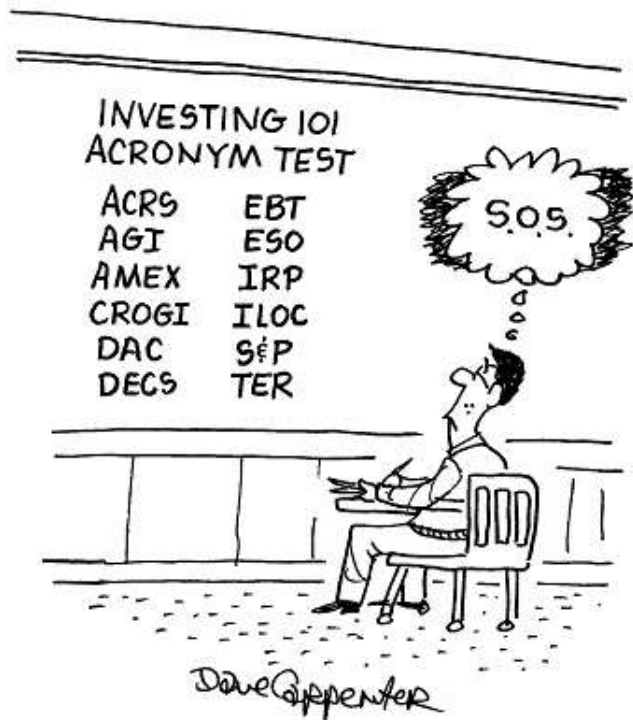# Graduate Medical Education
New Program Director Orientation

Part 2 of 4

Alphabet
Soup

What is ACGME?

▶ The Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit council whose mission is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation.

– evaluates and accredits medical residency programs in the United States.

– currently responsible for the accreditation of 12,157 residencies/fellowship programs 145,000 residents/fellows.

– established in 1981 from a consensus in the academic medical community for an independent accrediting organization. Its forerunner was the Liaison Committee for Graduate Medical Education, established in 1972.

– The ACGME has 28 review committees. Each residency committee comprises about 6 to 15 volunteer physicians.

Accreditation Council for Graduate Medical Education

ACGME

ACGME Alphabet Soup: ROLES

▶ **Sponsoring Institution (SI):** The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME.

  – **Stanford Health Care is the Sponsoring Institution for all our GME programs.**

▶ **Designated Institutional Official (DIO):** The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.

▶ **Program Director (PD):** The one physician designated with authority and accountability for the operation of the residency/fellowship program.

▶ **Core Faculty**: All physician faculty who have a significant role in the education of resident/fellows and who have documented qualifications to instruct and supervise.

▶ **Graduate Medical Education Committee (GMEC)**: all major changes of a program need approval from GMEC

▶ **Review Committee, Residency Review Committee (RRC)**: sets accreditation standards and provides a peer evaluation of residency programs and fellowships.

ACGME Alphabet Soup: DECISIONS & COMMUNICATIONS

▸ **Letter of Notification (LON):** The official communication from a Review Committee that states the action taken by the Review Committee.

▸ **Compliance:** A p[...]ts.

▸ **Continued Accre[...]** Review Committee determines that a [...]pliance with the requirements

▸ **Citation:** A findin[...] comply substantially with a particular a[...]

▸ **Clinical Learning[...]** that provides a broad view of sponsoring[...]ment and to determine how res[...]esident wellness

Accreditation Council for Graduate Medical Education

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Phone 312.755.5000
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www.acgme.org

1/24/2020

ACGME

Program Director
Stanford University School of Medicine

Stanford, CA 94305

Dear Dr.

The Review Committee for   functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

    Stanford Health Care-Sponsored Stanford University Program
            Stanford Health Care
    Stanford, CA

    Program

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

ACGME Alphabet Soup: REQUIRED POLICIES

▸ **Complement:** The maximum number of residents or fellows approved by a Residency Review Committee (RRC) per year and/or per program based upon availability of adequate resources. (Quota)

▸ **Master Affiliation Agreement:** A written document that addresses GME responsibilities between a sponsoring institution and a major participating site.

▸ **Program Letter of A**... ...ponsibilities between an individual accredited ... ch residents receive a required part of their ...

Stanford
HEALTH CARE
STANFORD MEDICINE

Updated 1-22-2018

Stanford Health Care/Lucile Packard Children's Hospital at Stanford Program Letter of Agreement

Residency Program and Site Director
Agreement for Education

Stanford Health Care Program: _____

Affiliate: _____

Date: _____

This Program Letter of Agreement ("PLA") between the Stanford Health Care Program Director and the affiliate Site Director defines specific educational elements to comply with general essentials for graduate medical education. This agreement does not take precedence over any master affiliation agreement between Stanford Health Care and the affiliate. The Stanford Health Care Program Director shall maintain responsibility for the quality of the education under this agreement.

1. _____ is the Site Director at the affiliate who agrees to administrative,

ACGME Alphabet Soup: Resident Evaluation

▶ **Clinical Competency Committee (CCC):** A required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

▶ **Competencies:** Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs. These include **patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice**.

