Update: RC-Surgery and ACGME

Association of Residency Coordinators in Surgery

Association for Surgical Education - Annual Meeting
San Diego, CA
19 April 2017

Donna Lamb, DHSC, MBA, BSN
Executive Director
Surgery/Thoracic Surgery/Plastic Surgery

@donnalamb_chi

Disclosures

No financial conflicts to disclose

Objectives

- RC Update
- Program Requirement Revisions - specialty
- New FAQs
- Single Accreditation System
- Milestones
- Self Study and the 10-yr Accreditation Site Visit
- Common Program Requirements

Review Committee Update

Review Committee

Steven Stain, MD*

Chair

Paula Termuhlen, MD**

Vice Chair

Jeff Matthews, MD

Incoming Chair

John Armstrong, MD*

George Fuhrman, MD

David Han, MD

David Herndon, MD**

Joe Mills, MD

Kristy Rialon, MD*, *Resident*

John Ricotta, MD*

David Rubenstein, *Public*

Joe Stella, DO

Danny Takanishi, MD**

Richard Thirlby, MD

Tom Tracy, MD

*Term ending 2017. **Term ending 2018

Review Committee

Ex Officio Members:

Mark Malangoni, MD, ABS

Patrice Blair, ACS

Incoming Members - 2018:

Robert Cromer, MD

Mary Fallat, MD

Pam Lipsett, MD

Edward Shipper, MD, *Resident*

James Valentine, MD

Overview
Program Accreditation

Core Residency Programs

	Accredited Programs	Application	Approved Positions	Filled Positions
Surgery	272	2	9050	8151
DO Surgery Programs	8	46	Pre-Accreditation or Continued Pre-Accreditation	
Int. Vascular	53	0	310	260

Current programs and resident/fellow complement (as of the date of this report)

Overview
Program Accreditation

Sub-specialty Programs

		Accredited Programs	Application	Approved Positions	Filled Positions
Subspecialties	Ind. Vascular	107	0	294	241
	CGSO	24	1	119	105
	SCC	117	1	288	258
	Pediatric Surgery	48	2	89	82
	Hand	1	0	8	8

Current programs and resident/fellow complement (as of the date of this report):

Overview
Program Accreditation

Accreditation status summary (as of the date of this report):

		Initial	Initial w/ Warning	Continued	Continued w/o Outcomes	Continued w/ Warning	Probation or Withdrawn
Surgery		19	0	232	2	12	7
Int. Vascular		3	2	46	1	0	1
Sub-specialties	Ind. Vascular	2	0	99	4	1	1
	CGSO	5	2	16	1	0	0
	SCC	7	1	109	0	0	0
	Pediatric Surgery	2	1	43	1	1	
	Hand	0	0	0	0	1	0

Most Frequent Areas of Non-Compliance

Educational Environment:

- Faculty interest in education
- Environment of inquiry/working with resident on scholarly activity
- Service over education
- Process to deal with problems and concerns/Fear of retaliation
- Resident involvement in QI/PS projects

Most Frequent Areas of Non-Compliance

Evaluations:

- Timely feedback
- Rotation evaluations (substantive)
- Semiannual evaluations
  - Milestones assessment
  - Case log review
  - Reviewed with and available to resident

Most Frequent Areas of Non-Compliance

Operative Experience:

- Missed minimums
  - Complex cases
  - Non-operative trauma

Most Frequent Areas of Non-Compliance

Annual Program Evaluation:

- Confidential program evaluation
- Confidential evaluation of faculty
- Action plan
  - Established and updated annually

Most Frequent Areas of Non-Compliance

Program Director and Faculty:

- Accurate and complete information
- Scholarly activity
- Faculty development (as reported on Faculty Survey)

Other Issues

Increasing frequency:

- Resident complement over the approved per year complement
  - Preliminary positions are interchangeable between PGY-1 and PGY-2 - no approval required
  - Categorical positions not interchangeable
- Chief resident rotations at non-integrated sites
- Residency coordinators with multiple programs and >20 residents without assistance

Program Requirement Revisions-Surgery (eff. 7/2017)

Continuum of Care:

Multiple requirements pertaining to the resident's need to be involved in the continuum of care

Please review the "tracked changes" version of the program requirements at:
http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440_general_surgery_2017-07-01_TCC.pdf

Program Requirement Revisions Surgery (eff. 7/2017)

Program Director Change:

II.A.1.b) - The Review Committee must approve the qualifications of the program director. (Core)

Once submitted for approval, ADS will reflect “pending approval” for 30-days.

