

The Guide for
**Graduate Medical
Education Offices** and
Program Coordinators



Vicki Hamm, C-TAGME

The Guide for Graduate Medical Education Offices and Program Coordinators

Vicki Hamm, C-TAGME

The Guide for Graduate Medical Education Offices and Program Coordinators is published by HCPro, a Simplify Compliance brand.

Copyright © 2020 HCPro, a Simplify Compliance brand.

All rights reserved. Printed in the United States of America.

ISBN: 978-1-64535-055-2

Product Code: GMENAS2

No part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro or the Copyright Clearance Center (978-750-8400). Please notify us immediately if you have received an unauthorized copy.

HCPro provides information resources for the healthcare industry.

HCPro is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks.

Vicki Hamm, C-TAGME, *Author*

Erin Maxwell Snow, MPA, MPH, C-TAGME, *Contributor*

Son Hoang, *Editor*

Adrienne Trivers, *Product Director*

Nicole Grande, *Senior Layout Artist*

AnnMarie Lemoine, *Cover Designer*

Advice given is general. Readers should consult professional counsel for specific legal, ethical, or clinical questions.

Arrangements can be made for quantity discounts. For more information, contact:

HCPro

100 Winners Circle, Suite 300

Brentwood, TN 37027

Telephone: 800-650-6787 or 781-639-1872

Fax: 800-639-8511

Email: customerservice@hcpro.com

Visit HCPro online at www.hcpro.com and www.hcmarketplace.com



Contents

- About the Author v
- Contributor vii
- Acknowledgment ix
- Introduction. xi
- Chapter 1—Accreditation and the GME Office 1
 - The Common Program Requirements* 2
 - Conclusion.* 9
- Chapter 2—Right-Sizing Your GME Office. 11
- Chapter 3—Oversight of Protected Time for Your Program Directors, Core Faculty,
and Program Coordinators 13
 - Program Director Protected Time.* 13
 - Designated Institutional Official (DIO) Protected Time* 14
 - Core Faculty Protected Time.* 15
 - Program Coordinator Protected Time* 15
- Chapter 4—Program Coordinator and Program Director Support 17
 - Support for Program Coordinators.* 17
 - Support of Program Directors* 19
- Chapter 5—The ACGME Institutional Requirements. 21
 - Structure of Educational Oversight of the ACGME Institutional Requirements* 21
 - Institutional Resources* 23
 - Resident/Fellow Forum* 23
 - Work Environment* 24
 - Support Services and Systems.* 25
 - Resident/Fellow Learning and Working Environment.* 25

Contents

Chapter 6—The Graduate Medical Education Committee	27
<i>GMEC Composition</i>	27
<i>Meeting Attendance</i>	29
<i>The GMEC Agenda</i>	30
<i>Oversight of the GMEC</i>	31
Chapter 7—Institutional GME Policies and Procedures	35
<i>Resident and Fellow Recruitment and Creating an Eligibility and Selection Policy</i>	35
<i>Agreement of Appointment/Contract</i>	37
<i>Resident Services</i>	54
<i>Supervision</i>	55
<i>Vendors</i>	61
<i>Noncompetition</i>	63
<i>Disasters</i>	64
<i>Closures and Reductions</i>	64
Chapter 8—ACGME Resident and Faculty Surveys	67
Chapter 9—Special Internal Reviews (SIR)	71
<i>Membership on the SIR</i>	72
<i>SIR Interviews</i>	72
<i>SIR Report</i>	72
Chapter 10—Clinical Learning Environment Review (CLER)	77
<i>The Site Visit</i>	78
<i>The CLER Evaluation Committee</i>	80
<i>The Six Focus Areas of CLER</i>	80
<i>The Site Visit Report</i>	87
Chapter 11—Evaluation and the Continuous Accreditation System for the Program Coordinator	89
<i>Web-Based Reporting of Program Performance Measures (WebADS)</i>	90
<i>Clinical Competency Committee (CCC)</i>	92
<i>Outcome-Based Evaluations: Milestones</i>	94
<i>Program Evaluation Committee (PEC)</i>	95
<i>Annual Program Assessment</i>	102
<i>Ten-Year Self-Study and Self-Study Site Visits for Accredited Programs</i>	111
<i>Conclusion</i>	113
Chapter 12—Annual Institutional Review	115
<i>ACGME AIR Site Visits</i>	120
Chapter 13—Pearls of Wisdom for GME Coordinators and GME Administrators	121



About the Author

VICKI HAMM, C-TAGME

Vicki Hamm, C-TAGME, is the graduate medical education (GME) program administrator at the University of Nebraska Medical Center in Omaha. Hamm began her career in GME in 1976 and has served in her current position for more than 44 years.

In this role, she helps maintain institutional oversight of 62 training programs and more than 600 house officers. She works closely with the 42 program coordinators in all facets of administering the residency and fellowship programs at the University of Nebraska Medical Center.

Hamm has been a member of the Association for Hospital Medical Education (AHME) and has presented at the annual Accreditation Council for Graduate Medical Education (ACGME) conference, as well as the Association of Program Directors in Internal Medicine (APDIM). She obtained her Training Administrators of Graduate Medical Education (TAGME) certification in 2014.

