

Residency Model from the Medical Profession – Perspective of a DIO

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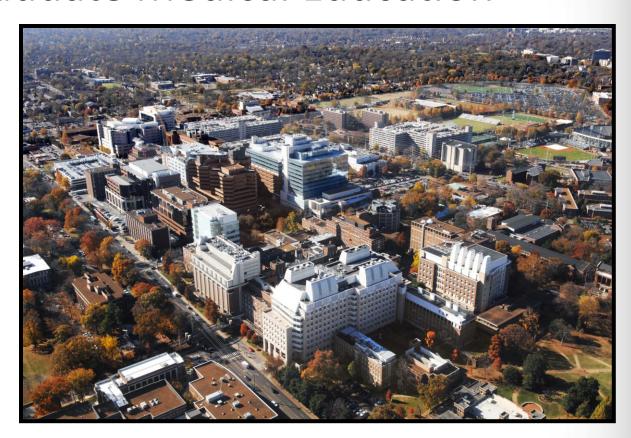
Disclosures

- No financial disclosures
- Member, ACGME Board of Directors
- Speaking from my personal perspective as an institutional GME leader



VUMC Graduate Medical Education

- ➤ 88 ACGME accredited programs
- ➤1 CODA-accredited programs
- >55+ "other" fellowships
- ➤ 1006 residents and fellows
- ➤ July Orientation: 300 new house staff





Objectives

- Why accredit?
- What is "medical" accreditation like?



Why Accreditation?

- Benefit to the public
 - Patient Safety
 - Consistency of "product"
- Benefit to the resident
 - Education vs service
 - Ensure basic needs
- Aid to the programs
 - Basic needs of programs/program leaders
 - Independent review
 - Held to same standards



ACGME – Accreditation Council for Graduate Medical Education

"The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation."

- Roughly 10,000 accredited programs
- 150 specialties/subspecialties
- 800 sponsoring institutions
- 125,000+ resident/fellow physicians

ACGME Accreditation – Brief History

- 1889 Hopkins opens first "residency" program in US
- 1914 AMA Council on Medical Education and Hospitals: "approves" hospitals for MD internships
- 1923 AMA Council on Medical Education releases "Principles Regarding Graduate Medical Education"
 - specialty review committees: Internal Medicine, Pediatrics,
 Neuropsychiatry, Dermatology, Surgery, Ophthalmology, Orthopedic
 Surgery, Urology, OB/GYN, Public Health/Hygiene, and Pathology
- 1928 AMA's "Essentials of Approved Residencies and Fellowships"
- 1939 American College of Surgeons: hospitals approved for residency education in surgery

ACGME Accreditation – Brief History

- 1942 AMA and AAMC establish LCME
- 1940s-1965 individual residency review committees
- 1965 Medicare Bill need focused GME oversight
- 1972 LCGME
 - AMA, AAMC, ABMS, AHA, CMSS
 - Coordinating Committee on Medical Education
 - Coordinate/oversee Residency Review Committees (RRCs)
 - 1972-80: system failing, CCME abolished
- 1981 LCGME becomes ACGME
- 1998 ACGME: Designated Institutional Officials

ACGME Accreditation – Brief History

- 2000 ACGME becomes separately incorporated
- 2000-2002 Establishment of 6 core competencies
- 2003 common duty hour standards for residents
- 2014 ACGME, AOA, AACOM announce single accreditation system (2015-2020)
- 2010s
 - Next Accreditation System
 - Clinical Learning Environment Review
 - Sponsoring Institution 2025
 - Physician Wellbeing



ACGME – What Do They Accredit?

- Physician Training Programs (RRCs)
 - Residencies
 - Clinical fellowships
- Sponsoring Institutions (IRC)



ACGME – How Do They Accredit?

- Program Requirements
 - Common
 - Specialty-specific
 - Set by experts in the field
- Institutional Requirements
- Monitoring
 - Surveys
 - Annual updates
 - Site visits
 - Resident services/other reporting



Common Program Requirements

- Introduction
- Institutions
- Program Personnel and Resources
- Resident Appointments
- Educational Program
- Evaluation
- Resident Duty Hours in the Learning and Working Environment



Institutions

- Sponsoring Institution
- Participating Sites



Program Personnel and Resources

- Program Director
- Faculty
- Other Program Personnel
- Resources
- Medical Information Access



Resident Appointments

- Eligibility Requirements
- Number of Residents
- Resident Transfers
- Appointment of Fellows and Other Learners



Educational Program

- Curricular Educational Components
 - Goals and objectives
 - Didactics
 - Integration of 6 core competencies
- Residents' Scholarly Activity



Evaluation

- Resident Evaluation
 - Formative
 - Summative
- Faculty Evaluation
- Program Evaluation and Improvement



Resident Duty Hours in the Learning and Working Environment

- Professionalism, Personal Responsibility, and Patient Safety
- Transitions of Care
- Alertness Management/Fatigue Mitigation
- Supervision of Residents
- Clinical Responsibilities
- Teamwork
- Resident Duty Hours



Institutional Requirements

- Structure for Educational Oversight
 - Sponsoring Institution
 - GMEC
- Institutional Resources
 - Institutional GME Infrastructure
 - Program Administration
- Resident Learning and Working Environment
 - Mirror of Section VI of Common Program Reqs
- Institutional GME Policies and Procedures



Next Accreditation System

- Old: "PIF" every 3-5 years with a site visit
- New:
 - Annual re-accreditation
 - Fellow & faculty surveys
 - Annual update
 - Self-study every 10 years (May 1, 2017)
 - Site visit after self-study (12-18 months later)
- Changing Focus from Process to Outcomes

Clinical Learning Environment Review

- Every 12-18 months, not an accreditation visit
- The CLER program's <u>ultimate goal</u> is to <u>deliver both high-quality physicians and higher quality, safer, patient care</u>
- Focus Areas
 - Patient Safety
 - Quality Improvement
 - Transitions in Care
 - Supervision
 - Duty Hours Oversight, Fatigue Mgmt/Mitigation
 - Professionalism