ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

Gretchen Lynch, C-TAGME
University of Missouri-Columbia
Columbia, MO

Past President, ARCS 2007-2008

ACGME

- Established in 1981 to replace the Liaison Committee for Graduate Medical Education (est. in 1972).
- *Reason*: the academic medical community wanted an independent accrediting organization.
- *Purpose*: to evaluate and accredit medical residency programs in the US.
- *Mission*: to improve health care by assessing and advancing the quality of resident physicians.

ACGME

- Currently there are 8,300 accredited programs in 126 specialties and subspecialties existed with 107,000 filled positions.

Member organizations include:

- American Board of Medical Specialties (ABMS)
- American Medical Association (AMA)
- American Hospital Association (AHA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)

REVIEW COMMITTEES (RC)

- Every specialty with a certifying board approved by ABMS has a review committee.
- Currently there are 26 specialty boards.
- ACGME has a total of 28 review committees.
  - One for each of the 26 specialty boards
  - One for transitional year programs
  - One for Institutional Reviews (2005)
- All Review Committees operate under the auspices of the ACGME.

REVIEW COMMITTEES (RC)

- Each RC is composed of volunteer physicians from organizations ex: (ACS) and specialty boards (ABS).
- The RC conducts accreditation reviews every 1-5 years depending on the programs degree of compliance.
- Failure to meet requirements can result in areas of concern, citations, probation, or the loss of accreditation.
- Residents must graduate from an ACGME accredited program to be eligible for board certification.

RC FOR SURGERY

- Composed of 4 members from each
  - American Medical Association
  - American Board of Surgery
  - American College of Surgeons
- Plus one resident member for a total of 13.
- All training programs have specialty requirements that must be met to maintain accreditation.

SITE VISIT

- Programs are notified in writing approximately three months before their site visit
- Site visitor conducts a one-day site visit.
- An objective narrative report about the program, based on interviews with PD, residents, faculty, is submitted to the RC.
- RC meets on average of 3 times per year.
- Site visitor report is reviewed along with other program data.
- RC members vote on appropriate accreditation action based on the site visitors report.

ACGME
GENERAL COMPETENCIES

In 1999, as one of the steps in its Outcome Project, the ACGME approved six *General Competencies*

The competencies represent areas of skill & knowledge that residents are expected to demonstrate before graduation

Unlike general goals, competencies are written as real life abilities that are required for effective professional practice in all specialties

THE SIX COMPETENCIES

- Patient Care
- Medical Knowledge
- Practice-Based Learning
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

COMPETENCY BASED EDUCATION

In CBE teaching and learning are:

1. Explicit & clearly aligned with expected competencies.
2. Criteria-driven, focusing on accountability in reaching benchmarks & ultimately, competence.
3. Grounded in "real-life" experiences.
4. Focused on developing the learners' ability to self-assess.
5. Individualized, providing more opportunities for independent study.

The Outcome Project began Phase 1 in July 2001

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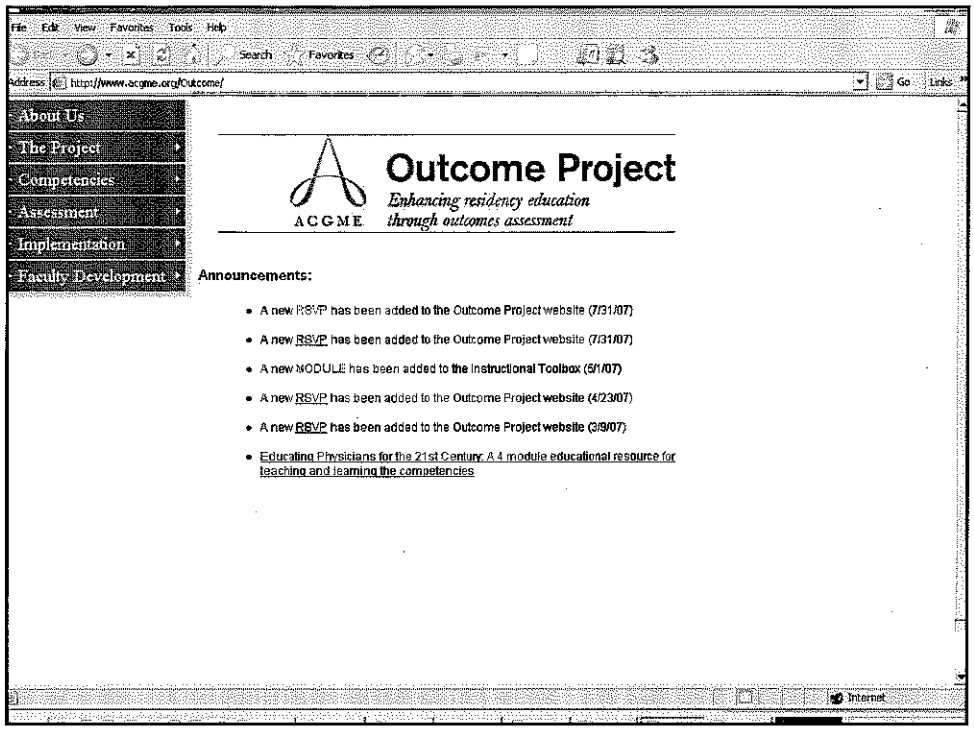

File Edit View Favorites Tools Help
Search Favorites
Address http://www.acgme.org/Outcome/
Go Links
About Us
The Project
Competencies
Assessment
Implementation
Faculty Development
ACGME
Outcome Project
Enhancing residency education through outcomes assessment
Announcements:
A new RSVP has been added to the Outcome Project website (7/31/07)
A new RSVP has been added to the Outcome Project website (7/31/07)
A new MODULE has been added to the Instructional Toolbox (5/1/07)
A new RSVP has been added to the Outcome Project website (4/23/07)
A new RSVP has been added to the Outcome Project website (3/9/07)
Educating Physicians for the 21st Century: A 4 module educational resource for teaching and learning the competencies
Internet

ACGME
ACGME Website is a wealth of information and is an excellent resource for PD's and Coordinators
www.acgme.org
ACGME

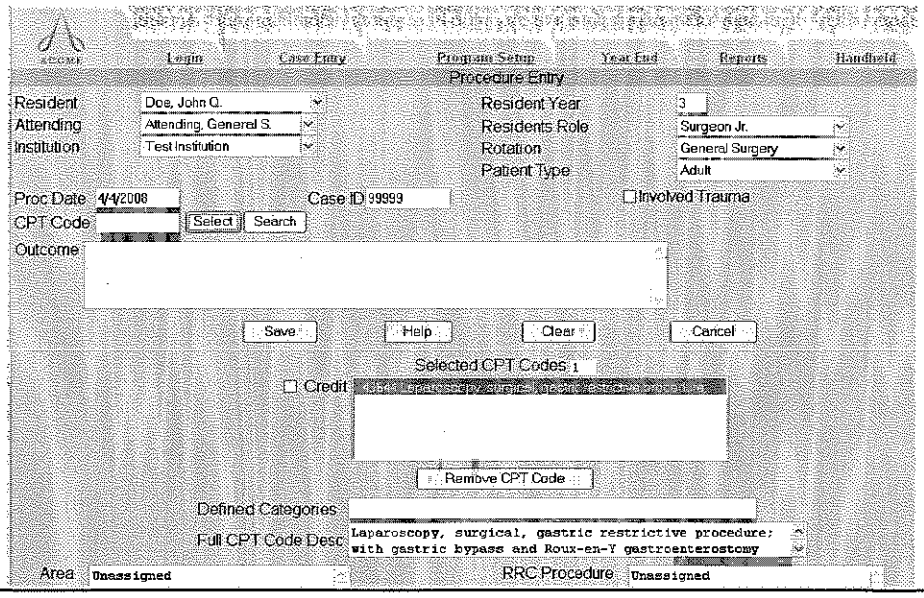
General Surgery Operative Log Management

