

ACGME SITE VISIT ARE YOU PREPARED?

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What will the site visitor
request of me????



2010-2011 ACGME Citations

In the 2010-2011 academic year, the Review Committee for Surgery reviewed 167 programs (average cycle length granted: **3.71 years**), 116 permanent complement increase requests, and 18 progress reports. The Executive Committee reviewed 434 interim requests (program director changes, participating site changes, and temporary increase in resident complement).

<i>CITATION CATEGORY</i>	<i>NUMBER</i>
1. <i>Evaluation*</i>	66
2. <i>PD Responsibilities</i>	41
3. <i>Procedural Experience</i>	41
4. <i>Institutional Support</i>	26
5. <i>DH & Supervision</i>	22
6. <i>Qualifications of Faculty</i>	20
7. <i>Goals and Objectives</i>	16
8. <i>Resident Appointment Issues</i>	14
9. <i>ACGME Competencies</i>	10
10. <i>Curricular Development</i>	10
11. <i>Scholarly Activities</i>	10
12. <i>Service to Education Imbalance</i>	9

*Evaluation Citation included the following four groups:

Evaluation of Faculty	3
Board Exams	14
Evaluation of Residents	20
Evaluation of Program	29

First things first

- 1) Scream
- 2) Have a drink or two
- 3) Ask for a valium script
- 4) Called my fellow coordinators



First Things, First

- Make RRD - Review, renew, and complete CV(s)
- Download specialty PIF
- Print Ads for review
- Set goals and deadlines
- Endless hours and review of documents

Let's Compare – What do we have in common?

EASTON HOSPITAL		
ACGME Notification	ACGME Site Visit Date	Results
	January 2007	4 year Accreditation with 3 Citations <ul style="list-style-type: none"> Goals & Objectives Verification of prior training Faculty Scholarly Activity
March 21, 2011	August 2, 2011	5 year Accreditation with Commendations
West Virginia University		
ACGME Notification	ACGME Site Visit Date	Results
	February 2007	4 year Accreditation with 2 Citations <ul style="list-style-type: none"> Faculty Scholarly Activity Annual Program Evaluation – Listed as Education Meeting
April 21, 2011	July 27, 2011	4 Year Accreditation – NO Citations
University of Missouri-Columbia		
ACGME Notification	ACGME Site Visit Date	Results
	March 23, 2005	5 year Accreditation <ul style="list-style-type: none"> Weekly M&M Conference Internal Review: Needs to occur mid-cycle
March 11, 2010	July 21, 2010 Should have been Sept 2010!	4 year Accreditation with 2 Citations <ul style="list-style-type: none"> Program Director Scholarly Activity Annual Program Review: Must document review of faculty scholarly activity

Concerns:

- Old rules or new rules
- PIF changes during and after prep
- Initial list of documents requested by ACGME
- Site visitor's list of documents
- List of documents changed
- Watch format changes
- Tracer method

Tracer Method

- Resident Survey upcoming Secret Survey for 2012
- Resident remediation/probation
- Site Visitor Request – Confidential list of five strengths and opportunities for improvement
- Meetings with DIO, residents, faculty, and then with Program Director and Program Administrator

**BIG QUESTION –
DOES IT ALL LIVE???**

Tracer Methodology –

Beginning in July 2011, the ACGME site visitors (field representatives) will use the “tracer” method to verify and clarify information during the site visit.

How will they do this?

- ACGME resident survey
- Site Visitor requests for a confidential collection (5 items each) of resident-perceived strengths and opportunities for improvement prior to the site visit
- Interview with with the program director, residents, faculty, and potentially coordinators and others.
- Possible selection of a faculty and/or resident who will be monitored throughout residency

What will they tracking?