Program may receive a request for additional information, i.e. scholarship, leadership experience, certification.

Program Requirement Revisions Surgery (eff. 7/2017)

Faculty Development:

II.B.6 - Faculty members, including the program director, must regularly participate in faculty development activities related to resident education, including evaluation, feedback, mentoring, supervision, or teaching. (Core)

V.C.2.b).(1) The program must provide documentation of faculty member participation in annual faculty development activities relating to resident evaluation and teaching. (Core)

Program Requirement Revisions Surgery (eff. 7/2017)

Teaching Assistant Cases:

IV.A.6.b).(4) - When justified by experience, a PG 4 or PG 5 (chief) resident may act as a teaching assistant (TA) to a more junior resident with appropriate faculty supervision.

Program Requirement Revisions Surgery (eff. 7/2017)

Certification Examination Pass Rate:

- No change for ABS 1st time pass rate
- New - 1st time pass rate for American Osteopathic Board of Surgery - Surgery (AOBS-S)

Qualified osteopathic trainees may take either the ABS or AOBS-S examinations

First-time pass rate of 65% on the certifying examination and 65% on the qualifying examination for the preceding 5-years

Review and Comment

Surgery - closed 12 April 2017

II.A.4.w) The program director must ensure that each resident has at least 850 major cases across the five years of training. This must include a minimum of 200 major cases in the resident's chief year. (Core)

Review and Comment

Change in PR II.A.4.w) aligns with the ABS operative requirements effective with residents graduating in the 2017-2018 AY:

≥ 850 OP procedures in 5-yrs as operating surgeon

≥ 200 OP procedures in chief year

≥ 40 cases in SCC, w/ at least 1 in each category

Review Committee will apply these new minimums to the annual review in January 2019

Category	Current minimum	Median (2013-15)	10th percentile (2013-15)	Proposed minimum
Skin, Soft Tissue	25	47	26	25
Breast		60	31	40
Head and Neck	24	20 (no endocrine)	9 (no endocrine)	25
Alimentary Tract	72	244	174	180
Esophagus		9	3	5
Stomach		29	15	15
Small intestine		35	20	25
Large intestine		60	25	40
Appendix		55	25	40
Anorectal		27	13	20
Abdominal	65	314	235	250
Biliary		119	73	85
Hernia		120	82	85
Liver	4	8	4	5
Pancreas	3	9	3	5
Vascular	44	103	60	50
Endocrine	8	29	15	15
Operative Trauma	10	23	12	10
Non-operative Trauma	20	28	20	40
Thoracic	15	34	18	20
Pediatrics	20	25	14	20
Plastic	5	17	7	10
Surgical Critical Care	25	72	21	40
Laparoscopic Basic	60	166	101	100
Endoscopy	85	119	95	85
Upper Endoscopy	35	40	20	35
Colonoscopy	50	56	50	50
Laparoscopic Complex	25	104	60	75
Total Major Cases:	750	996	821	850
Chief year Major Cases	150	230	171	200
Teaching Ass't Cases	25	32	8	25

5 mastectomies, and 5 axilla

10 thyroid or parathyroid

10 vascular access
10 vascular anastomosis, repair or endarterectomy

10 resuscitations as team leader

5 thoracotomies

Review and Comment

Surgery - closes 12 April 2017

IV.A.6.a).(2).(c).(i) Knowledge of burn physiology, and experience with initial burn management is required. (Core)

Residents must have clinical exposure to initial burn management - not just didactics