JUNE CAMERON, BA, C-TAGME
MAINE MEDICAL CENTER

Resident Case Log System

- Web based system utilizing CPT/ICD 9 codes designated by the ABS and ACGME to track resident operative experience
- www.acgme.org > Data Collection Systems > Case Log System
- All categorical, designated preliminary, & non-designated preliminary residents in ACGME accredited positions must enter their operative experience concurrently during each year of the residency in the ACGME case log system.
- The Op Log system was designed to allow residents to enter their own cases

Data Entry Screen



Credit Roles

SC = Surgeon Chief Year
- Only cases credited as surgeon during 12 months of chief year

SJ = Surgeon Junior Year
- All cases credited as surgeon prior to chief year

TA = Teaching Assistant
- More senior resident working with junior resident who takes credit as surgeon

FA = First Assistant
- Any instance in which a resident assists at an operation with another surgeon who is responsible for the operation

Definition of Surgeon

Significant role in the following:

- Determination or confirmation of diagnosis, provision of preoperative care
- Selection & accomplishment of appropriate operative procedure
- Direction of the postoperative care

Definition of a Teaching Assistant (TA)

- When justified by experience, a PG 5 (chief) resident may act as a teaching assistant to a more junior resident with appropriate faculty supervision.
- Up to 50 cases listed by the chief resident as TA will be credited for the total requirement of 750 cases.
- TA cases do count towards the 150 minimum cases needed to fulfill the operative requirements for the chief resident year.
- The junior resident will also be credited as surgeon for these cases.

Your Role

- Maintain residents, faculty, rotations, and institutions in Op Log system
- Provide training to residents
- Be familiar with defined categories including minimum number required to graduate as a chief resident
- Monitor ACGME website for pending changes to the requirements

Yearly Tasks

- Enter new resident information into Web ADS; synchronize with your Op Log system
- Establish log in and password for each new resident
- Update faculty members, hospitals and/or rotations
- Inactivate residents who leave your program (other than graduates)
- Run final reports for graduating chief and preliminary residents; keep copies of all the final reports with original signatures for your files
- Submit GSOL to the ACGME by August 1st!

Semi-Annual Tasks

- Run Op Log reports for resident's at least semi annually
- Review each resident's Critical Care Case Log (CCIC) for progress and accuracy
- Run defined category reports for your PD to review to ensure all residents are on-track

Weekly/Monthly Tasks

To ensure that resident Op Log information is current & correct, periodic monitoring by the coordinator & program director is necessary

- Establish a weekly/monthly routine to monitor resident compliance with entering their cases & stick to it
- Utilize reports to ensure residents are entering their cases correctly and in a timely manner
- Monitor Op Log requirement changes through the ACGME website

Things to Consider

One of the top RC Citations relates to operative experience

- Failure to meet minimum requirements in any defined category
- Failure to meet minimum requirements for total majors or total chief cases
- Imbalance of operative experience between residents

Things to Consider

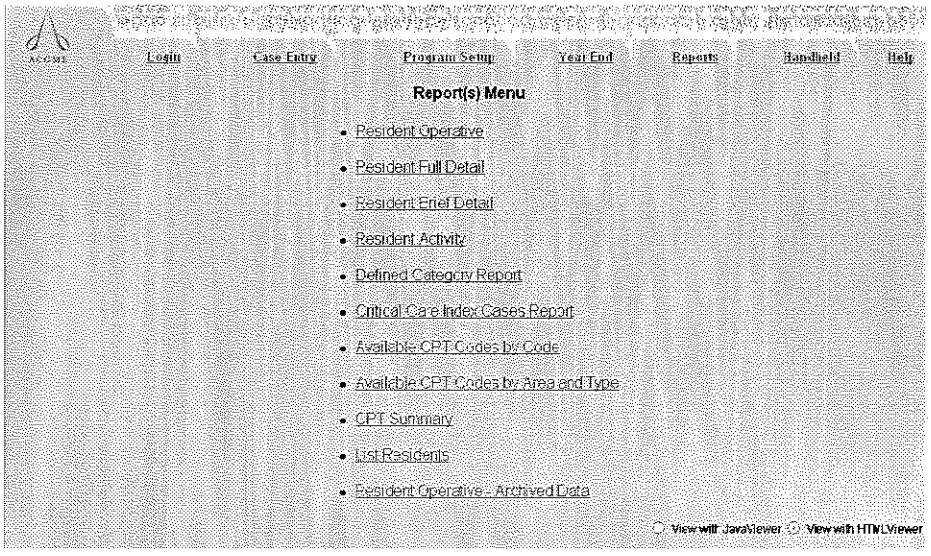
- **It should not be a surprise to your PD if a chief resident has not met the required minimums for graduation.**
- **Keep your PD informed of your residents' progress!**

Things to Consider

- Establish a policy for your program regarding Op Log accuracy & currency including consequences for non-compliance
- Establish consequences with the PD for those residents who are not current with their data entry

Stick to it!

Use Reports to Help You



Resident Activity Report

Resident Activity Report

Primary Procedures
Program ID: 4401234567 Program Name: General Surgery Program Name
For All Attendings at All Institutes
All Residents
For Procedures In All Years For All Patient Types For All Rotations All Defined Ctgys
For All CPTs in All Areas and All RRC Procedures
As Of 4/4/2008

Resident Name	Current Year		Cases	CPT Codes	Last Procedure Dat	Last Updated
Doe, John Q.	3	Active	55	55	4/2/2008	4/2/2008
Green, Mark	1	Active	44	44	3/12/2008	3/13/2008
Resident, General Surgery	3	Active	114	114	3/13/2008	3/13/2008
Resident, Jason	2	Active	12	12	3/29/2007	3/29/2007
Resident, Jr, Test	1	Active	10	10	4/30/2007	2/22/2008
Smith, John	1	Active	73	73	2/6/2008	2/6/2008

Defined Category Report

PROGRAM AVERAGE AND TOTALS FOR EACH RESIDENT OF PROCEDURES IN DEFINED CATEGORIES

Primary Procedures
Program ID: 4401234567 Program Name: General Surgery Program Name
For All Attendings at All Institutes
All Residents
For Procedures In All Years For All Patient Types For All Rotations
All Reporting Years
As Of 4/4/2008

Resident	SSAB 25	HRN 24	ALTR 72	AB 65	EP 4	EANC 3	VASC 44	ENDO 8	TRAUMOP 10	THRONOP 20	THOR 15	BRD 20	HLA 5	LAP-B 60	ENDSY 29	LAP-C 25	TTL Maj 500	TTL Chief 150	TTL/ TA
dd, Cd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Doe, John Q.	9	1	1	9	1	0	0	0	1	2	3	2	0	2	0	1	29	24	0
Green, Mark	4	1	2	5	0	2	1	0	0	1	1	2	0	2	0	2	22	12	1
Resident, General Surgery	3	4	8	13	2	1	1	3	0	0	5	11	1	8	1	3	63	42	5
Resident, Jason	0	1	1	1	0	0	0	1	0	1	0	2	0	1	0	0	7	7	0
Resident, Jr, Test	0	0	0	6	0	0	0	0	0	1	0	1	0	2	0	1	8	8	1
Smith, John	2	3	5	6	0	1	1	3	2	0	1	5	0	3	0	2	34	14	3

NOTE: The data contained here reflects only procedures under the following Resident Roles: Surgeon Chief & Surgeon Junior

Special Requirements

- Ensure residents understand how to enter cases for their CCIC Log.
- Ensure residents understand how to enter trauma non-operative cases and "meet" the required minimum number.
- New Pediatric Surgery and Endoscopy case numbers this year

Critical Care Index Case Log (CCIC)

- Each resident must document the care of at least 20 critically ill patients, 25 patients in 2010
- For a patient to qualify for the CCIC log, their care must fall into at least two of 7 areas
- Completed log should include experience with at least 1 patient in all 7 of the essential categories
- Use the CPT code 99292 to document these patients
- 99292 is the ONLY code that will accept multiple entries for the same patient on the same day

Where is it?

