Process

Programs are notified approximately 6 to 7 months prior to their self-study submission date.

The self-study process requires the key steps shown in Box 1.

Engagement of key stakeholders is essential, as is an organized and facile process. If several programs are being reviewed together (core specialty and subspecialty programs), representatives from all programs should work together to develop a unified and logical self-study process, as well as to identify shared needs, and resources to meet these needs. It does not make sense for each program to create a parallel process, as such a duplicate effort wastes valuable time and other resources. Additionally, broad engagement in the process by those with diverse knowledge and experience may result in a richer outcome than might occur with 1 program alone. Box 2 shows key considerations for the self-study process.

It is important to note that the self-study summary document to be submitted to the ACGME does not include information on program strengths and areas for improvement. This is to encourage programs to honestly address problems, concerns, and faults in their self-study process without fear of a negative accreditation outcome. For the program’s 10-year accreditation site visits, scheduled 12 to 18 months after the self-study, the program is asked to submit a list of program strengths, and a summary of the improvements and achievements that were made in areas that were identified during the self-study.

DOI: <http://dx.doi.org/10.4300/JGME-D-15-00241.1>

*Editor’s Note: The online version of this article contains the 18 resources listed at the end of the article.*

Guralnick, S, Hernandez, T, Corapi, M, Yedowitz-Freeman, J, Klek, S, JGME, September 2015

# Self-Study/10-year Timeline (Example)

## ACGME DFA

**November 2016**  
Announces Self-Study

### Program

**May 2017**  
Uploads Self-Study Summary

**~ August 2018 (+/- 3 months)**  
Updates ADS  
Uploads Summary of Achievements

**~ August 2018 (+/- 3 months)**  
Conducts 10-year compliance visit

**~ May 2018 (+/- 3 months)**  
Announces 10-year compliance visit



**12-18 months between Self-Study and 10-year compliance visit**

# *Self-Study: Findings to Date*



**Loading**

# *Plan for Session*

- Review of NAS Process
- Reminder to Innovate
- Update on Self-Study-10 year visit
- ***Report on SAS***
- Changes

# ***SAS Update*** ***Expectations for NEW SAS Applications***

PD, APD, CF, KCF, SEC...AOA is AOK!

# ***SAS Update*** ***Expectations for non-SAS Applications***

PD, APD, CF, KCF, SEC...AOA is AOK!

## **Beyond SAS...**

**What positions can an AOBIM-certified internist hold in “non-SAS” programs?**

*PD, APD, CF, SEC, or KCF may be either ABIM- or AOBIM-certified, regardless of whether program is an AOA program applying to ACGME, a new non-SAS application, or an existing ACGME-accredited program.*

*This is a local decision. Local, program, and institutional leadership need to select the **most appropriately qualified and certified internist for the leadership position within the program.***

# *Plan for Session*

- Review of NAS Process
- Reminder to Innovate
- Update on Self-Study-10 year visit
- Report on SAS
- **Changes**

# Revision of Common Program Requirements Phase I: Section VI of the CPRs



Accreditation Council for  
Graduate Medical Education

515 North State Street  
Suite 2000  
Chicago, Illinois 60654

Phone 312.755.5000  
Fax 312.755.7498  
www.acgme.org

January 7, 2016

Dear Members of the Graduate Medical Education Community,

I trust that this letter finds you well and looking forward to another year of opportunity to serve, and to prepare the next generation of physicians to serve the American Public. At the ACGME, we are continuing the process of remolding the accreditation of graduate medical education sponsors and programs into one of continuous improvement and aspiration to excellence. When we began this journey, we were faced with many challenges, and while the nature of those challenges may have changed, challenges continue to present opportunities to improve and evolve.

The next step in this evolution is for us to review the framework of the ACGME's requirements. In this regard, a major effort will commence this month. The ACGME will embark on a full review of its Common Program Requirements in two phases over the next 18 months. The ACGME Board of Directors has commissioned a Common Program Requirements Phase 1 Task Force to concentrate on collecting information and producing recommended updates to Section VI, Resident Duty Hours in the Learning and Working Environment, to fulfill our commitment to review these requirements every five years. This section of the Common Program Requirements includes expectations for faculty members and residents in: Professionalism, Personal Responsibility, and Patient Safety; Transitions of Care, Alertness Management/Fatigue Mitigation; Supervision of Residents; and Clinical Responsibilities in areas of Teamwork and Resident Duty Hours.

At the completion of Phase 1, a second Task Force (Phase 2) will be convened to assess and propose revisions to ACGME Common Program Requirements Sections I-V. This includes expectations for: Sponsoring Institutions and Participating Sites; Program Personnel and Resources; Resident Appointments and Eligibility; dimensions of the Educational Program; and Evaluation of Residents, Faculty, and the Educational Program.