- Compliance
- Duty hours
- Supervision
- Transition of Care/Quality patient care
- Bad performance
- Good performance
- Teamwork

ACGME NEW REQUESTS

Offer evidence of resident participation in QI & safety projects

- Academic year committee assignments
- Quality Council, Patients Safety, Infection Control Committee attendance sheets, agendas and minutes
- Mortality and Morbidity
- Grand Rounds
- Critical Care
- ACS Patient Safety Program (PIPS)
- Chest Tube Removal

Transfer protocol for handover/ transfers

- Transfer of patient care by residents
- Transfer of patient care documentation by faculty member
- Resident supervision policy
- Resident patient handover list
- Resident ICU template
- Transition of care policy
- Electronic medical records in the form of problem lists
- Daily conference meeting moderated by a faculty member

Schedules informing health care team who is responsible for patient care

- Rotation, assignment, and call schedules
- Policy in both faculty and resident handbook regarding patient care responsibilities

Protocols defining common circumstances requiring faculty involvement (care of complex patient)

- Submitted transition of care policy and referred to policy in both the faculty and resident handbook.



ACGME NEW REQUESTS

Protocol and (completed) sample document for episodes when residents remain on duty beyond schedule hours

- Policies & Procedures which clearly identifies ACGME duty hour regulations
- Letters and/or *E-value violation warning to residents
- Transition of care policy.
- Must Submit Extended Duty Hour Form
- New Innovations Documentation of Extended Duty Hours

Policies to ensure that residents have adequate rest between daily duty periods and after in-house call

- Policies on fatigue from both faculty and resident handbooks
- Kronos log
- *E-Value duty hour statistics



PIF Examples:

1) Patient Care

- **PGY-1 to PGY-5 Rotation Schedule**
- **Outpatient Clinics**
- **Written Goals and Objectives**
- **Resident Files**
- **Direct Observation**



PIF Examples:

2) Medical Knowledge

Source of curriculum materials: Defined curriculum used? Cyclical presentation of materials? What information provided to residents for learning?

We have a defined surgical residency program curriculum which outlines all the topics which are to be covered during every teaching conference. This curriculum outline is sent to the presenting faculty and the residents. The curriculum is also included in the faculty and resident handbooks. In addition to our established curriculum, we also utilize the following sources for surgical education:

- 1) SCORE**
- 2) FLS on-line content**
- 3) ACS Fundamentals of Surgery**
- 4) ACS/APDS Surgical Skills Curriculum**
- 5) ACCESS Surgery**
- 6) ACS Weekly Curriculum**
- 7) Database of questions utilized for Mock ABSITE**
- 8) Monthly reading assignment e-mailed**
- 9) Monthly conference calendar with all topics**
- 10) Textbook review quizzes prepared by our faculty**
- 11) A database of over 1,000 questions for mock written exams**
- 12) Monthly mock oral examination**
- 13) Intern Surgical Skills rotation**



PIF Examples:

2) Medical Knowledge

Examples of Learning Activities

- *Didactic lecture*
- *Assigned reading*
- *Seminars*
- *Self-directed learning module*
- *Conference*
- *Small group discussion, workshop*
- *Online module*
- *Journal Club*
- *Case discussion*
- *One-to-One mentoring*



PIF Examples:

2) Medical Knowledge

Grand Rounds					
Who is in charge of the conference?			Ian Killdare, MD		
Ratio of lectures by staff/residents:			19:4		
Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site #
I. Payne, MD 9/22/10	The Masons, Shriners, and Shrine Hospitals	Bi-Weekly	Y	N	1 & 2
Bea Wax, MD 10/6/10	New Concepts in Neuromodulation	Bi-Weekly	Y	N	1 & 2
Will Tickel, MD 10/13/10	Feed a Fever and Starve a Tumor: New Approach to Pancreatic	Bi-Weekly	Y	N	1 & 2

Basic Science					
Who is in charge of the conference?			B. Dooms, MD		
Ratio of lectures by staff/residents:			9:0		
Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site #
Harry Frankenstein, MD 7/28/10	Biostatistics and Evaluation Of Evidence	Quarterly	Y	N	1
Du Wang, MD 8/18/10	Oncology and Tumor Biology	Quarterly	Y	N	1

PIF Examples:

2) Medical Knowledge

Morbidity and Mortality Conferences					
Who is in charge of the conference?			Dr. Heinz Sicht- Chair		
Ratio of lectures by staff/residents:			0:1		
Is there a weekly M & M conference at the sponsoring institution and at each integrated site?			(X) YES () NO		
Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site #
Dick Weiner, MD Allen De Kay, MD PGY-4 7/1/10	Mortality-Anoxic brain injury	Weekly	Y	N	1 & 2
Hugh Rection, MD Harry Pitts, MD PGY-2 7/8/10	Mortality-Ischemic bowel comfort care	Weekly	Y	N	1 & 2

PIF Examples:

2) Medical Knowledge

Acassa Bear, MD I. Aikenhead, MD PGY 1 7/13/10	Complication- Pneumothorax post- op	Weekly	Y	N	1 & 2
B. Cutter, MD C. Beaver, MD PGY-4 7/14/10	Complication- Inconclusive biopsy	Weekly	Y	N	1 & 2
C. Canal, MD E. Wax, MD PGY-3 PGY-2 7/15/10	Complication- Stent occlusion	Weekly	Y	N	1 & 2
Chip Silvertooth, MD I. Hurt, MD PGY-2 PGY 2 7/15/10	Error- Pseudoaneurysm bleeding	Weekly	Y	N	1 & 2

Journal Club					
Who is in charge of the conference?			Al Bebac, MD		
Ratio of lectures by staff/residents:			1:1		
Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site #
Aldo Anything, MD 8/10	Surgical Oncology	Bi-Monthly	N	Y	1

PIF Examples (limit to 400 words):

3) Practice Based Learning and Improvement

a) Describe how residents: develop teaching skills necessary to educate patients, families, students

Teaching skills are developed throughout residency training and mature as the resident advances to the more senior level. The PGY-1 and PGY-2 develop skills on the basis of formative instruction by the attending faculty, observing the senior residents and attendings in the office and hospital settings interacting with patients, their families, students, and other residents. These skills are monitored during their evaluation under the competency of interpersonal and communication skills by attendings, peers, medical students, and coordinator.

b) Teach patients, families, and others –

The PGY-3, 4, & 5 are assigned lectures which they present to the students and also hold impromptu lectures when asked by the students. The senior residents are also involved with teaching students in patient care areas and the operating room. The senior residents are also involved as teaching assistants to the junior resident in the skills lab and the operating room. The skills lab curriculum is outlined and includes various sessions in which the Chief Residents educate the junior residents on their laparoscopic skills. In the operating room, Chief Resident scrubbed with the attending on various cases assumes the role of a teaching assistant with the junior resident performing the surgery under the supervision of the Chief Resident. Documentation of this teaching activity can be found in their operative log.

c) Receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)

Didactic course entitled “Effective Patient-Physician” communication which is taught by the Program Director. This curriculum addresses the following: 1) impact of communication on quality of patient care, patient safety, and prevention of malpractice claims; 2) The problem of low health literacy; 3) Guiding principles for more effective communication with the patient; 4) Improving communications in institutional settings; 5) Disclosing poor prognoses or medical errors.

Didactic lectures entitled “Residents as Teachers: A Guide to Educational Practice” which is given by the Program Director in the beginning of the academic year.

Patient verbal and written feedback, both positive and negative, is shared with the residents. Letters of appreciation and patient complaints if deemed serious enough are part of the resident’s personal file. An annual teaching award is given to the best resident at our resident graduation dinner.



PIF Examples (limit to 400 words):

3) Practice Based Learning and Improvement

Describe how residents:

- a) develop teaching skills necessary to educate patients, families, students, and other residents;*
- b) teach patients, families, and others; and*
- c) receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)*

- Goals and Objectives for learning activities and how the residents are accessed**
- Resident as Teacher Modules**
- Morning Table Rounds, Walk Rounds**
- Direct Feedback**
- Monthly Evaluations**
- Role Playing-Clinical Scenarios**
- Resident Teacher Award**



PIF Examples (limit to 400 words):

4) Interpersonal and Communication Skills

- 2) 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. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.