Critical Care Index Cases (CCIC)
Program ID: 4404121280 Program Name: Lehigh Valley Hospital Network/Pennsylvania State
For All Attendings at All Institutes

For All Resident Years For All Resident Roles For All Patient Types For All Rotations
For CPT: 99292 in SURGICAL CRITICAL CARE PATIENT MANAGEMENT area and All RRC Procedures
As Of 4/3/2008

Procedure Date	Institution	Ventilatory management	Bleeding (non-trauma patient) > 3 units	Hemodynamic Instability (inotropic/ pressure mechanical support)	Organ Dysfunction	Dysrhythmia (drug management)	Invasive line management/ monitoring	Parental/ enteral nutrition
7/1/2006	Lehigh Valley Hospital							
00727646		1	1	1	0	0	0	1
	Outcome							
7/4/2006	Lehigh Valley Hospital							
00262624		1	1	1	0	0	1	1
	Outcome							
7/22/2006	Lehigh Valley Hospital							
00675047		1	0	0	0	1	1	1
	Outcome							

Critical Care Index Case Report

MOTNOR

- Major organ trauma, no operation required (99199)
  - Patients with major organ trauma admitted to a specialty care unit
  - Most senior resident should claim credit as surgeon
  - Subsequent surgery that may be claimed in "Trauma, Operative" category should be recorded with operative code, not MOTNOR

Where is it?

Total Counts	SC	SJ	TA	FA
TOTAL MAJOR OPERATIONS	183	926	34	137
TOTAL ENDOSCOPY	20	186	6	4
TOTAL MISCELLANEOUS	3	54		2
TOTAL ENDOVASCULAR DIAGNOSTIC		1		
TOTAL PATIENT CARE-NON-OPERATIVE TRAUMA		61		

Resident Operative Log (Total Counts)

Also on Defined Category Report

Pediatric Surgery

- Patients up to 13 years of age
- Use drop-down box to identify pediatric from adult cases
- 20 total in following categories
  - 8 inguinal &/or umbilical herniorrhaphy
  - 6 appendectomy procedures (open or lap)
  - 6 additional procedures

Where is it?

	SC	SJ	TA	FA
Pediatric Defined Category				
APPENDECTOMY		8	2	
HERNIORRHAPHY	1	4		
ADDITIONAL PROCEDURES		13		2
Total Pediatric Defined Category	1	25	2	2

Resident Operative Log Report

(before Total Counts)

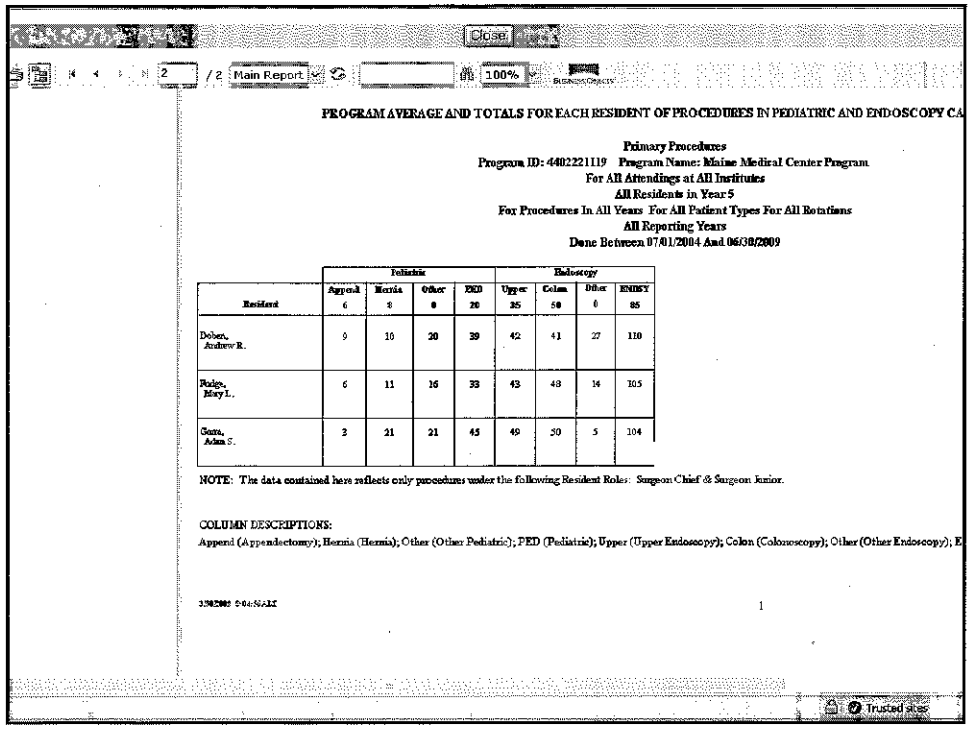
Now on the defined category page 2 report

New Requirements to Monitor

- For chiefs graduating June 30, 2009
  - Endoscopy total: 85
    - Upper endoscopy 35
    - Colonoscopy 50

Additions to Reports

- Second page has been added to the defined category report to show the breakdown for the pediatric and endoscopic defined categories



Close

2 / 2 Main Report 100%

PROGRAM AVERAGE AND TOTALS FOR EACH RESIDENT OF PROCEDURES IN PEDIATRIC AND ENDOSCOPY CA

Primary Procedures
Program ID: 4402221119 Program Name: Maine Medical Center Program
For All Attendings at All Institutes
All Residents in Year 5
For Procedures In All Years For All Patient Types For All Rotations
All Reporting Years
Done Between 07/01/2004 And 06/30/2009

	Pediatric				Endoscopy			
Resident	Append 6	Hernia 8	Other 0	PED 20	Upper 35	Colon 50	Other 0	ENDSY 85
Doben, Andrew R.	9	10	20	39	42	41	27	110
Paige, Mary L.	6	11	16	33	43	48	14	105
Gaza, Adam S.	2	21	21	45	49	50	5	104

NOTE: The data contained here reflects only procedures under the following Resident Roles: Surgeon Chief & Surgeon Junior.

