
ACGME -101

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Residency Review Committee for Preventive Medicine



ACGME

Disclosures

- Employed by ACGME
- Staff Residency Review Committee for Preventive Medicine
- Believer in the following...

Understanding is a two-way street

Eleanor Roosevelt



Question #1



ACGME Mission

“We improve health care by assessing and advancing the quality of resident physicians' education through accreditation.”



ACGME Values

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency
- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders



ACGME Strategic Priorities

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders

Principles

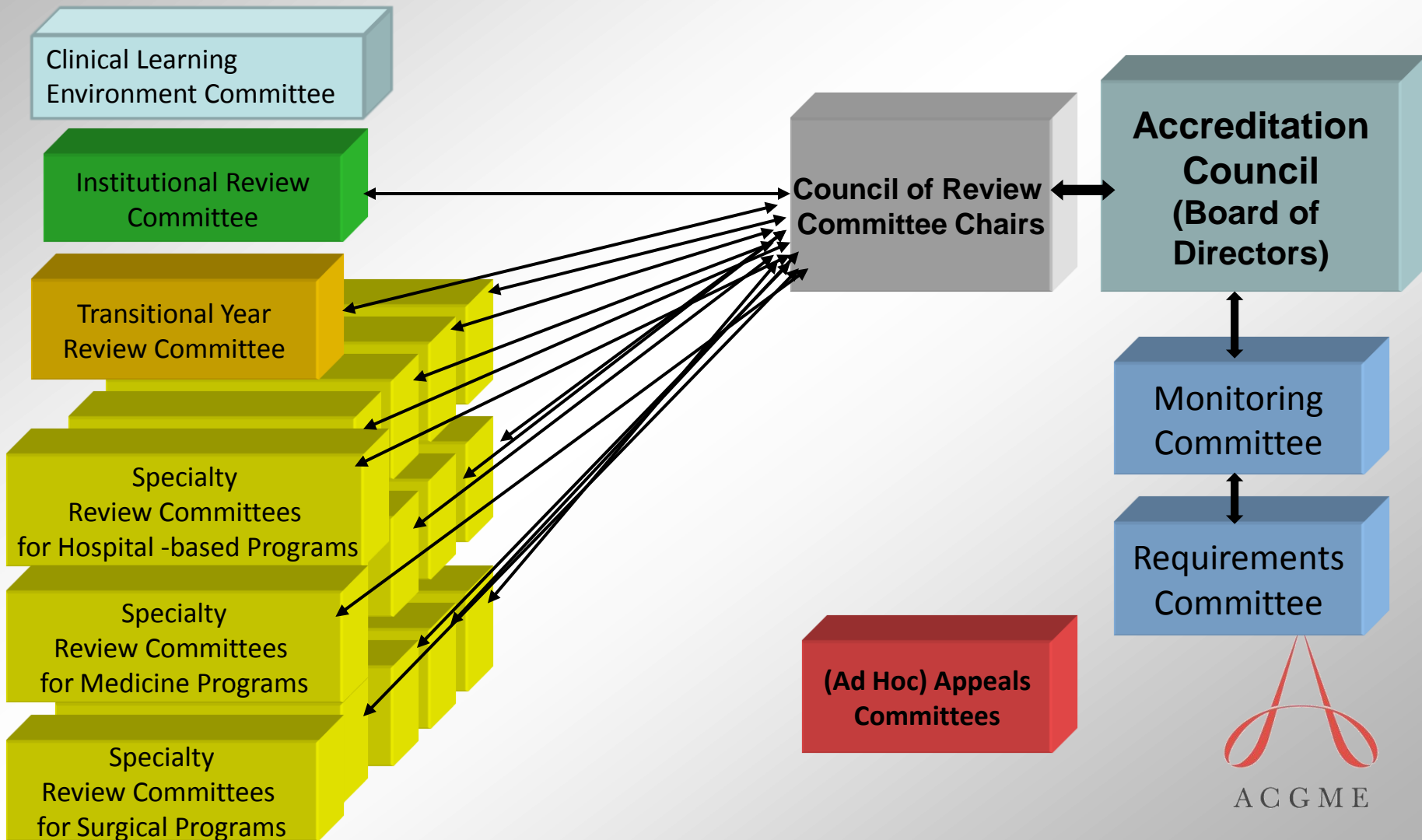
- Residents must be educated in an environment that assures:
 - the safety of the patients under the care of residents and faculty today
 - the safety of the patients under the care of today's residents in the future
 - the humanistic environment within which residents safely learn the principles of professionalism and effacement of self-interest