▶ **Final Evaluation:** verify that the resident has demonstrated the knowledge, clinical skills, and values necessary to practice independently upon completion of the training**.** Final evaluation is permanently recorded by uploading in MedHub. (GME template: http://med.stanford.edu/gme/program_portal/forms.html#final-evaluation)

Trainee Performance Evaluations

Importance of Trainee Evaluation

▶ Performance evaluations and assessment is vital to effective professional development:

- Accurate, robust assessment is essential for effective feedback, coaching, self-regulated learning, and professional growth.

- Valid assessment is a social responsibility between learner, patient, faculty members, educational programs, and society

▶ When evaluations are done well:

- Help learners correctly identify strengths and weaknesses and focus on the appropriate abilities and needs

- Learners can effectively and quickly address gaps to improve and grow

- Learners can graduate sufficiently prepared for unsupervised practice

- Instructors and programs can identify areas of success and areas of focus

Formative vs. Summative Evaluations

Formative Evaluation is monitoring resident learning and providing ongoing feedback that can be used to improve residents' learning

- Residents identify their strengths and weaknesses and target areas that need work
- Program directors and faculty members recognize where residents are struggling and address problems immediately

Summative Evaluation is evaluating a resident's learning by comparing the residents against the goals and objectives of the rotation and program, respectively.

- Make decisions about promotion to the next level of training, or program completion.

Competency-Based Medical Education (CBME)

▶ Competency-Based Medical Education (CBME)

- Foundational element of Next Accreditation System (NAS)

- CBME measures the progression toward specific competencies

- Key features: outcome based, opposed to time based, intervention & ongoing multimodal assessments

Milestones: Six ACGME Core Competencies

▸ Simply defined…

    – Milestones are outcomes-based framework for determining resident and fellow performance within the 6 ACGME Core Competencies.

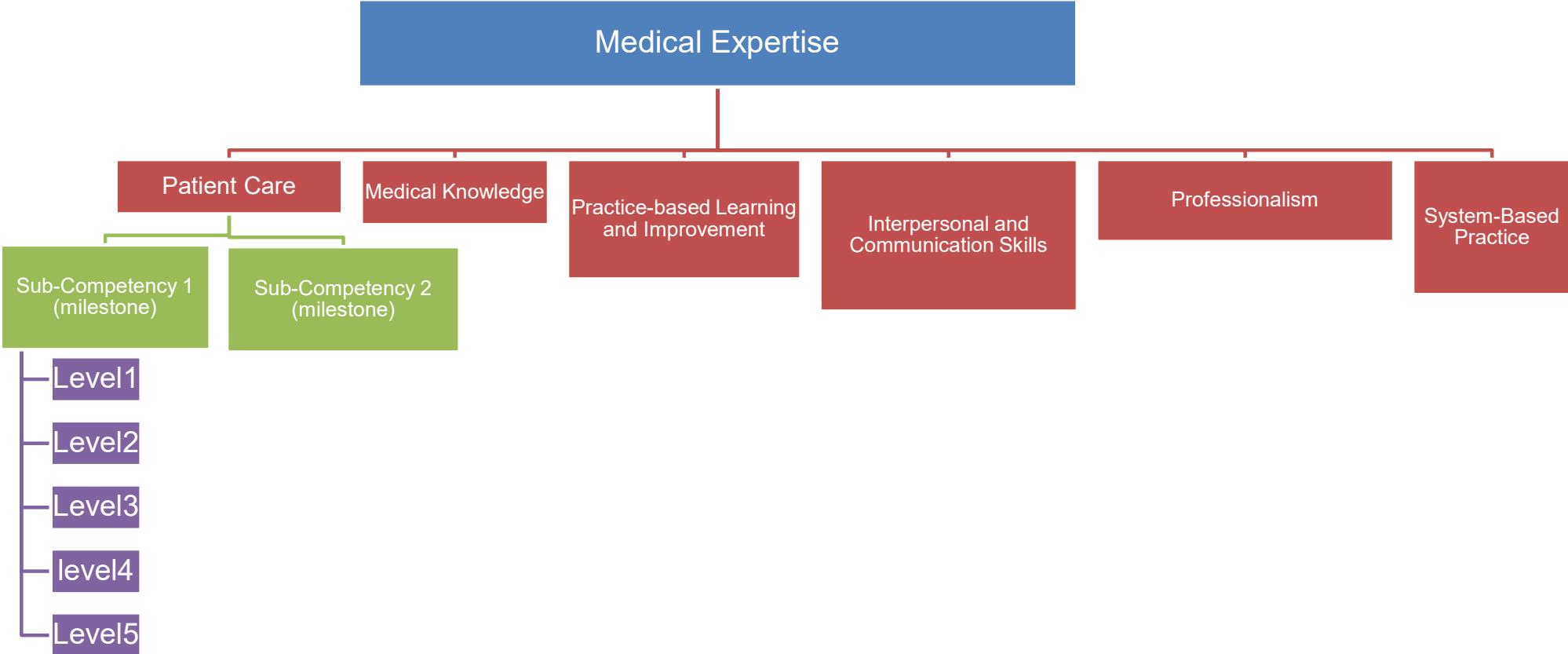|		
System-based practices	Medical Knowledge	Patient Care
Interpersonal & Communication Skills	Professionalism	Practice-based learning and improvement

Milestones: Six ACGME Core Competencies

Milestones: 5 Levels for Sub-Competency

▸ **Level 1:** **[Novice]** The resident is a graduating medical student/experiencing first day of residency.