COLUMN DESCRIPTIONS:
Append (Appendectomy); Hernia (Hernia); Other (Other Pediatric); PED (Pediatric); Upper (Upper Endoscopy); Colon (Colonoscopy); Other (Other Endoscopy); E

1

Trusted sites

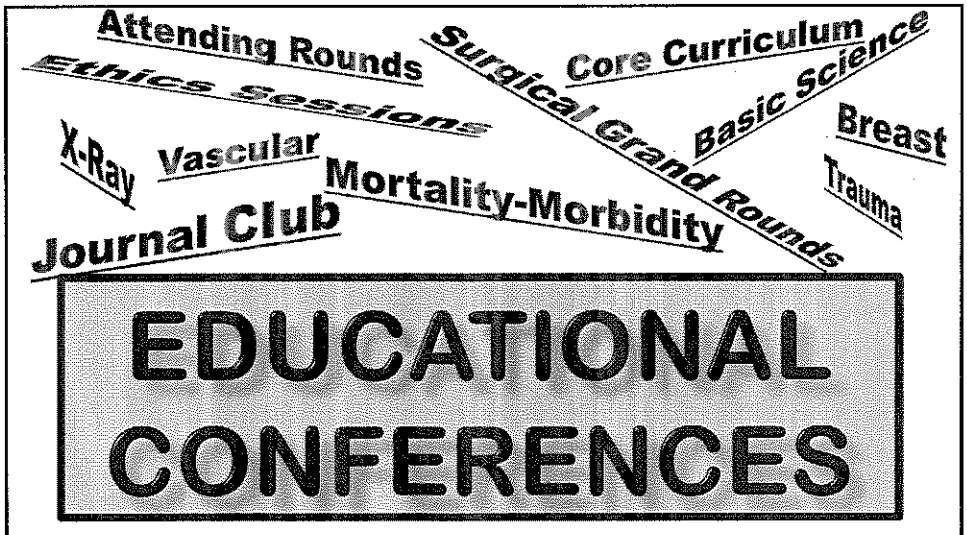
Additional Category

- An additional category has been added under Alimentary tract – stomach to allow residents to enter laparoscopic gastric restrictive procedures. The category is titled Gastric Reduction for morbid obesity – lap. It will give residents credit in the alimentary tract and laparoscopic – complex defined categories. It comprises codes 43770, 43771, 43772, 43773, 43774

Things to remember

- Program director is ultimately responsible for the residents meeting their minimum numbers.
- Establish a system to monitor the case logs.
- Keep up to date on new requirements and codes.
- Coding is part of being a surgeon

Resident Case Log System



Barbara Carter, C-TAGME
Residency Program Coordinator
Division of General Surgery
Southern Illinois University School of Medicine

ACGME Program Requirements for Graduate Medical Education in Surgery

- All programs must have regularly scheduled didactic sessions with a set of competency-based goals and objectives.
- Weekly Morbidity and Mortality or Quality Improvement Conference.
- A course or a structured series or lectures that ensures education in the basic and clinical sciences fundamental to surgery, including technological advances that relate to surgery and the care of patients with surgical diseases, as well as education in critical thinking, design of experiments and evaluation of data
- Regular organized clinical teaching, such as grand rounds, ward rounds, and clinical conferences.
- Documentation of attendance by 75% of residents at core conferences must be achieved.
- PIF requires documentation of Basic Science conferences including specific titles and presenters.

DIDACTIC SESSIONS

- A didactic session instructs by communicating information, such as a lecture, conference, journal club, directed case discussion, seminar, or assigned online learning module, in contrast to an independent project, practicum, mentoring session, or clinical preceptor session which are self-directed or experiential.

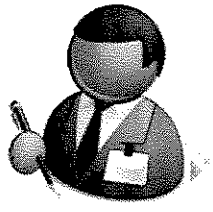
PLANNING THE CONFERENCES

- Schedule day & time for conferences that permits resident attendance on a regular basis; resident time must be protected from interruption by routine clinical duties
- Reserve conference room for each conference; computer and large viewing screen is imperative
- Work with the PD and Governance Committee on preferred format for each conferences

- PD should name specific topics for designated conferences *(Core/Basic Science/X-Ray)*
- Assign faculty based on topic; Confirm well in advance to meet with their daily schedule
- PD should contact distinguished surgeons to be Visiting Professor's and provide a list of own faculty for possible Grand Rounds presentation
- Assign a date for the PGY-5 and PGY-4 residents to present at Grand Rounds

CORE CURRICULUM CONFERENCE

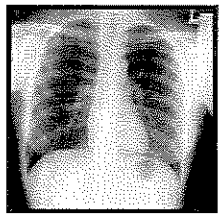
- Areas that should be included in the fundamentals of basic sciences as applied to clinical surgery are:
  - Applied surgical anatomy and surgical pathology
  - The elements of wound healing
  - Homeostasis, shock & circulatory physiology
  - Hematologic disorders
  - Immunobiology & transplantation
  - Oncology
  - Surgical endocrinology
  - Surgical nutrition, fluid & electrolyte balance
  - Metabolic response to injury, including burns



- The format varies for this teaching conference, each institution develops their own system for optimum educational benefit to the residents:
  - Residents are given questions in advance on the specified topic for each week; at the conference after the topic is discussed the faculty reviews the questions and answers with the residents.
  - A cumulative exam on topics that have been taught during a 3-4 month time period can be given.
  - ABSITE related topics are excellent for the month of January in preparation for the exam.
  - The ABS is implementing a website beta version of SCORE (Surgical Council On Resident Education) which will be very beneficial for basic science conferences. This General Surgery Resident Curriculum Portal website is presently being piloted by some programs.

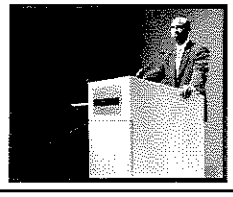
MORTALITY-MORBIDITY CONFERENCE

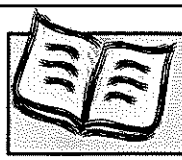
- Must have this conference weekly.
- Review all complications & deaths with the objective of improved patient care.
- Any event that deviates from the anticipated uneventful recovery from surgery is, technically, a complication.
- Residents must participate in the M&M conferences to evaluate and analyze patient care outcomes, and utilize an evidence-based approach to patient care.
- Representatives from ancillary departments and/or risk management may be present.
- Sole reliance on textbook review is inadequate.



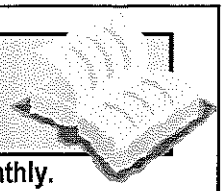
SURGICAL GRAND ROUNDS

- Formal presentation by faculty, residents, fellows and visiting professors.
- Topics of educational value to general surgery residents and faculty.
- Held at least twice a month, some institutions have Grand Rounds on a weekly basis.
- Usually a one hour conference with CME credit.





JOURNAL CLUB



- This conference is usually a one hour conference held monthly.
- In general we like to incorporate the concepts of evidence-based medicine into Journal Club, providing an opportunity for the residents to ask a question, search the evidence in the literature, and find the best appropriate answer that is applicable to their practice.
- A possible format is for assigned faculty to choose Journals specific to their specialty area. Prior to their JC the designated residents would meet with the faculty facilitator to review the articles. Once the faculty facilitator has approved the articles they are sent to all the residents to read before the actual Journal Club.
- A new format is to use the Evidence Based Reviews in Surgery on ACS website. This site is free to members of the ACS, all residents can obtain a resident membership, most are sponsored by their institution. This web-based interface includes clinical articles, methodological articles, clinical scenario, and a chance to review the latest literature of interest.

ATTENDING ROUNDS

- Service Based Rounds – Residents present patients to the team, synthesize plan of care, evaluate patients' needs.
- Meet weekly, usually a Monday morning works well to review patient list for the week.
- Imperative to have faculty participation from the service with the teams.

SURGICAL SKILLS LAB

- This experience is a major component of our surgical education program.
- Benefits of this learning experience depends on the curriculum and the consistency of the experience.
- All residents participate in skills lab sessions, which are tailored to meet the psychomotor, and operative judgment skills appropriate to their level of training.
- The SIU skills lab curriculum follows the ACS/APDS National Surgical Skills Curriculum.