Certification vs. Accreditation

- **INDIVIDUALS** receive certification by the ABMS Boards
- **PROGRAMS / INSTITUTIONS** receive accreditation from the ACGME



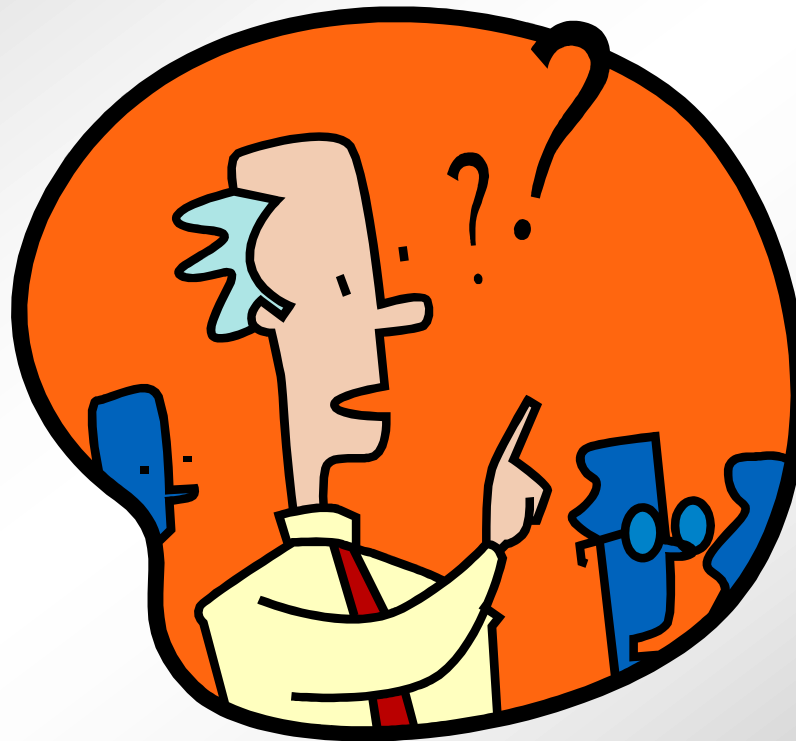
Structure of the ACGME



Fellowship programs

- Affiliated with a core residency program
- Application reviewed by the Residency Review Committee (RRC) of the sponsoring core
- Once accredited, fellowships are site visited at the same time as the core

Question #2

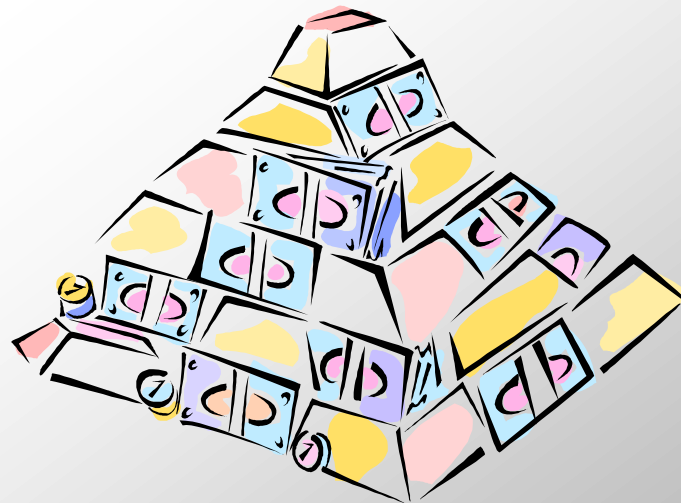


Institutional sponsorship

- Sponsoring institution is ultimately responsible for compliance with institutional requirements
- Graduate Medical Education Committee demonstrates oversight through annual institutional review and program review
- Responsible to actively engage residents and fellows in patient safety, quality improvement, transitions of care, supervision of residents and fellows, duty hours compliance

