

ACGMIE Anesthesiology RRC Update

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Anesthesiology Residency Review Committee



What's New

- RRC Executive Director – Missy Fleming, PhD
- 7/07 Common Program Requirements
- Current Program Requirements
- PIF changes
- 7/08 Program Requirements
- The accreditation process

What's New

- ACGME Common Program Requirements
 - Effective July 1, 2007
 - Incorporated into current PRs
 - A number of new & interesting elements . . .



Common Program Requirements

- Training sites
 - Program Letter of Agreement
 - between the program and each participating site that provides a required assignment
 - details (5 yrs or less; content)
 - Participating site changes notifications - via AIDS

Resource: Program Director's Guide (www.acgme.org)



Common Program Requirements

- Program Director
 - New PD - notification process has changed
 - New PD responsibilities
 - Authority & accountability – all sites
 - Approve local site director(s) for other site(s)
 - Approve selection of program faculty
 - Evaluate program faculty & approve faculty participation
 - Monitor resident supervision at all participating sites
 - Current ABA certification

Common Program Requirements

Program Director (cont)

- Prepare and submit all information required & requested by the ACCGME
- Document semiannual performance evaluation with feedback for each resident
- Comply with grievance and due process procedures
- Provide verification of resident education
- Comply with duty hours requirements
- Obtain DIO review and co-signature on PIFs, etc.

Common Program Requirements

Program Faculty

Sufficient number of faculty with documented qualifications to:

- Instruct and supervise all residents at that location
- Devote sufficient time to the education program to fulfill supervisory and teaching responsibilities
- Demonstrate strong interest in education of residents
- Must be certified by the ABA or have qualifications acceptable to the RC

Common Program Requirements

Program Faculty (cont)

- Must have current medical licensure and appropriate staff appointment
- Establish and maintain an environment of inquiry and scholarship with an active research component
- Must regularly participate in organized clinical discussion, rounds, journal clubs, and conferences
- Should encourage and support residents in scholarly activities



Common Program Requirements

Anesthesiology Residents

- Resident complement is set, and program must not exceed without prior RRC approval
 - Educational resources must be adequate to support the number of residents appointed to the program
 - Fellows and other learners must not interfere with the appointed residents' education.
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Common Program Requirements

Resident Transfers

- Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring residents before accepting them
 - Program Director must provide timely verification of resident education and summative performance evaluations for residents who leave the program prior to completion
- 



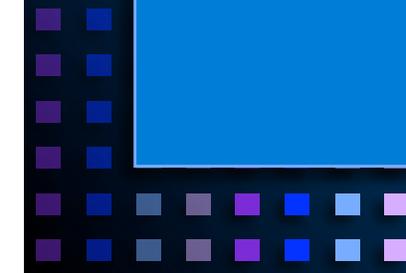
Common Program Requirements

Educational Program

- Overall educational goals that must be distributed to residents and faculty annually
 - Competency-based goals and objective for each assignment at each educational level
 - Regularly scheduled didactic sessions
 - Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program
- 



ACCGME Competencies

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

Common Program Requirements

Residents' Scholarly Activities

- Curriculum must advance students' knowledge of the basic principles of research, including how research is conducted, evaluated, and explained to patients, and applied to patient care
- Residents should participate in scholarly activity
- Sponsoring institution and program should allocate adequate educational resources to facilitate residents involvement in scholarly activities

Common Program Requirements

Resident Evaluation - Formative

- Faculty must evaluate during each rotation
- Program must provide objective assessments of competence in all competencies
- Use multiple evaluators
- Document progressive performance and improvement appropriate to education level
- Document semiannual evaluation of performance with feedback

Common Program Requirements

Summative Evaluation

- Program Director must provide a summative evaluation for each resident upon completion of the program
- Evaluation must become part of the resident's permanent record maintained by the institution; must be accessible for review by the resident
- Must document the resident's performance during the final period of education
- Must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision

Common Program Requirements

Faculty Evaluation

- At least annually, the program must evaluate faculty performance as it relates to the educational program
- Evaluations should include a review of clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities
- Must include at least annual written confidential evaluations by the residents