In addition to her other work, Hamm is the author/coauthor of several HCPro publications, including *The Resident's Orientation Handbook*, first, second, third, and fourth editions; *The Graduate Medical Education Committee Handbook*; and *Program Information Form Made Simple*.



Contributor

ERIN MAXWELL SNOW, MPA, MPH, C-TAGME

Erin Maxwell Snow, MPA, MPH, C-TAGME, is the internal medicine education administrator at University of Nebraska Medical Center. She has nearly 12 years of GME experience. Her graduate education includes master's degrees in public administration and public health, and she is TAGME certified.

Although her primary role is with the internal medicine core residency program (an 81-resident program), she also provides guidance and support to the internal medicine fellowship coordinators.

She has presented on GME topics at national conferences, specifically at ACGME's Annual Education Meeting and at the Association of Program Directors in Internal Medicine (APDIM) Program Administrators Conference. She sits on the Program Administrators Advisory Council (PAAC) for the APDIM program administrators division and is set to be chair of the PAAC in 2021.



Acknowledgment

I would like to acknowledge Rachel Nelsen, Stefani Coleman, and Dr. Chandra Are for their support, encouragement, and patience as we navigate the waters of graduate medical education together.



Introduction

This handbook describes the responsibilities of programs, the Office of Graduate Medical Education, and coordinators for maintaining ACGME accreditation at your academic institution and how your institution can meet mandates for change. Among other things, we will examine the components of the current continuous accreditation system, such as the annual institutional review, the new Common Program Requirements, the clinical learning environment review (CLER), ACGME program self-studies, and the evaluation process for programs. The goal of this handbook is to help guide your GME operations not only so that you can achieve success with your program directors but also so you are able to produce trainees who become the best physicians they can be as they move from the educational continuum to the independent practice of medicine, providing the safest, most efficient care to their patients and the medical institutions they serve.

Accreditation and the GME Office

In the United States, accreditation of graduate medical education (GME) programs by the Accreditation Council for Graduate Medical Education (ACGME) not only provides a framework for ensuring consistent educational quality in all programs but also serves as a mechanism for ensuring the safety of the public as they receive their medical care at teaching hospitals. In this chapter, we will discuss the ACGME's continuous accreditation model—initially known as the Next Accreditation System (NAS)—and explain its significance.

With the advent of the continuous accreditation system, many of the mechanisms by which our residency and fellowship training programs have been accredited since the early 1980s have disappeared. The first phase of the NAS began on July 1, 2013, with a complete overhaul of the accreditation process for seven specialties. Those seven “early adopters” were emergency medicine, internal medicine, neurosurgery, orthopedic surgery, pediatrics, diagnostic radiology, and urology. Exactly one year later, all other core specialties, subspecialties, and transitional year programs joined the early adopters in following the new policies and procedures of the NAS. Effective one more year after that, the two-year phase-in for the NAS was fully implemented.

Now that the phase-in is complete, programs with “continuous accreditation” are no longer required to prepare the mountain of paperwork known as the program information form (PIF). Gone are the periodic site visits from the ACGME in which it inspected programs and granted each a three- to five-year accreditation cycle (although the timing was different for new programs applying for their initial accreditation or programs with problems that were reported to the ACGME); these visits were replaced by a new type of site visit, called the self-study visit, which may occur every 10 years. Gone, too, is the mandatory cycle of internal reviews at the midpoint of the review cycle to ensure that all programs are in substantial compliance with ACGME standards. It has been replaced by special internal reviews, which will be discussed in Chapter 9.

Chapter 1

One goal of the continuous accreditation model is to prepare trainees for their future practice in the best way possible by using a system of self-assessment and peer review, giving more attention to educational outcomes, and getting rid of all of the “process-based approaches” associated with the former accreditation system. Greater importance has now been placed on an ongoing screening of performance measures for all accredited programs, with emphasis on each program’s self-evaluation; monitoring semiannual resident Milestone achievement reports; 10-year program self-studies and self-study site visits from the ACGME; clinical learning environment review visits from the ACGME; and institutional site visits, which occur at longer intervals than before. All of these program elements help the ACGME evaluate each program’s health and determine whether they are providing a top-notch medical education and producing physicians who can enter the world of independent practice. It is also the ACGME’s intention to allow programs that demonstrate excellence to innovate and experiment to create new and better ways of educating their trainees.

THE COMMON PROGRAM REQUIREMENTS

Even since the introduction of the NAS, the ACGME has continued striving to improve not only individual specialty program requirements but also the Common Program Requirements (i.e., those regulations that are “common” for all specialties). One of the more challenging tasks you will encounter, whether you are a program coordinator or manager in the institutional GME office, is making sure that all of your programs comply with the latest regulations. These requirements are chock-full of statements about what must be taught or introduced to your trainees. In 2017, the ACGME introduced an updated Section VI of the Common Program Requirement and posted a very helpful “Table of Implementation” for these requirements on its website: <https://acgme.org/Portals/0/PFAssets/ProgramRequirements/2017CPRSectionVIImplementationTable.pdf>

Updates to Sections I–V of the Common Program Requirements went into effect on July 1, 2019, but the ACGME gave programs and institutions a year to comply before issuing citations. The following is a brief summary of some new changes (note that there are more substantive changes in Section VI, so it will receive more attention later in this chapter).

