ACGME UPDATE

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Goals and Objectives

- Discuss current ACGME changes
  - restrictions in duty hours
  - competencies in the continuum of physician education
  - Evaluation of residents, faculty, and program
- Discuss what changes have occurred at Scott and White Pediatric Residency
To improve the quality of health care in the United States by ensuring and improving the quality of graduate medical educational experiences for physicians in training
ACGME

- Responsibilities – evaluation and accrediting over 7,700 accredited residency education programs in 110 medical specialties and subspecialties

- Establishes and updates educational standards for residency programs
The SIMPLE questions:

- Does the program comply with the written Requirements?
- Does the program have established goals and objectives and an organized curriculum?
- Does the program have a process to evaluate its residents and itself?
The Problem

- Increasing public concerns with quality and safety
- Variable patterns of care that are not based on medical science
- Poor quality of interpersonal “service.”
- Public encounters difficulty in assessing competence (initial and continuing) and judging quality.
Standards

- Educational content
- Teaching activities
- Patient care responsibilities
- Supervision
- Duty hours
- Program resources and facilities.
Compliance

- Measured through on site inspections
- Interview with residents
- Average review is every 3.7 years
- Maximal time between visits is 5 years
- If a program loses it accreditation, it will lose its residents
  - For a resident to take board examination, residents must complete an accredited program
Residency Education

GOALS:
- High quality of education
- Safe and effective patient care
- Resident safety
Duty Hours

- April 30th, 2001 petition filed with Occupational Safety and Health Administration (OSHA) adopted federal regulations limiting “work hours”

- Filed by Public Citizen, the American Medical Student Association, and the Committee of Interns and Residents (CIR)
Resident Debate

- Allowable number of continuous duty hours for residents greater than any other profession
- Protection of physical and mental health, balance family life, and facilitate learning
- Long hours implicated in motor vehicle accidents, complications of pregnancy
Key Points to the Petition

- Limiting resident working hours:
  - 80 hours per week averaged over a 4 week period, inclusive of all in-house call activities
  - At least 1 day in 7 free of all educational and clinical and administrative responsibilities averaged over a 4 week period, inclusive of call
  - Continuous on site duty, including in-house call, must not exceed 24 consecutive hours
  - On call shifts no more than every 3rd night averaged over 4 weeks
  - Minimum of 10 hours off between daily duty activities and after in-house call
The Standards (cont.)

- Program director must approve moonlighting
  - Monitor effect on performance
  - In-house moonlighting counted in 80 hour weekly limit on duty hours
- Education of residents and faculty about fatigue/its management
  - Focus on preventive and operational countermeasures for sleep loss
The Standards (cont.)

- Support to reduce time spent on routine tasks
- Emphasis on rigorous and timely enforcement
Goals of the Effort

- Set minimum standards for all specialties
- RRCs with more restrictive standards will continue to enforce those requirements
- Create flexibility for exceptions that have a sound educational rationale
- Emphasize institutional accountability
Enforcement

- European Community
- Work Hour Limits in New York State
  - Fines of teaching hospitals
- General-Surgery Program – Yale
  - Withdrew accreditation in June 2003
What Have They Shown Us

- New York State 54 of 82 teaching hospitals cited some degree of duty hour violation
- Resident hours a proxy for the “learning environment”
- Fewer hours often achieved by reducing educational activities
- Reducing duty hours can be done - It may not be easy
The Service vs Education Dilemma
The current problem

Safety

- Increasing public concerns with quality and safety
- Variable patterns of care that are not based on medical science
- Poor quality of interpersonal “service”
- Public encounters difficulty in assessing competence (initial and continuing) and judging quality
THE CURRENT PROBLEM
RESIDENT EDUCATION

- Must care for patients when they need care
- Less continuity of care
- Each handoff creates opportunities for miscommunication, delays in providing care, and mistakes
- Fewer hours with patients leading to difficulty in decision making in response to changing patient’s conditions
Criteria for Selecting Learning experiences:

- application to “real life”
- feasible vis-à-vis time, expertise, and resources
- develop problem solving skills
- motivates residents to broaden their interest
- foster their total development as a professional
Barriers to Change

I did it...
When I was a ...
It’s not broken...
Eager to emulate...
Machismo!
THE PATH

UME → GME → CME

MD Certification Maintenance of Certification
Competencies:
A Continuous Process

- (1) Medical School
- (2) Residency
- (3) Practice
- (4) Certification
- (5) Maintenance of Certification
RRC Expectations for Programs