# ***Revision of CPRs***

## ***Phase II: All other CPRs***

# ***Milestones***



# ***What is SA?***

# ***What is “trending” at ACGME...***

~~Professional expectations~~ → *public expectations*

~~Expert based approach to PRs~~ → *evidence-based*

~~Process~~ → *Outcomes*

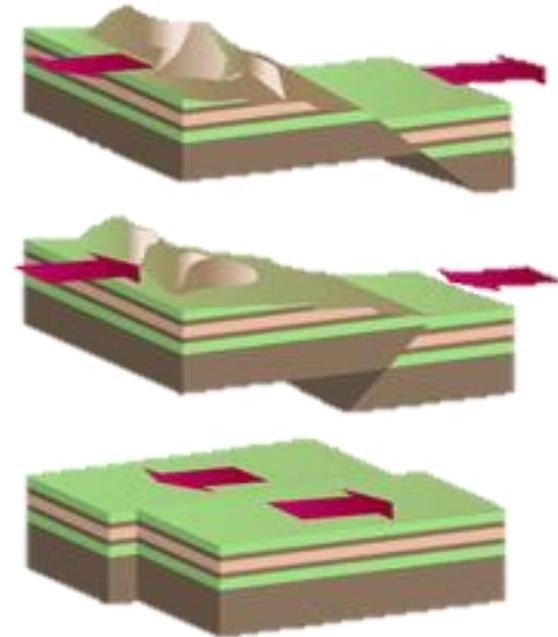
~~Focus on rules~~ → *Improvement*

~~ACGME/RC oversight~~ → *local oversight*

~~Episodic review~~ → *Annual review*

~~Paper PIFs~~ → *electronic data collection*

~~ACGME focus~~ → *Focus on collaboration*



# Composition of the RC-IM

Robert Benz, MD

Christian Cable, MD *Chair*

Jessica Deslauriers, MD *Resident*

Alan Dalkin, MD

Andrew Dentino, MD

Sanjay Desai, MD

Sima Desai, MD

Oren Fix, MD

Andrea Reid, MD

Kristin Jacob, MD *Resident*

Betty Lo, MD

Monica Lypson, MD

Brian Mandell, MD *Vice-Chair*

Elaine Muchmore, MD

Cheryl O'Malley, MD

Jill Patton, DO

Kris Patton, MD

Donna Polk, MD

Ilene Rosen, MD

Samuel Snyder, DO

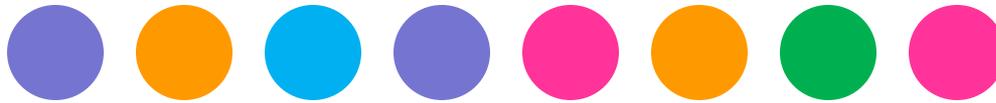
David Sweet, MD

Jacqueline Stocking, RN *Public Member*

Heather Yun, MD

Patrick Alguire, MD *ex officio, ACP*

Furman McDonald, MD *ex officio, ABIM*



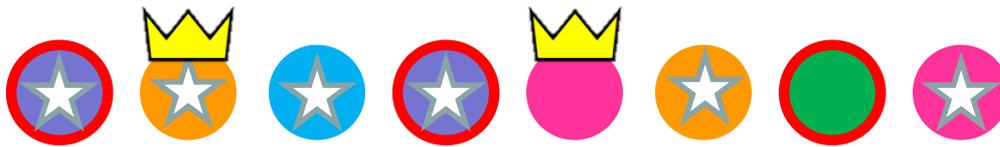
 *ACGME/RC Staff*

 *2 ex officio, non-voting (ABIM, ACP)*

**24 VOTING MEMBERS**

-  6 ABIM-nominated
-  6 ACP-nominated
-  6 AMA-nominated
-  3 AOA-nominated
-  2 resident members
-  1 public member





 *ACGME/RC Staff*

 *2 ex officio, non-voting (ABIM, ACP)*

**24 VOTING MEMBERS**

-  6 ABIM-nominated
-  6 ACP-nominated
-  6 AMA-nominated
-  3 AOA-nominated
-  2 resident members
-  1 public member



 Program Director

 DIO

 Subspecialist



**Please Contact RC Staff**

**Betty Cervantes** [brc@acgme.org](mailto:brc@acgme.org)  
*Accreditation Assistant* 312.755.7470

**Bianca Marquez** [bmarquez@acgme.org](mailto:bmarquez@acgme.org)  
*Accreditation Administrator* 312.755.7-94

**billy Hart** [whart@acgme.org](mailto:whart@acgme.org)  
*Associate Executive Director* 312.755.5002

**Karen Lambert** [kll@acgme.org](mailto:kll@acgme.org)  
*Associate Executive Director* 312.755.5785

**Jerry Vasilias** [jvasilias@acgme.org](mailto:jvasilias@acgme.org)  
*Executive Director* 312.755.7477