- Most Common Program Requirements are now categorized as core requirements
 - There are now fewer “detail” and “outcome” requirements
 - A core requirement defines structure or resource or has process elements that are essential to every GME program; it is required for all programs
- Increased alignment with Institutional Requirements
 - There is increased attention paid to recruitment and retention of a diverse and inclusive workforce

The ACGME Institutional Requirements

It's not a secret that the Accreditation Council for Graduate Medical Education (ACGME) expects an extensive amount of institutional oversight from institutional graduate medical education (GME) offices. This is witnessed by the questions asked by the ACGME visitors during site visits of any kind. Not only is it incumbent on your GME office to monitor the institutional requirements, but it must also monitor the many Common Program Requirements, such as work hours, that affect your programs. In this section and the next few chapters, we will discuss all aspects of the institutional requirements.

STRUCTURE OF EDUCATIONAL OVERSIGHT OF THE ACGME INSTITUTIONAL REQUIREMENTS

If there is a "bible" for any GME office, it is the Institutional Requirements from the ACGME. In the first section of the Institutional Requirements, you find some basic tenets of GME for any institution, regardless of whether you have one program or a hundred. They are as follows:

- The ACGME recognizes only one sponsoring institution. In other words, the ACGME wants one designated institutional official (DIO), one GME office, and one graduate medical education committee (GMEC) that effectively oversee all the accredited programs in the institution. This oversight extends to all affiliated sites where your trainees rotate. It is the responsibility of the DIO, GME office, and GMEC to make sure that all the programs are in what is called "substantial compliance" with ACGME institutional, common, and specialty-specific program requirements, as well as ACGME policies and procedures. Failure by your GMEC and your GME office to provide oversight may result in loss of institutional accreditation.

Chapter 5

- The ACGME is also interested in a “governing body” over the sponsoring institution and its programs and requires a written statement documenting the commitment by the governing body for necessary financial support for all the administrative, educational, and clinical resources needed for all the accredited programs. The ACGME tells us that this statement should be updated every five years. Figure 5.1 is an example of such a letter of commitment. Make sure that when you secure this letter of commitment, it is signed by someone who has authority over the distribution of funding. In our case, this person is our vice chancellor for business and finance.
- The ACGME states that all sponsoring sites to which your trainees rotate must maintain accreditation to provide patient care. This accreditation is often granted by The Joint Commission or, as the Institutional Requirements state, “an entity granting ‘deeming authority’ for participating in Medicare under federal regulations, or an entity certified as complying with the *Conditions of Participation* in Medicare under federal regulations.” If any of these training locations lose their accreditation through one of these mechanisms, the sponsoring institution must notify the ACGME within 30 days with a plan for its response to the institutional review committee (IRC) of the ACGME.

Figure 5.1: Sample commitment letter from sponsoring institution

University of Nebraska College of Medicine
Institutional Commitment for Graduate Medical Education

(Date)

The University of Nebraska Medical Center College of Medicine sponsors graduate medical education programs to provide education opportunities for physicians and to prepare highly qualified physicians to practice the various disciplines of medicine for the healthcare benefit of the people of the state of Nebraska. The college is committed to providing the necessary educational, financial, and human resources to support these programs. These graduate medical education programs are established under the authority of the Board of Regents of the University of Nebraska.

Dean, University of Nebraska
College of Medicine

Associate Dean
Graduate Medical Education

Chancellor, University of Nebraska
Medical Center

Vice Chancellor
Business & Finance for the Board of
Regents University of Nebraska

Figure 7.1: Sample residency/fellowship agreement/contract

Name of House Officer:

**UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE
HOUSE OFFICER AGREEMENT
2019–2020**

THIS AGREEMENT between the Board of Regents of the University of Nebraska, governing body for the University of Nebraska Medical Center College of Medicine (UNMC), and the house officer has been executed and entered into this first day of July 2019 and shall be effective from July 1, 2019, through and including June 30, 2020. Except as otherwise set forth in this agreement, the benefits, terms, and conditions of employment of the house officer shall be those set forth in the rules and policies covering “other academic staff” as defined in paragraph 3.1.1.2 of the Bylaws of the Board of Regents of the University of Nebraska. House officers should observe the standards of behavior customary in the hospital to which they are assigned. UNMC and the undersigned house officer hereby agree as follows:

1. Acceptance: The house officer wishes to obtain further training in the art and science of medicine. The house officer will enroll in the UNMC College of Medicine as a _____

2. Responsibilities: The house officer agrees to obtain and maintain the appropriate Nebraska license or permit to practice medicine while participating in this graduate medical education program. The house officer agrees to participate fully in patient care, and educational programs including the teaching and supervision of the house officers and students. The house officer agrees to adhere to the established practices, procedures, and policies of the institution and to develop a personal program of self-education and professional growth under the guidance of the teaching staff. The UNMC College of Medicine, through its administration and teaching faculty, agrees to use its best efforts to meet or exceed the guidelines relating to house officer education as set forth in the Program Requirements established by the Accreditation Council for Graduate Medical Education and to provide supervision of house officers’ educational experiences. The terms and conditions set forth in this agreement are subject to reasonable rules as established by the accrediting bodies for each training program.

