

AOA to ACGME Workshop

Christine Sullivan, MD
Vice Chair
RC for Emergency Medicine

Felicia Davis, MHA
Executive Director
RC for Emergency Medicine



Disclosure

- No conflicts of interest to report

AOA EM Program Stats

- ~50 AOA programs eligible to apply for ACGME accreditation
- 6 programs dually accredited
- Approximately 20% of AOA EM programs have submitted applications



Single Accreditation System

- To apply, programs must be associated with ACGME-accredited sponsoring institution or institution with “Pre-Accreditation” status
- July 1, 2015 - AOA-approved programs began applying for ACGME accreditation
 - 5-year window closes 30 June 2020
 - AOA ceases accreditation 30 June 2020
- All core EM program applications require a site visit before the Review Committee can evaluate



SAS “Pre-Accreditation Status”

- Granted upon receipt of completed application
- Created *for* and to be applied *only* during the transition to ACGME accreditation of currently AOA-approved programs
- Pre-Accreditation \neq Initial Accreditation
- Does not require IRC / RRC review
- Status will be publicly acknowledged



Caution!!



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- Pre-Accreditation \neq Initial Accreditation
 - Residents graduating from a Pre-Accredited program are not eligible for ABEM certification*
 - *per communication from ABEM

Osteopathic Recognition

- Programs with Pre-Accreditation or other ACGME accreditation status may apply for osteopathic recognition
- These programs will create an osteopathic-focused learning environment that spans the length of the program
- **New!** Osteopathic Principles Committee - responsible for review and evaluation of the osteopathic principles dimension of programs that seek Osteopathic Recognition
 - Staff
 - Lorenzo Pence, DO – SVP
 - Tiffany Moss, MBA – Executive Director

Submitting an Application



The image shows a stack of application forms. The top form is titled "APPLICATION FORM" and has a section for "PERSONAL INFORMATION". A silver pen is resting on the form. The form includes fields for Last Name, Address, Phone, Security Number, U.S. Citizen?, Ever been employed?, and a question about submitting to a pre-employment drug screening test. There are also fields for First Name, Middle, City, State, Zip, and Email address. The form is partially filled out with lines and some text.

APPLICATION FORM

PERSONAL INFORMATION

Last Name _____

Address _____

Phone: _____

Security Number: _____

U.S. Citizen? Yes No

Ever been employed? Yes No

Are you willing to submit to a pre-employment drug screening test? Yes No

First Name _____ Middle _____

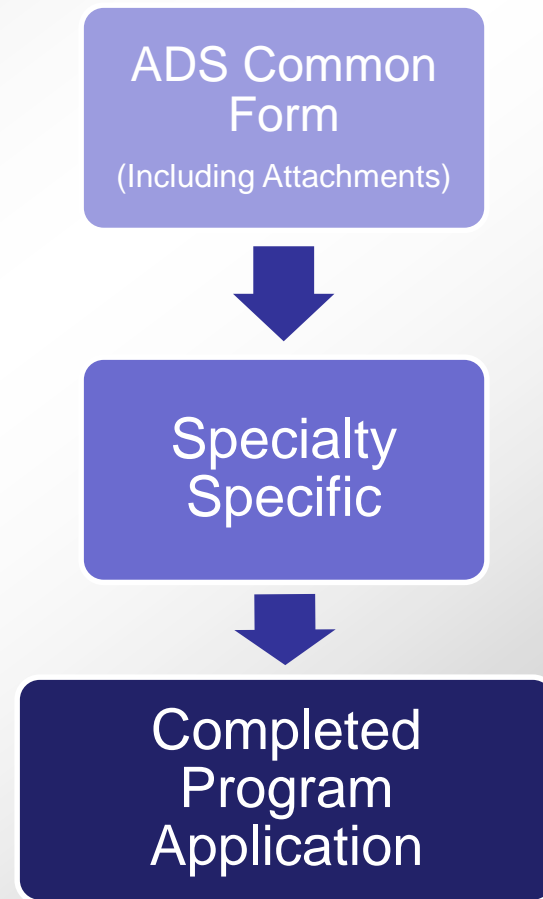
City _____ State _____ Zip _____

Email address: _____

Name _____ Location _____ Years Afterward _____

Application Sections

- A completed program application contains three parts:
 - (1) ADS Common Application
 - (2) Specialty Specific Application Word document
 - (3) Attachments



