SCS Forum on GME Issues

August Webinar
Recasting the Role of OPTI in a Unified Accreditation System

Featuring Pamela Royston, PhD, CMA
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Adobe Connect

Recasting the Role of OPTI in a Unified Accreditation System
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Associate Dean
Statewide Campus System
Michigan State University
We are products of our past, but we don't have to be prisoners of it.”


**Crossing the Single Accreditation Crevasse**

- Smaller Programs
- Community Hospitals
- Reduced funding
- Program Competency

**Milestones**

- CLER
- EPA's Resources

**Single Accreditation**

- More reporting
- Standardized program competencies
- Single match
- Needs more financial support

**Differences**

- Milestones
- Entrustable Professional Activities
- Core Faculty
- Annual Reviews
- Resident/Fellow Forum
- Supervision definitions
- CLER
Milestones

- Outcome based measures
- Program specific
- Based on Six ACGME Competencies
- Osteopathically focused - OPP competency determined by OPC

Entrustable Professional Activities

- Competency based
- Supervising physicians decide level of supervision
- EPAs are not an alternative for competencies, but a means to translate competencies into clinical practice

Core Faculty

- Determined by compensated time to program activities
- At a minimum 15 hours a week
- Includes didactics, administration, and research/scholarly activity, direct supervision
Annual Reviews

- AIR (Annual Institutional Review)
- APR (Annual Program Review)

Resident\Fellow Forum

- Institutional requirement
- Residents across the institution must have access
- Town Hall, council or forum
- Must have the option to conduct this without administration or faculty

Resident Supervision

- Core ACGME Requirements
- Direct Supervision
- Indirect Supervision
- Oversight
CLER – Clinical Learning Environment Review

- New inspection – Institutional Sponsor
- To date – does not impact accreditation
- A key component of the Next Accreditation System (NAS)
- Goal is “To generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation.”

CLER - Focus

- Patient Safety
- Quality Improvement
- Transitions in Care
- Fatigue Management and Duty Hour Oversight
- Supervision
- Professionalism

CLER – Patient Safety

- Opportunities for residents to report errors, unsafe conditions, near misses in a protected manner that is free from reprisal
- Ability to participate in inter-professional teams to promote and enhance safe care, including root cause analyses
CLER – Quality Improvement

- How sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes
- Participation in inter-professional quality improvement initiatives

CLER- Transition of Care

- How sponsoring institutions demonstrate effective standardization and oversight of transitions of care

CLER - Supervision

- How sponsoring institutions maintain and oversee policies of supervision of residents/fellows consistent with institutional and program-specific policies
- Mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal
**CLER – Fatigue and Duty Hours**

- Demonstrate effective and meaningful oversight of duty hours policies with noncompliance addressed in a timely manner
- Design systems of care and a learning and working environment that facilitate fatigue management and mitigation
- Provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation

**CLER - Professionalism**

- Residents'/fellows and core faculty members’ fulfillment of educational and professional responsibilities, including scholarly pursuits
- Accurate and honest reporting of duty hours
- Identification of resident/fellow mistreatment

**Consortium As Institutional Sponsor**

- Educational Consortia in which the Consortium administers programs with the contracting and management of the residents, and management of core faculty, responsible for member compliance with ACGME standards
- Educational Consortia that add economy of scale to strengthen community based medical education
OPTI Transition to Consortium in Michigan

- Strengthening Community Based Medical Education: New Structures/ New Services
  - Collaborative Translational Research
  - Professional Development for Members
  - Competency Based Educational Programs/ Certification Courses
  - Mini Consortia of small community based programs

SCS Consortium Strengths

- 25 Years of experience in collaboration and education programming
- National Model in Educational Development
- Professional Development, Research Development, Curriculum Development
- Affiliation with MSUCOM
- Historically strong leadership of Consortium Members

Tension in Transition

- Internal and Extrinsic Challenges
- Serving Two Masters
- Navigating Uncharted Waters
- Recasting our Vision
- Refocusing our Identity
SCS Strategic Planning

- SCS Leadership in Transition
- Strategic Planning - Governing Board
- ACGME Institutional Membership
- Revised Consortium Bylaws
- Different Stakeholders

“The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking.”
— Albert Einstein

References
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SCS Forum on GME Issues
August 26th at noon
How to Integrate the Affordable Healthcare Act Into GME
Featuring Gail Wilensky, PhD