3. Salary: Salary for the academic year beginning July 1, 2019, and ending June 30, 2020, shall be _____

4. Determination of Salary Level: House officer salary at the time of appointment is based on the number of prior years of ACGME recognized residency training. Credit toward an advanced house officer level may be given for no more than one year of education outside of the specialty the house officer is entering and only if the training fulfills board requirements of that specialty. House officers who enter a fellowship position following residency training outside the U.S., will start at the level defined by the minimum prerequisite training for that fellowship, regardless of their years of prior training outside the United States. For the purpose of determining salary level, a chief resident year done after the required training is completed will be counted as a year of training provided the house officer is entering a subspecialty in the same discipline.

5. Insurance Benefits: As employees of UNMC, house officers may participate in benefits offered to employees, such as health, vision, long-term care, and dental insurance; automatic eligibility disability insurance; term life insurance; supplemental accidental death and dismemberment insurance; and reimbursement accounts for healthcare and dependent care.

6. Vacations: The house officer shall have four weeks (20 working days) of paid vacation per year provided that such vacation days shall not include more than eight weekends. Vacation for house officers employed less than one year will be pro-rated. The maximum vacation that may be accrued is six weeks (30 working days). House Officers are encouraged to use their vacation, but in the event that clinical demands prevent their doing so, house officers shall be reimbursed for unused vacation time upon termination of employment. House officers may have up to five days of leave with pay per year for approved professional or educational meetings.

Figure 7.1: Sample residency/fellowship agreement/contract (cont.)

7. Scheduling Professional Leave or Vacations: Professional meetings and vacation days must be scheduled to ensure coverage in accord with minimum staffing standards of the service to which the house officer is assigned. Vacation and meeting days shall be scheduled by delivering a notice in writing at least 30 days in advance of the beginning of the scheduled rotation to both the house officer's own program and the service to which the individual is assigned and from which leave is to be taken. Conflicts in scheduling of meetings or vacation days shall be resolved by the Office of Graduate Medical Education. Meeting or vacation days not scheduled in the manner described above may nevertheless be taken if approved in advance by the house officer's program and by the director of the service to which the individual is then assigned.

8. Sick Leave: As employees of UNMC, house officers are eligible for family leave, funeral leave, military leave, sick leave, and civil leave as set forth in the UNMC Policies. House officers shall accumulate one day sick leave per month for the first two years of employment; thereafter, the provisions applicable to full time permanent academic-administrative staff, as set forth in Section 3.4.3.3. of the Bylaws of the Board of Regents of the University of Nebraska, shall apply.

9. Effect of Leave on Completion of Educational Program: In some circumstances, the amount of allowable leave may exceed the amount allowed by the program requirements or by the specialty board requirements to receive credit for a full year of training. Thus, additional training may be required to meet certification or program requirements, as outlined in your program's policies, if applicable. Details regarding specialty board availability can be found at the board's website and also through a link on the Nebraska GMEC Office website.

10. Non-Discrimination and Prohibited Harassment: UNMC promotes equal educational and employment opportunities in an academic and work environment, free from discrimination, and/or harassment. UNMC does not discriminate, based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. A detailed policy is contained in the UNMC policies & procedures manual and is reprinted in the Housestaff Manual.

11. Impaired Physicians and Substance Abuse: The policy on impaired physicians is provided in the Housestaff Manual.

12. Accommodation for Disabilities: The policy on accommodation for disabilities is provided in the Housestaff Manual.

13. Counseling Services: Counseling and psychological support assistance are available free of charge. More information is reprinted in the Housestaff Manual.

14. Professional Activities Outside of the Training Program: House officers may engage in medical practice outside of their residency program provided such practice does not interfere in any way with the responsibilities, duties, and assignments of the training program and the house officer is in compliance with the following requirements.

