SEMCME Annual Fall Conference
Personal & Professional Growth in GME

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6 September 2019
Detroit, Michigan
Disclosures

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• No relevant financial disclosures
How often do you see this???
How often do you see this???
We have strayed far…….

“Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to (feel) hear, learn to smell and know that by practice alone you can become expert. Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control, But see first.”

Sir William Osler
Can we find our way back?
Residents - Back to Bedside

- Launched in 2018
- Council of Review Committee Residents (CRCR)
- Innovative and transformative ideas
- The ACGME is currently funding 30 projects


- CWRU: back to the future – surgical rehearsal platform to improve surgeon-patient alliance
- CHoP: What’s in a name: strengthening care relationship
- Kaiser Permanente: The sixth vital sign: Reconnecting with our patients to improve resident and patient experience
- UCSD: Capturing dignity
- U Mass: Mindful Rounding
The Role of the Coordinator

- Confidante
- Life coach
- You know the rules
- You have the information
- You have the dirt
- Connections at the ACGME
ACGME Requirements

• Institutional
  • Proposed by IRC

• Common Program
  • Proposed by task force of members of:
    • ACGME Board of Directors
    • Council of Review Committee Chairs

• Specialty-Specific
  • Proposed by Review Committee

• ALL must be approved by ACGME BoD
Common Program Requirements

• Foundational elements for all GME programs
• First Common Program Requirements 2004
Common Program Requirements

• Major revisions: 2007, 2011, 2016-2018
• Major revisions are *prolonged* processes
• Latest revision done in two parts:
  • Section VI approved 2/6/2017; effective 7/1/2017
  • Sections I-V approved 6/10/2018; effective 7/1/2019
Why were the CPRs Revised?
New Set of CPRs: Why?

- Strategic planning findings
- Data from implementation of NAS
- Loss of professionalism
- Concerns regarding physician wellbeing
Common Program Requirements

• Four sets:
  • Residency
  • Fellowship
  • One-Year Fellowship
  • Post-Doctoral
Common Program Requirements

• CPRs *are* available as a separate document

• They are also embedded in the requirements of your specialty/subspecialty

• In your specialty/subspecialty requirements, the **CPRs** are easily recognizable because they *are* in **bold font**
Latest CPRs: Style

- Statements of philosophy
- *In italics*
- NOT citable
Latest CPRs: Style

• Statements of background and intent
• Set off by boxes
• NOT citable

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution’s mission and aims. The program’s annual evaluation must include an assessment of the program’s efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).
Latest CPRs: Style

• 10 “Detail” requirements
• 16 “Outcome” requirements
• 269 “Core” requirements

*Core Requirements*: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

†Detail Requirements*: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements*: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.
Latest CPRs: Style

• Lots of details removed from prior version of the CPRs

• Those areas will *presumably* be governed by your DIO and GMEC

• Program Director Guide to the CPRs
Common Program Requirements

Six Sections:

I. Oversight
II. Program Personnel
III. Resident Appointments
IV. Educational Program
V. Evaluation
VI. The Learning and Working Environment
Diversity & Inclusion

The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

Chief Diversity and Inclusion Officer: William McDade
CPR Section I: Resources

Program in partnership with SI must ensure:

- Adequate resources for resident education
- Healthy and safe learning environment
  - Food
  - Sleep facilities
  - Lactation facilities
- Access to reference materials
- Other learners enhance resident education
CPR Section II: Program Director

PD responsibilities

- Design and conduct the program consistent with:
  - The needs of the community,
  - The mission(s) of the Sponsoring Institution,
  and
  - The mission(s) of the program
PD responsibilities

• Document verification of program completion for all graduating residents within 30 days

• Provide verification of an individual resident’s completion upon the resident’s request, within 30 days
CPR Section II: Faculty Members

Faculty members must:

• Be role models of professionalism

• Demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care

• Demonstrate a strong interest in the education of residents

• Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities
CPR Section II: Faculty Members

Faculty members must:

- Administer and maintain an educational environment conducive to educating residents
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences
- Pursue faculty development designed to enhance their skills at least annually
CPR Section II: CORE Faculty

Must:

• Be designated by the PD
• Have significant role education/supervision of residents
• Devote significant effort to resident education/administration
• Teach, evaluate, and provide formative feedback to residents
• Complete the annual ACGME Faculty Survey
CPR Section II: Coordinator

For Residency Programs

• Each program must have one

• Must be supported ≥ 50 percent FTE (≥20 hrs/week)

  The RC may further specify

For Fellowship Programs:

• Not as specific
Background and Intent: Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of residents.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer residents may not require a full-time coordinator; one coordinator may support more than one program.
CPR Section III: Resident Eligibility

Prerequisite post-graduate education must be

- ACGME-accredited
- AOA-approved
- RCPSC-accredited
- CFPC-accredited or
- ACGME-I Advanced Specialty accredited

RCs may allow exceptions to above eligibility
CPR Section IV: Curriculum

Must contain:

• Program aims consistent with:
  • Sponsoring Institution’s mission,
  • Needs of the community it serves, and
  • Desired distinctive capabilities of its graduates
CPR Section IV: Curriculum

Must contain:

• Competency-based goals and objectives for each educational experience
CPR Section IV: Curriculum

Must contain:

- Advancement of residents’ knowledge of ethical principles foundational to medical professionalism
CPR Section IV: Educational Program

Must contain:

- Advancement in the residents’ knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care
Case

Your program has received a citation from the RC for inadequate faculty scholarly activity. A progress report is requested in six months in which you are asked to outline the steps that have been taken by the program to address the deficiency. When you meet with the faculty, they tell you that they are too busy clinically to do research. Several also state that they haven’t done research since residency and frankly don’t know how to do it anymore, and don’t want to deal with rats and mice.

