# ACGME Anesthesiology RRC Update

*SAAA 2008 Annual Meeting - 11/2/08*

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# What's New

- Anesthesiology programs
  - New core PRs - effective 7/1/08
  - Electronic case log – online 7/1/09
  - Progress on phase 3
  - Update on Innovative Projects
  - International rotations
  - Common citations
  - Updates
- Fellowship programs

| | |
|---|---|
| Core | 130 |
| ACT | 42 |
| Peds | 45 |
| CCA | 48 |
| PM | 94 |
| Total | **359** |

The Complexity of Relationships within the ACGME
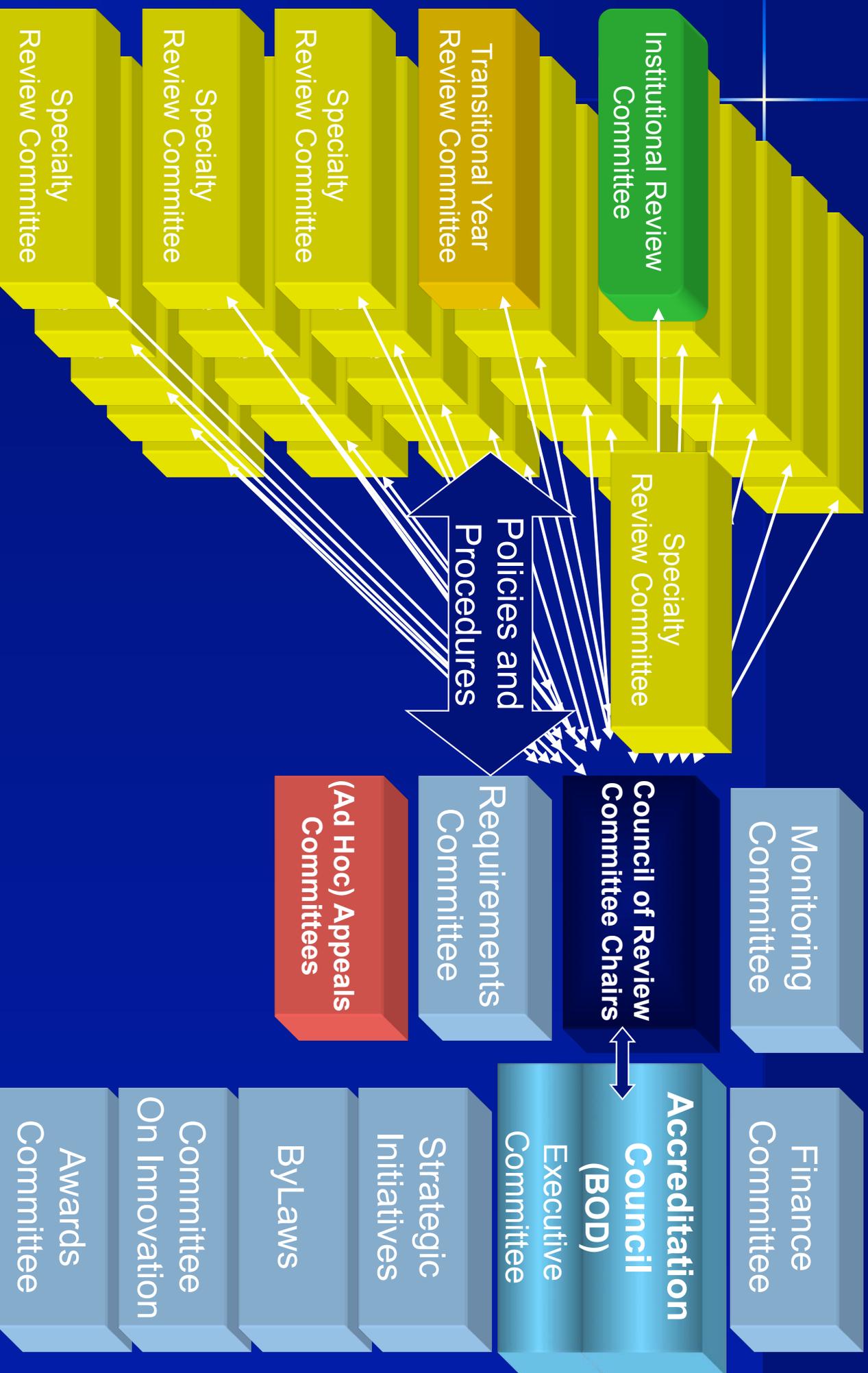
# What's New

Update on **Core Programs**

7/07-6/08

- 131 programs, 5266 positions filled

7/08-6/09

- 130 programs, 5337 positions filled

# New Anesthesiology Requirements – 7/1/08

Increased options for entry into AN programs:

