


Accreditation Council for Graduate Medical Education 

## Program Director Guide to the Common Program Requirements

2008 ACGME Annual Educational Conference  
Grapevine, Texas

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*Review Committee Development and Support*

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## Objectives

- Demonstrate key features of the Program Director Guide to the Common Program Requirements
- Highlight ACGME expectations for selected Common Program Requirements

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## Strategic Priorities

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

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## Accreditation Status

- Substantial Compliance**
  - Results from a judgment based on all available information as to the degree that the program or institution being evaluated meets accreditation standards

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## Demonstrating Compliance...

- Accreditation Data System (ADS)
- Continued Accreditation PIF (paper)
- Resident Survey
- Site Visitor Report

  
**DATA**

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## Program Director Guide to the Common Program Requirements

- Accreditation overview and useful resources
- Assist planning for documenting compliance

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### Participating Sites: PLA

**Documentation:**

- Current PLAs available for Site Visitor
- Explanation of what SV will be looking for

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### CPR II.D. Program Personnel & Resources: Medical Information Access

**Explanation:**

- Role of institution
- What is “ready access?”
- Check for specialty-specific requirements

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### Program Personnel & Resources: Medical Information Access

**Documentation:**

- Resident Survey

18. How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?

- SV interviews to verify

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### CPR III.C. Resident Appointments: Transfers

#### Explanation:

- Revised definition (consistent with definition in revised Glossary of Terms)
- Responsibilities of sending and receiving programs
- Exceptions

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### Resident Appointments: Transfers

#### Documentation:

- Resident files available for SV review
- Sample acceptable "verification statement" from sending program
- Completed ADS tables (reproduced)
- SV interviews as needed to verify

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### CPR IV.A.5.c) Practice-based Learning & Improvement: **What is it?**

#### Lifelong Learning and Quality Improvement

- Self-assessment and Reflection skills and habits
- Evidence-based Medicine - related skills
- Quality Improvement skills
- Teaching skills

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## Practice-based Learning & Improvement: **Explanation**

Evidence-based Medicine - related skills

- Elements of EBM
- Samples of resources
- Links to resources
- Examples of activities
- Importance of mentoring

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## Practice-based Learning & Improvement: **Documentation**

Evidence-based Medicine - related skills

- **ADS: 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.**
- Site Visitor interviews and review of curriculum materials

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## Practice-based Learning & Improvement: **Review Criteria**

Evidence-based Medicine - related skills

**Important elements for an answer demonstrating substantial compliance:**

- structured EBM activity (e.g., journal club presentation, critical appraisal of a topic, educational prescription, etc.) that includes the 5 elements
- all residents engage in the activity
- faculty provide oversight
- evaluation using a structured tool

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## CPR IV.A.5.d) Interpersonal and Communication Skills: **What is it?**

- Communicating with patients and families
- Teamwork
- Medical records

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## Interpersonal and Communication Skills: **Explanation**

- Teamwork
  - "On-the-job" training without structured teaching NOT sufficient!
  - Approaches for team training may use classroom and/or simulators (low-teach or high-tech) models for team training (e.g., medical team management, MedTeams, Crisis Resource Management):
    - [http://www.air.org/teams/publications/mtt/adv\\_pub\\_safety.pdf](http://www.air.org/teams/publications/mtt/adv_pub_safety.pdf)
    - <http://teams.drc.com/Medteams/Home/Home.htm>
    - <http://www.hmc.psu.edu/simulation/apps/crm.htm>

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## Interpersonal and Communication Skills: **Documentation**

- Teamwork
  - **ADS: Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group; identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.**

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## Interpersonal and Communication Skills: **Review Criteria**

- Teamwork
  - Important elements for an answer demonstrating substantial compliance:**
    - include structured didactic and experiential components
    - faculty involved in both components
    - didactic methods include interactive teaching methods
    - evidence for true collaboration (each team member contributes to overall function and decision making in meaningful way and includes bidirectional rather than unidirectional communication)

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## CPR IV.A.5.e) Professionalism

### What is it?

- Components: commitment, adherence, sensitivity
- Promoting professional behavior
- Remediation in professionalism

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## Professionalism: **Explanation**

- Components: commitment, adherence, sensitivity
  - **Commitment:** respect, altruism, integrity, honesty, compassion, empathy, dependability, accountability, commitment to excellence
  - **Adherence:** accepting responsibility for continuity of care; patient centered care (confidentiality, respect for privacy and autonomy)
  - **Sensitivity:** cultural, age, gender, disability issues; appropriate recognition and response to physician impairment

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## Professionalism: **Documentation**

- ❑ Components: commitment, adherence, sensitivity

- **ADS: 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.**
- **Site Visitor interviews**

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## Professionalism: **Review Criteria**

- ❑ Components: commitment, adherence, sensitivity

**Important elements for an answer demonstrating substantial compliance:**

- include structured didactic component
- faculty actively involved (not just passive role modeling)
- frequent and timely feedback to residents

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## CPR IV.A.5.f) System-based Practice: **What is it?**

### Quality of patient care and medical errors

- ❑ Knowledge of and effective use of multiple layers of healthcare system
- ❑ Medical error (almost always the system not the individual!)