To moonlight, the house officer must:

- a. Be in the PGY-2 year or above
- b. Not be on a J-1 visa
- c. Be in good academic standing within their training program
- d. Have a full medical license in the state in which they are planning to work

Outside practice (moonlighting or locum tenens) must be approved in advance by the house officer's program director. The house officer must apply in writing to the program director before the starting date of the outside practice. The director will approve or disapprove the proposed outside practice in writing and the signed statement of permission will be kept in the house officer's permanent department file and a copy will be kept in the Graduate Medical Education Office. Such approval, once given, shall be withdrawn if it is determined that the outside practice interferes with the responsibilities, duties, or assignments of house officer's training program. If approval is withdrawn, the house officer shall be notified in writing as soon as possible, but before the effective date of the practice activity. House officers cannot be required to participate in outside practice. Outside practice includes all moonlighting/locum tenens done in affiliated (internal moonlighting) or non-affiliated hospitals or outpatient practice. All outside practice is subject to

On-review status

Sometimes residents/fellows start to slip a little or just need a wakeup call to get them back on track. In those situations, we use a status called “on review.” “On review” means that the program director and core faculty are scrutinizing the trainee’s performance. This status is considered less serious than academic probation and may be applicable to behaviors such as the following:

- Missing too many didactic conferences
- Not reading the literature for patient care preparation
- Not performing at the level of expectation

Give the trainee time to correct his or her behavior (e.g., a minimum of three months), and then reevaluate the individual. At that point, do one of the following via written communication to the individual:

- Remove the resident from on-review status if he or she has improved
- Keep the resident on review if the program director feels that there is still room for improvement
- Place the resident on probation if he or she has not improved or has digressed to a more deficient level

You should always keep all the documentation related to on-review status in the resident’s file, regardless of whether your institution/GMEC requires you to report this information to future credentialing or licensing organizations. The shaded box that follows includes sample language to include in your policy regarding on-review status. See Figure 7.2 for an example of an “on review” letter.

I. Policies regarding unsatisfactory academic performance.

A. On review

If questions are raised regarding a house officer’s performance, the house officer may be placed “on review.” This status indicates that the house officer’s performance is being more closely scrutinized. The house officer is placed on review through written notification to the house officer, the Graduate Medical Education Office, and the house officer’s academic file. This status must be reviewed no later than three months after it is initiated.

This status is generally not reported to outside agencies. In the event that specific information is requested that involves issues regarding a house officer’s on review status, the program director may be obligated to disclose information to the agencies that request information.

Figure 7.2: Sample “on review” letter

Date

Dear Dr. _____:

It has come to the attention of the program leadership that you have had several lapses in professionalism as outlined below. We are concerned the lapses are becoming more prevalent and egregious. As a consequence, we will be formally placing you “On Review” starting on the date of this letter. At the end of three months, we will review your performance improvement according to the expectations outlined below:

Professionalism: Concerns have been raised with regard to disruptive behavior in morning report, your interactions with medical students, and completing notes prior to seeing patients.

It is expected that you will:

Perform and attend all assigned clinical and educational duties in a professional manner. You have outlined to us in an email how you plan on accomplishing this, and we feel that this plan is sufficient.

We strongly desire to help you successfully achieve the tasks as outlined above. You will meet with the associate program director on a monthly basis to discuss your progress. It is your responsibility to schedule this meeting.

Your performance will be re-evaluated at the end of this three-month review period. This assessment will occur around (Date). Should you not meet the expectations outlined above, you will be placed on academic probation, with further remediation to follow.

Professionalism is an essential core value of physicians and we take this very seriously. Repeated lapses in professionalism will result in dismissal from the program.

Please let us know if you have any questions.

Sincerely,

Program Director
Department of Anesthesia

Signature of Resident

Date

Academic probation

Academic probation is much more serious than on-review status. Like on-review status, probationary status is a part of the permanent record, and it should be reported to all organizations that require documentation of negative academic actions against the trainee. You don’t have to put a trainee on review before proceeding with probation—if a resident’s deficiencies are egregious enough, you can put the resident directly on probation.

Figure 7.7: Sample program supervision policy template

(Departmental) Supervision Policy Template for Residents and Fellows University of Nebraska Medical Center

PURPOSE:

This policy provides the procedural requirements pertaining to the supervision of residents/fellows engaged in the care of patients in the [department or section] and focuses on supervision from the educational perspective.

SCOPE:

The policy applies to all hospitals and sites of service participating in the clinical rotations of the [program name] residency/fellowship program sponsored by the University of Nebraska Medical Center [UNMC], including The Nebraska Medical Center, Omaha Veterans Administration Medical Center, Omaha Children's Medical Center, and [additional clinical sites].

In addition to this policy, the [program name] residency/fellowship program adheres to the supervision requirements of other entities if these policies exceed the standards put forth in this policy, including the following:

1. Medical staff policy for the institution [Med Staff MS 74]
2. Standards required by TJC, CMS, or other regulatory/accrediting bodies
3. Individual ACGME program requirements
4. [Additional policy sources]

DEFINITIONS:

1. Supervising physician: A faculty physician or a senior resident or fellow.
2. Levels of supervision: Four levels of supervision are defined.
 - a. Direct: The supervising physician is physically present with the resident and the patient.
 - b. Indirect: There are two types of indirect supervision:
 - i. Indirect supervision with direct supervision immediately available: The supervising physician is present in the hospital [or other site of patient care] and is immediately available to provide direct supervision. The supervisor must not be engaged in other activities [such as a patient care procedure], which would delay his or her response to a resident requiring direct supervision.
 - ii. Indirect supervision with direct supervision available: The supervising physician is not required to be present in the hospital or site of patient care or may be in-house and engaged in other patient care activities but is immediately available through telephone or other electronic modalities and can be summoned to provide direct supervision.
 - c. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

POLICY:

Supervision by faculty physicians/medical staff

1. At all times and at all training sites, patient care performed by residents will be under the supervision of a qualified supervising physician faculty with appropriate privileges and credentialed to provide the required level of care.
2. The level of supervision required for each clinical experience for each level of training is defined in the clinical rotation summaries for the [program name] residency/fellowship program [reference/link].
3. Resident supervision is monitored by the clinical competency committee, [department or section].
4. Emergencies: An "emergency" is defined as a situation in which immediate care is necessary to preserve the life or to prevent serious impairment of the health of a patient. In such situations, any resident, assisted by medical center personnel, is permitted to do everything possible to save the life of the patient.