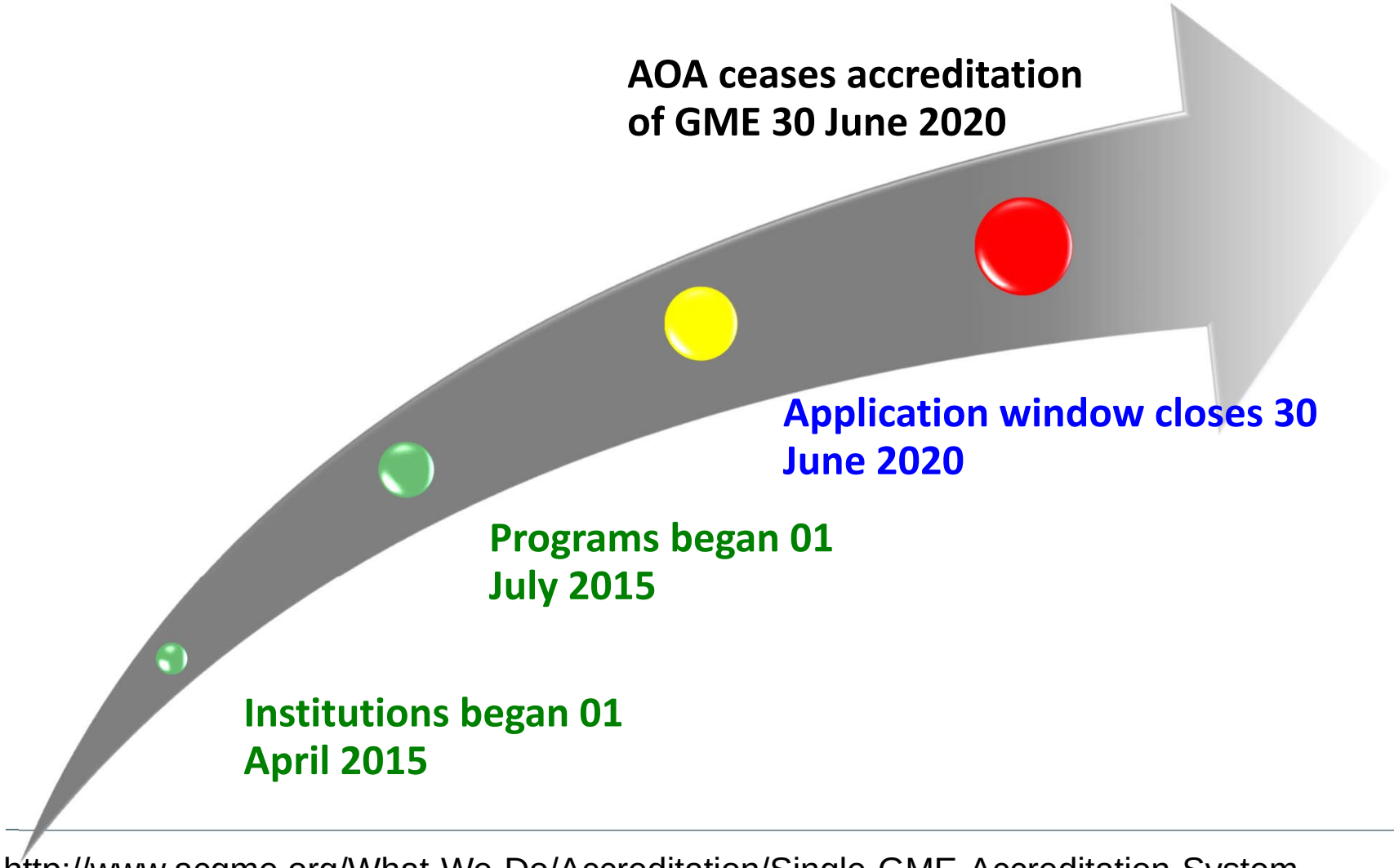
Review and Comment

Surgery - closed 12 April 2017

IV.A.6.B).(4) When justified by experience, a PG 5 (chief) resident may act as a teaching assistant (TA) to a more junior resident with appropriate faculty supervision. TA cases may not count towards the 200 minimum cases needed to fulfill the operative requirements for the chief resident year. The junior resident performing the case will also be credited as surgeon for these cases. (Detail)

Single Accreditation System

Single Accreditation System



http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System

Single Accreditation System

Program	Program Director	Status	Accreditation Effective Date
HealthONE/Swedish Medical Center Program	**Emmett McGuire, MD**	Initial Accreditation	01 July 2016
Berkshire Medical Center Program	**Michael DiSienna, DO**	Initial Accreditation	01 July 2016
Botsford Hospital Program	**John D. Parmely, DO**	Initial Accreditation	01 July 2016
Flushing Hospital Medical Center Program	**Nageswara Mandava, MD**	Initial Accreditation	01 July 2016
Mercy St Vincent Medical Center Program	**Constance P. Cashen, DO**	Initial Accreditation	01 July 2016
Metro Health Hospital Program	**Karlin E. Sevensma, DO**	Initial Accreditation	01 July 2016
Henry Ford Allegiance Health Program	**Mohan Kulkarni, MD**	Initial Accreditation	01 July 2016
Geisinger Health System (Wilkes Barre) Program	**Joseph J. Stella, DO**	Initial Accreditation	01 July 2016

https://apps.acgme.org/ads/Public

Single Accreditation System - Eligibility

Program is accredited if status is:

Initial Accreditation

Continued Accreditation

Program not accredited if status is:

Pre-Accreditation

Continued Pre-accreditation

Initial Contingent

Single Accreditation System - Eligibility

Vascular Surgery

- Independent
  - …completed an ACGME or RCPSC-accredited surgical residency
- Early Specialization Program
  - …completed four years of an ACGME-accredited surgery residency that has pre-approval by the RC…

Single Accreditation System - Eligibility

Surgical Critical Care

- …completed at least three clinical years in an ACGME-accredited program.

Pediatric Surgery

- …completed general surgery program accredited by the ACGME or RCPSC….

Single Accreditation System - Eligibility

Complex General Surgical Oncology

- …completed general surgery program accredited by ACGME or RCPSC…

Hand

- …completed ACGME, AOA, or RCPSC program in general surgery, orthopaedic surgery, or plastic surgery

Milestones

Milestones

- Surgery begins review and revision in 2017
- Survey to all program directors via APDS
  - Coming soon
- Call for volunteers to participate
- Anticipate 18-24 month process
- For questions: milestones@acgme.org

http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview

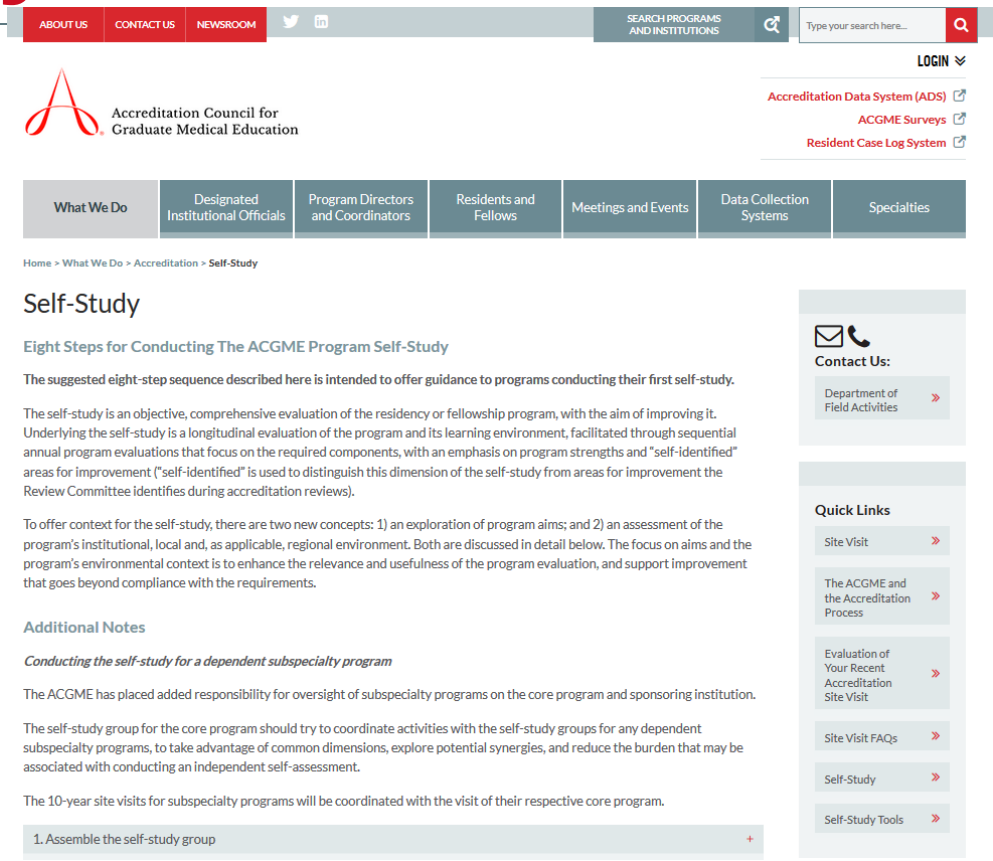
Self Study
10-year Accreditation Review

Self-Study

Objective, comprehensive evaluation of the program, with the aim of improvement

Guide and materials available on the ACGME website

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



Self-Study - Four Elements

1. Program Aims
2. SVOT/SLOT Analysis:
   - Internal: Strengths

     Areas for improvement/vulnerabilities/ limitations
   - External: Opportunities

     Threats
3. 5-year "look back" on changes, improvements
4. 5-year "look forward" on plans for the future

