Graduate Medical Education
New Program Director Orientation

Part 2 of 4
INVESTING 101
ACRONYM TEST

ACRS  EBT
AGI   ESO
AMEX  IRP
CROGI ILOC
DAC   GOP
DECS TER

S.O.S.

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.
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 program's or institution's adherence to a set of prescribed requirements.

- **Continued Accreditation:** A status of "Continued Accreditation" is conferred when a Review Committee determines that a program or sponsoring institution has demonstrated substantial compliance with the requirements.

- **Citation:** A finding of a Review Committee that a program or an institution is failing to comply substantially with a particular accreditation standard or ACGME policy or procedure.

- **Clinical Learning Environment Review (CLER):** A type of ACGME institutional review that provides a broad view of sponsoring institution's initiatives to enhance the safety of the learning environment and to determine how residents are engaged in the patient safety, quality improvement, and resident wellness.
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 Agreement (PLA)**: A written document that addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education.

![Program Letter of Agreement](image)
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

Medical Expertise

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-Based Practice

Sub-Competency 1 (milestone)
- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

Sub-Competency 2 (milestone)
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”

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#### EMERGENCY MEDICINE MILESTONES

<table>
<thead>
<tr>
<th>Sub-Competency</th>
<th>Core Competency</th>
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</thead>
<tbody>
<tr>
<td>Has not Achieved Level 1</td>
<td>Recognizes abnormal vital signs</td>
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**Levels & Milestone Descriptors**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes when a patient is unstable requiring immediate intervention</td>
<td>Manages and prioritizes critically ill or injured patient</td>
<td>Develops policies and protocols for the management and/or transfer of critically ill or injured patients</td>
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<tr>
<td>Performs a primary assessment on a critically ill or injured patient</td>
<td>Integrates hospital support services into a management strategy for a problematic stabilization situation</td>
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<tr>
<td>Discerns relevant data to formulate a diagnostic impression and plan</td>
<td>Evaluates the validity of a stabilization plan</td>
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**Suggested Evaluation Methods:** SDOT, observed resuscitations, simulation, checklist, videotape review

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**Ratings & Between-Levels Available**
Milestones in ACGME: Resources

- Milestones Guidebook for Residents and Fellows:

- Milestones Guidebook:

- Clinical Competency Committee Guidebook:

- First ACGME Milestones Annual Report
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](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](https://med.stanford.edu/gme/program_portal/program/milestone_v2.html)
Trainee Evaluation Process

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

Timeline:
- **Ongoing**
- **Ongoing**
- **Nov & May**
- **Dec & June**
- **Dec & June**
- **Jan & July**
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
- Reflect on learning goals.
- Communicate your goals
- Try to be natural.

Coach Initiates
- Reflect on program & learner goals.
- Orient learner to expectations.
- Try to be neutral.

Prepare for the observation

Perform the observation

Ask
- Reflect on the observation.
- ASK for feedback.
- Reflect on learner's readiness.
- ASK for his/her thoughts about the observation.

Discuss
- Have a conversation about the observation.
- Coach observed, modifiable, specific behaviors related to the task(s).

Ask
- ASK for clarification.
- ASK learner to clarify points, as necessary.

Plan Together
- Plan next steps with your coach.
- 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

- Next course will be announced soon
Trainee Evaluation Process

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
Trainee Evaluation Process

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

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)

**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”

<table>
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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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**Learning Goals, Improvement Plan & Program Resources in Next 6 Months**

**Learning Goals (focus on the Core Competencies):**

**Improvement Plan:**

**Program Resources:**

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

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
- **December**
- **Purpose**
  - Provide an objective performance evaluation based on the Competencies and the specialty specific Milestones
  - PD meets with and reviews with each trainee their semi-annual evaluation
  - PD assists trainee in developing ILP
- **Documentation**: Signed by trainee and PD and must be accessible for review by the trainee.