Common Program Requirements

Program Evaluation & Improvement

- Program must document formal, systematic evaluation of the curriculum annually (including meeting minutes and action plan)
- Program must monitor and track: resident performance; faculty development; graduate performance on certifying examination; resident and faculty confidential evaluations; use residents' assessments and other evaluations to improve the program



Common Program Requirements

Resident Duty Hours

- Program must be committed to and be responsible for promoting patient safety and resident well-being and to provide a supportive educational environment
 - Program learning objectives must not be compromised by excessive reliance on resident to fulfill service obligations
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Common Program Requirements

Resident Duty Hours

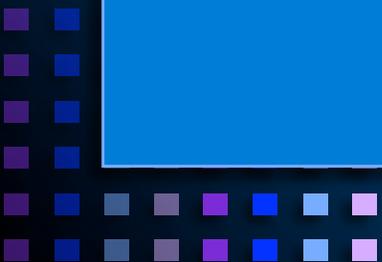
- Priority for didactic and clinical education
 - Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.
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Common Program Requirements

Experimentation & Innovation

- Process for application has been modified
- ACCGME form



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Proposal for Program Experimentation and Innovation

Instructions

The program director should complete the [Program Experimentation and Innovative Projects Proposal Form](#) and supply all of the requested information. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed 5 pages in length. Attach additional documents as numbered appendices. One copy of the proposal should be sent via standard mail to the Executive Director of the appropriate ACGME Residency Review Committee.

Residency Review Committee (RRC) Approval

Proposals which include requests for a waiver/variation/suspension of Common Program or Institutional Requirements require ACGME approval; the proposal will be reviewed by ACGME prior to consideration by the RRC. This process may delay the response time from the RRC. Program Directors should estimate 6-9 months for a decision from the RRC. The RRC Executive Director will provide official notification to the Program Director and DIO of the RRC's decision to include:

1. if approved, the duration of the approval, which will not exceed the next accreditation review, and
2. the method of monitoring (e.g., progress reports, updates) by the RRC

References

1. Common Program Requirements: VII. Experimentation and Innovation (effective July 1, 2007)
2. Institutional Requirements: I.B.4; III.B.11 (effective July 1, 2007)
3. ACGME Policy Manual: II.D. Procedures for Approving Proposals for Experimentation and Innovative Projects (available September 2007)

New Anesthesiology Program Requirements – 7/1/08

- Had input from SAAC/AAPD leadership
- Increased options for entry into AN programs:
 - Integrated CBY (4 year program)
 - PGY – 1 + 3-year program
 - Transfer (surgery, internal medicine, etc) after 1+ years of GME
- All PGY-1 program directors will be required to provide (to the Anesthesiology PD) interval assessments of performance for interns who have previously committed to anesthesiology programs

Additional Components

All PGY-1 residents must have:

- 6 months of inpatient care including internal medicine, surgery, pediatrics, surgical specialties, OB/Gyn, Neurology, Family Medicine or a combination
- 1 -2 months of emergency medicine and critical care medicine
- May have up to 1 month of anesthesiology

CA-1 – CA-3 Years

- Minimum of 2, 1-month rotations in peds, cardiac, neuro, and OB anesthesia
- 4 months of CCM – up to 2 months in PGY-1; take in at least one month intervals
- 3 months of PM – up to 1 month in PGY-1; taken in at least one month intervals
- 1 month of preoperative medicine; taken in at least one week intervals

Elective Experiences

- 6 months of elective time
- Can be used to finish all required PGY-1 experiences for residents who transferred from other specialties
- Research
- Advanced anesthesia rotations
- Other activities related broadly to perioperative medicine



Other ACCGME Information

- New CEO at ACCGME
 - Thomas J. Nasca, MD



Innovative Programs

- Innovative programs to address duty hours
- http://www.acgme.org/acWebsite/dutyHours/dh_innovative.asp



Learning Portfolio Program

- [http://www.acgme.org/acWebsite/
portfolio/learn_cbpac.asp](http://www.acgme.org/acWebsite/portfolio/learn_cbpac.asp)
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New - Guidance Documents:

- ▶ [Guidelines for Resident Experience in the Post-Anesthesia Care Unit \(PDF\)](#)
- ▶ [Information about Anesthesiology Clinical Base Year/ Request to Add a CBY \(PDF\)](#)
- ▶ [Responsibilities of the Residency and Fellowship Program Directors \(PDF\)](#)
- ▶ [Specialty Update: Anesthesiology, Lois L. Brady, MD, UTHSC, San Antonio \(PDF\)](#)