"What will take this program to the next level"

Self-Study - Once Completed

ACGME Template with sections for “Key Self-Study dimensions”

- Aims
- Program Strengths, Opportunities and Threats
- Five-year look-back and look-forward
- Self-study process (who was involved, data collected and interpreted)

Omitted by design: information on areas for improvement

10-yr Accreditation Visit

12- to 18-months after the self-study to allow programs implement improvements - 90-days notice

- Site Visit
  - Full accreditation site visit w/ review of all applicable requirements
  - Programs submit “Summary of Achievements” detailing improvements made as a result of the self-study
  - Assess maturity of program improvement effort using updated self-study
  - No information collected on areas not (yet) improved

10-yr RC Review

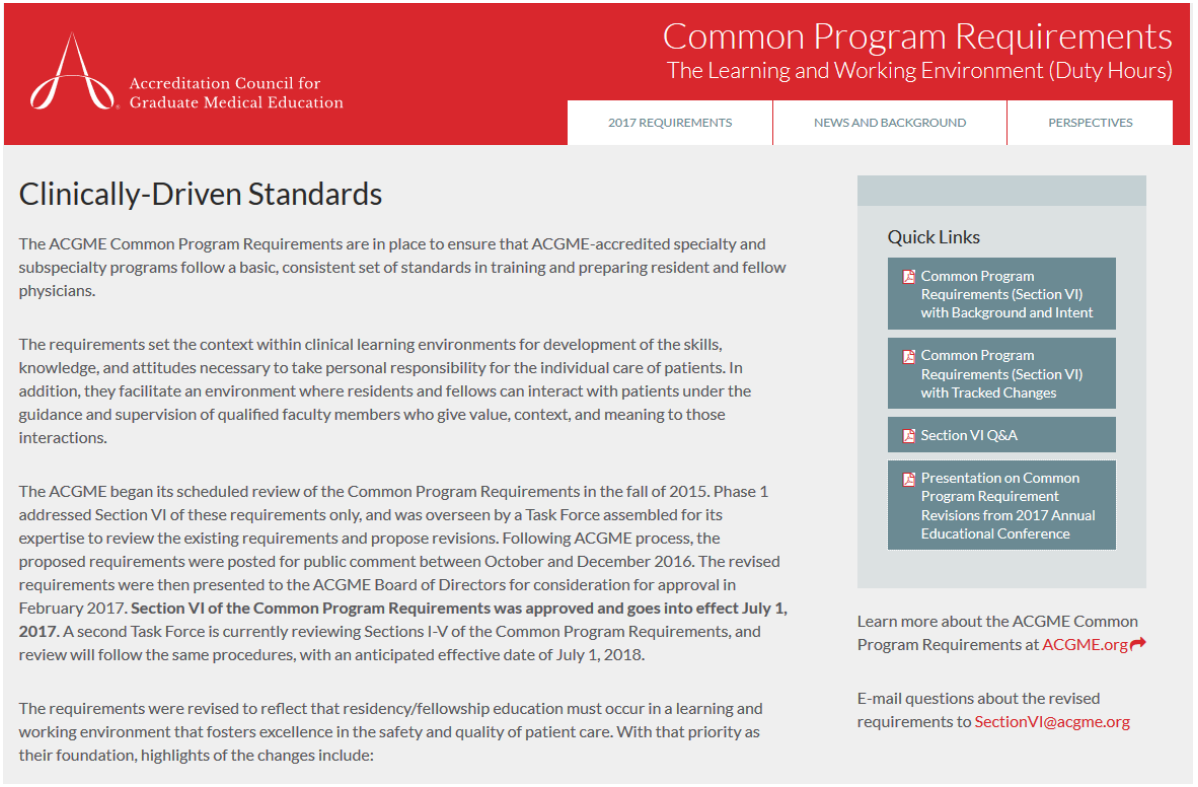
- Review Committee (RC) provides Letter of Notification from the 10-year Site Visit, with citations and areas for improvement
- Formative feedback (no accreditation impact) for the RC assessment of the self-study (*no information collected on areas not yet improved)