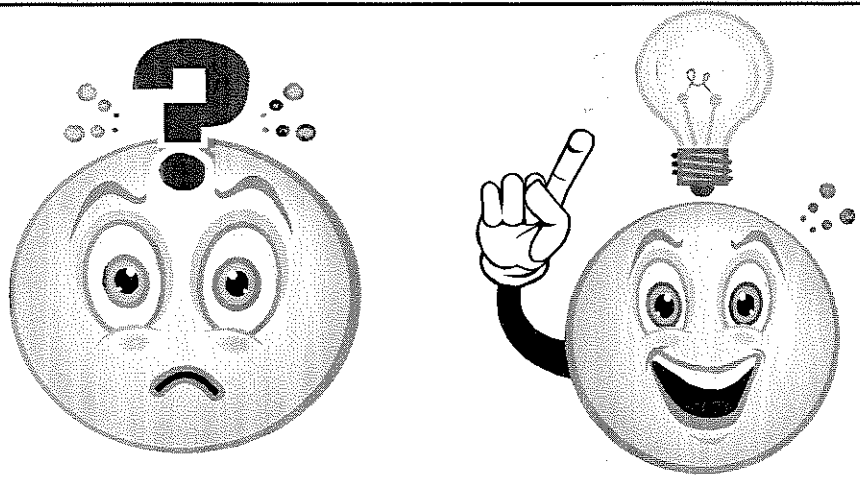
•Each exercise begins with a short didactic presentation, followed by the participants completing the goals and objectives of the session.
•Attendance at each session is mandatory; residents are expected to check with their supervising chief well ahead of their scheduled session to make sure their clinical responsibilities are covered.

ETHICS SESSIONS

In an effort to respond to the ACGME/Surgery RRC Competencies surgical residents and fellows are required to attend and participate in a Ethics Curriculum. Our program has session on the following nine topics over a 3 year period:

1. Avoidance of Medical Malpractice
2. Competition of Interest
3. Confidentiality
4. End of Life Issues
5. Professional Obligations
6. Resource Allocation
7. Research
8. Substituted Consent
9. Truth Telling and Communication

QUESTION or THOUGHT TO SHARE?



RECRUITMENT CYCLE

Sandy K. DelCoglin, BS, C-TAGME
General Surgery Residency Coordinator
Christiana Care Health System
Newark, Delaware

April 29, 2009

RECRUITMENT

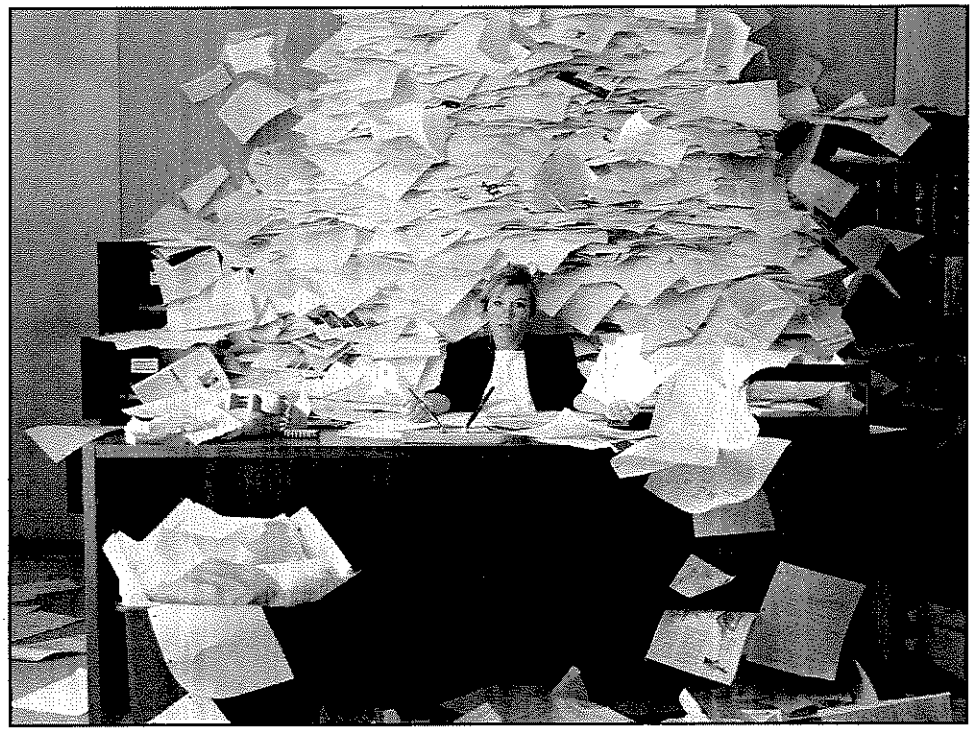
- **Organization – Key to Success**
- **Important task**
- **Time consuming**
- **Never ending**
- **Constant planning, organizing & re-organizing**
- **Communication**
- **Greet each applicant with a smile**

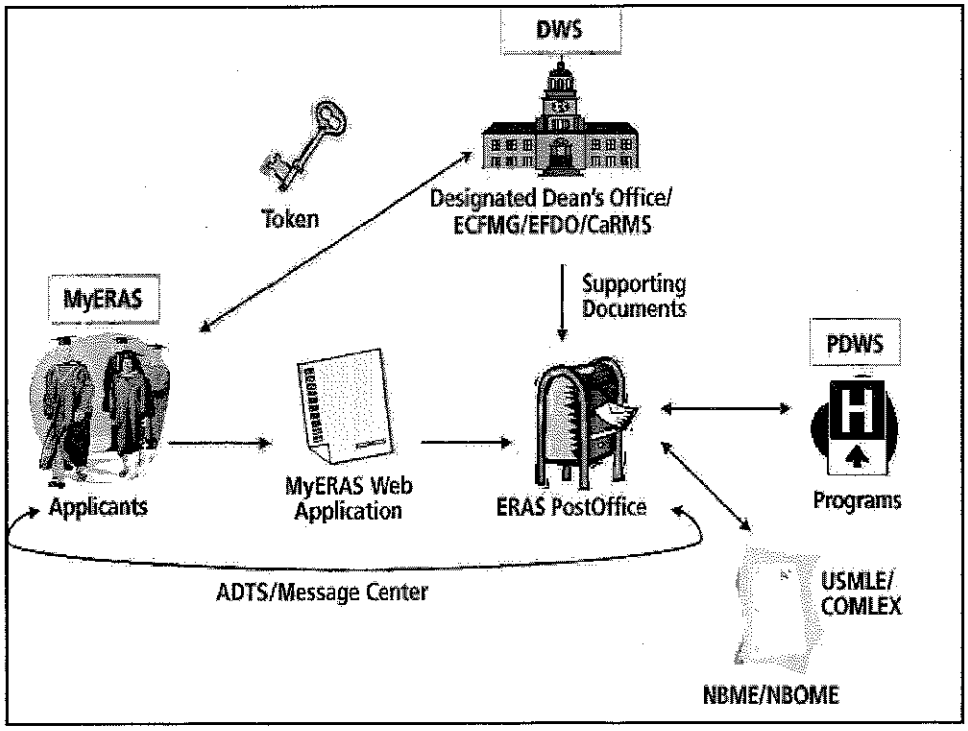
RECRUITMENT

- **ERAS (Electronic Residency Application Service)**
  - **Service of AAMC (Association of American Medical Colleges)**
    - **Enhances medical students' transition to residency**
    - **Reduces time required for application process**
    - **Partners with NBME and ECFMG**
  - **Comprised of Four Main Components**
    - **The MyERAS Web Site**
    - **The Dean's Office Workstation (DWS)**
    - **Program Director's Workstation (PDWS)**
    - **The ERAS Post Office**
- **www.aamc.org (ERAS)**