▸ **Level 2:** **[Advanced Beginner]** The resident is advancing and demonstrating additional milestones.

▸ **Level 3:** **[Competent]** The resident continues to advance and demonstrate additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.

▸ **Level 4 (Upon Graduation - Ready for Unsupervised Practice):** **[Proficient]** The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target – not requirement.

▸ **Level 5 (Aspirational):** **[Expert]** The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

How To Read My Program's Milestones?

▸ ACGME website or simple Google search "xxx milestone project ACGME"

EMERGENCY MEDICINE MILESTONES

Sub-Competency | **Core Competency** | RT WORKSHEET

1. Emergency Stabilization (PC1) Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	nizes abnormal vital signs	Recognizes when a patient is unstable requiring immed...	Manages and prioritizes critically ill or injured	Recognizes in a timely fashion when further ...n is	Develops policies and protocols for the management and/or transfer of critically ill or injured patients
		Performs a primary assessment on a critically ill or injured patient	...iitizes critical initial stabilization actions in the resuscitation of a critically ill or injured patient	Integrates hospital support services into a management strategy for a problematic stabilization situation	
		Discerns relevant data to formulate a diagnostic impression and plan	Reassesses after implementing a stabilizing intervention		
			Evaluates the validity of a DNR order		
☐	☐ ☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Available for Some Programs; may be worded differently

Levels & Milestone Descriptors

Ratings & Between-Levels Available

Comments:

Suggested Evaluation Methods: SDOT, observed resuscitations, simulation, checklist, videotape review

Milestones in ACGME: Resources

▸ Milestones Guidebook for Residents and Fellows:

    – http://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesGuidebookforResidentsFellows.pdf?ver=2017-06-29-090859-107

▸ Milestones Guidebook:

    – http://www.acgme.org/Portals/0/MilestonesGuidebook.pdf?ver=2016-05-31-113245-103

▸ Clinical Competency Committee Guidebook:

    – http://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2015-11-06-115643-130

▸ First ACGME Milestones Annual Report

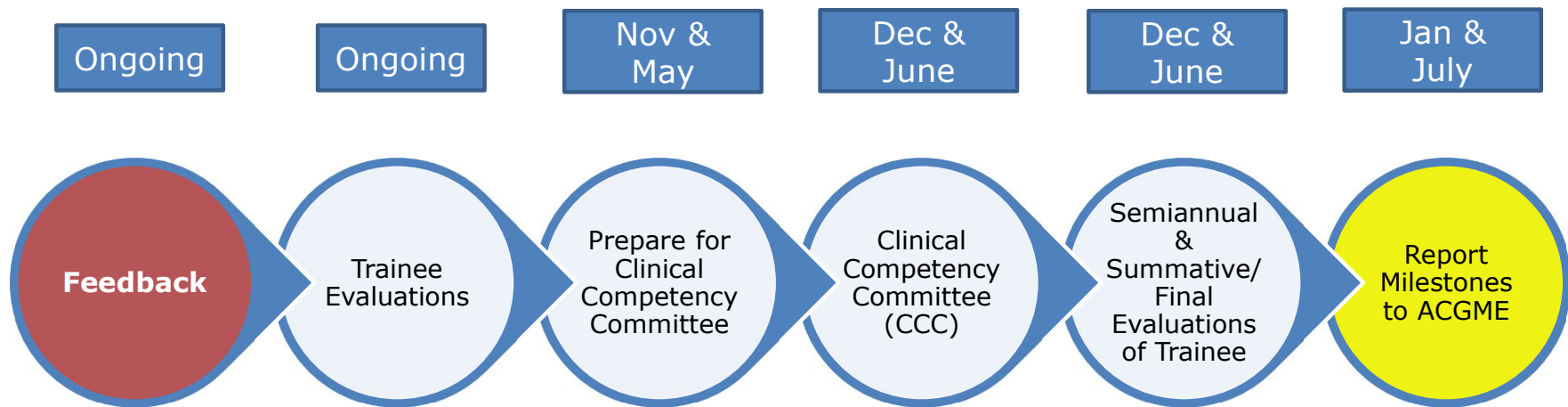   – http://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesAnnualReport2016.pdf?ver=2016-10-21-092055-947

Milestones 2.0

‣ Milestones 2.0 project has been taking effect since July 1, 2021 for most specialties:

 – https://www.acgme.org/What-We-Do/Accreditation/Milestones/Milestones-by-Specialty

