ACGME Next Accreditation System: Observing Competence

Cheryl W. O’Malley, MD, FACP
Imagine these cases...

• A close friend is admitted to the hospital following a diagnosis of leukemia.
• You mother goes to see her PCP for evaluation of hypertension.
• You are a faculty member sitting on the clinical competency committee assessing the readiness of a trainee who is “below average” compared to your experience with other residents in your program.
• You are the US government looking at how much you spend for GME and wondering if you are getting what you pay for.
• You are a nation in crisis with health care quality and want to make it better.
Trust me, they are fine
Traditional vs. Competency Based Medical Education

Traditional model

- Curriculum
  - Educational objectives
    - Assessment

Competency-based education model

- Health needs
  - Health systems
- Competencies
  - Outcomes
    - Curriculum
  - Assessment

Frenk
Lancet, 2010
Aims of the Next Accreditation System

- Enhance the ability of the peer-review system to prepare physicians for practice in the 21st Century
- To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes
- Reduce the burden associated with the current structure and process-based approach
The Next Accreditation System: Background and Rationale

- Macy Foundation
- Institute of Medicine of the National Academies
- Council on Graduate Medical Education
- Robert Wood Johnson Foundation
- MedPAC
# Traditional vs CBME Assessment

<table>
<thead>
<tr>
<th></th>
<th>TRADITIONAL TIME/PROCESS BASED</th>
<th>COMPETENCY BASED MEDICAL EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment tool</td>
<td>Proxy</td>
<td>Authentic (mimics real tasks of profession)</td>
</tr>
<tr>
<td>Setting for evaluation</td>
<td>Removed (gestalt)</td>
<td>Direct observation</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Norm-referenced</td>
<td>Criterion-referenced</td>
</tr>
<tr>
<td>Timing of assessment</td>
<td>Emphasis on summative</td>
<td>Emphasis on formative</td>
</tr>
</tbody>
</table>

*Carraccio, et al. 2002.*
Miller’s Pyramid of Clinical Competence

Miller, GE. Assessment of Clinical Skills/Competence/Performance Academic Medicine (Supplement) 1990. 65. (S63-S67)
van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. Medical Education 2005; 39: 309–317
Patient outcomes
End of month rotation eval
Medical knowledge assessments
Structured Direct observation
Multisource assessment
Scholarly work
Semi-annual summative review by CCC
ACGME semi-annual report
The Internal Medicine “Reporting” Milestones

The Internal Medicine Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Internal Medicine

Full document accessible at: http://www.acgme-nas.org/assets/pdf/Milestones/InternalMedicineMilestones.pdf
13. Learns and improves via performance audit (PBLI2)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disregards own clinical performance data</td>
<td>Analyzes own clinical performance data and identifies opportunities for improvement</td>
<td>Actively monitors clinical performance through various data sources</td>
</tr>
<tr>
<td>Demonstrates no inclination to participate in or even consider the results of quality improvement efforts</td>
<td>Effectively participates in a quality improvement project</td>
<td>Actively engages in innovation improvement initiatives</td>
</tr>
<tr>
<td>Not familiar with the principles, techniques, or importance of quality</td>
<td>Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</td>
<td>Demonstrates the ability to apply common principles and techniques of quality improvement to improve outcomes for a panel of patients</td>
</tr>
</tbody>
</table>

“Sub-competency”

ACGME reporting Milestones
9. Recognizes system error and advocates for system improvement (SPB2)

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<th>Critical Deficiencies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ignores a risk for error within the system that may impact the care of a patient</td>
<td>Identifies systemic causes of medical error and navigates them to provide safe patient care</td>
<td>Advocates for system leadership to formally engage in quality assurance and quality improvement activities</td>
</tr>
<tr>
<td>Ignores feedback and is unwilling to change behavior in order to reduce the risk for error</td>
<td>Identifies obvious or critical causes of error and notifies supervisor accordingly</td>
<td>Viewed as a leader in identifying and advocating for the prevention of medical error</td>
</tr>
<tr>
<td>Does not recognize the potential for system error</td>
<td>Recognizes the potential for error within the system</td>
<td>Activates formal system resources to investigate and mitigate real or potential medical error</td>
</tr>
<tr>
<td>Makes decisions that could lead to error which are otherwise corrected by the system or supervision</td>
<td>Identifies obvious or critical causes of error and notifies supervisor accordingly</td>
<td>Teaches others regarding the importance of recognizing and mitigating system error</td>
</tr>
<tr>
<td>Resistant to feedback about decisions that may lead to error or otherwise cause harm</td>
<td>Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</td>
<td></td>
</tr>
<tr>
<td>Willing to receive feedback about decisions that may lead to error or otherwise cause harm</td>
<td>Reflects upon and learns from own critical incidents that may lead to medical error</td>
<td></td>
</tr>
</tbody>
</table>