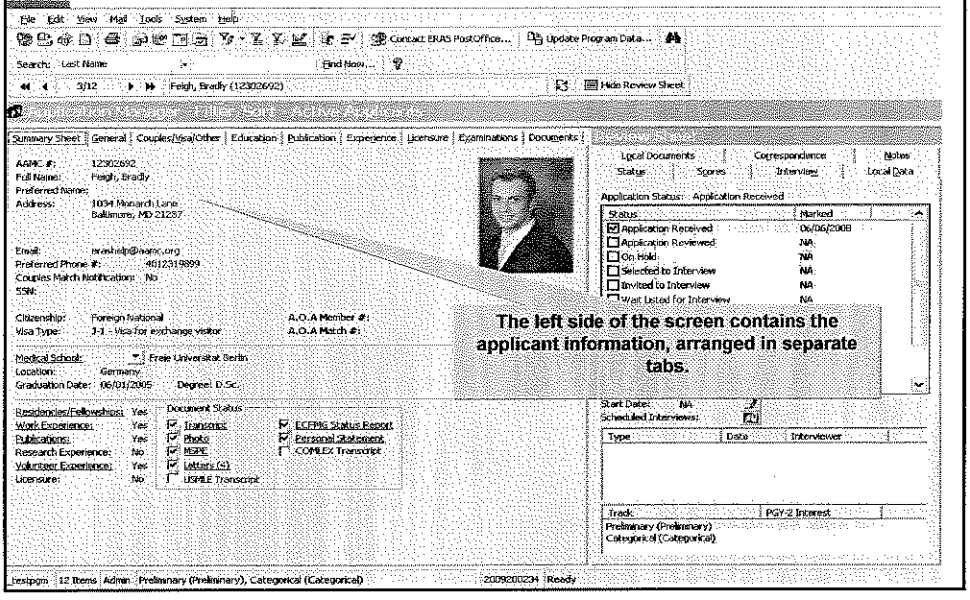
RECRUITMENT

- **ERAS - 1996**
  - Only one specialty – OB/GYN
- **ERAS – 2000 – General Surgery Residency**
- **ERAS - 2009**
  - 36 Residency Specialties
  - 29 Fellowship Specialties
- **# of Applicants – General Surgery**
  - 2003 – 4,574
  - 2006 – 5,729
  - 2008 – 6,518

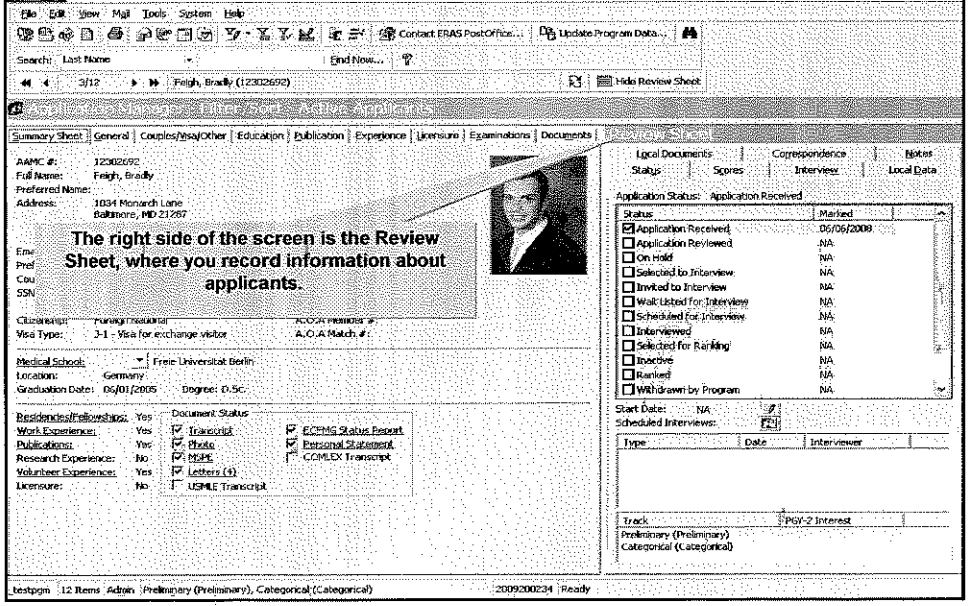



DWS
Token
Designated Dean's Office/
ECFMG/EFDO/CaRMS
MyERAS
Supporting
Documents
PDWS
Applicants
MyERAS Web
Application
ERAS PostOffice
Programs
ADTS/Message Center
USMLE/
COMLEX
NBME/NBOME

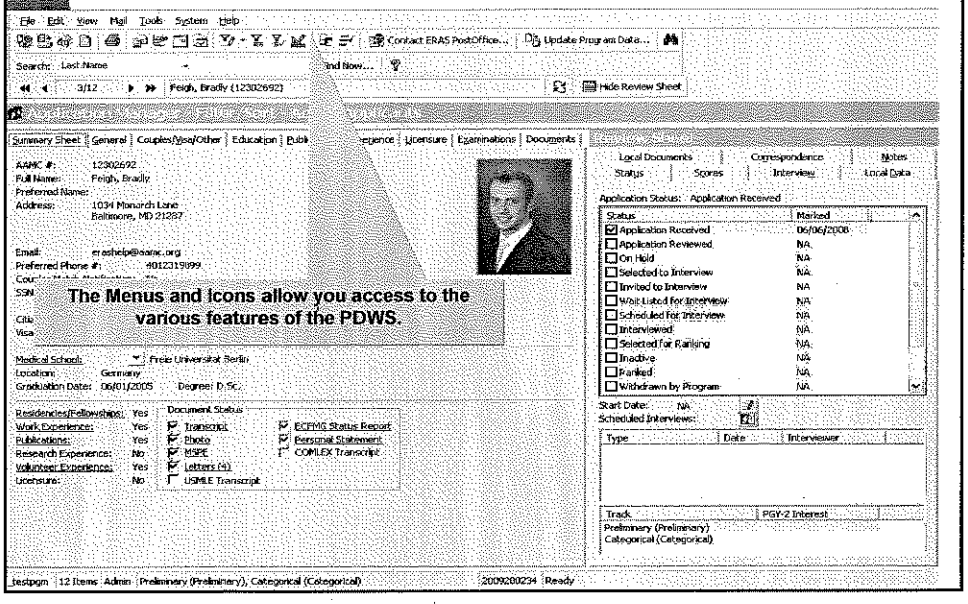
Application Manager



Review Sheet



PDWS Menus and Icons



ERAS Training & Contacts

- **Website**: www.aamc.org (ERAS)
- **Questions**: erashelp@aamc.org
- **ERAS Help Desk**: (202) 828-0413
  - Monday – Friday 8 AM – 6 PM (ET)
- **Training Session**:
  - Instructor Based PDWS – ½ day session
  - Web Based Session for Seasoned Coordinators
- **Power Point Tour**

2009 ERAS Timeline for Residency Programs

Date	Activity
Mid-June 2008	Schools begin receiving DWS materials Begin generating & distributing tokens
July 1, 2008	MyERAS website opens to applicants
August 15, 2008	Residency programs begin receiving PDWS kits
September 2, 2008	ERAS Post Office opens Begin downloading files
November 1, 2008	MSPE's are released
December 2008	Military match results available
January 2009	Urology match results available
March 2009	Scramble
March 19, 2009	NRMP Match results available
May 31, 2009	ERAS Post Office closes
July 1, 2009	Residents begin their training

RECRUITMENT

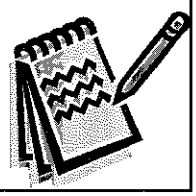
- **NRMP (National Resident Matching Program)**
  - **Provides uniform date of appointment**
  - **Impartial venue**
    - **matching applicants and programs**
  - **Approximately 34,000 applicants annually**
    - **16,000 US medical students**
    - **18,000 independent applicants**
  - **2008:**
    - **Enrolled in NRMP: 4,214 programs**
    - **Positions Offered: 25,066**
  - **www.nrmp.org**