‣ Please reach out to GME Office if you have questions about the transition

 – Milestone Update Guide
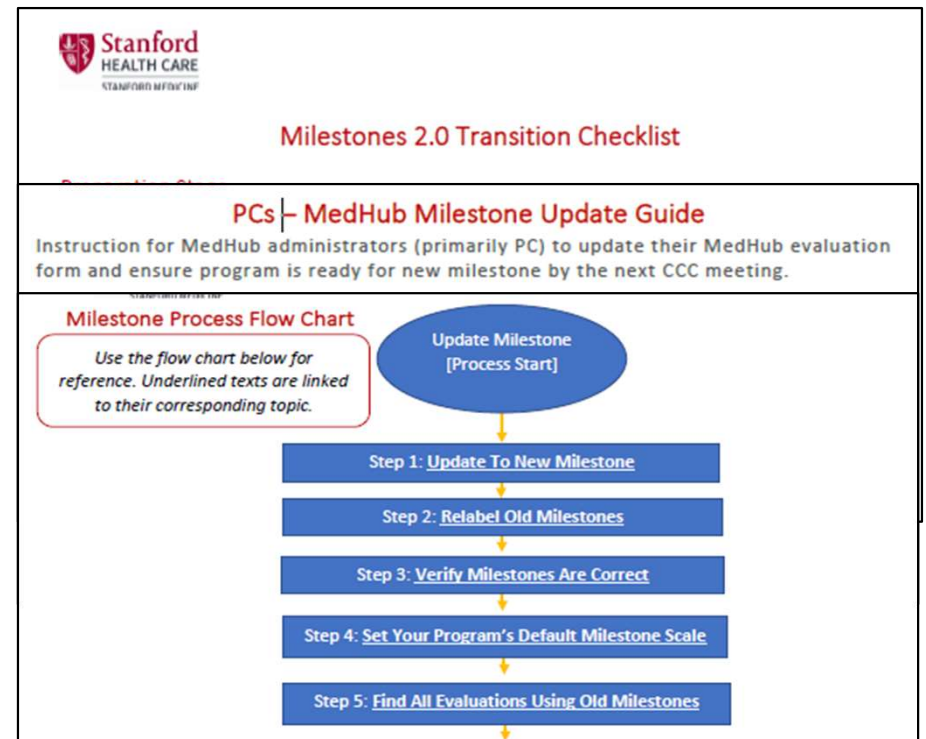
https://med.stanford.edu/gme/program_portal/program/milestone_v2.html

Trainee Evaluation Process

Ongoing	Ongoing	Nov & May	Dec & June	Dec & June	Jan & July

Feedback → Trainee Evaluations → Prepare for Clinical Competency Committee → Clinical Competency Committee (CCC) → Semiannual & Summative/Final Evaluations of Trainee → Report Milestones to ACGME

Feedback

▸ Feedback is ongoing information provided regarding aspects of one's performance, knowledge, or understanding.

▸ Feedback from faculty members in the context of routine clinical care should be:

- Frequent
- Timely
- Case-based
- Based on specific skills, knowledge, and/or attitude
- With actionable items
- Informative in terms of what was done well
- Informative in terms of what can be improved

▸ Feedback is an assessment **for** learning rather than an assessment **of** learning.

ADAPT

Learner Initiates		Coach Initiates
	Prepare for the observation	
• Reflect on learning goals. • Communicate your goals		• Reflect on program & learner goals. • Orient learner to expectations.
• Try to be natural.	**Perform** the observation	• Try to be neutral.
• Reflect on the observation. • ASK for feedback.	**Ask**	• Reflect on learner's readiness. • ASK for his/her thoughts about the observation.
• Have a conversation about the observation.	**Discuss**	• Coach observed, modifiable, specific behaviors related to the task(s).
• ASK for clarification.	**Ask**	• ASK learner to clarify points, as necessary.
• Plan next steps with your coach.	**Plan Together**	• Plan next steps with your learner.

Developed at the University of Washington, UW Medicine, by Susan S. Johnston, EdD; Judith Pauwels, MD; Kristen Patton, MD; Tyra Fainstad, MD; Adelaide McClintock, MD.

Feedback – Course for Faculty Development

▶ Led by Associate DIO Dr. Pedro Tanaka: https://stanford.cloud-cme.com/course/courseoverview?P=3000&EID=40055

