

Recent Updates in Graduate Medical Education



Neil Parker, MD, Sr. Associate Dean for GME
Spring GME Conference, April 11, 2008

Today's Agenda

- Quality and Education in Addressing the Duty Hours:
 - Christian de Virgilio, MD
- Spring Update on Graduate Medical Education:
 - Neil Parker, MD
- Identifying and Managing Fatigue in your House Staff:
 - Tisha Wang, MD
- Update on the Transition to Ronald Reagan UCLA Medical Center:
 - James Atkinson, MD



ACGME updates

- Thomas Nasca, M.D. new Director and CEO.
Former Chair Medicine RRC

Recent foci from ACGME

- Emphasis on a commitment to and linking of competencies to quality patient centered care and patient safety
- Emphasis on faculty development in competency areas with special focus on evaluation skills and methods
- Emphasis on resident demonstration of competence and better methods of evaluating and tracking resident performance
- Emphasis on the self-reflecting physician aiming for quality practice
- Expectation of multi-source evaluations
- Many RRC's are making major revisions to program requirements.



NEW PROGRAM REQUIREMENTS APPROVED BY ACGME

Adult Reconstructive Orthopedic Surgery	Major Revision, effective 07/01/08
Foot & Ankle Orthopedic Surgery	Major Revision, effective 07/01/08
Hand Surgery (Multidisciplinary: Orthopedic Surgery, Plastic Surgery, and General Surgery)	Major Revision, effective 07/01/08
Pediatric Orthopedic Surgery	Major Revision, effective 07/01/08
Orthopedic Surgery of the Spine	Major Revision, effective 07/01/08
Orthopedic Sports Medicine	Major Revision, effective 07/01/08
Orthopedic Trauma	Major Revision, effective 07/01/08
Musculoskeletal Oncology	Major Revision, effective 07/01/08
Neurotology (Otolaryngology)	November 9, 2007
Pediatric Otolaryngology	November 9, 2007
Medicine	Major Revision, effective 07/01/09





**(Insert program name) TRAINING PROGRAM
Resident Self-Assessment/Reflection**

(Insert program name) TRAINING PROGRAM Resident Self-Assessment/Reflection
 Name (Print) _____ PGY _____ Date _____
 The _____ Training Program is committed to resident development of ongoing self-assessment and self-reflection skills.
 Each resident needs to complete the following self-assessment form prior to each 6-month formal meeting with program leadership.
PATIENT CARE competencies (gather essential/accurate information about pts; make informed decisions about diagnostic/therapeutic interventions based on pt information/preferences, up-to-date scientific evidence/clinical judgment; develop/carry out patient management plans; counsel/educate patients and families; perform competently all medical/invasive procedures essential for the area of practice.)
How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**
Area(s) in which I feel strong

Area(s) I need to keep improving

Specific objectives for next 6 months and strategies to achieve objectives
 1. _____
 2. _____

360 Evaluation

Patient Satisfaction Survey

To help us improve the care we provide to patients and families, please answer the following questions about Dr. Peacock. See Dr. Peacock's picture to refresh your memory.

Insert photo here

1. How much do you agree or disagree with the following statements?

<i>Dr. Peacock:</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>In the middle</i>	<i>Agree</i>	<i>Strongly Agree</i>
...respected and cared about me.	1	2	3	4	5
...listened to me.	1	2	3	4	5
...answered my questions in a way I could understand.	1	2	3	4	5
...knew what he/she was doing.	1	2	3	4	5

360 Evaluation

Encuesta Sobre la Satisfacción del Paciente

Para poder ayudarnos a mejorar el cuidado que proveemos a los pacientes y sus familias, por favor conteste las siguientes preguntas sobre el/la Dr./Dra. _____. Para refrescar su memoria, incluimos la foto del/ de la Dr. /Dra. _____.

Insert photo here

1. ¿Que tan de acuerdo o en desacuerdo esta usted con las siguientes declaraciones?