2009 Main Match Schedule

Date	Activity
Aug 15, 2008	Applicant registration begins
Sept 1, 2008	Institution/Program registration begins
Nov 30, 2008	Applicant registration deadline
Jan 15, 2009	Rank Order List entry begins
Jan 31, 2009	**Quota change deadline**
Feb 25, 2009	**Rank Order List Certification Deadline**
March 16, 2009	Matched/Unmatched info posted to Web Site
March 17, 2009	Scramble
March 19, 2009	Match Day
March 20, 2009	Send welcome letters to matched applicants

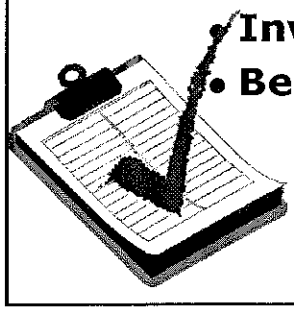
RECRUITMENT

- **March – August**
  - **Match week**
  - **Contact matched applicants**
  - **Send out employment & informational packets**
  - **Prepare for orientation**
  - **Attend recruiting fairs**
  - **Install ERAS updates**
  - **Register with NRMP**
  - **Familiarize yourself with ERAS**



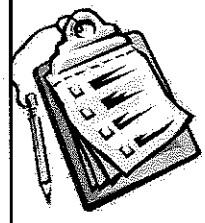
RECRUITMENT

- **September – October**
  - **ERAS Post Office opens**
  - **Download applications**
  - **Screen applications**
  - **Invite applicants**
  - **Begin to schedule interviews**



RECRUITMENT

- **November – January**
  - **Continue to download applications**
  - **Continue to review applications**
  - **Continue to schedule interviews**
  - **Organize interview sessions**
  - **Conduct interviews**
  - **Organize rank list meeting**

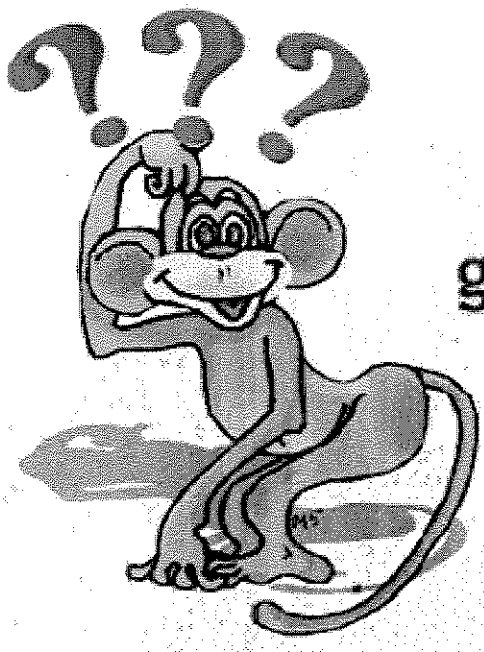


RECRUITMENT

- **February**
  - **Download any new supporting documentation for ranked applicants**
  - **Conduct rank list meeting**
  - **Prepare/enter/CERTIFY/rank list**

RECRUITMENT

- **Summary**
  - **Organization – Key to Success**
  - **Communication**
    - **Know what PD/Chair expects & wants**
  - **ERAS Time Line**
  - **NRMP Main Match Schedule**
  - **Institution Calendar/Dates**



Questions are guaranteed in life; Answers aren't.

Evaluations

into, C-TAGME
rgery Program Administrator
fferson University Hospital
, PA

20

Evaluations

Noun:

An appraisal of the value of something.

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Evaluations

- Why do we evaluate?
  - To provide useful feedback
  - Because effective feedback is essential for resident/faculty/program effectiveness
  - To tap into the basic human need-to-improve, to compete and to be accurate.
  - Most importantly, because it is required by the ACGME

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Evaluations

- Procedures for evaluation of residents are outlined in the Common Program Requirements
- Mechanisms to evaluate each of the following must be in place:
  - Residents
  - Faculty
  - Program

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Evaluation of Residents

- Faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and provide documentation at completion of their assignment.

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Evaluation of Residents

- The program must:
  - Provide objective assessments in core competencies
  - Use multiple evaluators (e.g. faculty, peers, patients, self, other staff)
  - Document progressive resident performance improvement for educational level
  - Provide resident with documented semi annual evaluation of performance with feedback

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Evaluation of Faculty

- At least annually, the program must evaluate faculty performance as it relates to the educational program.
- Should include a review of teaching ability, commitment to program, clinical knowledge, professionalism, scholarly activity.
- Must include at least annual written confidential evaluation by residents.

Rotation Evaluation

- Not required by the RRC for Surgery.
- May be a useful component of program evaluation & improvement
- Resident evaluations of rotation must be confidential.

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Evaluation of Program

- Residents & faculty must have the opportunity to evaluate program confidentially in writing annually.
- Programs must use results of residents' assessments of program with other program evaluation results to improve program
- Program should prepare a written plan of action to address deficiencies.

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Residency Program Reviews: GME INTERNAL REVIEW and ANNUAL PROGRAM EVALUATION

Suzanne Moon, BA, C-TAGME
Residency Program Coordinator
General Surgery
Medical College of Georgia
Augusta, GA

Internal Review

- An evaluation process by GME Office for ACGME accredited programs
- Internal reviews are done at the midpoint of the accreditation cycle
- Must show your program is in compliance with specific accreditation requirements
- Copies of internal reviews, reports from GMEC, implemented actions are kept on file for for Site Visit

Process

- Development, implementation and oversight for the Internal Review process is the responsibility of your institution's GME Office
- An IR committee must include at least one faculty member and at least one resident from within the Institution
- Internal Review is attended by some or all residents, program director, faculty, and chairman

Assess your Program

- Compliance with the Common, Program & Institutional Requirements
- The educational and financial resources
- Areas of noncompliance and concerns from previous site visits and reviews
- Effectiveness of educational outcomes in the ACGME general competencies

Materials Needed

- The ACGME Common, Program, & Institutional Requirements
- Accreditation letters of notification from previous ACGME reviews and progress reports
- Reports from previous internal reviews of the program
- Previous annual program evaluations
- Results from resident surveys

Pre-Meeting Report

- The PD and Coordinator supply the information the IR Committee requests. Some institutions require that you submit an abbreviated version of the ACGME Program Information Form (PIF).
- Resident performance and reports of faculty development
- Graduate performance including performance of program graduates on certification exams

Internal Review Report

- Names, titles of the IR committee members
- A brief description of how the internal review process was conducted, documentation showing a comprehensive review
- List of citations & areas of non-compliance, concerns from previous ACGME accreditation letter and how the program addressed each item
- When a program has areas of non-compliance, the GMEC recommends appropriate action

Annual Program Evaluation & Improvement

- Programs must document formal, systematic evaluation of the curriculum at least annually
- The program must monitor and track resident performance, faculty development, including graduates performance on the certification examination
- Specifically program quality: Resident & faculty must have the opportunity to evaluate the program confidentially in writing at least annually; Programs must use these results to make improvements

Deficiencies?

- ~~Resident performance, faculty development~~
- Anonymous Resident Evaluation of Program
- For the most recent five-year period, 65% of the graduates must pass each of the qualifying and certifying examinations on the first attempt
- Prepare a written plan of action to address deficiencies

Faculty Meeting

- ~~Prepare an agenda to include review of the~~ evaluation process, evaluations, goals & objectives, conferences, teaching rounds, ABSITE results, ABS passing data, research, operative experience, etc.
- Work with PD to design and implement a plan of action to address deficiencies and make suggested changes.
- Maintain minutes of the meeting with any proposed changes for your next site visit

Accreditation Data System (WebADS) & ACGME – Site Visit

Jeannine St. Pierre
University of Massachusetts
Worcester, MA

ACGME Accreditation Data System (WebADS)

What is ADS?

