

The Journey to ACGME Accreditation: A Program's Perspectives and Practical Guidance From the ACGME

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Nothing is so painful for the human mind as a great and sudden change.

Mary Shelley, *Frankenstein*

A Program's Story

In 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine approved a single accreditation system for graduate medical education in the United States.¹ For osteopathic graduate medical education programs transitioning to ACGME accreditation, this change has been met with a mixture of anticipation, apprehension, and some anxiety as programs complete their application and undergo the accreditation site visit. Applying for ACGME accreditation will require programs to make changes and acquire a new perspective on resident education for programs that have a long-standing osteopathic tradition. This article offers the perspective of 1 of these programs, along with guidance by the ACGME, intended to assist osteopathic programs in navigating the transition process.

The internal medicine residency at St. John Providence Macomb-Oakland Hospital in Warren, Michigan, a suburb of Detroit, has 36 residents. The program prepared its application between July and early September 2015 and had a site visit in October. The Review Committee for Internal Medicine granted the program initial accreditation at its meeting in March 2016.

Planning for ACGME Accreditation

The key to completing an effective program application is an understanding of the specialty or subspecialty program requirements. A thorough reading and comprehensive understanding of the program requirements is critical to the success of the application document, including appreciating the critical differences between the ACGME and the AOA standards, and what needs to be changed in the specific program to ensure compliance. For example, the AOA standards do not require faculty scholarly activity, yet it is an important expectation in the ACGME requirements. In the application, programs need to define how the program/institution will assist faculty in achieving this requirement, including faculty development and any additional resources.

It also is important to understand that the ACGME is not accrediting the current AOA-approved program, and has intentionally chosen not to review compliance with requirements or use documents that would not be available from new programs without matriculated residents, such as case log data or board performance of graduates. At the same time, the ACGME assesses the educational program and the resources available for resident education, using the perspective of a "filled" program. In other words, are there sufficient faculty, patients, clinical case volume, and other resources to educate the full complement of residents? Are there any other learners who may affect the education of the residents?

Programs also should proactively engage the senior leaders of their sponsoring institution to ensure that resources are available to the program in order to meet compliance expectations. Programs whose sponsor is an Osteopathic Postdoctoral Training Institution (OPTI) should engage senior OPTI leadership and the leadership of participating institutions to ensure that accurate information on patient volumes

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BOX Key Considerations for the Application Document**The Accreditation Data System Common Application**

- Describe the overall program and the educational contribution of each clinical site, including the availability of specific patient volumes and variety
 - Define who will be overseeing each site, how the program director will exercise oversight of the rotation to ensure goals and objectives are met, the lines of supervision, and the availability of patients and cases
 - Ensure program letters of affiliation contain the required elements and are dated and signed
- Understand who to place on the faculty roster, including the definition of core faculty and other faculty
 - Ensure that licensure and certification information for faculty is current and complete
 - Know when to use the “explain equivalent qualifications for Review Committee (RC) consideration” field (consult the RC staff if in doubt)
- Scholarly activity
 - Understand how the Accreditation Council for Graduate Medical Education (ACGME) interprets peer-reviewed versus non-peer-reviewed publications
 - Find out if the RC in the given specialty allows the inclusion of “submitted” and/or “in-press” publications in the list of scholarly activities; some RCs like those for surgery and plastic surgery do, others do not
- Assessment
 - Understand the composition and role of the clinical competency committee and describe what has been implemented and what is planned, as well as the specific time frame
 - Describe residency evaluation as an “assessment system” that includes different types of assessments and tools, and how these work together to create a comprehensive picture of resident performance, as well as to provide rich and useful feedback
 - Describe the composition and role of the Program Evaluation Committee and discuss processes already implemented and/or the future timing of the annual program evaluation
- Understand ACGME duty hour standards and definitions; for questions refer to the Program Requirements or consult the RC staff

The Specialty-Specific Application

- Always explain answers when the opportunity is given, with the aim of providing the RC a complete, detailed “picture” of the program
 - Ensure understanding of what the RC expects in the narratives
- Check for consistency between the common and the specialty-specific sections of the application (eg, when mentioning faculty in a narrative, make sure they appear on the faculty roster)