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## System-based Practice: Explanation

- Knowledge of and effective use of multiple layers of healthcare system
  - Layers: purchasers (employers, government); insurers (commercial, Medicare, Medicaid); delivery systems (hospitals, physician networks, drug & technology companies, community resources); work group (group practice, hospital service); providers (physicians, nurses, etc.); users (patients, families)
  - Effective use: national & local structures, systems, rules & regs contribution to pt/population experience; who pays; why it matters; factors (culture, organization, management, financing) impacting care
  - Resources: Institute for Healthcare Improvement <http://www.ihl.org>

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## System-based Practice: Documentation

- Knowledge of and effective use of multiple layers of healthcare system
  - **ADS: Describe the learning activit(ies) through which residents achieve competence in the elements of SBP: work effectively in various healthcare delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost containment and risk benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; work in inter-professional teams to enhance patient safety and care quality.**
  - Site Visitor interviews and review of curriculum materials

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## System-based Practice: Review Criteria

- Knowledge of and effective use of multiple layers of healthcare system
  - **Important elements for an answer demonstrating substantial compliance:**
    - structured learning activities part of curriculum
    - includes both didactic and experiential components
    - address each element of competency
    - faculty oversight

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### CPR V.A.1. Resident Evaluation (formative): **What is it?**

- Informal "on-the-spot" feedback
- Feedback based on planned collection of information
- Mechanism to document progressive resident performance improvement
- Includes self-assessment
- Early alert to need for remediation
- Purpose is to enable improvement!**

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### Resident Evaluation (formative) **What is it?**

- Assessment system
- Faculty development
- Performance criteria
- Timely completion
- Semiannual reviews
- Accessibility of evaluations

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### Resident Evaluation (formative) **Explanation**

- Assessment System
 

Based on core principles:

  - Assessment based on identified learning objectives/outcomes related to 6 competency domains
  - Use multiple tools by multiple evaluators on multiple occasions
  - Descriptive criterion-based anchors for rating scales preferred

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## Resident Evaluation (formative) Documentation

□ Assessment System

**ADS:**

- Are residents evaluated on their performance following each learning experience?
- Are these evaluations documented (in written or electronic format)?

Completed table of evaluation methods and evaluators for each competency domain

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## Resident Evaluation (formative) Review Criteria PBLI

□ Assessment System (PBLI)

**Important elements for an answer demonstrating substantial compliance may include:**

- Self-assessment leading to a learning plan
- Skills checklist for EBM exercise (e.g., based on journal club, critically appraised topic, educational prescription) - faculty raters
- Structured assessment of QI project (e.g., ability to implement PDSA cycle) - faculty and resident raters
- Structured assessment based on direct observation of teaching faculty and learners as raters
- Global evaluations - faculty raters (global alone not sufficient)

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## Resident Evaluation (formative) Review Criteria IPCS

□ Assessment System (IPCS)

**Important elements for an answer demonstrating substantial compliance may include:**

- Self assessment
- Multi-source feedback (may be part of assessment of other domains) – faculty, peers, allied health professionals, patients/families raters
- Skills checklist assessment based on direct observation/interaction – faculty raters
- Global evaluation – faculty (global alone not sufficient)

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## Resident Evaluation (formative) Review Criteria Professionalism

□ Assessment System (Prof.)

**Important elements for an answer demonstrating substantial compliance may include:**

- Self-assessment
- Multi-source feedback (may be part of assessment of other domains) – faculty, peers, allied health professionals, patients/families raters
- Reflective essays – self, faculty, mentor feedback
- Global evaluations - faculty raters (global alone not sufficient)

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## Resident Evaluation (formative) Review Criteria SBP

□ Assessment System (SBP)

**Important elements for an answer demonstrating substantial compliance:**

- Methods include at a minimum: global and one additional method
- Structured evaluation providing evidence of residents' skills in identifying system errors and contributing to a solution

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## Resident Evaluation (formative) Resources (ACGME)

- ACGME Global Assessment Form  
[http://www.acgme.org/acWebsite/RRC\\_999/999\\_GlobalResidencyCompetencyForm.pdf](http://www.acgme.org/acWebsite/RRC_999/999_GlobalResidencyCompetencyForm.pdf)
- Multi-Source Feedback (Ex. Urology 360°)  
<http://www.acgme.org/acWebsite/resEvalSystem/urology/Urol360Deegree.pdf>
- Observed Patient Encounter (Ex. Urology)  
<http://www.acgme.org/acWebsite/resEvalSystem/urology/UrolObservedPatientEncounter.pdf>