What should you do?
Case

Have your PD do one of the following

A. Ask your DIO, Chair to free up faculty time
B. Review the definition of scholarly activity with faculty
C. Make sure CQI and other clinical projects are taken into account
D. Ask your nationally-prominent friends to invite your faculty members to provide lectures and participate in research projects
E. Ask your faculty members to become involved in regional and national committees
Case

Think about some strategies:

- What are the real “time issues”?
- Faculty development
- Scholarship takes many forms
- What are the road blocks?
- Enlist the help of the departmental Promotions and Tenure Committee
- Collaboration inside and outside of the division/department
- Why is scholarship important?
What is the Message?

Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program’s scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.
The Purpose of Requiring Scholarship
The intention was not to turn you into bean counters
Do not lose sight of the forest for the trees
Unspoken Rationale

- Having an environment of scholarship:
  - Leads to the creation of new knowledge
  - Encourages life-long learning
    - Scholarship creates a mindset of inquiry
    - Might reduce “jumping on any bandwagon that comes along”
    - Mindful practice: for example – antibiotic stewardship, infection control and careful consideration of new (and expensive) drugs before use

$30.00/case of 24 + shipping
Really?????
Research/Scholarship
(Not just Rats/Mice)
Faculty Scholarly Activity

IV.D.2.a) …efforts in at least three of the following domains: (Core)

- Research…
- Peer-reviewed grants
- QI/PS initiatives
- Systematic reviews, chapters, case reports
- Creation of curricula, evaluation tools, electronic educational materials
- Contribution to professional committees, editorial boards…
- Innovations in education
• Background and Intent: For the purposes of education, metrics of scholarly activity represent one of the surrogates for the program’s effectiveness in the creation of an environment of inquiry that advances the residents’ scholarly approach to patient care. The Review Committee will evaluate the dissemination of scholarship for the program as a whole, not for individual faculty members, for a five-year interval, for both core and non-core faculty members, with the goal of assessing the effectiveness of the creation of such an environment.
The information provided did not demonstrate substantial compliance with the requirement. Of the core faculty, only one has a citation for a book chapter, unclear when this was published.

Publications listed are from 20 years ago.

The information provided did not demonstrate substantial compliance with the requirement. Inadequate evidence of compliance, with zero peer-reviewed publications/journal articles, zero review articles, chapter and/or textbooks, and very limited examples of participation in local, regional and national activities/presentations/abstracts/grant from the last 5 years.

It was reported that lack of access to an IRB limits the ability of residents to participate in scholarly activity.

Scholarly activity requirements vary by RCs.
CPR Section IV: Competencies

The program must integrate the following ACGME Competencies into the curriculum:

- Professionalism
- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Systems-based Practice
CPR Section IV: Professionalism

- Residents must demonstrate a commitment to professionalism and an adherence to ethical principles
• Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
CPR Section IV: Systems-Based Practice

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.
CPR Section IV: Pain Management

The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of addiction.
CPR VI: Well-Being

- Attention to scheduling, work intensity, and work compression that impacts resident well-being;

- Evaluating workplace safety data and addressing the safety of residents and faculty members;

- Policies and programs that encourage optimal resident and faculty member well-being; and,
Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
CPR VI: Well-Being

• Attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution must:

• Provide access to appropriate tools for self-screening; and,

• Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.
Program Coordinator Burnout

Burnout is described by Maslach and Jackson as a syndrome consisting of three elements:

- Emotional exhaustion
- Cynicism/depersonalization
- Reduced personal accomplishment and feelings of ineffectiveness.

  - Copenhagen Burnout Inventory
  - 931 respondents
  - Significantly higher burnout scores (p<.0001) in all subscales for those who were thinking of leaving their jobs
Coordinator Burnout

• Fountain et al: 76% experienced burnout and 59% considered resigning
• Carson et al: Coordinators spent more than 10% of their time focused on resident wellbeing
• Certain times of the year are particularly stressful (June & July phenomena)
• Ewen et al: 86% - no resources offered for wellbeing for coordinators
VI.F. Duty Hours: Clinical and Educational Work Hours

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
80-Hour Work Week

If you routinely create schedules that max out to 80 hours, there is no give. If the resident stays an hour or two to finish a task, attend an educational activity, or stay with a sick patient – they will of course exceed the 80 hours. So….do not schedule to the max 80 hours.

Simple Math
Thank you!