- **ADS is the verification and update of critical accreditation program information**

Where is it located and how do I access the system?

- **ACGME homepage under Data Collection Systems**
- **A user name and password are required for access**

ACGME
Accreditation Data System (WebADS)

Why are we required to use this system?

- **Current program information is collected and on file with the ACGME for all accredited programs**
- **Information from WedADS is converted to the Program Information Form or the PIF – Part 1**

ACGME
Accreditation Data System (WebADS)

The annual update consists of two parts:

Update Program Info

- ✓**Program Information**
- ✓**Accreditation Information**
- ✓**Program Coordinator**
- ✓**Approved/Filled Positions**
- ✓**Participating Sites**
- ✓**Residenty Duty Hours/Board Pass Rate**
- ✓**View Program information**
- ✓**Update Faculty/CV**

ACGME
Accreditation Data System (WebADS)

Update resident Info

- ✓View/Edit Residents
- ✓Resident Status Quick Update
- ✓Add New Resident/Fellow

THE ACGME SITE VISIT

ACGME – Site Visit

When you see this

The Accreditation Council for Graduate Medical Education, in collaboration with the Residency Review Committee, has identified the following program as due for its periodic review.

ACGME – Site Visit

You don't want to be caught by surprise>>>

OR

ACGME – Site Visit

FEEL LIKE THIS>>>>>>

ACGME SITE VISIT – TIMELINE

Annual Resident Survey:

- ACGME will ask residents to complete a survey on-line
- The ACGME expects 70% response rate
- Results are available to the program once the 70% response rate is reached
- Review results with faculty and residents as this survey is used by the site visitor during faculty and resident interviews. It also identifies areas of non-compliance with the core competencies and resident duty hours

HELPFUL HINT:
PRINT OUT SAMPLE SURVEY AND REVIEW WITH RESIDENTS PRIOR TO ASKING THEM TO COMPLETE ON-LINE SURVEY

ACGME SITE VISIT – TIMELINE

110 Days

- Notified by ACGME at least 110 days prior to official site visit date
- Notified DIO, Chairman, Faculty, Residents
- Searched ACGME website for Field Representative – printed bio
- Reviewed PIF-Part 1 and update
- Reviewed competency assessment section
- Began work on PIF-Part 2
- Distributed CV copies to all faculty members with a deadline of 60 days prior to visit
- Contacted affiliated hospital coordinators for CV completion with a deadline of October 31, 2006
- Reviewed ACGME checklist and began to prepare folders/binders for site visit
- Reserved conference room

ACGME SITE VISIT – TIMELINE

90 Days

- Contacted by Site Visitor via email with tentative itinerary
- Confirmed receipt of email with site visitor
- Completed PIF-Part 2 with Program Director
- Combined all parts of the site visit document - PIF-Part 1, 2, and the competency assessment documentation. site visit document was now ready for review and proofreading by the Program Director, Associate Program Director, and the Chairman
- Reminded faculty members (and affiliate sites) that Curriculum Vitae documentation is due in 30 days
- Continued preparing documentation files as requested by site visitor

ACGME SITE VISIT – TIMELINE

60 Days

- Made suggested corrections/changes to the PIF from DIO
- Final contact made to faculty (and affiliated sites) for Curriculum Vitae submission
- Resident peer selection vote; 12 residents selected
- Final PIF reviewed by Program Director and Associate Program Director with Curriculum Vitae documentation finalized
- Finalized agenda for site visit day
- Ordered breakfast and lunch (keep it simple)
- Created a checklist and colored file folders for all documents requested by the inspector. Numbered the folders to coincide with checklist
- Reviewed checklist to ensure that all documentation requested was in place for site visit

ACGME SITE VISIT – TIMELINE

30 Days

- Reviewed PIF final time
- Made final corrections and suggested changes to the PIF
- Final PIF reviewed by Program Director and Associate Program Director with Curriculum Vitae documentation
- Completed page numbering as necessary
- Final PIF sent to DIO for review and signature
- Finalized agenda mailed to DIO, Director of Surgery, Faculty, and Residents
- Checked breakfast, lunch order, and room reservation
- Reviewed checklist and colored file folders for all documents requested by the inspector. Reviewed contents and check off documents as they were reviewed
- Prepared letter to site visitor which included agenda, driving directions, a map of the hospital, and the site visit documents
- Site visit documents mailed 14 days prior to visit date. Site visitor confirmed receipt of package

ACGME SITE VISIT – TIMELINE

One Week

- Contacted site visitor via e-mail to check if there was anything else he/she required.
- Phone calls made (with follow up emails) as a reminder to DIO, Director of Surgery, faculty, and residents.
- Reviewed ACGME checklist to ensure that all documentation requested was in place for site visit.

ACGME – Site Visit

What documentation will be required on the day of the Site Visit (see beginning of PIF Part 2):

1) Written curriculum with goals and objectives
2) Current Program Letters of Agreement
3) Files of current residents
4) Files of residents who have transferred into the program
5) Completed evaluations of residents by faculty
6) Completed evaluations of the faculty by the residents
7) Completed evaluations of the program by the residents
8) Documentation of program director's twice yearly evaluation meetings with the residents

ACGME – Site Visit

What documentation will be required on the day of the Site Visit:

9) **Program Policy Manual including duty hours, policy on moonlighting, and supervision**
10) **Final written evaluations for the most recent graduates including verification of training completion statement**
11) **Minutes of faculty meeting documenting review with resident participation**
12) **Duty hours documentation**
13) **Conference Schedule**
14) **Documentation of conference attendance**
15) **Documentation of Internal Review (single page with date, participants, type of data collected, and when reviewed by GMEC)**
16) **Completed procedure/case logs for prior year**

ACGME – Site Visit

Suggestions

- ✓ **Keep in mind that WebADS and the PIF go hand-in-hand**
- ✓ **Keep up with the ever-changing PIF on a yearly basis (don't wait until you receive notification to study this document)**
- ✓ **Input data in WebADS as needed throughout the year**
- ✓ **Maintain duty hour logs for easy completion**
- ✓ **Maintain research and presentation list**
- ✓ **Know the program, common, and institutional program requirements**
- ✓ **Proof read, proof read, proof read**
- ✓ **Print final mailed copy of site visit documentation for the program and place in notebook for future reference**

ACGME – Site Visit

8:00am-8:15am – Met site visitor at the Lobby Entrance

8:30am-10:00am – Site visitor reviewed all documents requested with the Program Director, and Coordinator

10:00am-10:45am – Core Faculty Members including Chairman

10:45am-11:15am – Institutional Director

11:15am-12:00pm – Tour of facilities

12:00pm-1:30pm – 10 peer selected residents (light lunch provided)

1:30pm-2:00pm – Wrap up with Program Director & Coordinator

ACGME – Site Visit

Best Advice:

- Be prepared and organize at all times, so when that site visit letter comes, you are ready!
- Ask questions and advice from fellow coordinators, this is the best place to gain an insight and knowledge as to what will happen during an site visit!
- No matter how long you have been a coordinator, you will still suffer from heart palpitations and anxiety before, during, and after the site visit!
- When you receive your accreditation letter reporting your great results, celebrate!

ACGME – Site Visit ACGME
&
Accreditation Data System (WebADS)

QUESTIONS?