- Integrated CBY (4 year program)
- PGY–1 + 3-year program
- Transfer after 1+ years of GME

New requirements strictly applied to:

- 7/08 beginning PGY1 residents – yes
- 7/08 beginning CA-1 residents – no

# 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 perioperative medicine; taken in at least one week intervals

# Elective Experiences

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

# Educational Program

The program must contain:

Overall **educational goals** that must be distributed to residents and faculty annually

**Competency-based goals and objectives** 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

# 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

# Resident Evaluation

- Formative – faculty must evaluation resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of each assignment

- Program must provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communion skills, professionalism, and system-based practice

- Use multiple evaluators

- Document progressive performance and improvement appropriate to education level

- Document semiannual evaluation of performance with feedback

# 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 that is 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

# Faculty Evaluation

- At least annually, the program must evaluate <span style="color:yellow">faculty performance</span> 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

# Program Evaluation & Improvement

- Program must document formal, systematic evaluation of the <u>curriculum</u> annually
- 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

# 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

- Priority for didactic and clinical and clinical education

# What's New

- **Electronic case log – online 7/1/09**
  - Developed over past year
  - Aligns with program requirements
  - Piloted by ___
  - Training resources online early 2009
  - Will require entry of cases by residents
  - programs

# What's New

- **Outcome Project - Phase 3**
  - Programs are making excellent progress

## Phase 3
7/06-6/11

Full **INTEGRATION** of the competencies and their assessment with learning and clinical care

### Program Focus

Use resident performance data as the basis for improvement and provide evidence for accreditation review

Begin to use external measures (e.g, clinical quality indicators, patient surveys, employer evaluations of graduates, national or specialty standardized measures) to verify resident and program performance levels

### Accreditation Focus

Review evidence that programs are making data-driven improvements

Review external program performance measures and input from GMECs as evidence that programs are achieving their educational objectives

# What is "experiential learning?"

- learning through reflection on doing, which is often contrasted with rote or <u>didactic</u> learning

- focuses on the learning process for the <u>individual</u>

- make discoveries and experiment with knowledge firsthand, instead of hearing or reading about others' experiences

- "experience" – 42 times in core program requirements

# What is "experiential learning?"

*IV.A.5.a).(1)(o)* (o) Patients who require specialized techniques for their perioperative care. There must be significant <span style="color:yellow">experience</span> with a broad spectrum of airway management techniques (e.g., performance of fiberoptic intubation and lung isolation techniques such as double lumen endotracheal tube placement and endobronchial blockers).

# Innovative Projects

Process has evolved; now governed by ACGME Pol & Proc 6/08

**Anesthesiology Menu**

| Contact | Program Requirements | Common & Institutional Requirements
| PIF | Program Resources | Updates from the RRC | Site Visit | FAQ |

**Contact:**
*To connect with ACGME Committee Staff*

- ACGME Staff
- Find Staff Contacts by Subject (MS Word)
- RRC Members

**Program Requirements:**
*Requirements for use by all RRCs*

- Program Requirements

**Common & Institutional Requirements:**

- Institutional Requirements (PDF)
- Common Program Requirements (PDF)
- Program Director Guide to the Common Program Requirements

**Program Information Forms:**
*Program specific forms and documentation*

- Program Information Forms (PIFs)

**Guidelines:**

- Frequent Citations (PDF)
- Links
- Resident Complement (PDF)
- Key to Standard Notification Letter (DOC)
- RRC Members
- PIF Errors
- Proposals for Experimentation and Innovation
- Practical Implementation of the Competencies
- Projects

# Innovative Proposals

ACGME Pol & Proc 6/08, pp. 103-5

## Proposal Content

The program director submits the proposal using the ACGME form, "Proposal for Program Experimentation and Innovation" to the Review Committee Executive Director. The institution's and program's responsibilities are to clearly demonstrate that the project will improve resident education and/or patient care. The proposal must include the following:

a) description of the project,

b) rationale for the project,

c) method of evaluation,

d) accreditation requirements from which the program/institution will deviate,

e) description of any new, missing or variant on-line submission of information through the Accreditation Data System (ADS) that would require Review Committee approval,

f) approval by the institutional GME Committee

g) signature of the designated institutional official.

# Innovative Proposals

ACGME Pol & Proc 6/08, pp. 103-5

- Institutional (DIO)
- RRC – Executive Director reviews
  - screen for variance to CPRs/Instit Reqs; ACGME judges whether the proposal justifies granting a variance to the common program and/or institutional requirements.
  - ADS issues? Addressed prior to RRC review
- RRC review
  - Formal review at regular meetings; documentation in program's history
  - Determine whether request justifies granting approval of the project;
  - stipulate the duration of the approval, which will be no longer than the next review;
  - inform the program and/or institution of the form of monitoring by the Review Committee;
  - enter information regarding the approved Innovative Projects in the Accreditation Data System.