Dr. Peacock:	<i>completamente en desacuerdo</i>		<i>ni de acuerdo ni de desacuerdo</i>		<i>completamente de acuerdo</i>	
	1	2	3	4	5	
...me respeto y me atendió	1	2	3	4	5	
...me escucho	1	2	3	4	5	
...contesto mis preguntas de una manera que yo pudiera entender.	1	2	3	4	5	

ACGME Toolbox

ACGME/ABMS Joint Initiative
Assessment Toolbox of Assessment Methods®
Version 1.1 September 2000

ACGME Competencies: Suggested Best Methods for Evaluation

Competency	Required Skill	Evaluation Methods												
		Record Review	Chart Stim. Recall	Check-list	Global Rating	SP	OSCE	Simulations & Models	360° Global Rating	Portfolios	Exam MCQ	Exam Oral	Procedure or Case Logs	Patient Survey
Patient Care	Caring and respectful behaviors			3		1			2					1
	Interviewing			1		2	1		3					
	Informed decision-making		1	2			2					2		
	Develop & carry out pt. Management plans	2	1	2	3			2	3					
	Counsel & educate pt's. & families			3		1	1		2					1
	Performance of procedures a) Routine physical exam			2		1	1							
	b) Medical procedures			1	3			1	2				3	
	Preventive health services	1				2	1			3			2	
Work within a team			3	3				1						

Ratings are 1 = the most desirable; 2 = the next best method; and, 3 = a potentially applicable method.
Toolbox of Assessment Methods®. Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS). Version 1.1.

ACGME update: Curriculum Requirements

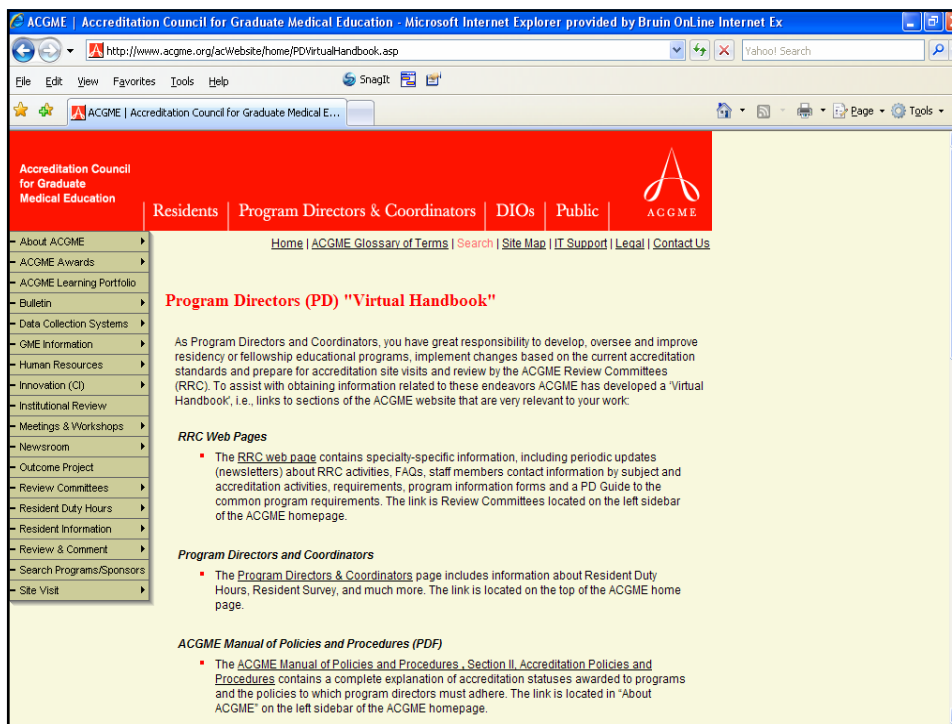
- Overall educational goals for the Program must be distributed to the Residents and **FACULTY Annually**
- Competency-based Goals and Objectives for Each **assignment** at each **educational level** must be distributed to the residents and faculty annually.
- **Must be reviewed with residents at start of each rotation.**



ACGME has Developed a Program Directors “Virtual Handbook”

- Program directors and coordinators will find the “Virtual Handbook” helpful in finding information related to developing, overseeing and improving residency programs.
- www.acgme.org





ACGME Update: Documentation of Completion of Training Program

- Upon completion of each residency/fellowship training program, the Program Director needs to verify in the final evaluation statement that the "graduate has demonstrated sufficient ability and acquired the appropriate clinical and procedural competencies to practice competently and independently"



UCLA GME Update: Internal Review Process & Document

- Program Demographics - expanded
 - Program Director Attestation required for:
 - Accuracy of the Internal Review document
 - Regular monitoring mechanism for duty hours
 - Recent review of Program Requirements
- Residents to be interviewed must be **peer** selected
- Accreditation Response:
Using the last LON, Program Director must list each citation/concern and provide specific information as to how this has been addressed or corrected.