### Summative Evaluation
- **June**
- **Purpose**
  - Provide an objective performance evaluation based on the Competencies and the specialty specific Milestones
  - PD meets with and reviews with each trainee their semi-annual evaluation
  - PD assists trainee in developing ILP
  - 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.

### Final Evaluation
- **Upon completion** of the program training
- **Purpose**
  - Verify that the trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
  - Share with the trainee upon completion of the program.
  - 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](https://med.stanford.edu/content/dam/sm/gme/gme_community/summative_eval/FINAL_evaluation_template_2020.docx)
Trainee Evaluation Process

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
Other Evaluations

- **Transition-of-Care evaluation**
  - At least once per year
  - Training available [https://med.stanford.edu/gme/program_portal/program/toc.html](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](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](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

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
<th>Type</th>
<th>Administrator</th>
<th>Minimum Frequency</th>
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<tr>
<td></td>
<td>Program Quality</td>
<td></td>
<td>Program</td>
<td>At Least Once/Year</td>
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<tr>
<td></td>
<td>Program Evaluation by Resident</td>
<td>GME Office</td>
<td>Once/Year (Apr)</td>
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<tr>
<td></td>
<td>Program Evaluation by Faculty</td>
<td>GME Office</td>
<td>Once/Year (Apr)</td>
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<td>Resident Evaluation of Faculty</td>
<td>Program</td>
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<td>GME Housestaff Survey</td>
<td>GME Office</td>
<td>Once/Year (Oct-Nov)</td>
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<tr>
<td>Internal</td>
<td>Trainee Performance</td>
<td>Milestone Evaluations (Multiple Evaluators Required)</td>
<td>Program</td>
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<tr>
<td></td>
<td>- Faculty Evaluation of a Resident</td>
<td>Program</td>
<td>At the Ending of Each Rotation (Or At Least Every Quarter for 1-Year Programs)</td>
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<td></td>
<td>- Semi-Annual Evaluation (Including One-On-One Meeting with Trainee)</td>
<td>Program</td>
<td>Twice/Year</td>
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<tr>
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<td>- Patient Evaluation of a Resident</td>
<td>Program</td>
<td>As Needed</td>
<td></td>
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<tr>
<td></td>
<td>- Other Health Professionals Evaluation of a Resident</td>
<td>Program</td>
<td>As Needed</td>
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<td></td>
<td>- Resident Self Evaluation</td>
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<td>Clinical Competency Committee</td>
<td>Program/PD</td>
<td>Twice/Year</td>
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<td>Final Evaluation</td>
<td>Program/PD</td>
<td>At the Ending of Training</td>
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<td>Transition of Care Evaluation</td>
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<td>*Sharp Training Checklist</td>
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<td>Program Quality</td>
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<td>Once/Year (Feb-Apr)</td>
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<td>ACGME Faculty Survey</td>
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<td>ACGME WebADS Updates</td>
<td>ACGME</td>
<td>Once/Year (Jul-Sep)</td>
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<td>Trainee Performance</td>
<td>Receives Milestone Data from Program</td>
<td>From Program</td>
<td>Twice/Year (Nov-Jan &amp; May-June)</td>
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<td>Receives Case/Procedures Data from Program</td>
<td>From Program</td>
<td>Ongoing</td>
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*Not included in the Annual Program Evaluation*

### ACGME One Year Cycle (2020-2021)

<table>
<thead>
<tr>
<th>Period</th>
<th>Event</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Nov 2020 - Jan 2021</td>
<td>Milestone Reporting to ACGME</td>
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<tr>
<td>Feb-Mar 2021</td>
<td>ACGME Resident and Faculty Survey</td>
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<tr>
<td>May-Jun 2021</td>
<td>Milestone Reporting to ACGME</td>
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<tr>
<td>Jul-Sep 2020</td>
<td>ACGME WebADS Updates</td>
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<tr>
<td>Sep 2020 - Feb 2021</td>
<td>ACGME RC Meeting</td>
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Milestones and Survey Results from 2019-2020 Will be Reviewed
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

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