Application Process Steps

1. DIO Initiates Application

2. Application sent to Program Director

3. PD completes the application



Application Process Steps

4. Application returns to DIO

5. DIO reviews and approves application

6. Application sent to ACGME



ACGME

Application Process Steps

7. PD receives confirmation email

8. Application sent to Dept. Field Activities

9. Site Visit scheduled



Application Process Steps

10. Program site visited

11. Completed application and site visit report scheduled for next RC mtg

12. RC Meeting to determine program accreditation status



Review Committee Findings



Core Faculty Scholarly Activity

- Core Faculty scholarly activity has been consistently low in meeting the requirements
- Review Committee is aware of the different expectations between AOA EM standards and ACGME EM requirements
- Not meeting this requirement alone, does not preclude accreditation

Core Faculty Requirements

- *At minimum, this must include one scientific peer-reviewed publication for every five core physician faculty members per year (averaged over the previous five-year period). (Detail)*
- **Example:** For 10 faculty = 10 peer-reviewed publications in 5 years
- Not meant to be interpreted as 10 publications by 1-2 members, but rather to demonstrate that the majority of core faculty are committed to scholarship (FAQ).

Scholarly Activity FAQ

It is critical that faculty members participate in scholarly activity in order to appropriately mentor residents and enhance the educational program.

Acceptable faculty scholarly activity includes:

- **Peer Review** -This includes original contributions of knowledge published in journals indexed in PubMed and listed in Thomson Reuters (formerly ISI) Web of Knowledge or MEDLINE®. Abstracts, editorials, or letters to the editor do not qualify. Submissions to online venues, with the exception of Med Ed PORTAL, do not qualify.
- **Non-Peer Review** -This includes all submissions to journals or online venues that do not fulfill peer-review criteria. This also includes abstracts, editorials, or letters to the editor submitted to peer-reviewed journals that have not undergone the rigorous, blinded, multiple peer-review process. This category also includes educational videos, DVDs, and podcasts.



Scholarly Activity FAQ

- **Textbooks/Chapters** -This includes submissions for which the faculty member served as editor, section editor, or chapter author.
- **Presentation at Local/Regional/National Organizations** -This includes invited presentations at meetings, such as abstracts (posters), expert panel discussions, serving as a forum leader, or grand rounds presentations. Grand rounds or other didactic presentations do not qualify unless presented at a department other than emergency medicine. The expectation is that this presentation is of original work. Instruction of or participation in certification courses, such as ACLS, ATLS, or PALS, do not qualify.
- **Committee Membership/Leadership** -This includes elected or appointed positions in nationally recognized organizations. Membership alone does not qualify.
- **Editorial Services** - This includes serving as an editor, editorial board member, reviewer, or content expert. Serving as an abstract reviewer or grant reviewer also qualifies.
- **Grants** -This can only be satisfied by receipt of a grant.

Who should be Core Faculty?

- **Which faculty members should be included in the Faculty Roster in the Accreditation Data System (ADS)? [*Program Requirements: II.B.6.a) and II.B.6.c)*]**
- The Review Committee only expects core faculty members to be identified on the Faculty Roster in ADS. The program director, assistant/associate program director, and chair/chief of emergency medicine are required to be listed as core faculty members. Other core faculty members listed should include the physician faculty members of the Clinical Competency Committee and the Program Evaluation Committee. All other core faculty members included are at the discretion of the program based on the following criteria:

Who should be Core Faculty?

- Devotes at least 15 hours per week to resident education and administration
- Takes the annual Faculty Survey
- Records annual scholarly activity for ADS Annual Update
- Does not average more than 28 clinical hours in the ED per week
- Is clinically active and devotes the majority of professional efforts to the program
- Encourage/support residents in scholarly activities, research mentor
- Establish/maintain inquiry and scholarship w/active research component

Who should be Core Faculty?