Attachments

- The block diagram
 - Crosscheck with the Program Requirements to ensure that the rotations comply with any rotation-specific program requirements, such as months of specific experiences or number and qualifications of faculty at a given site
- Make sure policies are tailored to the specific specialty or subspecialty
 - Supervision policy should be explicit about chain of command and supervision under specific clinical circumstances
- Goals and objectives
 - Ensure goals and objectives are competency-based and rotation/experience-specific
 - Read the instructions and/or check with the specialty executive director to ascertain whether the RC requires a sample or all of the program’s goals and objectives for specific rotations and experiences
- Assessment
 - Be sure to submit blank evaluation forms
 - Include all evaluation tools used by the program as well as those that will be implemented in the near future

and other resources is provided for inclusion in the application. Some programs have reported that obtaining institutional patient and volume data has been more time-consuming and challenging than initially anticipated, and that this has delayed applications or resulted in applications with incomplete patient volume data, which can be problematic for the review process.

Preparing the Application

For the St. John Providence Macomb-Oakland Hospital Internal Medicine Program, the application process was preceded by several months of preparation and application development. Faculty and residents participated in this effort and in the review of the draft application. This not only helped get them ready for their interviews by the site visitor, but also provided a platform for discussion of program strengths, areas for improvement, and opportunities to resolve misunderstandings about ACGME requirements. The key was to have all program stakeholders participate.

To prepare, program leaders also reviewed common citations for internal medicine programs associated with Review Committee (RC) decisions to withhold an application, available from the ACGME website as part of a comprehensive set of webinar slides.² Leadership reviewed potential areas of non-compliance that could be identified by the RC. This included a resident assessment, faculty and resident scholarly activities, the adequacy of the faculty complement, and the program's educational curriculum. These areas are frequently subjects of discussion during the site visit, as well as the balance between service and education and the availability of adequate facilities and resources. Other specialties publish common citations, and this information helps in attaining a sense of RC expectations and priorities.

Another key individual in the application process was the sponsoring institution's designated institutional official (DIO), who initiated the application in the ACGME's Accreditation Data System and electronically signed off on the documents before they were submitted to the ACGME.

Helpful Guidance for the Application

When working on the application, it is helpful to have the requirements *and* the common and specialty-specific frequently asked questions at hand. Note that some questions in the ACGME application call for brief, specific, clear information, such as whether the institution will offer protected administrative time for the program director. Other answers require more detailed information, such as the rationale for the use of a particular participating institution or the response to the question, "Give 1 example of how residents will be involved in a quality improvement project." The answer to the latter question should describe the project, how residents are mentored and supported, how projects are selected, where projects are presented, and whether projects are written up and submitted as abstracts or publications.

The application should describe the current program, where the program does not currently meet an

ACGME standard, and the plans in place (or those being put in place) to meet the specific requirement. This should describe in detail what changes will be instituted and the specific time frame to meet ACGME and RC standards. For example, for the clinical competency committee (CCC), which is an important component of the assessment system expected in an ACGME-accredited program, the application should include the composition of the CCC, with an attached description of its role, and discuss whether the CCC has already met and begun its work, and if not, the specific time frame for this activity.

Program leaders should be honest and realistic in completing the application documents. If a program or institution does not and cannot provide a specific resource, this should be indicated. A few things may be "deal breakers," and some may result in a citation, but others may not. In some instances, RC executive directors (EDs) are able to provide clarification or alternative ways to meet a given requirement.

Getting Advice

Throughout the application process, questions or areas requiring clarification can be answered by the specialty RC's ED or accreditation administrator (BOX). These individuals can offer guidance about the content of the application, as expectations and documentation practices differ somewhat among specialties, and standards that sound similar to AOA requirements may have somewhat different expectations. The EDs also can discuss how the applying program's current resources and processes "fit" with the ACGME requirements, and what may need to be changed to ensure compliance. They may also be able to assist in crafting messages to residents, faculty, or institutional leadership, explaining the single accreditation system and discussing program development needs and ACGME requirements and expectations. Finally, programs may obtain helpful advice from other program directors who have already successfully navigated the transition to ACGME accreditation.

Proofing and Submitting the Application

Before the application is submitted, individuals who know the program well (faculty, residents, educators, the Director of Medical Education [DME], and/or the DIO) should read the document and offer corrections and suggestions. This will ensure that all aspects of the residency program have been accurately presented and that the document is internally consistent. It is not uncommon to miss glaring errors and discrepancies in a document that has been worked on for months. This should include a review of all sections of the

application for accuracy, including the faculty rosters and curriculum vitae (CVs). It should also ensure that attachments align with the requirements, as a number of specialties require program-level policies, in addition to the institutional policy for issues such as supervision, duty hours monitoring, and other areas.