Early Learner | Aspirational
Milestones and Trajectories

Start PGY 1

Fully Competent

Finish PGY 1

Milestones

A'

A

B

C

Lucey and Boote
Developmental Domains

Personal-Social
Fine Motor-Adaptive
Language
Gross Motor
Patient outcomes

360 Evaluation

End of month rotation eval

OTHER-surveys, admin compliance

Direct observation

ITE, AHD tests, compliance with MKSAP

Curricular goals & objectives

Linking aspects of our curriculum and assessment

Semi-annual summative review by CCC

Resident setting goals for improvement

Program director
Meetings with residents

Advisor meetings

Annual Program evaluation and goals for improvement

Milestones

Assessments

ACGME semi-annual report
The Next Accreditation System

Continuous Observations

Promote Innovation

Identify Opportunities for Improvement

Program Makes Improvement(s)

Assess Program Improvement(s)
Linking aspects of curriculum and assessment + NAS

Milestones/Assessments:
- Semi-annual summative review by CCC
- ACGME semi-annual milestones report

Curricular goals & objectives

ACGME Annual Review:
- Core Faculty Survey
- Resident surveys
- Board pass rate
- Institutional accreditation (CLER)
- Core Faculty scholarly activity
- Resident Scholarly activity

Annual Program evaluation and goals for improvement
Ten-Year Self-Study and Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

AE: Annual Program Evaluation

Ongoing Improvement

AE: Annual Program Evaluation
Ten Year Self-Study Visit

- Will review **core** and **subspecialty** programs together
- Review Annual Program Evaluations (PR-V.C.)
  - Response to citations
  - Faculty development
- Judge program success at Continuous Quality Improvement (CQI)
- Learn future goals of program
- *Will* verify compliance with Core requirements
What Happens in My Program?

- Annual data submission
- Self-Study visit every 10 years

Possible actions following Review Committee:
- Citations or Areas of Improvement
- Clarify information
- Progress reports for potential problems
- Focused site visit
- Full site visit
- Site visit for potential egregious violations
Core Faculty

- For core programs, only physicians can count as Core Faculty
- Only faculty members who spend 15 or more hours per week working on the residency program (including clinic work, didactics, research, and administration) are counted as Core Faculty
- Core Faculty complete Scholarly Activity template in ADS
- Core Faculty complete Faculty Survey
## Faculty Scholarly Activity Template in ADS

### Template for Faculty Scholarly Activity

| Faculty Scholarly Activity | Definitions: | Pub Med IDs (assigned by PubMed) for articles published between 7/1/2012 and 6/30/2013. List up to 4. Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts. | Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2012 and 6/30/2013. | Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2012 and 6/30/2013. Articles without PMIDs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine. | Number of chapters or textbooks published between 7/1/2012 and 6/30/2013. | Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2012 and 5/30/2013. | Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2012 and 6/30/2013. | Between 7/1/2012 and 6/30/2013, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences. |
|---|---|---|---|---|---|---|---|
| Faculty Member | PMID 1 | PMID 2 | PMID 3 | PMID 4 | Conference Presentations (#) | Other Presentations (#) | Chapters / Textbooks (#) | Grant Leadership (#) | Leadership or Peer-Review Role (Y/N) | Teaching Formal Courses (Y/N) |

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Information Current as of December 2, 2013
What Happens after Review of my Program?

- **Citations:**
  - Written response in ADS
  - Removed after RRC determines adequate response in a progress report, a focused or full site visit report, or new annual data from the program.

- **Areas in need of improvement:**
  - General concern(s) identified from annual review
  - Written response not required
  - Will not have to be documented in ADS
  - PD, DIO/GMEC should act on these areas
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