# Innovative Proposals

- Status
  - 14 proposals received by RRC
    - 3 denied (design; program/institution status)
    - 1 currently undergoing ABA review
    - 10 underway
- Themes to date
  - Supervisory ratio/transition to practice
  - eICU
  - Specialty tracks/combined fellowship

# What's New

- International rotations
  ABA and RRC support programs
  integrating international rotations as
  standing electives and seek RRC
  approval rather than seeking ABA
  approval on a case-by-case basis.

# Common Citations

## Core Programs 7/05-9/08

- Institutional support
  - Sponsoring Inst'n, PD support, space, call rooms, etc.
- Resident appointment issues
- Program personnel & resources
  - Qual/responsibilities of PD; of faculty
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

# Program Director

- Increasing quantity and quality of responsibilities
- RRC expects protected time for PD*
  - 1 day/week for fellowships, small programs
  - 2 days/week for core programs
- RRC discourages Department Chairs from serving simultaneously as Program Director for the core anesthesiology program

*Anesthesiology RRC website - FAQs

# Other ACGME Information

- **ACGME Resident Survey**
  - Any report of duty hours violations will be taken VERY seriously

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**Accreditation Council for Graduate Medical Education**

Residents | Program Directors & Coordinators | DIOs | Public |

A C G M E

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**Home**

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.

**Please note our new zip code:** ACGME, 515 N. State, Suite 2000, Chicago, IL **60654** *(P.O. Box zip code remains the same).*

**Quick Links:**

- **New** - Special Message from the ACGME Chief Executive Officer to all Program Directors, Designated Institutional Officials, and Residents (PDF)

**Events:**

- **New** - 2009 ACGME Annual Educational Conference, March 5 - March 8, 2009 Grapewine, TX

- About ACGME
- ACGME Awards
- ACGME Learning Portfolio
- Bulletin
- Data Collection Systems
- GME Information
- Human Resources
- Innovation (CI)
- Institutional Review
- Meetings & Workshops
- Newsroom
- Outc
- Review Committees
- Resident Duty Hours

**Resident / Fellow Survey Data Summary**
Program: [0404821155] University of Texas Health Science Center at San Antonio Program
Specialty: Anesthesiology
Residents / fellows responded to this Survey: January 2008 - February 2008

Total Residents / Fellows on Duty: 51
Total Residents / Fellows on Duty: 51
Total Responses to Survey: 50
Response Rate: 98.04%

| Common Program Requirement | # | Question | Yes | No | Not Applicable / Not Sure |
|---|---|---|---|---|---|
| III.B.1.a | Q1 | Do the faculty spend sufficient time TEACHING residents/fellows in your program? | 90.0 | 10.0 | |
| III.B.1.a | Q2 | Do the faculty spend sufficient time SUPERVISING the residents/fellows in your program? | 100.0 | 0.0 | |
| III.B.5.a | Q3 | Do your faculty members regularly participate in organized clinical discussions? | 96.0 | 4.0 | 0.0 |
| III.B.5.a | Q4 | Do your faculty members regularly participate in rounds? | 86.0 | 0.0 | 14.0 |
| III.B.5.a | Q5 | Do your faculty members regularly participate in journal clubs? | 94.0 | 6.0 | 0.0 |
| III.B.5.a | Q6 | Do your faculty members regularly participate in conferences? | 96.0 | 4.0 | 0.0 |
| V.B.3 | Q7 | Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year? | 100.0 | 0.0 | |
| V.C.1.d.1 | Q8 | Do you have the opportunity to confidentially evaluate your overall PROGRAM, in writing or electronically, at least once a year? | 100.0 | 0.0 | |
| IV.A.1 | Q9 | Has your program provided you access to, either by hard copy or electronically, written goals and objectives for the program overall? | 100.0 | 0.0 | |
| IV.A.2 | Q10 | Has your program provided you access to, either by hard copy or electronically, written goals and objectives for each rotation and major assignment? | 94.0 | 6.0 | |
| V.A.1.a | Q11 | Do you receive written or electronic feedback on your performance for each rotation and major assignment? | 100.0 | 0.0 | |
| V.A.1.c | Q12 | Are you able to review your current and previous performance evaluations upon request? | 100.0 | 0.0 | |
| VI.C | Q13 | Have you had sufficient education (from your program, your hospital(s), your institution, or your faculty) to recognize and counteract the signs of fatigue and sleep deprivation? | 98.0 | 2.0 | |
| IV.B.2 | Q14 | Does your program offer you the opportunity to participate in research or scholarly activities? | 100.0 | 0.0 | |
| V.C.1.d.2 | Q15 | Have residents / fellows had the opportunity to assess the program for the purposes of program improvement? | 100.0 | 0.0 | |