Program requirements

- Foundation of the work of the RRC's
- Common Program Requirements are the set of expectations for all GME
- Specialty specific requirements are particular to the individual residency and fellowship



Common program requirements

- Sponsoring institution and participating sites
- Program Letter of Agreement (PLA)
- Program Director qualifications and responsibilities common to all programs
- Faculty qualifications and responsibilities common to all programs
- Eligibility criteria for appointment of fellows



Common program requirements

ACGME competencies **N=6**

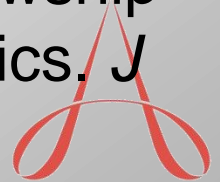
1. Patient care
2. Medical knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems Based Practice

Common program requirements

- Evaluation of fellows
- Evaluation of the faculty
- Evaluation and Improvement of the program
- Fellow Duty Hours in the Learning and Working Environment

CI program requirements

- Workgroup established to determine program requirements
 - Representatives from Pathology, Medical Genetics, Preventive Medicine, Family Medicine
 - Goal was to get broad representation of medical specialties and CI specialists
- Started with program requirements published by American Medical Informatics Association (AMIA)
 - Safran, C., et al. Program Requirements for Fellowship Education in the Subspecialty of Clinical Informatics. *J Am Med Inform Assoc.* 2009;16:158–166.



Scope of the subspecialty (to date!)

Clinical informaticians collaborate with other health care and information technology professionals and provide consultative services that use their knowledge of patient care combined with their understanding of informatics concepts, methods and tools to improve clinical practice by:

- assessing information and knowledge needs of health care professionals and patients;
- characterizing, evaluating, and refining clinical processes;
- analyzing, developing, implementing, and refining clinical decision support systems;
- securing the legal and ethical use of clinical information; and



Scope of the subspecialty (to date!)

- leading or participating in ongoing activities designed to enhance health care quality and access through the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.

CI program requirements

- Fellows must have completed an ACGME-accredited residency
 - Any ACGME-accredited residency
- 5-6 selected ACGME-accredited residency programs can sponsor a CI fellowship
- Program director must have at least 5 years of experience in clinical informatics
- There must be at least 3 faculty to instruct and supervise fellows

CI program requirements

- Resources required
 - Program coordinator
 - Technological support
 - Meeting rooms, classrooms, work/study space, computers
 - A clinical information system to collect, store, retrieve and manage health and wellness data

CI program requirements

- Fellows should maintain their primary board skills during the fellowship
- All fellows must complete educational assignments that may have a particular focus or track (ex: bioinformatics, laboratory information systems, telemedicine, imaging, public health informatics)
- Educational assignments should be in a variety of settings
- Fellows should participate in an interdisciplinary team

Educational Outcomes

Competencies in Patient Care and Procedural Skills

- leverage information and communication technology to:
 - use informatics across the dimensions of health care: health promotion, disease prevention, diagnosis, and treatment of individuals and their families across the lifespan;
 - use informatics tools to promote confidentiality and security of patient data

Educational Outcomes

- demonstrate fundamental programming, data base design, and user interface design skills;
- identify changes needed in organizational processes and clinician practices to optimize health system operational effectiveness;
- analyze patient care workflow and processes to identify information system features that will support improved quality, efficiency, effectiveness and safety
- evaluate the impact of information system implementation and use on patient care and users;



Medical knowledge

- Program requirements for medical knowledge are written as educational outcomes – **NOT** course requirements
 - Health care environment including business process and financial considerations influence delivery
 - Re-engineering health care processes
 - Leadership in organizational change
 - Project management
 - Clinical decision support

Categories of Program Requirements

Core

Define structure, resource or process elements essential to every graduate medical educational program.

