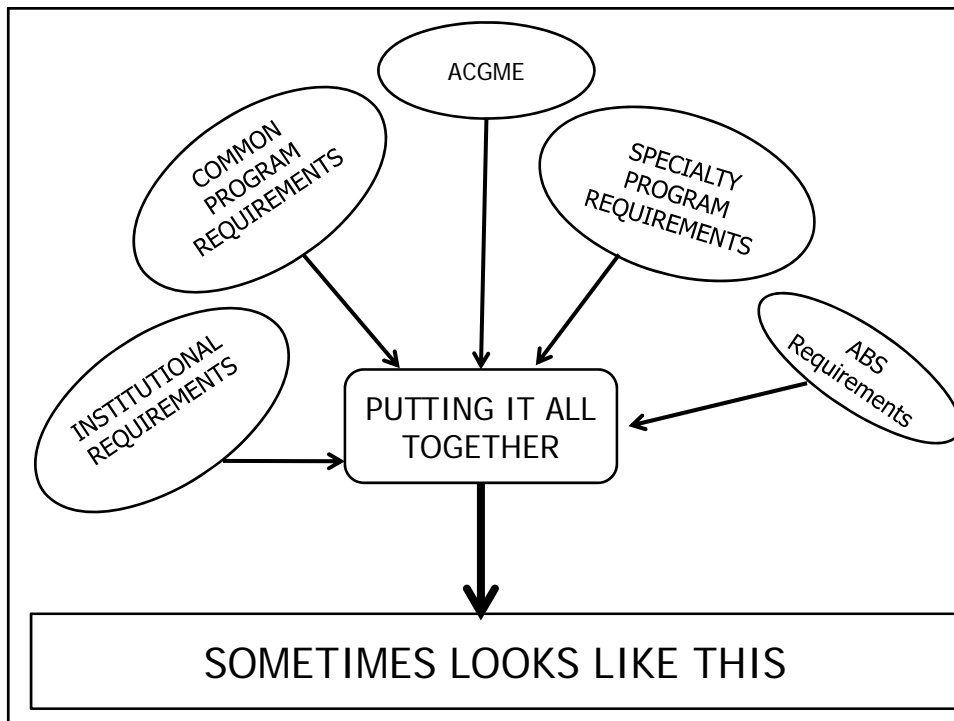


THE NEW ACGME COMMON PROGRAM REQUIREMENTS – FROM THE PERSPECTIVE OF SURGICAL RESIDENCY PROGRAM ADMINISTRATORS

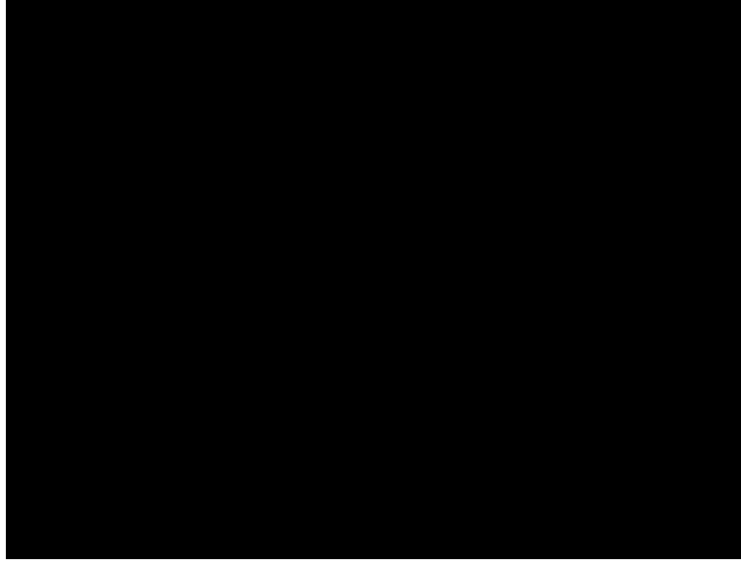


ARAS ADHOC COMMITTEE

Kim Agretto, Lillian Badurina, Juanita Braxton, Mary Burda, Stephanie Burnham, Dawn Fountain, Donna Guinto, Gretchen Lynch, Judith Olenwine, Chi Quach, Linda Shaffer, Laura Warner



**Laughing is, and often will be,
the best form of therapy!**



Section I – Oversight

- Elimination of required elements for PLAs
 - Recommended elements to be included in the Program Director Guide
- PLAs must be approved by the DIO

