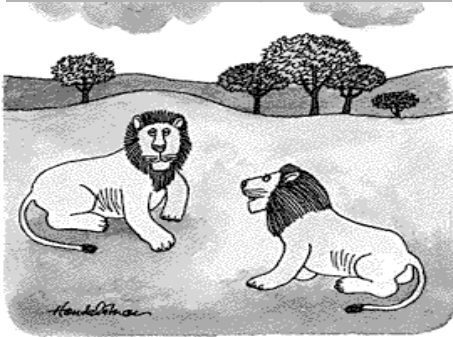


Accreditation Site Visit Basics: What to Expect View of a PD and RRC member

Thomas G. Cooney M.D., FACP
Professor of Medicine
Vice Chair for Education
Residency Program Director
Oregon Health & Science University

Vice Chair,
Residency Review Committee for Internal Medicine

ACGME-guiding principles



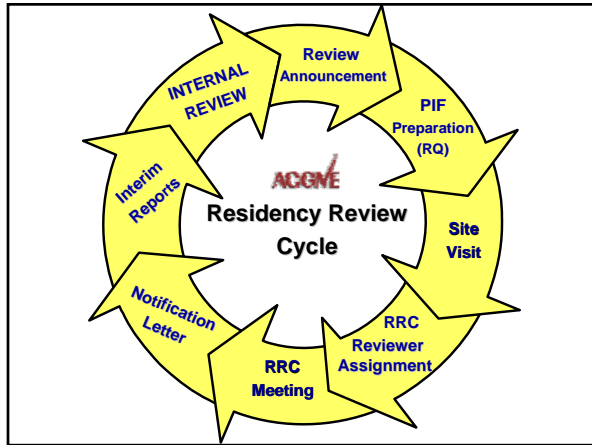
I like that- compassionate predators.

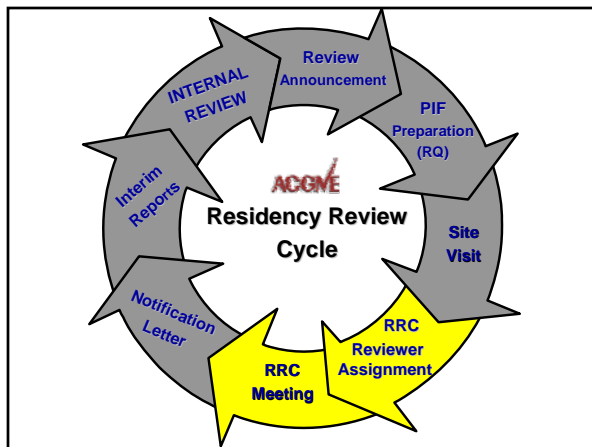
Background ...

- 24 years as a Program Director
- Vice Chair in a large university department (95 residents, 42 fellows, 3 institutions)
- Past President, Association of Program Directors in Internal Medicine
- Member of the RRC-IM for 6 years (2 as Vice Chair)
- *All comments represent my personal views...not the ACGME*

What is the Role of an RRC Member?
(my view)

3. To review programs for compliance with the minimum standards of the specialty as set forth in the Program Requirements
2. To write program requirements which enhance the quality and safety of care of the public through enhancement of the overall quality and relevance of graduate medical education in Internal Medicine
1. To assure the quality of patient care and the humanistic, honest and effective provision of quality education and supervision of patient care in each hospital sponsoring graduate medical education





The Accreditation Process

- The PD completes the PIF, Resident Questionnaires are completed (if applicable) and forms submitted either to site visitor, or RRC staff
- The Site Visitor conducts on site verification of information submitted.
- The Site Visitor submits a report to the RRC
- The Site Visitor does not judge your compliance with the program requirements (PRs) but rather provides the RRC with the verified information obtained at the SV
- The RRC reviews the program and
 - assesses compliance with individual PRs
 - determines an overall accreditation decision

What does a Reviewer Do at the Meeting where my Program is Judged?

- Evaluate all the information available on the programs assigned
- Submit a written summary of my program evaluation and recommendations to the RRC
- Present each program to entire RRC
- Answer questions, and defend the recommendations
- After discussion, my recommendation, and any competing recommendations are subjected to a vote
- The majority decision of the entire RRC established the accreditation status, citations and/or concerns for the program



What does a Reviewer Do?

Evaluate all the information available on the programs assigned

- Current Program Accreditation Status and number of accredited positions
- Entire Accreditation History (including Institutional Accreditation Reviews)
- All Correspondence since last review
- Site Visitor's Report
- Program Information Forms
- Any information submitted after the site visit (up to the date of the RRC-IM meeting)



- 200 – 500 pages for a large core residency program
- 100 – 300 pages for a fellowship program
- 8 – 20 programs per meeting
(RRC-IM: 3 program review meetings per year)



What does a Reviewer Do?

