SESSION II: GRADUATE HEALTH PROFESSIONAL EDUCATION/POST-GRADUATE TRAINING

Kevin B. Weiss, MD
Senior Vice President, Institutional Accreditation
CT Scanners: Distribution and Planning Status in the United States

Harvey V. Fineberg, M.D., Gerald S. Parker, M.S., and Laurie A. Peariman, B.A.

CASE VIGNETTE

Jim Mathis is a 45-year-old health-conscious man who has been a patient in an internal medicine–primary care practice for several years. At today’s review, Mr. Mathis tells you that the family tree was constructed at a genealogy workshop that he attended after visiting cousins in Europe.
US physician medical education continuum

Premedical Education
- BA/BS

Medical Education
- MD
  - LCGME
  - AOA

Specialty Education (Residency)
  - ACGME
  - AOA

Subspecialty Education (Fellowship)
  - NBME
  - NBOME
  - ECFMG

Continuing Education
  - ACCME
  - State Licensing (MOL)
  - ABMS and AOA Certification (MOC)
Professional Self-Regulatory “System”

Assessments within Program:
- Direct observations
- Audit and performance data
- Multi-source FB
- Simulation
- ITExam

Milestones and EPAs as Guiding Framework and Blueprint

Unit of Analysis: Program

Accreditation

Certification and Credentialing

Unit of Analysis: Individual

Source: E. Holmboe
The Continuum of Clinical Professional Development

Authority and Decision Making versus Supervision

- Physical Diagnosis
- Clerkship
- Sub-Internship
- Internship
- Fellowship
- Residency
- Independent Practice

“Graded or Progressive Responsibility”

Low Authority and Decision Making → High Authority and Decision Making
Low Supervision → High Supervision
Brief history of the ACGME

1972 Under the direction of the AMA, 5 organizations created the Coordinating Council on Medical Education (CCME) and related Liaison Committee for Graduate Medical Education (LCGME).

American Medical Association
The American Board of Medical Specialties
The American Hospital Association
The Association of American Medical Colleges, and
The Council of Medical Specialty Societies.

1981 The CCME was disbanded and the LCGME evolved into the ACGME

2000 The ACGME was incorporated as an independent organization (5 members organizations still remain with some limited authority).
ACGME Today

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

Vision
We imagine a world characterized by:
• a structured approach to evaluating the competency of all residents and fellows;
• motivated physician role models leading all GME programs;
• high-quality, supervised, humanistic, clinical educational experience, with customized formative feedback;
• residents and fellows achieving specialty-specific proficiency prior to graduation; and
• residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.
Physicians in ACGME Accredited Training

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Total Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACGME Accredited Residency Programs</td>
<td>93,850</td>
</tr>
<tr>
<td>ACGME Accredited Fellowship Programs</td>
<td>19,054</td>
</tr>
</tbody>
</table>

*excludes Canadian Graduates*
NAS Background

The actions of the ACGME must fulfill the social contract, and must cause sponsors to maintain an educational environment that assures:

- the safety and quality of care of the patients under the care of residents today
- the safety and quality of care of the patients under the care of our graduates in their future practice
- the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self interest to meet the needs of their patients
The Six Core Competencies

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

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The Continuum of Professional Development
The Three Roles of the Physician

The Goal of the Continuum of Clinical Professional Development

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
- Master

Undergraduate Medical Education
Graduate Medical Education
Clinical Practice
The “Next Accreditation System” in a Nutshell

- Continuous Accreditation Model – annually updated
  - Based on annual data submitted, other data requested, and program trends

- A ten year Self Study Visit

- Standards revised every ten years
  - Standards Organized by
    - Structure
    - Resources
    - Core Processes
    - Detailed Processes
    - Outcomes

- Required to have a CLER visit
Annual Data Review Elements
Policy 17.61 Review of Annual Data

• Continuous Data Collection/Review
  • ADS Annual Update
  • Resident Survey
  • Faculty Survey
  • Milestone data
  • Certification examination performance
  • Case Log data (clinic numbers for FM)
  • Hospital accreditation data
  • Faculty member and resident scholarly activity and productivity
  • Other
Milestones: What

- Milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six competency domains.