▶ Next course will be announced soon

Trainee Evaluation Process

Ongoing

Ongoing

Feedback

End-of-Rotation Evaluations & Others Trainee Evaluations
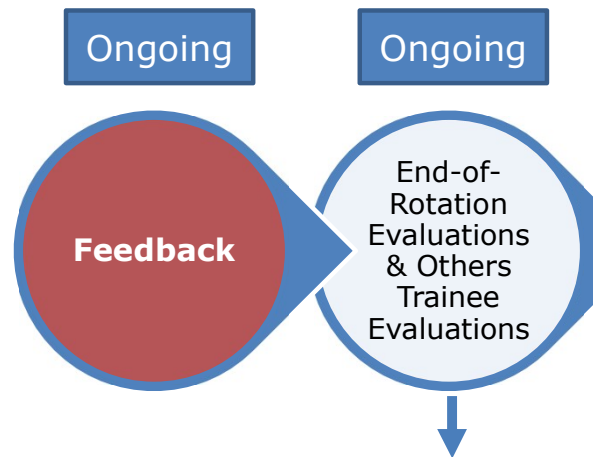
Purpose: Ongoing evaluation of resident performance **at the end of each rotation or educational activity (or at least every 3 months for rotations longer than 3 months)**
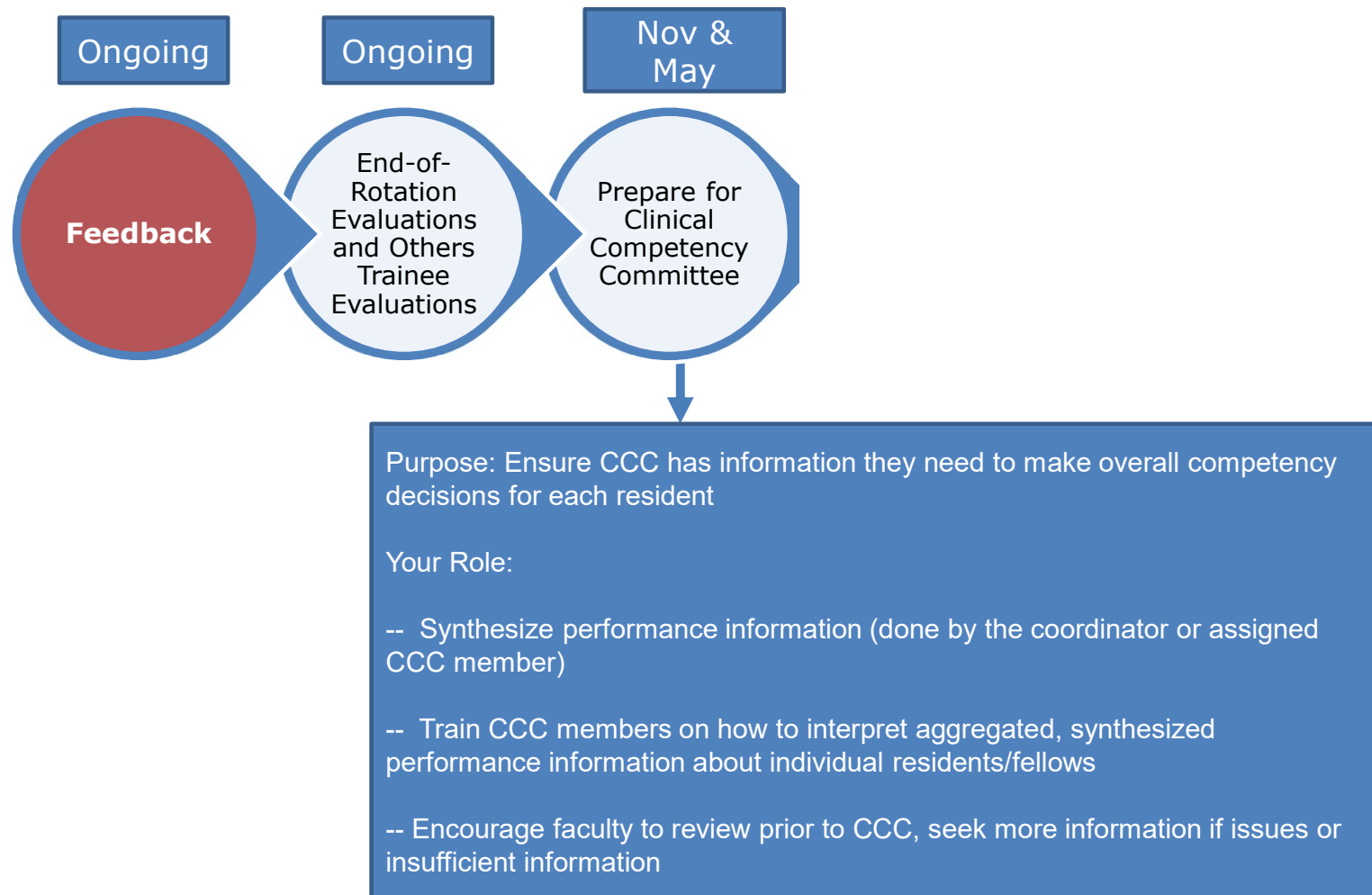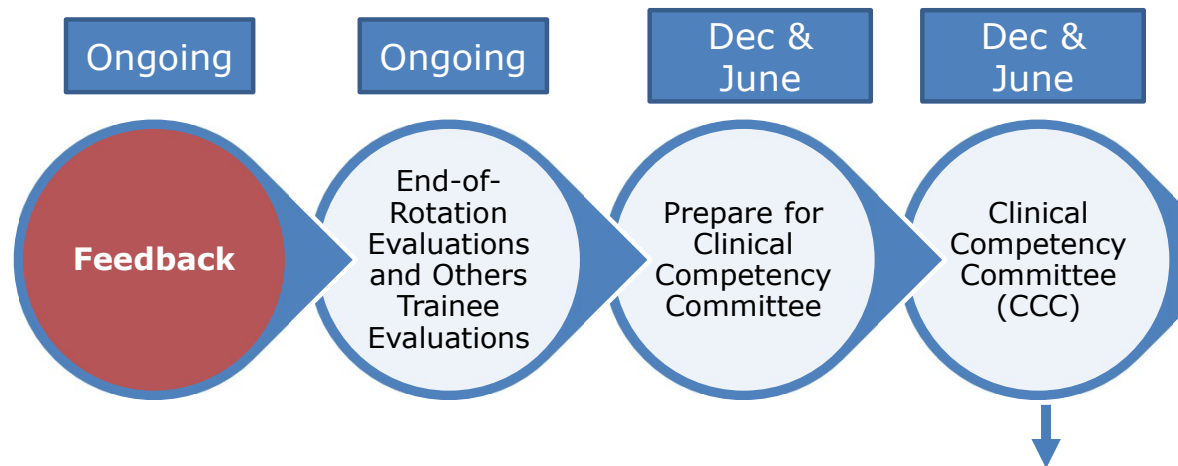-- 360 Evaluation
-- Milestone-based

Your Role:
-- Deliver evaluations **via MedHub**

-- Monitor the completion status and remind faculty to complete (evaluations must be completed within two weeks after delivery)