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## Resident Evaluation (formative) Resources (Other)

- ❑ Healthcare Matrix (Vanderbilt University)  
<http://www.acgme.org/outcome/Implement/BlankMatrixactionplan.pdf>
- ❑ Adverse Event Worksheet (PBLI/SBP)  
(use to review selected patient records)  
Sample:  
[http://www.institute.nhs.uk/images/documents/BuildingCapability/uk\\_adverse\\_event\\_trigger\\_tool\\_20s.pdf](http://www.institute.nhs.uk/images/documents/BuildingCapability/uk_adverse_event_trigger_tool_20s.pdf)

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## Resident Evaluation (formative) Resources (all competency domains)\*

- ❑ Multi-source Feedback (MSF):  
<http://www.jrcptb.org.uk/assessment/performance/Documents/MSF%20Form.pdf>
- ❑ Generic Direct Observation of Procedural Skills (DOPS):  
<http://www.jrcptb.org.uk/assessment/performance/Documents/DOPS%20Form%20Generic.pdf>
- ❑ Generic mini Clinical Skills Exercise (mini-CEX):  
<http://www.jrcptb.org.uk/assessment/performance/Documents/Mini%20CEX%20Form.pdf>
- ❑ More information on using these forms:  
<http://www.jrcptb.org.uk/assessment/performance/Pages/PerformanceAssessmentDocumentation.aspx>

\*Source: Joint Royal Colleges of Physicians Training Board, UK

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## Resident Evaluation (formative): Explanation

- ❑ Faculty development on assessment
  - Scheduled faculty meetings devoted to discussing assessment tools and methods for using them effectively
  - Involving faculty in deciding how best to distribute and collect completed evaluations may improve compliance!

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## Resident Evaluation (formative): Documentation

- Faculty development on assessment
 

**ADS (PIF):**  
Describe how evaluators are educated to use the assessment methods listed in the table so that residents are evaluated fairly and consistently.

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## Resident Evaluation (formative): Review Criteria

- Faculty development on assessment
 

Important elements for an answer demonstrating substantial compliance:

  - sessions address the specifics of competency-based assessment
  - interactive sessions include Q&A

Instructions for use that appear on the evaluation form(s) NOT sufficient as sole method of education!

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## Resident Evaluation (formative): Explanation

- Performance criteria
 

- performance criteria (what they need to demonstrate)
  - performance standards (how much is enough)
  - when both faculty and residents share a common understanding of what is expected and how it will be evaluated, assessments are more likely to be perceived as fair

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## Resident Evaluation (formative): Documentation

Performance criteria

**ADS (PIF):**  
Describe how residents are informed of the performance criteria on which they will be evaluated.

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## Resident Evaluation (formative): Review Criteria

Performance criteria

Important elements for an answer demonstrating substantial compliance:

- Standards in place for all tasks where a judgment of competence will be made
- Standards clearly communicated either in writing or in a structured interactive session
- ALL residents participate in session (e.g., program orientation)

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## Resident Evaluation (formative): Explanation

Timely completion

- No requirement to use a specific system or approach
- Timeliness as perceived by residents

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## Resident Evaluation (formative): Documentation

- Timely completion
  - ADS (PIF): Describe the system which ensures that faculty completes written evaluations of residents in a timely manner following each rotation or educational experience.
  - Resident Survey: Do you receive written or electronic feedback on your performance for each rotation and major assignment?
  - Site Visitor interviews

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## Resident Evaluation (formative): Review Criteria

- Timely completion
  - Important elements for an answer demonstrating substantial compliance:
    - structured mechanism
    - ongoing monitoring by designated individual

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## Resident Evaluation (formative): Explanation

- Semiannual reviews
  - feedback given to resident
  - reviews are documented

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## Resident Evaluation (formative): Documentation

- Semiannual reviews
  - ADS (PIF): Describe the process used to complete and document written semiannual resident evaluations, including the mechanism for reviewing results (e.g., who meets with the residents and how the results are documented in resident files).

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## Resident Evaluation (formative): Review Criteria

- Semiannual reviews
  - Important elements for an answer demonstrating substantial compliance:
    - Structured mechanism in place
    - Someone monitors
    - Program director or specific mentor meets with resident to provide continuity
    - Meetings are documented

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## Resident Evaluation (formative): Explanation

- Accessibility of evaluations
  - Periodic review of past evaluations by residents enables them to more clearly see their developmental progress over time and leads to better goal setting.
  - "If you don't know where you are going, any path will do."

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## Resident Evaluation (formative): Documentation

Accessibility of evaluations

**Resident Survey:**  
Are you able to review your current and previous performance evaluations upon request?

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## Resident Evaluation (formative): Review Criteria

Accessibility of evaluations

- Surveys required for programs having 4 or more residents or fellows
- Site visitors review aggregated results if 70% or more residents complete survey
- Site visitors verify responses through resident interviews

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