| | | | A great extent | Some extent | Not at all |
|---|---|---|---|---|---|
| III.D | Q16 | To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, Ph.D. students and nurse practitioners) interfere with your education? | 6.0 | 14.0 | 80.0 |

| | | | All times | Some times | Not at all |
|---|---|---|---|---|---|
| InstReq II.F.1 | Q17 | Are mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation? | 68.0 | 28.0 | 4.0 |
| II.E | Q18 | How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need? | 96.0 | 4.0 | 0.0 |

| | | | Always or Usually Always | Some times Some times | Never Never |
|---|---|---|---|---|---|
| VI.A.2-3 | Q19 | Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations? | 62.0 | 30.0 | 8.0 |

Have you met the following ACGME duty hour requirements?

| | | | Always or Usually | Some times | Rarely or Never | Not Applicable |
|---|---|---|---|---|---|---|
| VI.D.1 | Q20 | Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. | 98.0 | 2.0 | 0.0 | 0.0 |
| VI.D.2 | Q21 | Residents and fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. | 100.0 | 0.0 | 0.0 | 0.0 |
| VI.D.3 | Q22 | Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call. | 96.0 | 4.0 | 0.0 | 0.0 |
| VI.E.1 | Q23 | In-house call must occur no more frequently than every third night, averaged over a four-week period. | 100.0 | 0.0 | 0.0 | 0.0 |
| VI.E.2 | Q24 | Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents / fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care. | 98.0 | 2.0 | 0.0 | 0.0 |
| VI.E.3 | Q25 | No new patients may be accepted after 24 hours of continuous duty. | 100.0 | 0.0 | 0.0 | 0.0 |
| VI.E.4.a | Q26 | At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident / fellow. | 92.0 | 2.0 | 0.0 | 6.0 |
| VI.E.4.b | Q27 | Residents / fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a four-week period. | 94.0 | 0.0 | 0.0 | 6.0 |
| VI.E.4.c | Q28 | When residents and fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80-hour limit. | 92.0 | 2.0 | 0.0 | 6.0 |
| VI.F.2 | Q29 | Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours. | 88.0 | 0.0 | 0.0 | 12.0 |

| | | | Other services | Within my specialty | Both | Not Applicable |
|---|---|---|---|---|---|---|
| - | Q30 | If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty? | 32.0 | 0.0 | 0.0 | 68.0 |

# What's New

- Fellowship programs
  - Adult Cardiothoracic
  - Pediatric Anesthesiology
  - Pain Medicine
  - Critical Care

# Adult Cardiothoracic Anesthesiology

Program requirements approved **2/14/06**

7/07-6/08 –
33 programs
88 positions filled

7/08-6/09 –
42 programs
99 positions filled
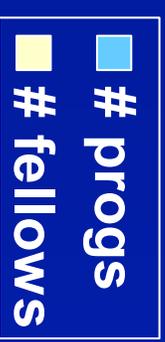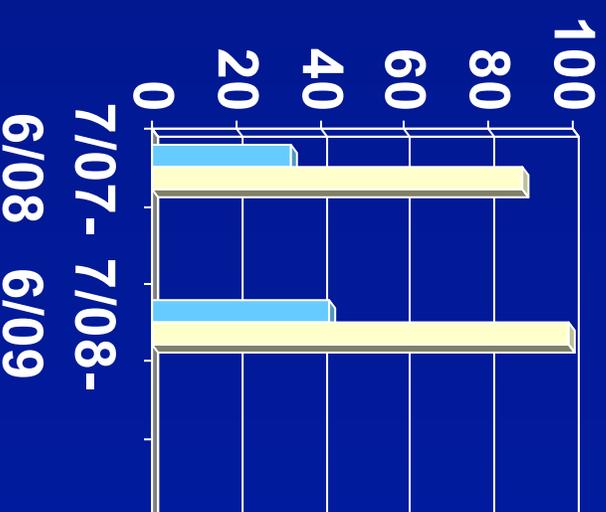
# Adult Cardiothoracic Anesthesiology

- Clinical Curriculum
  - 1 mo noncardiac thoracic
    - Thoracic stents under anesthesia count (but can't be all the thoracic cases)
  - 1 mo ICU - adult CT surgery/non-surg
  - 2 mos electives (min 2 wks) or 1-2 mos research
  - Experience with pediatric cardiothoracic anesthesia is encouraged
  - 300 complete perioperative echo exams
    - *at least 150 comprehensive intraoperative TEE examinations performed, interpreted, and reported by the fellow*