Special Internal Reviews (SIR)

One of the biggest changes with the introduction of the Next Accreditation System was the elimination of the internal reviews at the midpoint of the accreditation cycle. Although the previous system was extremely valuable, it was very detailed and required a great amount of time to set up, coordinate, and produce a final report. On average, our institution did 8–10 of these reviews per year, and they consumed a great deal of graduate medical education (GME) officials' time, residents' time, and program directors' time.

Now, with the continuous accreditation system, the requirements have changed. Section I.B.6. requires the GME office to demonstrate effective oversight of underperforming programs through a special internal review (SIR) process. The requirements state the following:

- I.B.6.a) The special review process must include a protocol that*
- I.B.6.a).(1) establishes criteria for identifying the underperformance and*
- I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for [graduate medical education committee (GMEC)] monitoring of outcomes.*

Our SIR policy appears in Figure 9.1, and the following are some of the highlights of our written policy.

MEMBERSHIP ON THE SIR

1. Either the designated institutional official (DIO) or the assistant dean for GME
2. One or two program directors from the graduate medical education committee not affiliated with the program being reviewed
3. Two peer-selected residents not affiliated with the program being reviewed
4. The administrator for GME

SIR INTERVIEWS

Once the committee is formed, the DIO provides a written charge to the committee, outlining the specific areas of the program that need investigation. This allows the committee to focus its energies on major issues and helps avoid the appearance of a witch hunt. Interviews are then arranged with the residents or fellows in the program. Before the interviews occur, the chair of the SIR committee, who is usually a program director, touches base with the program director of the program being reviewed, because changes may have been made in the program since receipt of the Accreditation Council for Graduate Medical Education (ACGME) resident survey, and the SIR committee needs to be apprised of those changes before any interviews with the residents or fellows.

Depending on the issues that prompted the SIR, you may interview residents/fellows individually (if it's a small program and the issue is very sensitive) or by class. Interviewing the entire resident/fellow group is definitely more efficient for the review committee but may not encourage some of the residents to speak freely or may entice the more vocal residents to dominate the interview. Only interview the whole group if you think that doing so is the best way to approach the issue.

After the resident or fellow interviews, the committee then decides on other parties to interview who may be critical to the issues in question, such as the core faculty, program director, or chair. In any case, the program coordinator is interviewed about his or her take on the issues; program coordinators offer a special insight about the lives of their trainees, and they can cut to the chase about the real issues in the program.

SIR REPORT

After all of the interviews have been conducted and the committee has reviewed any applicable data relative to the internal review, such as program requirements, previous ACGME letters of notification, previous internal reviews, previous annual program evaluation results, and alumni

Chapter 9

have one half day set aside for education. The residents are much happier, and even though many of the faculty members complained about this format in the beginning, they have accepted it.

Lastly, we have encountered situations in which issues in the program did not change for the better. Your last hope may be to bring in an outside consultant who can interview all the players (i.e., residents, faculty, program, chair) to understand the scope and state of the program. The consultant will write a report and present it to the chair of the department. This consultant may have expertise in the field being reviewed or in another specialty—we have used both types of consultants and have found their comments/report invaluable in convincing a program to make the needed changes. While it may cost your institution a consulting fee, it is money well spent.

Figure 9.1: Sample special internal review policy

University of Nebraska Medical Center College of Medicine Graduate Medical Education Policy on Special Internal Reviews

BACKGROUND:

Section I.B.6 of the ACGME Institutional Requirements, effective July 1, 2014, requires the graduate medical education committee (GMEC) to demonstrate effective oversight of underperforming programs through a special review process.

- | | |
|--------------|--|
| I.B.6.a) | The special review process must include a protocol that |
| I.B.6.a).(1) | establishes criteria for identifying underperformance and |
| I.B.6.a).(2) | results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. |

CRITERIA FOR IDENTIFYING UNDERPERFORMANCE:

On at least an annual basis, and based on data points currently available, the GMEC will determine which programs may be underperforming or have house officer concerns.

PROCESS:

Based on this decision, a special internal review (SIR) committee will be appointed to evaluate the program and any potential issues. The SIR committee will be chaired by a member of the GME Executive Committee and will include at least one faculty member and at least one house officer from within the sponsoring institution but not from within the GME program being reviewed. Additional ad hoc internal or external reviewers may be included on the SIR committee as determined by the GMEC. Administrators from outside the program may also be included.