- Review and learn the competencies
- Discuss competencies with residents/faculty
- Integrate competencies in educational program
6 Competencies

- Patient care
- Medical Knowledge
- Professionalism
- Practice Based Learning and Self Improvement
- System Based Care
- Interpersonal/Communication Skills
COMPETENCIES

- PATIENT CARE
  - DIAGNOSTIC SKILLS, ASSESSMENT AND EVALUATION
  - ABILITY TO DEVELOP RAPPORT AND THERAPEUTIC ALLIANCE
  - PHARMACOTHERAPY
  - TREATMENT PLANNING
  - PATIENT COMMUNICATION AND EDUCATION
- MEDICAL KNOWLEDGE
  - ABILITY TO DEMONSTRATE KNOWLEDGE ABOUT CURRENT MEDICAL INFORMATION AND EVOLVING SCIENTIFIC EVIDENCE AND APPLY IT TO PATIENT CARE

- PRACTICE BASED LEARNING AND SELF-IMPROVEMENT
  - ABILITY TO APPLY CLINICAL PRACTICE EXPERIENCES TO OWN SELF-LEARNING AND DEVELOPMENT
PROFESSIONALISM

- MANAGEMENT OF CLINICAL RESPONSIBILITY
- DOCUMENTATION
- TEACHING
- ETHICAL DECISION MAKING & CULTURAL SENSITIVITY
- PERSONAL QUALITIES
SYSTEM BASED CARE

- ABILITY TO PRACTICE QUALITY HEALTHCARE AND ADVOCATE FOR PATIENTS IN THE HEALTH CARE SYSTEM

INTERPERSONAL/COMMUNICATION SKILLS

- WORKING RELATIONSHIPS
- ABILITY TO ESTABLISH RAPPORT WITH PATIENTS
- VERBAL PRESENTATION
Continuity Clinic

- Must document ½ day session for a minimum of 36 clinic weeks per year
- Patient population must be documented with age, diagnosis, and encounter dates
- Clinic
  - New Patient – entered only once
  - Follow up if new to resident - entered only once
  - Continuity clinic visit – each patient visit
Resident Case Log

- All data are entered on ACGME web site
- Resident logs in the patient data with their own password.
- The program director can review single or total resident data, but cannot change it.
- Resident should keep record of his/her patients until the information is entered.
Case Log: Resident enters

- Demographics
  - Date of the evaluation
  - Institution
  - Attending physician
  - Clinical setting
  - Year of birth
Procedures

- Residency programs must teach residents procedural skills appropriate for general pediatrician in both the hospital and ambulatory setting.
- Knowledge of indications, contraindications, and complications and know how to obtain consent.
- Use online log provided by ACGME
Procedures

- Basic life support
- Advance life support
- Placement of IO
- Placement of IV
- Arterial puncture
- Venipuncture
- Umbilical artery and vein cauterization
- Lumbar puncture
- Bladder catheterization
- Gynecological evaluation of pre and postpubertal female
- Wound care and suture laceration
- Subcutaneous, intradermal, and IM injections
- Developmental screening
- Procedural sedation
- Pain management
- Circumcision
- Chest tube
- Thoracocentesis

- Tympanometry and audiometry
- Vision screening
- Hearing screening
- Simple removal of foreign bodies
- Inhalation medications
- I&D superficial abscess
- Reduction and splint of simple dislocation/fx
Evaluation

- Resident
- Faculty
- Program
- Accurate assessment of residents’ competence of the 6 competencies
- Regular, timely performance
What have we done?

- Duty hours
- Evaluation
- Continuity clinic
- Procedure
Pediatric Residency Program

- Intern
  - 4 months of ward
  - 1 month NICU
  - 1 month PICU
  - 1 month ER
  - 2 months Nursery
  - 2 months Clinic
  - 1 month Elective
  - Continuity clinic – ½ day per week
  - Call q 4
2\textsuperscript{nd} year
- 2 months Ward
- 1 month NICU
- 1 month PICU
- 1 month Child Dvp
- 1 month Community Health
- 2 months Urgent Care
- 3 months Elective
- 1 month Night Float
- ½ day CCC per week

3\textsuperscript{rd} year
- 2 months Ward
- 1 month NICU
- 1 month PICU
- 1 month ER
- 1 month Adolescent
- 2 months Night Clinic
- 3 months Elective
- 1 month Night Float
- ½ day CCC per week
Summary

- ACGME rules progressively changing
- 6 competencies need to be used to thoroughly evaluate resident performance
- Documentation emphasis