# Common Citations

## Adult Cardiothoracic Anesthesia 7/05-9/08

- Institutional support
  - Sponsoring Inst'n, PD support, space, call rooms, etc.
- Resident appointment issues
- Program personnel & resources
  - Qual/responsibilities of PD; of faculty
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
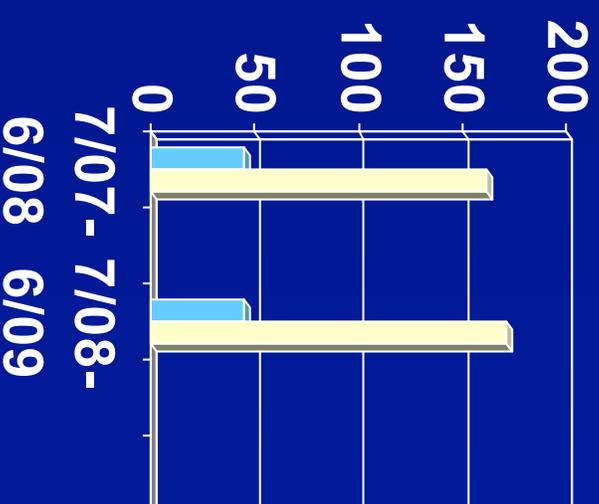- Evaluation
  - residents, faculty, program

# Pediatric Anesthesiology

**7/07-6/08 –**
45 programs
162 positions filled

**7/08-6/09 –**
45 programs
171 positions filled



Chart axis labels: 0, 50, 100, 150, 200

Categories: 7/07 - 7/08, 7/08- 6/09

Legend: ■ # progs  ■ # fellows
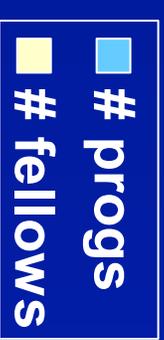
# Common Citations

Pediatric Anesthesia 7/05-9/08

- Institutional support
  – Sponsoring Inst'n, PD support, space, call rooms, etc.
- Resident appointment issues
- Program personnel & resources
  – Responsibilities of PD; of faculty
- The Education Program
  – G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  – residents, faculty, program, board scores

# Critical Care Anesthesiology

7/07-6/08 –
50 programs
82 positions filled

7/08-6/09 –
48 programs
88 positions filled
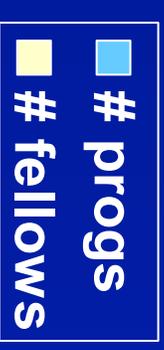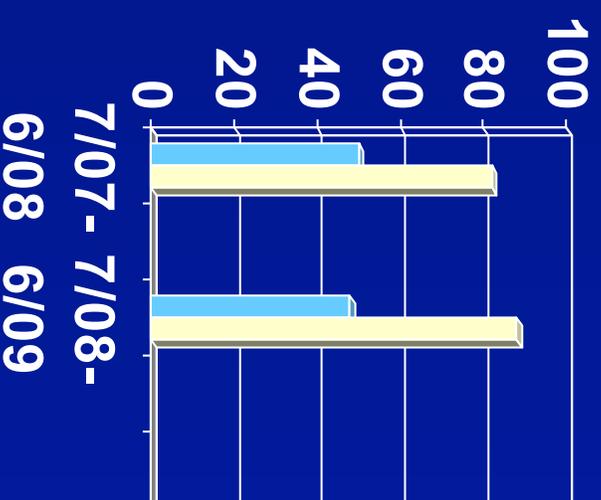
# Critical Care Anesthesiology

- Proposed new program requirements
- Proposed revision 2007-8
- Undergoing review by ACGME Requirements Development Committee
- Then, to be posted for formal comment
- Final approval expected 6/09
- Formal rotations in pediatrics are not required, but there should be education about differences in approach to the critically ill adult vs. pediatric patient.
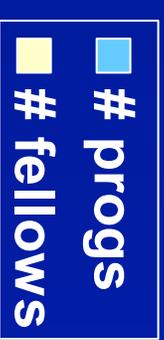
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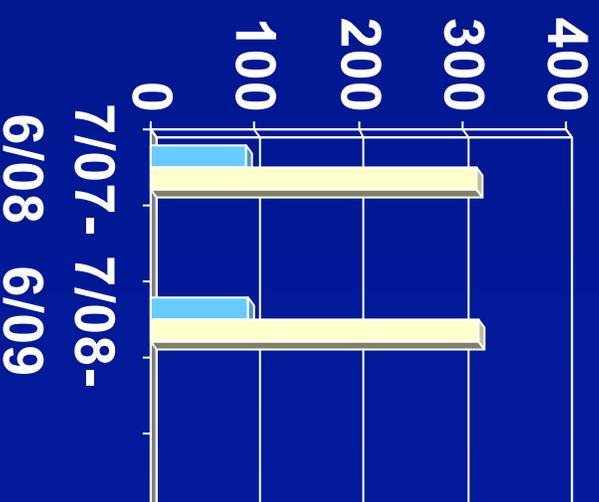
Critical Care 7/05-9/08