Internal review changes (continued)

- Program Director Information – new section
 - Need to identify percent of protected time/salary support
 - Need to identify percent of time/ allocated for program coordinator
 - Need to identify adequate support services
- Demonstrating the Competencies
 - PD needs to document specifically
 - How 4 of the ACGME Core Competencies are taught and assessed.
 - Describe specific learning activities in Practice-Based Learning, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.



ACGME Update: Program Evaluation / Improvement

- Program must document review of formal, systematic and confidential evaluation of the curriculum at least annually by faculty and residents/fellows
- Program must monitor and track Resident and Faculty Development



Program Eval Con't

- Program must use results of residents' assessment of the program together with other program evaluation results to improve the program
- The plan for improvement needs to be documented and available for review by faculty and residents



Reminder: Residents Must Participate in Hospital Activities

- Participate (and have protected time)on committees and councils whose actions affect their education and/or patient care
- Participate and have an organization or other forum to communicate and exchange information on their program and work environment, and other resident issues
- Resident representatives are to be **peer-selected**.



Nine “Red Flags” in Accreditation Site Visits and Reviews from the ACGME Viewpoint



■ **RED FLAG #1:** Lack of Program Leadership

- PD and faculty fail to advocate for residents on important education and patient care issues
- Lack of response to issues raised by residents / fellows
- Too much reliance on communication and preparation of IR and PIF by program coordinator or other staff member



Red Flag 2: Lack of Program Infrastructure for Teaching and Evaluation

- Insufficient clinical or didactic curriculum
- Insufficient systems for evaluating faculty and residents



Red Flag 3: Lack of Appropriate Volume and Variety of Patients

- Insufficient volume or balance of patients (diagnoses, clinical problems, acuity and demographics)
- Too many residents, fellows, other learners competing for same patient populations



Red Flag 4: Problems with Resident Recruitment and/or Retention

- High resident turn-over
- Unfilled resident positions
- Possible poor record for graduates sitting for and passing board exam due to recruitment to specialty or area, etc.



Red Flag 5: Lack of Dedicated Teachers

- Faculty unwillingness or inability to devote added time required for effective teaching (at the bedside and in operating room, during conferences, rounds and other didactics)
- Problem may present with low numbers of board-certified faculty or not enough key faculty



Red Flag 6: Lack of Meaningful Didactics

- Didactics don't cover the essential body of knowledge required by RRC
- Frequent cancellation of conferences
- Lack of sufficient faculty attendance or participation in conferences
- Over-reliance on residents or fellows to organize and present at conferences



Red Flag 7: Lack of Financial and Human Resources

- Inadequate or outdated facilities
- Excessive clinical demands on faculty including PD
- Residents need to “cover” too many hospitals
- Inadequate number of administrative and ancillary staff for size of program



Red Flag 8: Service has a Higher Priority than Education

- Undue reliance on residents to provide service including clinical services that cannot run without the presence of residents
- Duty hour violations affecting a significant percentage of the residents
- Residents being required to provide coverage or cross-coverage on inpatient units during their ambulatory, subspecialty or research rotations.



Red Flag 9: Lack of Preparation for the Accreditation Process

- On site visit day, a program leader or faculty who does not understand or argues about the standards or lack “buy-in” for the requirements
- Poorly prepared PIF
 - Obvious errors, inconsistencies or failure to follow instructions
 - Missing documents
 - PIF that arrives late to site visitor



Resident Surveys

- Our residents take two surveys-one from the ACGME and one from UCLA GME
- ACGME Survey was updated (again) in Jan., 2008
- ACGME survey is supposed to occur every other year but not always the case with some programs being reviewed each year
- UCLA GME survey conducted each year in May/June



Resident surveys, continued

- ACGME site visitors bring the current survey to site visit and assume it is the true resident perspective
- At least 70% return rate is expected but 100% is best
- You can only see results of questions, not resident comments, if you have at least 70% response rate and if you have four or more residents/fellows in your program.
- Make sure residents understand the survey before they take, have informational session



Resident Fellow Survey



ACGME

Resident / Fellow Survey

All information you provide about your current program will remain confidential. No individual responses will be given to your program, your program director, your faculty, your institution, or the Residency Review Committee. The summarized data will be a part of the information considered by the accreditation site visitor for the accreditation of the program and sponsoring institution. No accreditation decisions will be made based solely on this survey. Summary data from this survey may be used to inform ACGME policy decisions at the national level. Summary data and other information about programs, institutions, resident physicians or resident physician education which is not identifiable by person or organization may be published in a manner appropriate to further the quality of GME and consistent with ACGME policies and with law.