-- Encourage faculty to give meaningful feedback, including constructive comments

360°

Trainee Evaluation Process

Ongoing

Feedback

Ongoing

End-of-Rotation Evaluations and Others Trainee Evaluations

Nov & May

Prepare for Clinical Competency Committee

Purpose: Ensure CCC has information they need to make overall competency decisions for each resident

Your Role:

-- Synthesize performance information (done by the coordinator or assigned CCC member)

-- Train CCC members on how to interpret aggregated, synthesized performance information about individual residents/fellows

-- Encourage faculty to review prior to CCC, seek more information if issues or insufficient information

Trainee Evaluation Process

Ongoing — Feedback

Ongoing — End-of-Rotation Evaluations and Others Trainee Evaluations

Dec & June — Prepare for Clinical Competency Committee

Dec & June — Clinical Competency Committee (CCC)

Purpose: Review each resident to determine their performance within the developmental Milestones

Your Role:

-- Share information about individual residents'/fellows' performance during the CCC meeting

-- Lead meaningful discussion that determines appropriate Milestone level, provides resident with actionable feedback

-- Inventory where milestones are represented in the program

-- **Develop Individual Learning Plan (ILP)**

Individual Learning Plan (ILP)

TRAINEE SUMMARY	
Strengths	**Weaknesses**

Learning Goals, Improvement Plan & Program Resources in Next 6 Months

Learning Goals (focus on the Core Competencies):

Improvement Plan:

Program Resources:

ILP traits
- Reflection of goals, core competencies, and strengths & weakness
- Guided by the facilitator and formulated by the trainee
- Continuously revised and not "set in stone"

https://www.acgme.org/globalassets/pdfs/milestones/guidebooks/individual-learning-plans.pdf
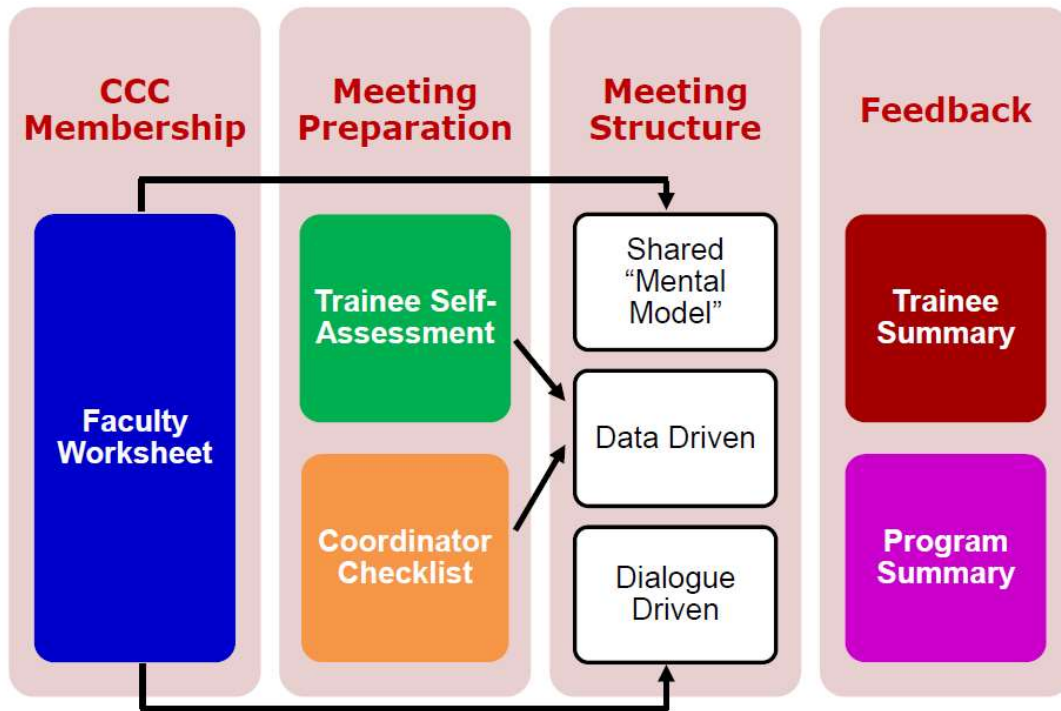
CCC Guidebook

GME CCC Guidebook:
http://med.stanford.edu/gme/program_portal/program/clinical-competency-committee--ccc-.html

ACGME CCC Guidebook:
https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf

Trainee Evaluation Process

Ongoing → Ongoing → Dec & June → Dec & June → Dec & June

Feedback → End-of-Rotation Evaluations and Others Trainee Evaluations → Prepare for Clinical Competency Committee → Clinical Competency Committee (CCC) → Semiannual & Summative/ Final Evaluations of Trainee

Purpose: document resident strengths, weaknesses, Individual Learning Plan (ILP), guides resident growth

Your Role:

-- Complete evaluation forms

-- Meet with residents to review feedback, both PD and resident sign form

Semi-Annual & Summative Evaluations

| Semi-Annual Evaluation	Summative Evaluation	Final Evaluation

• **December**
 	
• **Purpose**
  o Provide an objective performance evaluation based on the Competencies and the specialty specific Milestones
  o PD meets with and reviews with each trainee their semi-annual evaluation
  o PD assists trainee in developing ILP
 	
• **Documentation**: Signed by trainee and PD and must be accessible for review by the trainee.
	• **June**
	
	• **Purpose**:
	  o Provide an objective performance evaluation based on the Competencies and the specialty specific Milestones
	  o PD meets with and reviews with each trainee their semi-annual evaluation
	  o PD assists trainee in developing ILP
	  o **State the trainee is ready to progress to the next year of the program.**
	
	• **Documentation**: Signed by trainee and PD and must be accessible for review by the trainee.
		• Upon **completion** of the program training
		
		• **Purpose**:
		  o Verify that the trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
		  o Share with the trainee upon completion of the program.
		
		  o **Documentation**: Become part of the trainee's permanent record maintained by the institution.
		