Once the application is submitted, program staff should contact the RC team to confirm the application has been received. The RC staff also can assist with information about agenda deadlines for upcoming meetings. These are posted on the ACGME website and typically are 8 to 10 weeks in advance of the meeting date. Due to the need for a site visit, the deadline for submitting an application generally is several months earlier. Program leadership may want to contact staff in the Department of Field Activities and confirm the site visit will be scheduled in time for the upcoming RC meeting deadline.

After the St. John Providence Macomb-Oakland Hospital Internal Medicine Program had submitted its application, the site visit announcement letters by the ACGME and the ACGME field representative provided added information. Program leaders learned more about the ACGME field staff and the member assigned to the program by reviewing the site visitor's profile on the ACGME website.³ A preparatory meeting with residents, faculty, the DME, the department chair, and the DIO prior to the site visit was used to go over likely questions and address any remaining problems areas in the program. This laid the groundwork for faculty and residents to be interviewed so that they knew what to expect.

While there may have been some initial trepidation, the site visit for the internal medicine program was a constructive and useful experience that offered new ideas to the program. The ACGME field representative offered respectful and constructive feedback, and the feedback from the site visitor and the RC have been incorporated to improve the program and move it into the future. Accreditation field representatives are experienced professionals with considerable expertise in medical education, who have been provided with added training to enhance their knowledge about osteopathic medicine, the osteopathic community, osteopathic recognition, and related topics.

Programs should use the time before the site visit to meet with residents and faculty to ensure a common understanding of the program's organization and educational construct. Time should also be spent with the DIO and the department chair. Their perspective is highly relevant, and it is important that they share a common understanding of the program. For example, the DIO may not know that the program is planning to develop a standardized patient

or simulation program, so if asked about a resource, he or she may not provide an accurate response.

Navigating the Accreditation Process

Osteopathic program directors, DIOs, DMEs, and coordinators should avail themselves of the many educational offerings provided by the ACGME and the osteopathic community. These meetings offer opportunities to have questions answered, get to know colleagues in the allopathic community, and reduce anxiety about being a part of the ACGME-accredited graduate medical education community. Networking is an essential component of being a successful program director and can provide the program with added information resources, mentors, participating site options, outreach for residents and fellowship applications, and opportunities for collaborative research and other projects.

Following the RC Meeting

After the RC has reviewed the program, the ED will send an e-mail notification of the accreditation status within 5 days. This note will not provide any details about the findings from the review, only the status. The letter of notification is sent approximately 60 days after that. It outlines areas not deemed to be substantially compliant by the RC (citations), other areas in need of improvement, and actions the program is asked to take. This letter should be read carefully and discussed with faculty, residents, and department and institutional leadership. Programs should contact their RC's ED with any questions.

Benefits of the Transition to ACGME Accreditation

The transition to the single accreditation system required the St. John Providence Macomb-Oakland Hospital Internal Medicine Program to make some adjustments, but meeting the ACGME standards was not as onerous as originally thought, since many had already been implemented prior to applying for accreditation. The program worked to increase faculty participation in didactic sessions, including lectures, tumor boards, grand rounds, morning reports, and journal clubs. The program incorporated a quality improvement rotation into the postgraduate year (PGY) 2 that promotes resident-hospital cohesion and serves to expand resident involvement health system-wide through implementation of protocols based on research findings and outcomes.

The internal medicine RC limits on inpatient census have allowed for ample 1-on-1 educational time with senior residents and clinical faculty. Likewise, a new

night float design to accommodate the 16-hour continuous duty limit for PGY-1 residents actually improved residents' familiarity with patients and reduced fatigue. Other positive effects have included more robust didactics and enhanced faculty and resident scholarly activity, which have contributed to an improved educational and clinical experience.

A successful medical education program has to be dynamic. The changes that were brought about by transitioning to ACGME accreditation are in the interest of benefiting all by improving residency education and residency experience and, ultimately, resulting in well-trained physicians fully prepared for unsupervised practice. The transition to ACGME accreditation has created added focus and energy to improve the program. For a single internal medicine program, the process may seem a bit daunting at times, but it was a worthwhile experience. The advice to other osteopathic programs is to embrace the experience and allow uncertainty and worry to give way to energy and adaptation.

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