- Attends at least 20 percent of the planned didactic experiences
- Evaluates the competency domains; or works closely with and supports the program director/program administration; or assists in developing and implementing evaluation systems

Other faculty members who dedicate more than 15 hours per week and whose primary role is clinical supervision of the residents, but who provide no other support to the program, should not be entered in ADS.

AOA Applications

- Many program responses in the application describe the *current* program
- Responses should describe what you will do to meet ACGME requirements, including:
 - Faculty protected time
 - Protected time for conferences
 - Faculty development
 - Key index procedures
- ***More information is better than less!!***



48-Month Program Format

- Programs applying for 48-month format need an educational rationale
- Educational rationale should:
 - Describe a more in-depth curriculum educational experience in areas related to EM, not just additional clinical rotations
 - Examples: Focused experiences in US, EMS, health administration, research, toxicology, critical care, etc.
 - Describe the skillset/outcome expected of the residents by completing additional 12 mos.
 - Examples: US certification, global health, increased scholarly activity including work towards MPH, Masters in Education, etc.
 - Describe graduated responsibilities during 4th year or for 4th year residents

Other notables...

- Proper use of Milestones
 - Milestones are a competency assessment tool
 - Evaluations can be milestones-based
 - The milestones are NOT goals and objectives
 - Programs required to develop overall program educational goals and competency-based goals and objectives for each assignment (PR IV.A.1-2)

Other notables...

- Procedural numbers – look at current numbers
- For procedural skills less than required minimum, discuss how these will be augmented
 - Look at your hospital billing for procedures in the ED
 - Determine whether simulation may be needed
 - Up to 30% of minimum procedures can be simulated
 - Rare procedures can be 100% simulated – pericardiocentesis, cardiac pacing, and cricothyrotomy
- Block diagram should clearly show how the curriculum will meet requirements for Peds, critical care, and 60% time in the ED

PGY1 Schedule

Block	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	Orientation	Anesthesia	Ultrasound	EM	OB	EM	EM	EM	EM	MICU	EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3
% Outpatient	100	50	100	100	50	100	100	100	100	0	100	100
% Research	0	0	0	0	0	0	0	0	0	0	0	0

* Vacation may be taken on Ultrasound, Anesthesia, and Obstetrics months, with PD approval

PGY2 Schedule

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	EM	Trauma	Elective	EM	EM	EM	EM	EMS	EM	SICU	EM	Peds ICU
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3
% Outpatient	100	50	100	100	0	100	100	100	100	0	100	0
% Research	0	0	0	0	100	0	0	0	0	0	0	0

^ Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (all Site 1)

* Vacation may be taken on EMS, Research and elective months, with PD approval

PGY3 Schedule

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	EM	Elective	Admin	EM	Research	EM	EM	EM	BICU	EM	Com EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 3
% Outpatient	100	100	80	100	0	100	100	100	0	100	100	100
% Research	0	0	20	0	100	0	0	0	0	0	0	0

Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (Site 1), and community EM (Site 2)

* Vacation may be taken on Elective, Administration, and Research months, with PD approval

Block	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	Orientation	Anesthesia	Ultrasound	EM	OB	EM	EM	EM	EM	MICU	EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3
% Outpatient											100	100
% Research											0	0

60% of each resident's clinical experience in the emergency department. (IV.A.6.a).(4)

36-month program = 22mos in the ED

	Month 11	Month 12
Rotation	EM	Peds ICU
Site	Site 1	Site 3
% Outpatient	100	0
% Research	0	0

	Month 11	Month 12
Rotation	Com EM	Peds EM
Site	Site 2	Site 3
% Outpatient	100	100
% Research	0	0

Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (Site 1), and community EM (Site 2)
 * Vacation may be taken on Elective, Administration, and Research months, with PD approval

PGY1 Schedule

Block	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	Orientation	Anesthesia	Ultrasound	EM	OB	EM	EM	EM	EM	MICU	EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3
% Outpatient	100	50	100	100	50	100	100	100	100	0	100	100
% Research	0	0	0	0	0	0	0	0	0	0	0	0

* Vacation may be taken on Ultrasound, Anesthesia, and Obstetrics months, with PD approval