New - Program Directors' "Virtual Handbook"

[Institutional Requirements \(PDF\)](#)

[Common Program Requirements \(PDF\)](#)

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

[ACGME FAQ on master affiliation agreements and program letters of agreements \(PDF\)](#)

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Anesthesiology Program Requirements

Currently in Effect	Effective Date	Adobe PDF
Anesthesiology (Revised Common Program Requirements)	7/2007	
Adult Cardiothoracic	2/2006	
Critical Care	1/2001	
Pain Medicine (Revised Common Program Requirements)	7/2007	
Pediatric (Editorial Revisions 12/2004)	07/2004	
Undersea and Hyperbaric Medicine (Editorial Revisions 7/2004)	2/2002	
Policies & Procedures for Subspecialties	7/1988	
Program Requirements for Subspecialties	7/1998	

Approved but Not in Effect

	Effective Date	Adobe PDF
Anesthesiology	7/2008	
Anesthesiology <i>(tracked changes copy)</i>	7/2008	



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Anesthesiology PIFs

Effective July 1, 2007, the Competency Assessment Form will no longer be used.

Beginning August 1, 2006, program directors should not attach the program level letters of agreement to the PIF for a continued accreditation review. All letters of agreement must be available onsite during the site visit. In addition, letters of agreement must be included in the documents submitted for an application for a new specialty or subspecialty program.

PIF

<p>Word Documents for Site Visits Scheduled Prior to December 7, 2007 (last major update)</p>	<p>Word Documents for Site Visits Scheduled On or After December 10, 2007 (last major update)</p>
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<p>Anesthesiology * New Application Only (10/2006)</p> <p>Continued Accreditation (10/2006) (Part 2)</p>	<p>New Application Only (8/2007)</p> <p>Continued Accreditation (8/2007)</p>
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<p>Adult Cardiothoracic</p> <p>New Application Only (6/2006)</p>	<p>New Application Only (6/2006)</p>
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<p>Critical Care</p> <p>New Application Only (8/2005)</p> <p>Continued Accreditation (8/2005) (Part 2)</p>	<p>New Application Only (8/2005)</p> <p>Continued Accreditation (8/2005) (Part 2)</p>
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[New Application Only](#)
(8/2007)

Pain Medicine

For continued accreditation, access the PIF through the [Accreditation Data System \(ADS\)](#) using your secured login and password. Proceed to PIF Preparation section.

How to get help on Competencies, ILP, etc.

- Anesth RRC site – “Practical Implementation of the Competencies”
- www.acgme.org – Outcome Project section
- www.seahq.org
- Your institution’s GME Committee/DIO
- This meeting
- You can start small, but do GET STARTED

The Accreditation Process

Q: What is the role of the field staff (site visitor) in the accreditation process?

- A: “Clarify and verify” information provided in the PIF
- Reviews PIF
 - Prepares questions for each group to be interviewed
 - SITE VISIT - Conducts interviews
 - Write report

The Accreditation Process

Role of the field staff - part 2

- RRC review – 2 meetings/year
- Each program review is conducted by 2 RRC members
- Materials reviewed:
 1. PIF
 2. Site visitor's report
- Each RRC member prepares written program review notes
 - Suggested accreditation status, cycle length, and citations

The Accreditation Process

Role of the field staff - part 3

- Program reviewers' notes reviewed by full RRC
- Discussion at full meeting – at that time, determine:
 - Accreditation status
 - Cycle length
 - Citations
- Preliminary email communication shortly after meeting
- Letter from RRC (“Letter of Notification”) prepared by RRC staff

More information

- Bookmark Anesthesiology RRC site (www.acgme.org)
- Update and save on your desktop:
 - Program requirements
 - Program information form (PIF)
 - Other items useful to your program
- Contacts for questions/suggestions
 - Core programs - Missy Fleming (mfleming@acgme.org)
 - Subspecialties - Linda Thorsen (lmnt@acgme.org)
 - Lois Bready (bready@uthscsa.edu)



What else?

- Your questions ...

Thank you