- Milestones will lay out a framework of observable behaviors and other attributes associated with residents’ development as physicians.

- In the next accreditation system, aggregate resident performance on the milestone level will be used as one indicator of a program’s educational effectiveness.

Nasca, TJ et. al. The Next Accreditation System. NEJM 2012.366:1051-1056
**Uses and Implications**

**ACGME**
- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

**Residency Programs**
- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

**Certification Boards**
- Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams

**Residents**
- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents

**Milestones**

Source: E Holmboe
The Building Blocks or Components of The “Next” Accreditation System

10 year Self-Study Visit

prn Site Visits (Program or Institution)

Continuous RRC and IRC Oversight and Accreditation

Clinical Learning Environment Review CLER Visits

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CLER Focus Areas

- Professionalism
- Supervision
- Transitions of Care
- Patient Safety
- Duty Hours
- Fatigue Management
- Healthcare Quality
- Healthcare Disparities
- Transitions of Care

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CLER Program
5 key questions for each site visit

• Who and what form the hospital/medical center’s infrastructure designed to address the six focus areas?
• How integrated is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
• How engaged are the residents and fellows?
• How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?
• What are the areas the hospital/medical center has identified for improvement?
CLER Site Visits

- Each visit, 2-3 days duration
- Every 18-24 months
- 2-4 site visitors for each visit (including volunteers)
- Group meetings and walking rounds
  - Groups: senior leadership, patient safety and HC quality leadership, residents/fellows, faculty, program directors
  - Walking rounds: physicians, nurses, allied health professionals

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CLER Program Development

- **Experience:**
  - > 3,400 residents
  - > 2,800 faculty
  - > 1,900 program directors
  - > 160 CEO/Exec Directors, their ‘C-suites,’ quality and safety leadership
  - Scores of nurses, other care providers and members of staff
  - Occasional Deans

May 9, 2014
Improving Clinical Learning Environments for Tomorrow’s Physicians

Thomas J. Nasca, M.D., Kevin B. Weiss, M.D., and James P. Bagian, M.D.

“Approximately 2 months ago, I had a patient where I accidently administered a wrong dose of fentanyl during a procedure. The patient developed severe hypotension, and the procedure had to be temporarily halted until we could get her blood pressure back up. My attending was close by. He responded quickly. Ultimately, no harm was done.

“The reason I believe this happened is that during a procedure I’m sometimes required to administer fentanyl and must dilute it during the procedure. There are two dilutions, either to directly administer by syringe, or for use as an intravenous drip. We do this dilution while we are monitoring the patient, but I was told to re-review the approach to dosing fentanyl during procedures and to be more careful.”

This experience was reported by a second-year anesthesiology resident, but dozens of similar patient-care experiences have been described to us by residents in various specialties during site visits that the Accreditation Council for Graduate Medical Education (ACGME) and the executive leadership and governance of U.S.
Clinical Learning Environment Review (CLER)

CLER Pathways to Excellence
Expectations for an optimal clinical learning environment to achieve safe and high quality patient care

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ACGME and Post-Graduate Education in Genomics

- Broadly shape thinking of residents/fellows preparedness for independent practice through institutional, specialty-based, and sub-specialty-based requirements

- Set expectations through formative feedback to institutional leadership

- Facilitate a national conversation on readiness for introduction of how to apply this new knowledge and associated technology
Post-Graduate Education in Genomics

• It appears that we are facing a rapid, and not well rationalized diffusion of a new diagnostic modality.

• Appear to need a nationally agreed on set of practice guidelines or perhaps standards that begin to define best practices related to the rapidly emerging availability and use of genomic information into health care.

• Such a resource would require a sustained effort across many key practitioner groups, patients, and other key stakeholders in health care.
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