For these questions, please consider experiences in your residency / fellowship program since the beginning of the current academic year.

Click the "Submit results" button when you are finished. If you do not click the "Submit results" button below within 30 minutes of logging in, your session will be disconnected. If you are disconnected, return to the login page to retake the survey.

Please read each question below and give your honest evaluation of your current program.

- 1 Do the faculty spend sufficient time TEACHING residents/fellows in your program?
 Yes, the faculty spend sufficient time
 No, the faculty do not spend sufficient time
- 2 Do the faculty spend sufficient time SUPERVISING the residents/fellows in your program?
 Yes, the faculty spend sufficient time
 No, the faculty do not spend sufficient time

Accreditation Council
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Resident/Fellow Survey 2008

[Login to Resident Survey](#)
(for residents only)

In 2003 the ACGME introduced a web-based survey of all residents/fellows in accredited programs with 4 or more residents/fellows. This is an additional method to monitor their clinical education and to provide early warning of potential non compliance with ACGME accreditation standards. The survey was piloted during 2003 and fully implemented in January 2004 to one-third of all eligible programs. After 3 years of data collection, the survey design and implementation strategy were reassessed. A revised resident/fellow survey was developed based on feedback from ACGME constituents. Currently, all core specialty programs and subspecialty programs with 4 or more residents/fellows are surveyed every other year between January and May. Aggregate reports will be made available to programs with 4 or more residents if a 70% response rate is reached.

This survey is not administered in conjunction with a program's site visit, although the information gathered will be used at the time of the program's site visit. The ACGME will notify programs directly when their participation is required. This notification will include detailed information on accessing the survey and a deadline for completion. Residents/fellows will have 4 weeks in which to complete the survey.

[What do programs need to do?](#) (for program directors / program coordinators)

[Frequently Asked Questions](#)


[Sample General Survey \(PDF\)](#)

[Sample General Survey Report \(PDF\)](#)

[General Survey Report Guide \(PDF\)](#)

Services for UCLA Graduate Medical Education

- Many topics covered during annual housestaff orientation- you can document these in your PIF.
- Topics covered include:
 - Benefits (insurance, meals, retirement)
 - OSHA Fire & Safety
 - Duty Hours/ACGME Competencies
 - Gender & Power Abuse
 - Resident Fatigue
 - Quality Assurance/PI
 - UCLA Mental Health Program for Physicians in Training
 - Infection Control
 - Ethics and Confidentiality
 - Medical Licensing Process
 - HIPAA
 - Email, BruinOnLine, Clinical System, MCCS Connectivity
 - Biomedical Library
 - Ombuds Service
 - Financial Aid Service



GME Services

- PIF Review
- Program Coordinator Workshops, next one May 9, 2008
- Annual GME Housestaff Survey in May/June
- Mock Site Visit for faculty and residents
- Help with evaluation measures
- Resident as teacher, Understanding the competencies, and Presentations on Professionalism
- GME in the new hospital, Neil, Sue and Sharina will remain in CHS
- Compliance Hotline (800)296-7188 (HIPPA, Gender/Power Abuse, Work Hours)



Eligibility / Priority Order for Sleep Rooms

- House staff scheduled overnight call
- Faculty required in-house overnight call
- House staff likely to stay in-house
- Medical students on Sub-internships
- Faculty likely to stay in-house
- House staff who might be called back and are unable to return home
- Medical students on inpatient rotations
- Faculty who might be called back and are unable to return home

- House staff or faculty who are post call and require a nap before going home



Criteria for Allocation of Sleep Rooms Outside of Main Quarters

- There must be a critical, time-sensitive need for close proximity to patient related to acuity and management,
OR
- There is a requirement by an accreditation body for juxtaposition of sleep quarters to the patient unit.
- Medical care which require on call rooms be located adjacent to patient care areas may have sleep rooms alternatively located on a floor above or below the patient care area, if necessary.



UCLA GME Update: Move RRUCLA Medical Center

- The GME Hospital Administrative Office (Rose Ziff) will be moving to B level of the new hospital. Phone number will be the same 310-825-8307
- All on-call rooms will be single rooms with a computer in each room except CCU on-call room.
- Resident lounge and mail room on B level adjacent to GME office and on-call rooms.



Questions ??

- Questions????
- How to Contact GME Administration:

UCLA Office of Graduate Medical Education
(310)825-9510

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Susan Baillie, PhD
Rose Ziff
Sharina Kumar