Detail

Describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.

Outcome

Specify expected measurable or observable attributes (knowledge, skills, attitudes) of residents or fellows at key stages of their graduate medical education.

Next steps



- Solicit input from Council of Review Committee Chairs and Preventive Medicine RRC
- On ACGME web page for public comment, Summer 2013
- Workgroup and Preventive Medicine RRC will consider comments
- Approval by ACGME Board, Committee on Requirements target is Feb 2014
- Goal for implementation July 1, 2014

Application process

1. Review the program requirements, both for CI fellowships and institutions
2. Determine the core residency that will sponsor the fellowship. This will be the RRC that will review the application.
3. Based on core specialty, some have specific deadlines for application submissions.
 - Generally applications are accepted 2 months before the scheduled RRC meeting.

Application process

4. Most specialties DO NOT require a site visit prior to review of applications.

5. Complete the application form

General section includes:

a) Number of fellows

b) Program director CV

c) Listing faculty

d) A summary of faculty scholarly activity

e) Block diagram of proposed rotation schedule

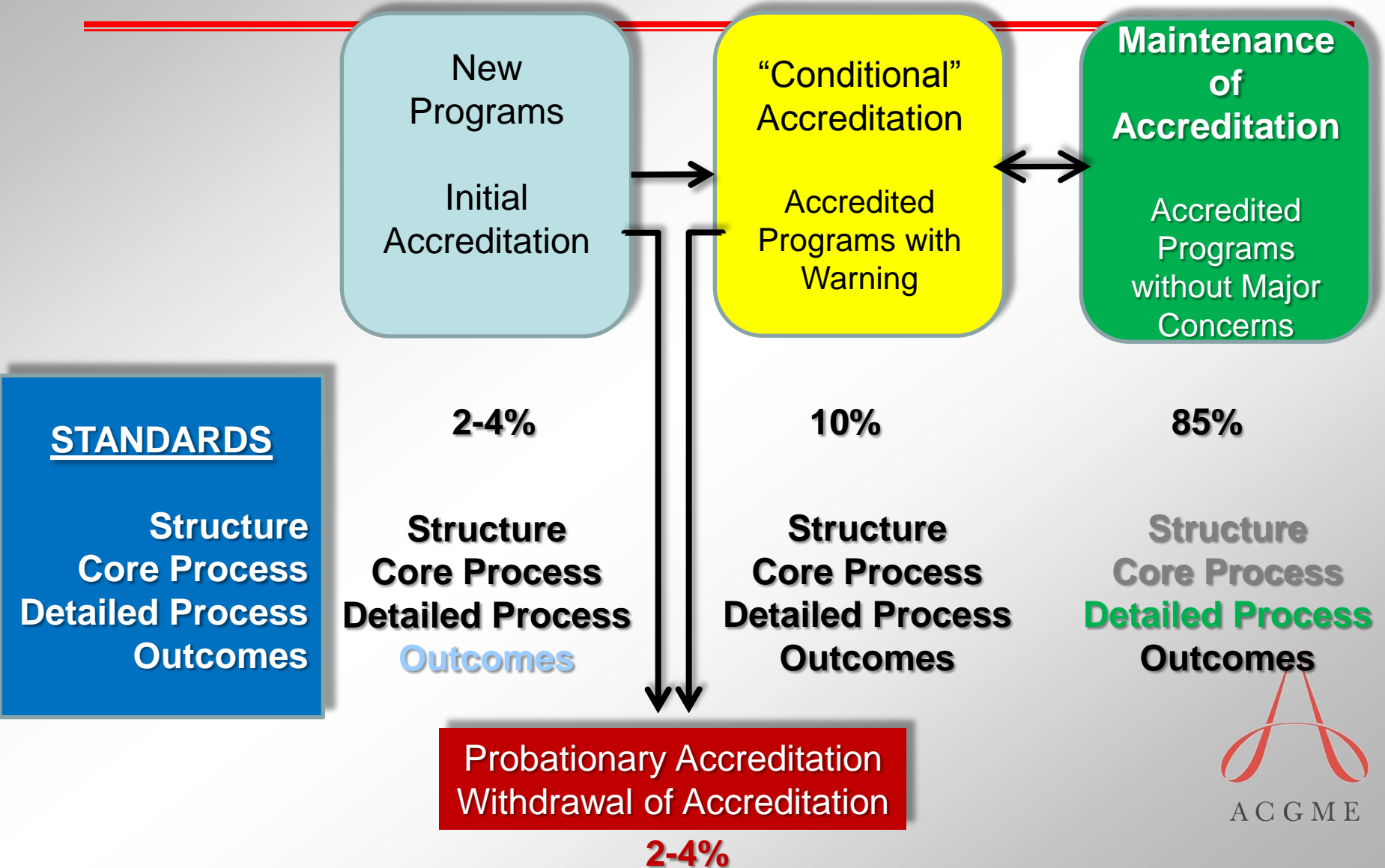
f) Information on participating sites

Application process

Specialty specific section of application will request information on the curriculum, organization of the curriculum