The SIR committee should assess the following:

The program's compliance with the common, specialty/subspecialty-specific, and the institutional requirements, which may include the following:

- Professionalism and personal responsibility
- Patient safety
- Transitions of care
- Alertness management and fatigue mitigation
- Supervision of residents
- Clinical responsibilities

Figure 9.1: Sample special internal review policy (cont.)

- Teamwork
- Work hours
- Educational objectives and effectiveness in meeting those objectives
- Faculty involvement and availability
- Educational and financial resources
- Effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and any previous internal reviews
- Effectiveness of educational outcomes in achieving the ACGME general competencies and completion of Milestones
- Effectiveness in using evaluation tools and outcome measures to assess a house officer's level of competence in each of the ACGME general competencies and achievement of Milestones
- Annual program improvement efforts in the following:
 - Resident performance using aggregated resident data
 - Faculty development
 - Graduate performance, including performance of program graduates on certification examinations
 - Program quality

Materials and data to be used in the review process will include the following:

- The ACGME common, specialty/subspecialty-specific, and institutional requirements in effect at the time of the SIR
- Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective ACGME review committees
- Previous annual program evaluations
- Results from internal or external house officer and faculty surveys, if available

The SIR committee may conduct interviews with the program director, core faculty members, house officers, and other individuals deemed appropriate by the committee.

The SIR consists of the following steps:

- Based on data points available, the GME Executive Committee will determine which programs are potentially underperforming or have areas of house officer concern.
- The DIO, with the consent of the GMEC, will appoint the SIR committee and provide the chair of the SIR with details regarding why the program has been selected for a SIR, as well as specific steps to be taken in conducting the SIR.
- The DIO will notify the program director of the need to conduct the SIR and solicit feedback from the program director as to interim changes made since the generation of the data points.
- The SIR committee will determine how best to interview the house officers in the program. They may do so by group, by class, or by individual, and they may include past graduates.
- The SIR committee may choose to interview the program's core faculty, either individually or as a group.
- The SIR committee may choose to review program policies, minutes of meetings, etc.
- The SIR committee may choose to interview the program coordinator, program director, division chief, and chair.
- A preliminary report will be prepared by the SIR committee and sent to committee members for suggestions and approval.
- The written report, along with recommendations for any follow-up and/or progress reports, will be submitted to the DIO for DIO input, approval, and determination of the final steps necessary to complete the SIR.
- Upon completion of any final actions required by the DIO, the final SIR report will be forwarded to the program director for his or her review and correction of any inaccuracies.
- Upon completion of the program director's review, the final SIR report will be submitted to the GMEC Executive Committee for approval, and a copy will be forwarded to the program director, division chief, and chair for the development of action plans.
- The completion of the SIR will be reported to the GMEC as part of the Executive Committee's monthly report.