Submit a written summary of my program evaluation and recommendations to the RRC

- Prepare a standardized report:
 - History of the program
 - Past accreditation decisions
 - Most recent citations
 - Current potential citations
 - Overall recommendation regarding:
 - » Accreditation Decision
 - » Cycle Length
 - » Resident Complement
 - » Progress Report
- Time commitment
 - 2.5 - 4 hours per Core Residency program
 - 1.5 - 3 hours per Fellowship program
 - 30 - 60 hours preparation for each program review meeting



Program Name: XXXXXXXX
Specialty: Cardiovascular Disease
Program Number: XXXX
RRC Reviewer: Thomas Cooney, M.D.
Number of Fellows: Approved – 19
Requesting – 19
On Duty at Site Visit – 17
Site Surveyor: XXXX Survey: 9/11/07

History

Last reviewed 9/04 RRC, CA, 5 years, 6 citations.
Date Next Core Site Visit: 11/09

Recommendations

Accreditation:
Cycle Length: 5 years
Progress report: No
On what citations:
Changes in Complement: N/A
Program Strengths:

Citations

5 Corrected Previous Citations:
1 Repeat Citations
3 New Citations
4 Total Citations

Fellow-identified strengths:

1. Faculty and their commitment
2. Conferences
3. Dr. XXXX
4. The clinical experience
5. Variety of procedures
6. The diversity of diseases and cultural backgrounds of patients
7. The fellows
8. The program design is flexible

Fellow-identified weaknesses:

None

Faculty-identified weaknesses:

1. Fellows interested in clinical research could have more guidance in developing their careers.
2. More space is needed at XXXX, particularly in the labs and reading rooms for non-invasive studies.

PR#: 467

Program Requirement Text: *This continuity experience should expose fellows to the breadth and depth of the subspecialty. (N.B.: May vary by subspecialty.) This may be accomplished by either: a single continuity clinic for the length of the accredited fellowship, or blocks of at least six months duration for the length of the accredited fellowship. (Educational Program, Clinical, Section IV.E.2.a., EASY-467, CAAR-535, 4.E.)*

Additional language for Citation Text: "Fellows do not maintain their continuity clinic as required when they rotate to the VA."

Source: SVR sect 1 subsect 13.e. p9

SV Comments (for Committee only): "In general, fellows rotate to the VA for 3 separate months in the first year, and one month in the second and third years. While there, they attend a VA "continuity clinic" and do not return to XXXX for their continuity clinic there. All four first year fellows are scheduled for a total of 3 months at the VA in the 2007-08 year. "

Reviewer comments (for Committee):

New Citation

Competencies Checklist

	Compliance Yes/No	Cite if Non-Compliant Gen Sub PR #s
Competency-based Curriculum	Yes	PR 403,408
Competency-based Global Ratings	Yes	PR 502
Competency-based Semi-Annual Reviews	Yes	PR 505
Direct Patient Observation and Reflection Exercises (e.g., Mini-CEX, OSCE, Checklists, Simulators, etc.)	Yes	PR 508
Practice Based Learning and Improvement Exercises (e.g., Chart Audit, Portfolios, Vignettes, Chart Stimulated Recall, etc.)	Yes	PR 508
Procedure Logs and Proficiency	No	PR 478-479, 509
360 Evaluations (Patients, Peers, Nurses, etc.)	Yes	PR 503
Competency-based Summative Evaluations	Yes	PR 513-16
One competency-based Performance Improvement Project (Faculty and resident participation, measurable outcomes)	Yes	PR 701-03

Reviewer submits reports to RRC staff
in advance of meeting



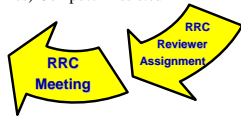
What happens at the RRC meeting? Present each program to entire RRC

- Answer questions, and defend the recommendations
- After discussion, reviewer recommendation, and any competing recommendations are subjected to a vote
- The majority decision of the entire RRC establishes the accreditation status, citations and/or concerns for the program



What does a Reviewer Do? Who are those masked men (and women)?

- 20 members of the RRC (6 each AMA, ACP, ABIM, 2 residents)
- RRC in Internal Medicine reviews 60-90 institutions, each with 1 to 18 programs(200-300 programs), at each program review meeting over a 3.5 day meeting (3/year)
- Responsible for 389 Residency (core) programs and >1400 Subspecialty (fellowship) programs (~30% of all residency and fellowship programs). Adding Combined Programs and Sleep Medicine in 2005-2006
- Author and maintain Program Requirements in the Core and 15 Sub and 2 Sub-Sub-Specialties (1 - 3 day administrative meeting/year)
- Developed (and utilize in all disciplines) Computer Assisted Accreditation Review



What to Do...

- Be respectful of the process –
 - RRC Staff
 - Field Surveyor
 - Careful preparation of PIF and other documents (treat it like an NIH grant application)
- Play fair with the process –
 - Resident Questionnaire
 - Residents at site visit
 - Provide correct data (PIF) or responses (Site Visit)
- Behaviors
 - Adhere to the program requirements
 - Address honestly Service versus Education problems

What *NOT* to Do...
(or, What Gets Us Upset!)

- Disrespecting the process –
 - RRC Staff
 - Field Surveyor
 - Inadequate preparation of PIF and other documents
 - » Changing the questions on the PIF or other documents
 - » Ignoring questions on the PIF or other documents
- Attempts at manipulation of the process –
 - Resident Questionnaire
 - Residents at site visit
 - Outright falsification of data (PIF) or responses (Site Visit)
- Behaviors
 - Flouting the program requirements
 - Service versus Education problems
 - Resident harassment or other damaging behaviors

RRC Meeting



"I was just going to say 'well, we don't make the rules' But, of course, we do make the rules."