6. Application will need approval by GMEC, signed by program director and designated institutional official.
7. After initial accreditation has been awarded, site visit in 2 years

Annual evaluation of program outcome data



NAS - Annual Data Collected and Reviewed

Focus on Existing Data

1. Annual ADS Update - Streamlined
 1. Program Attrition
 2. Program Characteristics – Structure and Resources
 3. Scholarly Activity – Not full faculty CV's
2. Resident Survey
3. Faculty Survey – Core Faculty
4. Board pass rate
5. Semi-Annual Resident Evaluation and Feedback
 1. Milestones



What is a Milestone?

- Specific behaviors, attributes or outcomes to be acquired at a *particular point* during fellowship training
- *Distinct, observable* set of behaviors which *support the achievement of one or more of the required competencies* for an individual learner
- Represents a “notable accomplishment”
- Provides a method for *assessing* fellow learning and performance over time and *against a benchmark*
- Programs will have Clinical Competency Committees that will review fellow evaluations semi-annually and report individual resident evaluations to ACGME

How Will Milestones Be Developed?

- Defined by a group of experts in GME in Clinical Informatics
 - RRC members
 - Program Directors
 - Fellow and/or content experts
- Focus on medical knowledge and patient care skills

www.acgme.org

www.acgme.org/acgmeweb/



Google



Publications

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Awards



Accreditation Council for
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SEARCH...