- Institutional support
  - Sponsoring Inst'n, PD support, space
- Resident appointment issues
- Program personnel & resources
  - Responsibilities of PD; of faculty, resources
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

# Pain Medicine

Multidisciplinary PRs in effect **7/1/07**

**7/07-6/08 –**
92 programs
314 positions filled

**7/08-6/09 –**
94 programs
316 positions filled



| | |
|---|---|
| ■ | # progs |
| ■ | # fellows |

Chart axis: 0, 100, 200, 300, 400

Categories: 7/07 - 6/08, 7/08- 6/09

# Initial Experience - New Pain Program Program Requirements

Multidisciplinary Program Requirements 7/1/07

- Anesth, Neurology, PM&R, Psychiatry
- Significant challenge to incorporate all required experiences in 12 month program
- Pain Advisory Committee – conducts prescreen
- Reviews to date = significant challenges for some programs

# Common Citations

<u>Pain Medicine 7/05-9/08</u>

- Institutional support
  - Sponsoring Inst'n, PD support, participating inst'n, space
- Resident appointment issues
- Program personnel & resources
  - Responsibilities of PD; of faculty, resources
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

# Recommendations to avoid common citations

- Low hanging fruit (*avoiding common citations*)
  - Conduct annual program review & create written action plan
  - Evaluations - residents (360*), faculty, program
  - Internal review - midpoint of accreditation cycle
  - Program letters of agreement
  - G&O and outcome measures – by rotation and by training level
  - Competency-based language
  - Education – sleep and fatigue – faculty, too!

# Learning Portfolio Program

- Individual learning plans, self-reflection, tracking
- ACGME pilot program
- Electronic portfolios
- Hardcopy portfolios

# Further Suggestions

- 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 PhD (nfleming@acgme.org)*
  - *Subspecialties - Linda Thorsen (lmt@acgme.org)*
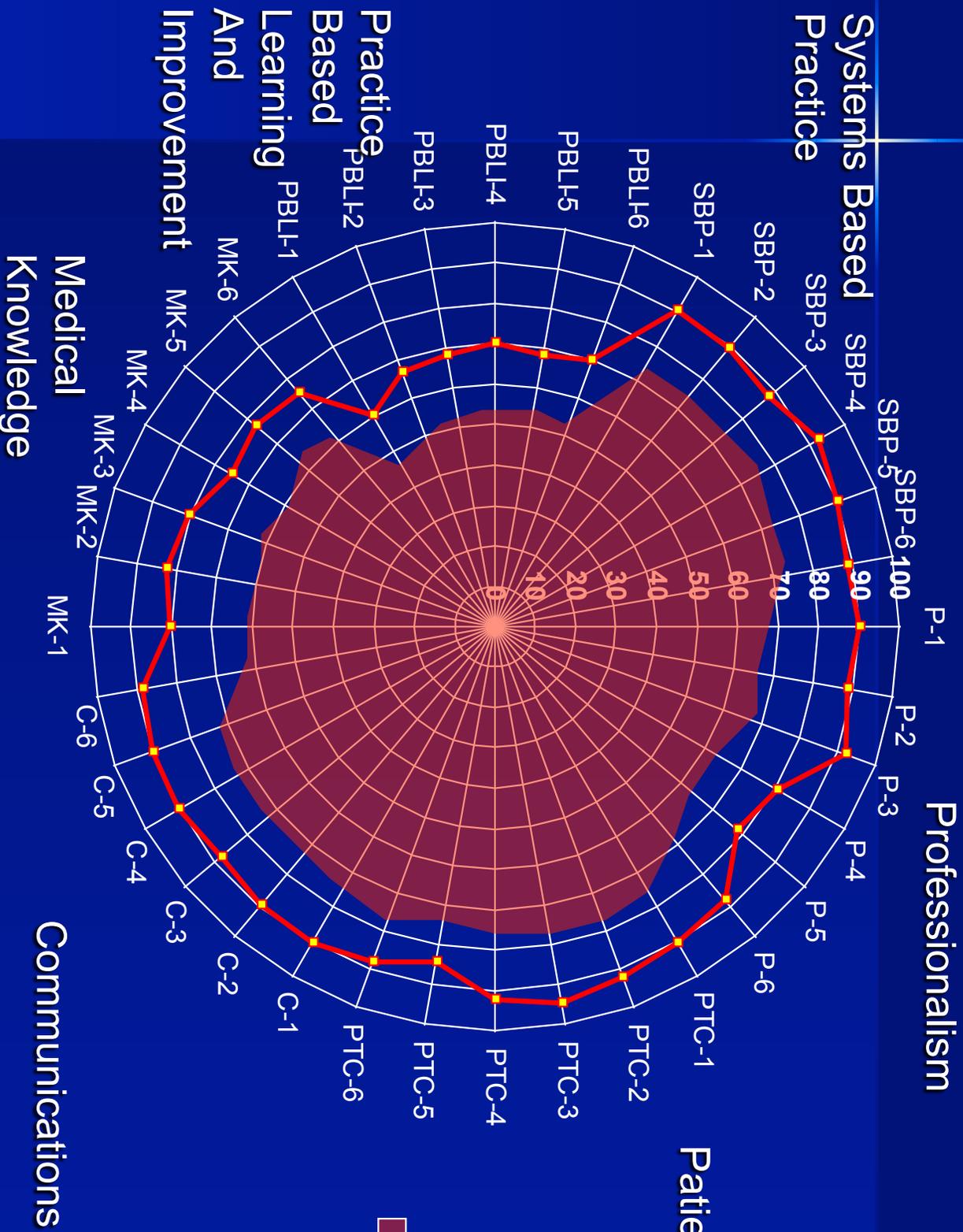
# What else?