Focus will be on the on “improvement process,” not the priorities the program has selected

Common Program Requirements

Common Program Requirements Section VI

"At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future." – Dr. Nasca



https://www.acgmecommon.org/2017_requirements

Common Program Requirements Section VI

Learning and Working Environment

- Attention to patient safety and resident/faculty well-being
- Commitment to the well-being of residents, faculty members, students, and all members of the health care team
- Supporting the development of professionalism
- Eliminating burdensome documentation requirements
- Use of appropriate flexibility as a shared responsibility of the program and residents

CPR Section VI
Patient Safety (new)

Culture: must participate in patient safety systems and contribute to a culture of safety (Core) (VI.A.1.a).(1).(a))

Education: formal educational activities that promote patient safety-related goals, tools, and techniques(Core) (VI.A.1.a).(2))

Events: reporting patient safety events, including near misses, and be provided with summary information of their institution's patient safety reports (VI.A.1.a).(3).(a)-VI.A.1.a).(3).(a).(iii))

Training: participate in real or simulated interprofessional activities (VI.A.1.a).(3).(b))

CPR Section VI
Quality Improvement (new)

Education: training and experience in quality improvement processes, including an understanding of *health care disparities* (Core) (VI.A.1.b).(1).(a))

Quality Metrics: data on quality metrics and benchmarks related to their patient populations (Core) (VI.A.1.b).(2).(a))

Engagement: participate in interprofessional quality improvement activities (Core) (VI.A.1.b).(3).(a))

include activities aimed at reducing health care disparities (Detail) (VI.A.1.b).(3).(a).(i))

CPR Section VI Supervision

Addition of italicized language providing the underlying philosophy for the supervision requirements

Changes include:

Minor changes in the Program Requirements to clarify intent – no major changes related to supervision

CPR Section VI Professionalism

Manageable patient care responsibilities (Core) (VI.B.2.c)

varies by specialty and PGY level

assess how assignments can affect work compression, esp. PGY-1

Personal role of residents and faculty:

report unsafe conditions and adverse events (Outcome) (VI.B.4.b.)

fitness for work (Outcome) (VI.B.4.c)

Learning Environment: professional, respectful, and civil environment (Core) (VI.B.6.)

CPR Section VI
Wellbeing (new)

Focus:

- Work intensity and compression
- Safety
- Residents and faculty
- Time to attend to personal and medical care
- Monitor for burnout, depression, and substance abuse

The ACGME is leveraging resources in four key areas in support of attention on well-being: education, influence, research, and collaboration

http://www.acgme.org/What-We-Do/Initiatives/Physician-Well- Being

CPR Section VI
Clinical Experience and Education

80 hours averaged over 4 weeks (must)

clinical work from home counts toward total (new)

8 hours off between…work periods (should)

flexibility for residents to make decisions that prioritize their patients

14 hours free after 24-hours in house call (must)

1 day free in 7 (must)

CPR Section VI
Clinical Experience and Education

Changed:

Removed 16-hour limit for PGY-1's

> PGY-1s to function as members of the team and must be supervised in compliance with the requirements

Eliminated limit on consecutive nights of night float

At-home patient care activities (call, MR) counts toward 80-hours

Eliminated documentation for a resident, on their own initiative, electing to remain/return to the clinical site (VI.F.4.a)

Common Program Requirements

Sections I – V

Being revised now

Watch for public comment period within the next few months

Q&A

Is it possible to receive the results of the resident and faculty survey sooner?

Is it possible to get decisions from the RC back sooner (i.e. complement increases and decisions)?

Suggestions for program manager wellness?

RC Meeting Dates

Meeting: 28-29 September 2017

Agenda Close: 21 July 2017

Meeting: 18-19 January 2018

Agenda Close: 09 November 2017

Meeting: 05-06 April 2018

Agenda Close: 25 January 2018

Contact Information

Donna L. Lamb, DHSc, BSN, MBA - Executive Director

dlamb@acgme.org / 312.755.5499

Cathy Ruiz, MS – Associate Executive Director

cruiz@acgme.org /312.755.5495

Olivia Orndorff, BA - Accreditation Administrator

oorndorff@acgme.org / 312.755.7491

Thank you!