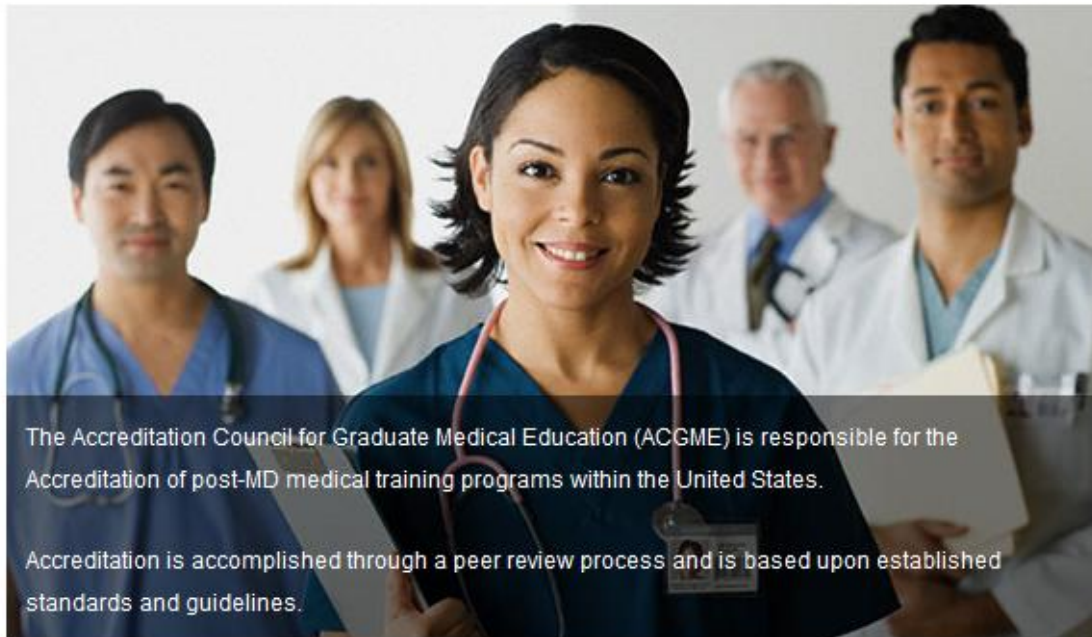


Program and Institutional Guidelines

Data Collection Systems

Meetings and Conferences

Graduate Medical Education



The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States.

Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

Quick Links

RESIDENTS

PD / COORDINATORS

DIOs

Resident Services

Resident Case Log System

Resident Survey

Duty Hours

Complaints

GME Focus

Journal of Graduate Medical Education

www.acgme.org



Contact

Careers

Legal

Site Map

Staff Listing

Newsroom

SEARCH...



Program & Institutional Guidelines

Hospital-Based Accreditation

Medical Accreditation

Surgical Accreditation

Institutional Accreditation

Review and Comment

Data Collection Systems

Accreditation Data System

Resident Case Log System

Competency Evaluation System

Accredited Programs and Sponsoring Institutions

Resident Fellow Survey

Application Support

Meetings & Conferences

Annual Educational Conference

Board Meetings

Review Committee Meetings

Workshops

Council of Review Committee Residents Meetings

Graduate Medical Education

Resident Services

Program Directors and Coordinators

Designated Institutional Officials

Non-ACGME Resources for Residents

Duty Hours

Institutional Review

Accredited Programs and Sponsoring Institutions

Policies

Site Visit and Field Staff

HRSA THCGME Program

Legal

Publications

Journal of Graduate Medical Education

E-Bulletin

Newsletters

About ACGME

ACGME at a Glance

Mission, Vision and Values

ACGME History


Awards


John C. Gienapp Award


Parker J. Palmer Courage to Teach Award


Parker J. Palmer Courage to Lead Award


Family Medicine


 [LoT Program Application](#)


 [LoT Control Programs Application](#)


 [LoT Call for Evaluators](#)

 [LoT Control Programs Call for Proposals](#)

 [LoT Second Call for Proposals](#)

 [Processing Hospice and Palliative Medicine Programs](#)

 [Family Medicine Scholarship Guidelines](#)

 [Alternate Training Tracks or Sites](#)

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Common Resources





ACGME


 [Alternate Training Tracks or Sites](#)

 [Hospice and Palliative Medicine Deadlines Available](#)

 [Processing Sports Medicine Programs](#)

 [Family Medicine Resident Survey](#)

 [Family Medicine Specialty Question Guide](#)

 [Resident Complement](#)

[FMC Proposal](#)


[Use of a CHC](#)


[Telemedicine Precepting](#)

[Hospitalists](#)


[Other communications](#)

Program Requirements


 [Currently In Effect](#)

 [Approved but not in Effect](#)

Common Resources

[ACGME Glossary of Terms](#) 


[Institutional Requirements](#) 


[Common Program Requirements](#) 

[One-Year Common Program Requirements](#) 

[Program Director Guide to the Common Program Requirements](#)

[Program Directors' "Virtual Handbook"](#)

[Apply for Accreditation in Eight Steps](#) 

[Appointment Process for ACGME Review Committee Members](#) 

[Key To Standard Notification Letter](#) 

[Clarification About Resident Transfers](#) 

[Proposals for Innovative Projects](#)

[Resident Duty Hours](#)



ACGME

Human resources

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Human resources



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Questions & Discussion

Gracias

Merci

תודה

Köszönettel Thank You

धन्यवाद

شكراً

Obrigado!

Ευχαριστώ

Grazie



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