Figure 10.2: Organizational chart

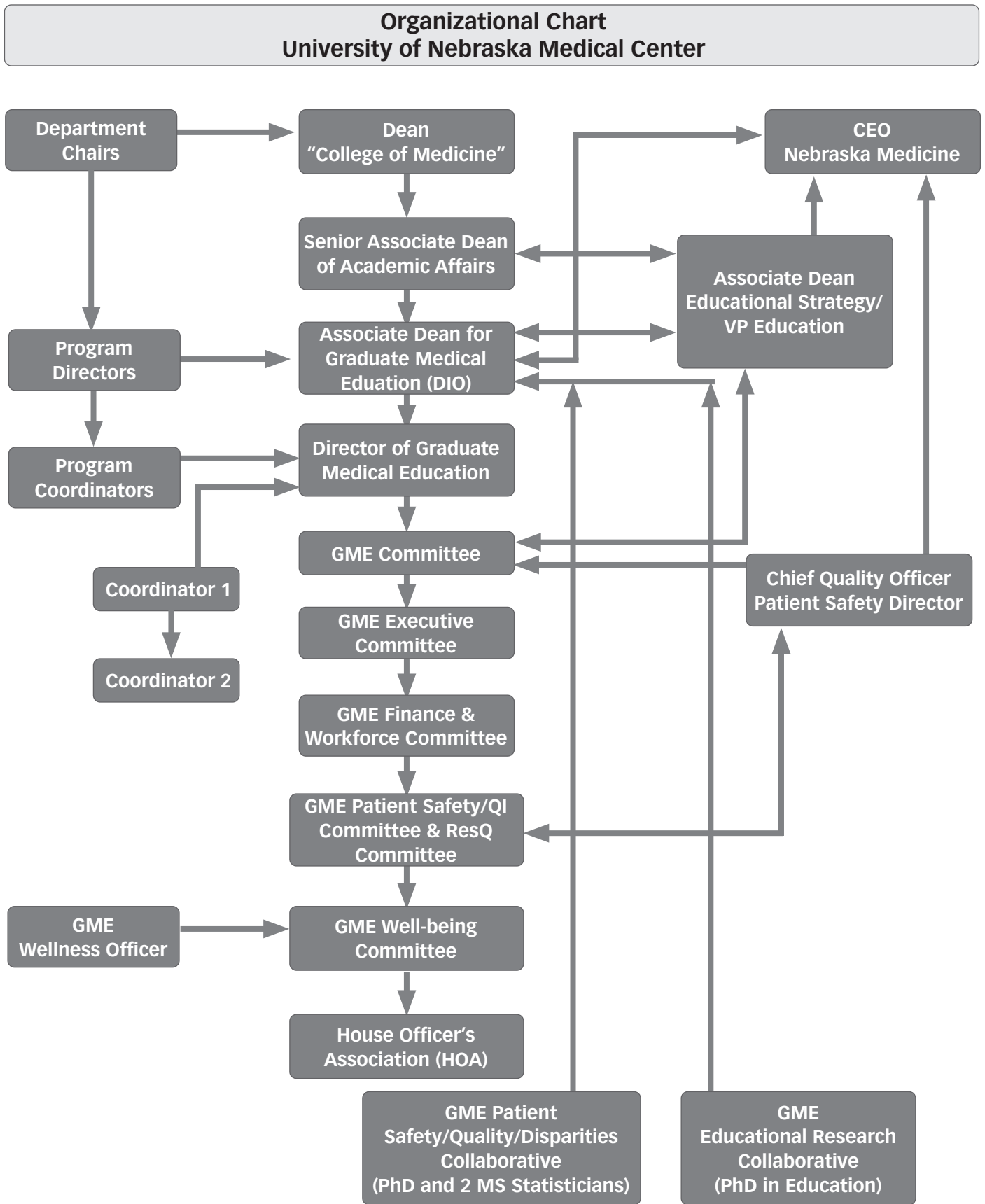


Figure 11.5: Sample template APA (cont.)

Annual Program Evaluation:

A template addressing the elements to be included in the Annual Program Evaluation is attached. The data in the AC-GME resident and faculty surveys will be included in the DIO GMEC annual review of your program, together with the data and narratives provided in the annual program evaluation and action plan template.

Written Plan of Action:

The Program Evaluation Committee must prepare a written plan of action to document initiatives to improve performance in one or more of four areas (resident performance, faculty development, graduate performance, and program quality) with delineation of how they will be measured and monitored. This plan must be reviewed and approved by the teaching faculty and documented in meeting minutes; this is the Annual Improvement Plan (Attachment F).

Self-Study:

The Annual Program Evaluations and Improvement Plans will form the critical sequential building blocks of the program self-study and self-study visit.

Annual Program Evaluation and Improvement Plan

Program Name: _____

Date(s) of Program Evaluation Committee Meeting(s): _____

Program Evaluation Committee Attendees (at a minimum, program director, two program faculty members, and at least one resident)

Faculty names:

Resident name(s) (including PGY level):

Attach or list below the written description of the responsibilities of the Program Evaluation Committee, unless you have already provided it to the GME Office. (Attachment A)

Date of this report: _____

Figure 11.5: Sample template APA (cont.)

Program ACGME Data

ACGME Notification Letter Date: _____ ACGME Accreditation Status: _____

Effective Date: _____

ACGME Self-Study Date: _____

Program Director: _____

Program Coordinator: _____

of Trainees approved: _____

of Trainees enrolled _____

Explain the Difference: _____

Areas for Which Program Data Must Be Monitored and Tracked:

I. Resident Performance

In-service exam scores

PGY Level	Average Raw Score or Percentile UNMC	Average Raw Score or Percentile National
PGY 5		
PGY 4		
PGY 3		
PGY 2		
PGY 1		

Representative Case/Procedure/Patient Logs

Do you have any concerns with your procedure tracking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any concerns with procedure numbers or tracking: _____



The Guide for Graduate Medical Education Offices and Program Coordinators

The Guide for Graduate Medical Education Offices and Program Coordinators provides the office of graduate medical education (GME) and program coordinators the guidance need to successfully run a GME program together. Author Vicki Hamm, C-TAGME, provides how-to guidance and tools for implementing ACGME Institutional Requirements, institutional policies, crafting resident/fellow contracts, managing evaluations, maintaining program accreditation, and other daily duties. This book contains sample policies and forms to customize for your institution.

This book will guide your GME operations so that you can achieve compliance with ACGME requirements, support your program directors and faculty, and most importantly, produce trainees who become skilled physicians as they move from the educational continuum to the independent practice of medicine.

This handbook will help you:

- Meet ACGME Institutional Requirements through solid policies and procedures
- Develop strategies for protecting the time of program directors, coordinators, and faculty
- Keep up with continuous accreditation requirements, including CLER visits and the 10-year self-study
- Manage evaluations and report program performance measures
- Conduct special internal reviews to help underperforming programs
- Establish a competent and confident GME committee

About Simplify Compliance

Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

800-650-6787

www.hcmarketplace.com

**Simplify
Compliance**
Learn, Comply, Succeed

100 Winners Circle, Suite 300
Brentwood, TN 37027

ISBN-13: 978-1-64535-055-2



9 781645 350552

GMENAS2