PGY2 Schedule

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	EM	Trauma	Elective	EM	EM	EM	EM	EMS	EM	SICU	EM	Peds ICU
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3
% Outpatient	100	50	100	100	0	100	100	100	100	0	100	0
% Research	0	0	0	0	100	0	0	0	0	0	0	0

^ Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (all Site 1)

* Vacation may be taken on EMS, Research and elective months, with PD approval

PGY3 Schedule

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	EM	Elective	Admin	EM	Research	EM	EM	EM	BICU	EM	Com EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 3
% Outpatient	100	100	80	100	0	100	100	100	0	100	100	100
% Research	0	0	20	0	100	0	0	0	0	0	0	0

Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (Site 1), and community EM (Site 2)

* Vacation may be taken on Elective, Administration, and Research months, with PD approval

Five FTE months of care dedicated to pediatric patients. (IV.A.6.a).(2)

3 block months of Peds + 18% peds patients in ED X 22 ED rotation mos = an additional 3.96 mos of Peds

	Month 11	Month 12
EM		Peds EM
Site 1		Site 3
100		100
0		0

	Month 11	Month 12
EM		Peds ICU
Site 1		Site 3
100		0
0		0

	Month 11	Month 12
Com EM		Peds EM
Site 2		Site 3
100		100
0		0

Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 3
% Outpatient	100	100	80	100	0	100	100	100	0	100	100	100
% Research	0	0	20	0	100	0	0	0	0	0	0	0

Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (Site 1), and community EM (Site 2)
 * Vacation may be taken on Elective, Administration, and Research months, with PD approval

PGY1 Schedule

Block	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	Orientation	Anesthesia	Ultrasound	EM	OB	EM	EM	EM	EM	MICU	EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3
% Outpatient	100	50	100	100	50	100	100	100	100	0	100	100
% Research	0	0	0	0	0	0	0	0	0	0	0	0

* Vacation may be taken on Ultrasound, Anesthesia, and Obstetrics months, with PD approval

PGY2 Schedule

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	EM	Trauma	Elective	EM	EM	EM	EM	EMS	EM	SICU	EM	Peds ICU
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2
% Outpatient	100	50	100	100	0	100	100	100	100	0	100	0
% Research	0	0	0	0	100	0	0	0	0	0	0	0

^ Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (all Site 1)

* Vacation may be taken on EMS, Research and elective months, with PD approval

PGY3 Schedule

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Rotation	EM	Elective	Admin	EM	Research	EM	EM	EM	BICU	EM	Com EM	Peds EM
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 3
% Outpatient	100	100	80	100	0	100	100	100	0	100	100	100
% Research	0	0	20	0	100	0	0	0	0	0	0	0

Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (Site 1), and community EM (Site 2)

* Vacation may be taken on Elective, Administration, and Research months, with PD approval

Four months dedicated to critical care experiences. (IV.A.6.a).(1)

At least two months must be at PGY2 level or above. (IV.A.6.a).(1).(a)

- 4 block months in a formal ICU identified
- Trauma and Anesthesia do not count
- Peds ICU double counts for Peds and CC requirements

Month 11	Month 12
EM Site 1	Peds EM Site 3
100	100
0	0

Month 11	Month 12
EM Site 1	Peds ICU Site 2
100	0
0	0

Month 11	Month 12
Com EM Site 2	Peds EM Site 3
100	100
0	0

% Research	0	0	20	0	100	0	0	0	0	0	0	0
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Possible electives include: toxicology, advanced ultrasound, advanced EMS, palliative medicine, sports medicine (Site 1), and community EM (Site 2) 31
 * Vacation may be taken on Elective, Administration, and Research months, with PD approval

Other notables...

- Multi-source evaluations – Committee looking for all points: faculty, patients, peers, and self
- Review FAQs
- Pay attention! - lots of omissions/inaccuracies
 - Faculty certification
 - Patient census numbers
 - Record faculty scholarly activity in correct CV categories

ACGME Staff Contact List

Executive Director

Felicia Davis, MHA

312-755-5006

fdavis@acgme.org

Associate Executive Director

Kate Hatlak, MsED

312-755-7416

khatlak@acgme.org

Senior Accreditation Administrator

Sara Thomas

312-755-5044

sthomas@acgme.org



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Questions

