RESIDENT EDUCATION

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ACGME
• Accreditation Council for Graduate Medical Education
• Owns and operates the RRC

ACGME/RRC Mission
• We improve health care by assessing and advancing the quality of resident physician’s education through exemplary education
ACGME Member Organizations

- American Board Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Council of Medical Specialty Societies (CMSS)

Review Committees

- Residency (26)
- Transitional (1)
- Institutional (1)
- Volunteers 500 + totaling 40,000 hours per year
- Targets-500 Sponsoring Institutions
  - 5500 Programs
  - 109,000 Residents, Fellows

OB/GYN RRC Sponsoring Organizations

- ABOG: 4 voting members, 1 ex-officio
- ACOG: 4 voting members, 1 ex-officio
- AMA: 4 voting members, 1 ex-officio
- Resident (JF-ACOG: 1 voting member

Accreditation Principles

- AUTONOMY: Function independent of political or economic influences that might affect freedom or capacity to make accreditation decisions
Accreditation Principles

• IMPARTIALITY:
  Free from actual or apparent
  conflicts of interest deriving from
  professional, personal, or
  pecuniary interest
  Reviews based on written
documentation, not influenced by
personal opinion

Accreditation Principles

• EXPERTISE:
  Carried out by individuals who are
  highly knowledgeable in their own
discipline, in related disciplines, and in
professional matters
  Trained in policies, and procedures of
the accreditation agency

Accreditation Principles

• DUE PROCESS:
  Decision-making process that is
  formal, uniform and consistent with
published standards and procedures
available to all interested parties

Accreditation Principles

• DUE PROCESS (CONT’D)
  Procedures allow the opportunity for
  all parties directly affected by
accreditation decisions to present
their views according to established
procedure
ACGME Values

- ACCOUNTABILITY:
  Transparent, responsive, valid, reliable, consistent
- EXCELLENCE:
  Efficient, effective, outcomes-based, innovative
- PROFESSIONALISM:
  Respectful, collaborative, ethical, fair

ACGME/RRC Requirements

- ACGME Institutional Requirements
- ACGME Program Requirements for Graduate Medication Education in Obstetrics and Gynecology
- ACGME Common Program Requirements

RRC Duties

- Review residency programs
- Determine accreditation status
- Propose program requirements

RRC Review Process

- Site review process
- PIF preparation
**RRC Staff Responsibilities**

- Prepare all materials
- Assign reviewers
- Prepare review agenda
- Prepare business agenda (in collaboration with RRC leadership)

**RRC Reviewer Responsibilities**

- Assignments (8-10 programs)
- Time on task (4 to 8 hours/program)
- Report preparation:
  - List specific areas of noncompliance with rationale
  - Identify sources of information:
    - requirement(s), site visitors report
    - Case logs

**RRC Reviewers Responsibilities**

- Identify and comment on all additional requests
  - Submission of reports

**RRC Meetings**

- Review materials
- Agenda listing
- Reconciliation #1
- Discussion
- Decision/Motion
RRC Meetings

- Reconciliation #2
- Posting of actions
- Preparation of draft letters
- Posting of letters
- Rebuttals, reports

RRS Accreditation Categories

- Probation
- Accreditation 1-5 year cycles

Accreditation Status/Cycle Length

- 2010: 244 accredited programs
- Initial -3 (1-3 years)
- Continued Initial-0 (1 year)
- Continued accreditation-227 1 yr -1
  - 2 yr -28
  - 3 yr – 65
  - 4 yr - 85
  - 5 yr - 49

Accreditation Status/Cycle Length (Cont’d)

- Probation 6 -1-2 years
- Continued Probation 2 -1year
RRC Common Citations

- PD Responsibility: 28 Other PD 32
  Poorly prepared PIF
  Discrepancy between institutional numbers and numbers reported by Residents
  Variable case log data across graduates

RRC Common Citations (Cont’d)

- PD Responsibility:
  Program director must have a minimum of 20 hours per week of administrative time
  Program letters of agreement
  Documentation of Resident Transfers

Common Citations (2009)

- Inadequate Ob procedures -34
- Inadequate Gyn procedures -80
- Scholarly activity -10
- Duty hrs/Work environment -14
- Evaluations -29
- Board Scores -12
- Other -60
- TOTAL -299

SITE VISITORS

- 30 individuals 24 MD’s, 6 PhD’s
- 9 Full Time
- 21 Part-Time
- Based at home: Maine to California
- Not regionalized or specialty-specific
<table>
<thead>
<tr>
<th>SITE VISITOR SPECIALTIES</th>
</tr>
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<tbody>
<tr>
<td>Family Medicine</td>
</tr>
<tr>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Obs/Gyn</td>
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<td>Orthopedics</td>
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<td>ENT</td>
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**Site Visitors**

- Not Specialist Site Visitors
- Consultants
- RRC members
- Decision makers

**Site Visitors**

- Responsibilities include:
  - Clarify the information in the PIF
  - Verify all pertinent information about the program (Includes ACGME Resident Survey)
  - Convey their findings to the RRC

**Site Visitors**

- Included in the SV report
  - Programs history
  - Previous citations and actions taken to correct them
  - Clarification of the ACGME Resident Questionnaire
  - Pertinent institutional issues
Site Visitors

- Strengths and weaknesses as reported by residents and faculty

Site Visitors

- Not included in the report are:
  - Site visitors opinions
  - Site visitors biases
  - Site visitor’s judgments
  - Site visitor’s recommendations
  - Single resident’s “axe to grind”

Pearls, Tidbits and the Future

- Program Requirements are the most NB document assessed by RRC
- PIF should document principals noted in the Requirements
- RRC will want objective evidence of training
- Main goal is to ensure high quality education for Residents

Pearls, etc

- Faculty should focus on learning objectives in each module-ideally review objectives with Resident at start and end of rotation
Pearl’s, etc.

• Curriculum development requires covering the competencies for each objective within the rotation
• Teaching techniques for each objective
• Evaluation of each objective

CURRICULUM DEVELOPMENT

• COMPETANCIES:
  1. Medical Knowledge
  2. Patient Care
  3. Practice based learning & improvement
  4. Systems Based Practice
  5. Interpersonal & Communications skills

CURRICULUM DEVELOPMENT

• Teaching Medical Knowledge:
  Clinical teaching
  Lectures/Seminars/Conferences
  Journal Club
  Procedural workshops
  Board review courses of formalized group study experiences

CURRICULUM DEVELOPMENT

• COMPETANCIES: (Cont’d)
  6. Professionalism
CURRICULUM DEVELOPMENT

- Teaching Medical Knowledge (Cont’d)
  - Simulations
  - Self directed learning through case based modules