		• **GME Template**:
		https://med.stanford.edu/content/dam/sm/gme/gme_community/summative_eval/FINAL_evaluation_template_2020.docx

Trainee Evaluation Process

Ongoing	Ongoing	Dec & June	Dec & June	Dec & June	Jan & July
Feedback	End-of-Rotation Evaluations and Others Trainee Evaluations	Prepare for Clinical Competency Committee	Clinical Competency Committee (CCC)	Semiannual & Summative/ Final Evaluations of Trainee	Report Milestones to ACGME
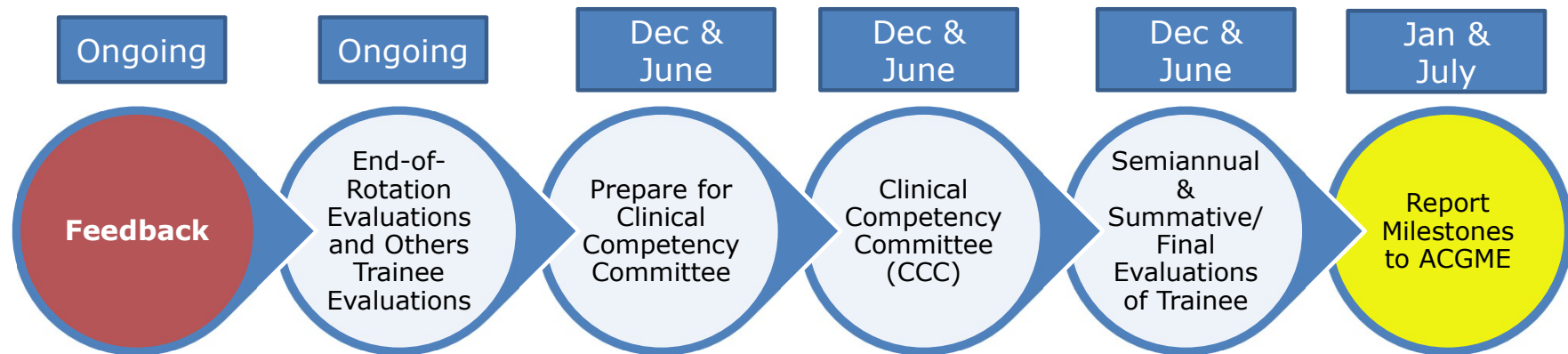
Purpose: Provide ACGME with information regarding resident milestone achievements

Your Role:

-- Review milestone evaluations to ensure accuracy, particularly for residents who are "off track"

