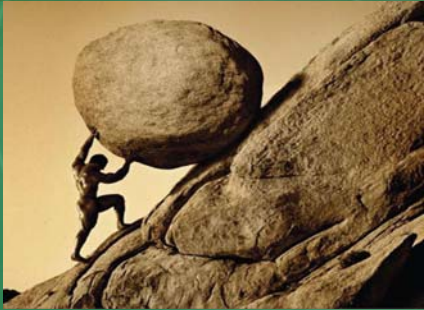


Unpacking NAS
The Next (or New) Accreditation System


Pam Royston, PhD
Allegiance Health
Administrative Director GME and
Designated Institutional Official

You are not alone. EVERYONE is challenged by NAS!

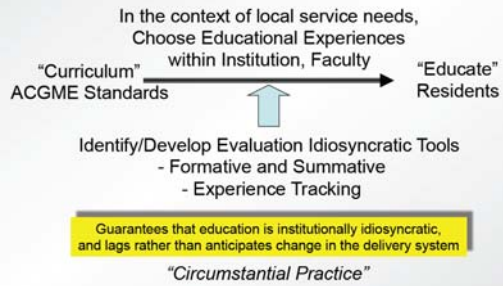


Criticism of Modern Medical Education

Is there a better way to ensure competence than just time spent in a training program?

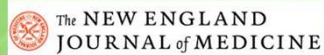


What Currently Drives the Structure and Content of our Residency Programs?



**"One definition of insanity
is doing the same thing
over and over again, but
expecting different
results."**

Rita Mae Brown
Sudden Death, 1983, p. 68



**We believe that in the future, expertise
rather than experience will underlie
competency-based practice
and...certification.**

Aggarwal & Darzi, NEJM 2006

Goals of the NAS

- Produce physicians for 21st century
- Accredite programs based on outcomes
- Reduce administrative burden of accreditation

7

Competency Based Medical Education

- Flexibility for individuals
- Efficiency
- Less time-oriented
- Public accountability
- Relevance assured
- Transparent standards
- Logical progression

Next Accreditation System

- Each standard is categorized:
 - Outcome – All programs must adhere
 - Core – All programs must adhere
 - Detail – Program requirements that if met give way for innovation.

9

Six ACGME Competencies

- Medical Knowledge
- Patient Care
- Practice Based Learning and Improvement
- System Based Practice
- Professionalism
- Interpersonal and Communication Skills

Only difference we know is # 7 OMM/OMP

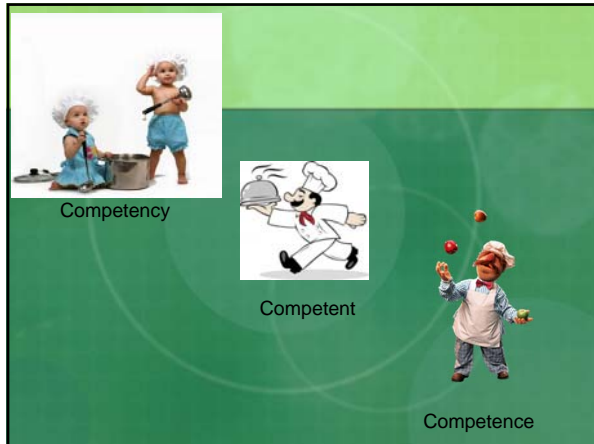
ACGME Milestones

Milestones are **knowledge, skills, attitudes,** and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice.

11

New ACGME Program Requirement

The specialty-specific **Milestones** must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. (Core)



Sub-Competency General Competency Developmental Progression Or "Milestone Set"

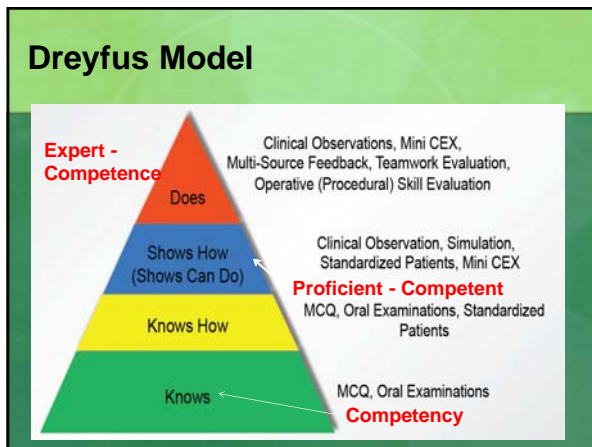
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Define medical errors, near misses, and sentinel events; provide system based examples of each Assist care coordinator with discharge and outpatient services arrangements Works in interdisciplinary teams to enhance safety and quality 	<ul style="list-style-type: none"> Uses protocols and checklists for patient hand-offs, medication orders, and emergencies Effects inter-facility transfer, including records and physician communication 	<ul style="list-style-type: none"> Reports problematic behaviors, processes, and devices, including errors and near misses Coordinates interdisciplinary inpatient care 	<ul style="list-style-type: none"> Conducts root cause or failure mode analysis of system-based errors and effect prophylaxis COORDINATES TRANSITION TO INTERDISCIPLINARY PROCEDURE Identifies resources for transition to practice Improves care systems to achieve optimal patient care Works effectively in various health care delivery settings and systems 	<ul style="list-style-type: none"> Leads multi-disciplinary patient safety team or initiative Leads interdisciplinary care team or clinic Mentors colleagues in practice building and administration
Comments: <input type="checkbox"/> Not yet rotated <input type="checkbox"/>				

When Do You Trust the Trainee?