The learning activity which addresses the development of these skills and habits is attained on a daily basis conducting the surgical team. The Chief Surgical Resident is responsible for the leadership of the team. Along with the junior residents assigned to the service, they manage the general surgical in-patient services. As a member of this team, the Chief Resident needs to use effective communication skills to portray information to the residents in a way that facilitates learning. The residents must be allowed to formulate questions in an atmosphere that does not make them feel inferior to their peers and this can be challenging considering the competitive and strong personalities in surgery and the fact that rounds are done as a group. By keeping an open line of communication and questioning before creating contempt over actions, junior residents feel they have some autonomy with patient care, gain clinical skills, and act with an appropriate level of caution instead of fear. The position of Chief Surgical Resident requires a sense of direction for patient planning, tactful managerial skills, and open-mindedness in the way answers and inquiries are formulated. In order to develop good leadership practice, the Chief Resident develops skills to be a fair and just team leader. As a team leader, the Chief Resident stresses punctuality, emphasizes that everything happens as a team and rewards team effort, not individual pursuits, encourages questions, and increases knowledge through group questions. For example, during the review period for the ABSITE exam every morning each resident was asked to present to the team two board type questions with answers. As a team, the Chief Resident encourages open communication among all members using text messaging as it provides everyone with rapid updates occurring through out the day.

In addition:

- Simulation Lab-Resident and Nurse Interaction Scenario



PIF Examples (limit to 400 words):

5) Professionalism

1. 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.

We have instituted a month of panel discussions between the Program Director and the residents on the competencies of professionalism and communications skills. We have chosen a textbook “Communication and Professionalism Competencies written by distinguished authors Dr. Pamela Rowland and Nicholas P. Lang, MD. We divided the chapters between various residents who are then asked to write a synopsis on the chapter that had been assigned. A panel discussion is then held between the Program Director and the residents.

This curriculum covers a very wide range of topics starting from developing communication competency, physician credibility and professional image, techniques of disclosure of bad outcomes to patients, culture adaptability, polishing a resident’s style in oral presentations, polishing resident’s style in written presentations, professionalism in the critical care unit including asking the family for tissue and organ donation, communicating with children and geriatric patients, resistance to chemical abuse, telemedicine, disclosing bad news, conflict resolution, litigation, and talking with the press.

In addition:

- ***ACS - Ethical Issues in Clinical Surgery Program Textbook/workbook***
- ***Case Scenarios***
- ***Group discussions***

PIF Examples (limit to 400 words):

6) System Based Practice

Describe an activity that fulfills the requirement for experiential learning in identifying system errors.

Resident participation in reporting, investigating, understanding and repairing systemic medical errors occurs at all levels in this hospital. In addition to didactic sessions dealing with common systemic causes of error such as burn out, communication, stress, impairment and substance abuse, residents regularly participate in the following:

Mandatory attendance at all root cause analysis meetings involving their patients:

Participation on the Patient Safety Committee

Participation on QI committees

Participation on most other Hospital wide committees dealing with patient care as well as education

A very meaningful M&M conference is held on a weekly basis. These conferences are conducted in a non-judgmental and educationally positive manner. There is presentation, discussion and literature review presented on all cases. National data and recent reviews are presented in an attempt to limit poor patient outcomes in the future.

Residents are encouraged to provide feedback to the faculty regarding potentially unsafe practices as well as give suggestions on how to advance care and fix both systemic and singular problems. In addition, multiple resident grand rounds presentations deal with system based practice as well as medical knowledge, thus presenting to the faculty mechanisms to both expand their knowledge and standardize care based upon level I data such as from the Cochrane reviews.

Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.

[Vince Lombardi](#)

The Keys to Accreditation Success

- 1) Abide by ACGME rules always
- 2) Create an atmosphere of trust, ownership, and pride
- 3) Coordinate, administer, and be proactive
- 4) Respect opinions and suggestions
- 5) Expect the best from everyone and accept nothing less
- 6) Discuss issues and solve them
- 7) Initiate conversations and keep an open dialogue with your fellow coordinators
- 8) Time is of the essence so be organized at all times
- 9) Accept that there are some things beyond your control
- 10) Teamwork between DIO, PD, faculty, residents, and program coordinator/administrator
- 11) Initiate the need for change and suggest the answers
- 12) Open doors are always better than those that are closed
- 13) Never wait to the last minute