-- Complete reporting process via ACGME WebADS system prior to deadline

Assessment System
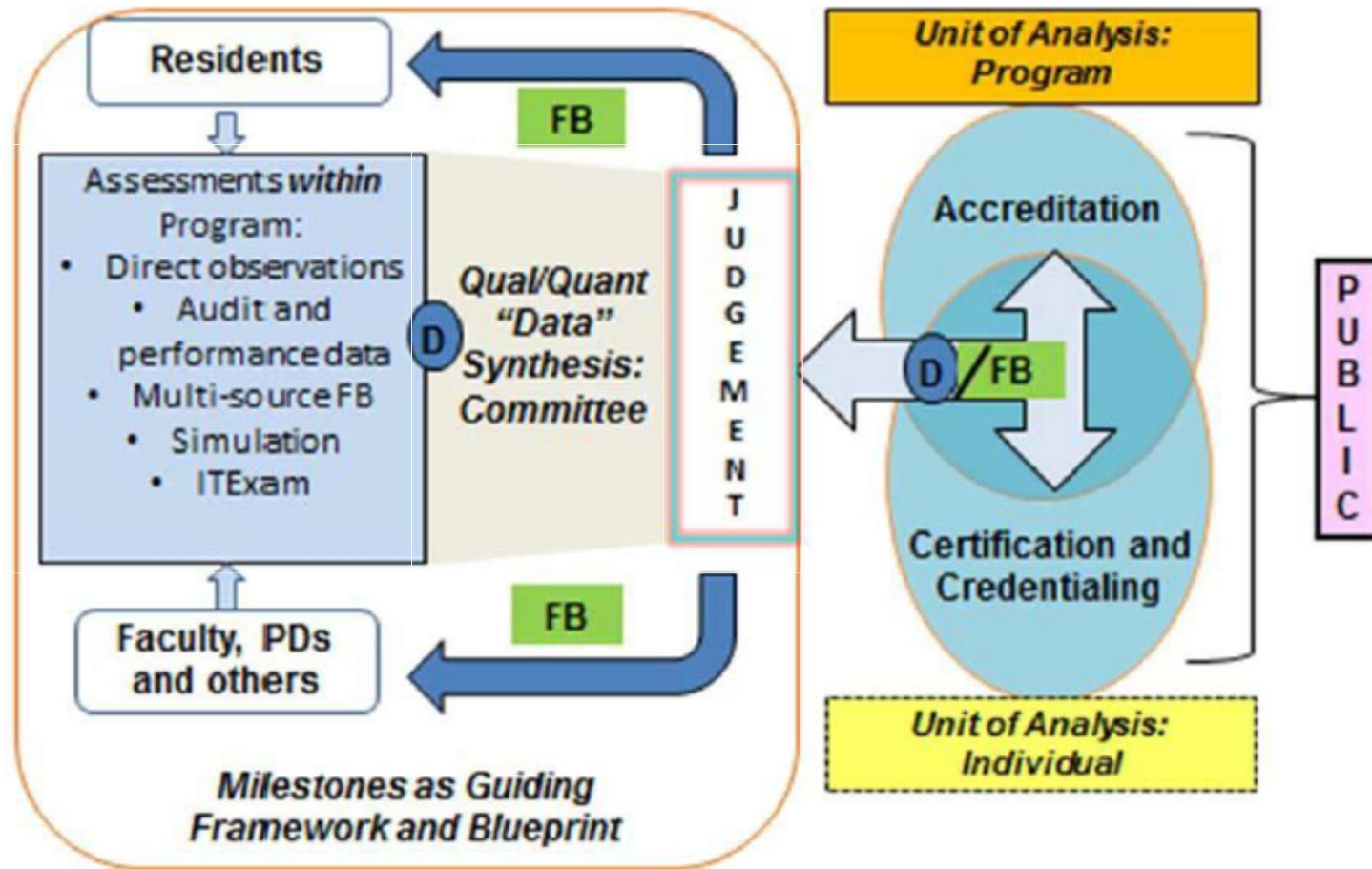
Other Evaluations

▶ Transition-of-Care evaluation

– At least once per year

– Training available
https://med.stanford.edu/gme/program_portal/program/toc.html

– Standard evaluation form available to copy from GME in MedHub

– Evaluation Form -
https://med.stanford.edu/content/dam/sm/gme/gme_community/toc/TOC_Sign-Out_Evaluation_Tool_GME.docx

▶ Sharp training

– Once per year

– https://med.stanford.edu/content/dam/sm/gme/gme_community/sharps_training/74446_sharps_training_checklist.pdf

Summary of ALL Evaluations and Surveys

Stanford GME Evaluations and Survey Requirements

Source	Category	Type	Administor	Minimum Frequency	
Internal	**Program Quality**	Program Evaluation by Resident	GME Office	Once/Year (Apr)	
		Program Evaluation by Faculty	GME Office	Once/Year (Apr)	
		Resident Evaluation of Faculty	Program	At Least Once/Year	
		GME Housestaff Survey	GME Office	Once/Year (Oct-Nov)	
	Trainee Performance	Milestone Evaluations (Multiple Evaluators Required)	Program	Ongoing	Annual Program Evaluation (Led by Program Evaluation Committee)
		- Faculty Evaluation of a Resident	Program	At the Ending of Each Rotation (Or At Least Every Quarter for 1-Year Programs)	
		- Semi-Annual Evaluation (Including One-On-One Meeting with Trainee)	Program	Twice/Year	
		- Patient Evaluation of a Resident	Program	As Needed	
		- Other Health Professionals Evaluation of a Resident	Program	As Needed	
		- Resident Self Evaluation	Program	As Needed	
		Clinical Competency Committee	Program	Twice/Year	
		Final Evaluation	Program/PD	At the Ending of Training	
		Transition of Care Evaluation	Program	At Least Once/Year	
		*Sharp Training Checklist	Program	Once/Year	
External	**Program Quality**	ACGME Resident Survey	ACGME	Once/Year (Feb-Apr)	
		ACGME Faculty Survey	ACGME	Once/Year (Feb-Apr)	
		ACGME WebADS Updates	ACGME	Once/Year (Jul-Sep)	
	Trainee Performance	Receives Milestone Data from Program	From Program	Twice/Year (Nov-Jan & May-June)	
		Receives Case/Procedures Data from Program	From Program	Ongoing	

*Not included in the Annual Program Evaluation

ACGME One Year Cycle (2020-2021)	
Nov 2020 - Jan 2021	Milestone Reporting to ACGME
Feb-Mar 2021	ACGME Resident and Faculty Survey
May-Jun 2021	Milestone Reporting to ACGME
Jul-Sep 2020	ACGME WebADS Updates
Sep 2020 - Feb 2021	ACGME RC Meeting:
	Milestones and Survey Results from 2019-2020 Will be Reviewed

Remediation and Probation

▶ GME has a variety of resources for our learners. (Schwab Learning Center, counseling, coaching)

▶ Remediation-should be documented in a letter to the trainee-outlining both the trainee goals and the program resources

▶ Probation-letter must be reviewed by GME

    – Again, must document the trainee goals but also the resources being offered to the trainee

Trainee Evaluation Process

Ongoing	Ongoing	Nov & May	Dec & June	Dec & June	Jan & July

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