- When is a professional activity mastered?
 - Set thresholds / minimum standards
 - Allow unsupervised practice
 - Direct vs.. Indirect Supervision
 - Full entrustment

ACGME requires Program Directors to attest to a trainee's competence.

Subcompetency / EPA				
Can Make Italian Food				
Observable and measurable activities demonstrating skills, knowledge and ability				
	Fruit	Vegetables	Protein	Grain
Things we measure overtime	Knows how to make sauce	Knows how to dice tomatoes	Knows what meat to use in the dish	Knows what pasta to use
Do we trust them? Direct supervision/indirect supervision	Cooks marinara sauce	Dices tomatoes	Browns ground beef	Boils ravioli



- ### Milestone Assessment
- A desire for objective methods of assessment and provide better feedback
 - Provide a process for early identification of residents that are having difficulties
 - A desire to encourage innovation

Clinical Competency Committee

The program director must appoint the Clinical Competency Committee. ^(Core)

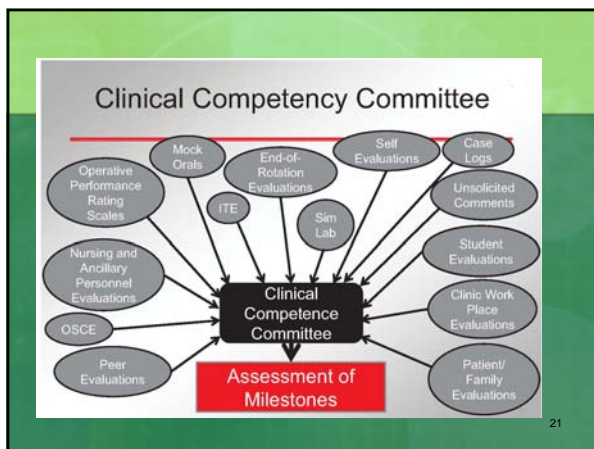
- At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. ^(Core)
- Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. ^(Detail)

Clinical Competency Committee

The Clinical Competency Committee should:

- review all resident evaluations semi-annually; ^(Core)
- prepare and assure the reporting of Milestones evaluations of each resident semi annually to ACGME; and, ^(Core)
- advise the program director regarding resident progress, including promotion, remediation, and dismissal. ^(Detail)

ACGME Common Program Requirements



When Do You Trust the Trainee?

Clinical Competency Committee makes recommendations to the Program Director based on sufficient data that assesses a resident's ability to enter practice without supervision.



Next Accreditation Model

- Continuous Accreditation Model
- Scheduled Site Visits replaced by 10 year Self Study Visit
- Standards revised every 10 years

23

Continuous Accreditation Model

- ADS Annual Update
 - Program Characteristics – structure and resources
 - Program Changes – PD \ Core Faculty \ Residents
 - Scholarly Activity – Faculty and Residents
- Resident Survey
- Faculty Survey
- Milestone data
- Board Pass Rate – multi-year rolling average
- Case Log data \ Clinical Experience
- Hospital accreditation data
- Other

24

With Annual Data, RC can ...

- Clarify information
- Progress reports for potential problems
- Focused site visit
- Full site visit
- Site visit for potential egregious violations
- Accreditation - status

NAS Site Visits

No site visits as we know them but

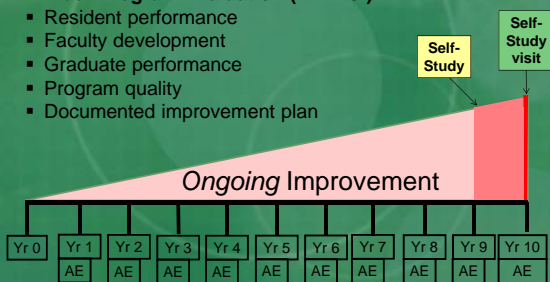
- Focused site visits for an "issue"
- Full site visit (no PIF)
- Self-Study visits every 10 years

26

Ten-Year Self-Study and Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan



NAS - CLER

CLER – Clinical Learning Environment Review

Focus is to assess institutional policies and programs to ascertain the level of resident/fellow engagement in six focus areas.

34

NAS in a Nutshell



- Based on Competency Education
 - Milestones
 - Clinical Competency Review Committee
- Program Self Evaluation – Annual Program Review
 - Monitored by ADS
- Continuous Accreditation
 - 10 Year Site Visit (no PIF – not sure if this is good or bad)
- Clinical Learning Environment Review

35

Challenges



I expected times like this - but I never thought they'd be so bad, so long, and so frequent.

36

Thank you!

Questions?

37