Section I – Oversight

Program must monitor clinical learning and working environment at all sites

- *Includes a faculty member who is accountable for resident education at each participating site*
- Mission-driven, ongoing, systematic recruitment and retention of diverse workforce

Section I: Oversight

Addition of PRs that mirror the Institutional Requirements:

- Access to food
- Sleep and rest facilities
- Security and safety measures
- **New PR addressing lactation facilities**
- **New PR requiring accommodations for residents with disabilities, consistent with Sponsoring Institution policy.**

Section II - Program Director Responsibilities

- Provide applicants with information related to board eligibility
- Provide an environment in which residents may confidentially raise concerns and provide feedback without fear of intimidation or retaliation

Section II - Program Director Responsibilities

Document and provide, upon request:

- Verification of residency education within 30 days of program completion
- Summative evaluation of residency education for all residents

Section II - Program Director Responsibilities

Core Faculty

- Definition now based on role in resident education and supervision – not number of hours devoted
- Includes, at a minimum, CCC and PEC members
- Must complete annual ACGME Faculty Survey

Section II – Program Coordinator

Background and Intent:

- Program coordinator is the lead administrative person
- Member of the leadership team
- Title varies across institutions
- Responsibilities vary based on needs of the program
- Programs should encourage professional development for coordinators

Section IV: Educational Program Scholarship

SCHOLARSHIP

- New scholarship section replaces previous faculty and resident scholarly activity sections
- Focus on scholarly activity for the program as a whole
- Scholarly activity must be consistent with the mission of the program

Section IV: Educational Program Scholarship

Programs must have efforts in at least three of the following domains: (Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiative
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case report
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

Section IV – Independent Practice

New PR for Fellowship version only:

- *Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship.*
- If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year.
(The Review Committee may further specify)

Section V – Resident Evaluation

PD or designee, with input from CCC, must:

- Meet with and review with each resident documented semi-annual evaluation, including Milestones progress
- *Assist residents in developing individualized learning plans*
- *Develop plans for residents failing to progress*
- Provide summative evaluation of resident's readiness to progress to the next year of the program

Section V – Program Evaluation

- Addition of list of required elements to be addressed in the Annual Program Evaluation
- PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats (SWOT)

Section V - Board Certification

Board pass rate (addresses both written and oral exams):

- Aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile
- Based on three years of data for specialty using an annual exam, and six years of data for specialties using a biennial exam

Section V – Board Certification

- Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program.
- Programs must report (in ADS) board certification rates annually for the cohort of residents that graduated seven years earlier.

Section VI – The Learning & Working Environment

Residents must be given the opportunity to attend medical, dental, mental health, and dental care appointments, including those scheduled during their working hours.

- Intent is to ensure that residents may attend appointments as needed, and that their schedules not prevent them from seeking care
- Institution policies dictate whether vacation/sick time must be used
- Common sense and reasonableness should prevail

Section VI – The Learning & Working Environment

All residents must receive training in how to disclose adverse events to patients and families.

- Many ways to meet this requirement
- Participating is acceptable, but so are simulations
- Review Committee believes that having faculty model examples is appropriate as well.

Section VI – The Learning & Working Environment

24/7 access to mental health professionals

- Residents must have immediate access to a mental health professional
- For urgent or emergent mental health needs
- In-person, telemedicine, or telephonic access is acceptable

Section VI –
The Learning & Working Environment

Home Call

- Understand certain subspecialties are on call for 7 days
- “Averaged over a 4-week period”
- A weekend break between 2 2-week periods would meet the requirement
- PGY-1 residents may be scheduled for in-house and at-home call

**“AMERICA’S HEALTH CARE SYSTEM IS IN CRISIS
PRECISELY BECAUSE WE SYSTEMATICALLY
NEGLECT WELLNESS AND PREVENTION.”**

TOM HARKIN

Overall Wellness

Begins with the TEAM...and requires us to all work together to ensure Patient Safety, Quality Improvement, Better Outcomes, and Overall Employee Wellness

- Program
Coordinators/Administrators/Managers
- Program Director
- Faculty
- Residents
- Nursing Staff
- Ancillary Staff
- Dietary Personal
- Case Management
- Housekeeping

SO BE A LUCY



“Whatever you do, do with determination. You have one life to live; do your work with passion and give your best. Whether you want to be a chef, doctor, actor, or a mother, be passionate to get the best result.”

-Alia Bhatt



What We Do

Designated
Institutional Officials

Program Directors
and Coordinators

Residents and
Fellows

Meetings and
Educational
Activities

Data Collection
Systems

Specialties

For further information, please visit
www.acgme.org