- Your questions ...

Thank you!

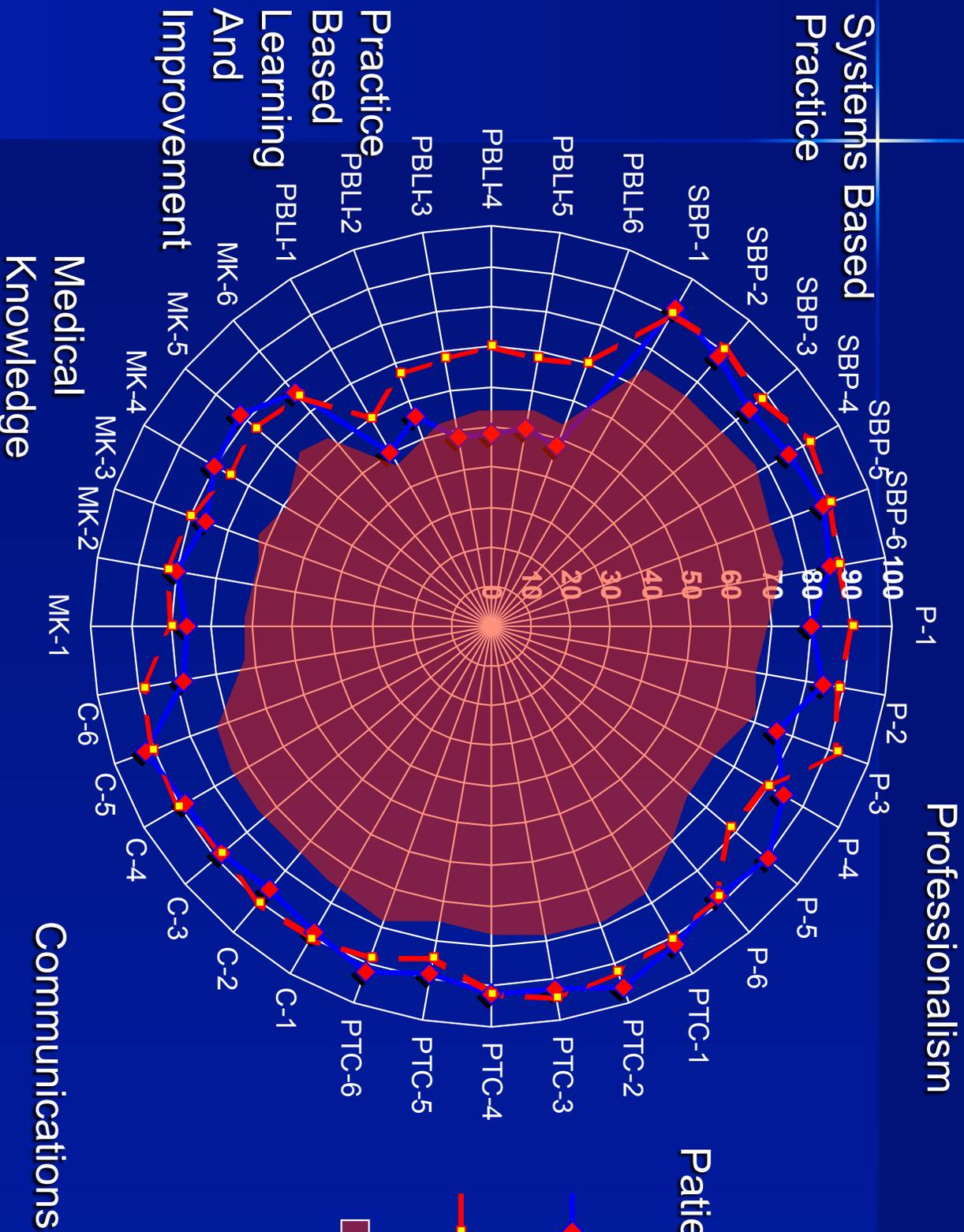Theoretical Competency Report Card Summary,
Program X
All Residents, All Levels
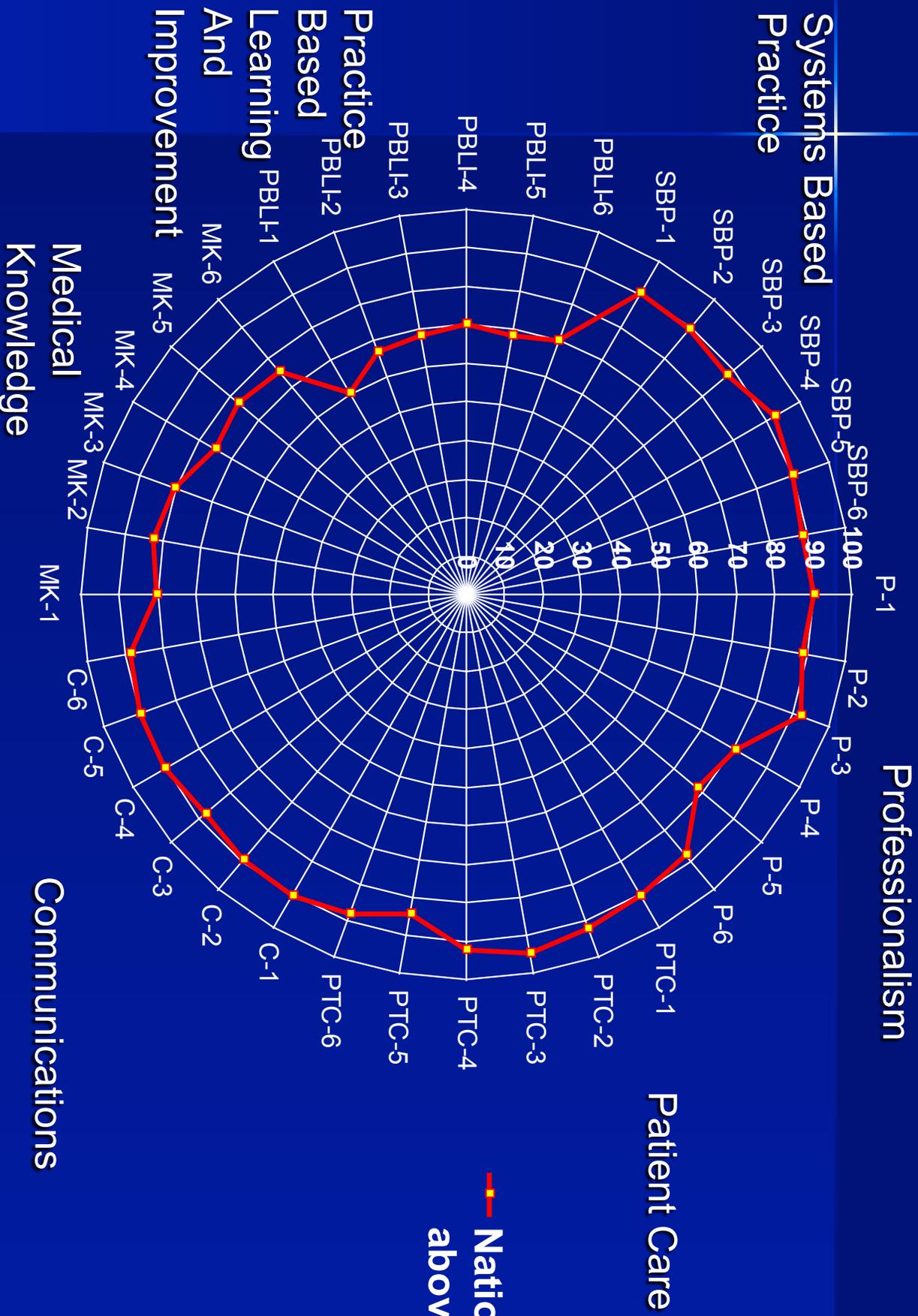
— National % at or above milestone

Theoretical Competency Report Card Summary, Program X, All Residents, All Levels

Theoretical Competency Report Card Summary,
Program X
All Residents, All Levels

Legend:
- **Program % at or above milestone**
- **National % at or above milestone**
- **2 SD or more below National Mean %**

Competency axes: Systems Based Practice (SBP), Practice Based Learning And Improvement (PBLI), Medical Knowledge (MK), Communications (C), Patient Care (PTC), Professionalism (P)