

## Citations and Areas of Focused Improvement in the Next Accreditation System

Todd Berger, MD, FACEP, Program Director, Emergency Medicine Residency  
Associate Professor, Dell Medical School, University of Texas at Austin

*As a disclaimer, this is the opinion of one PD. Like you, I am not a member of the RRC.*

The next accreditation system is designed to help the ACGME/RRC, through analysis of large amounts of data, identify the roughly 10% of programs who are struggling. Most programs will now get "Areas for Improvement" (AFIs) instead of citations. It is therefore helpful to think of "AFIs" as what in the old system would have called "citations," and "citations" as an actual pre-probation warning. AFIs do not require a written response, but they still need to be addressed and corrected.

There is an art form to answering citations, which follow a few rules and a general format. First, the RRC is not wrong. Second, the rules aren't stupid. Third, arguing with the RRC by telling them that they are wrong and that the rules are stupid in your ADS response to citations section will *only* hurt your cause. If you feel the need to do it, go for it--you might find it therapeutic. But be sure to delete it completely and put in your real responses before hitting submit. **Humility** here is essential.

So here's the secret formula. First sentence: "We strongly agree with this rule." Second sentence: "Here's why we think that this rule is important." Next sentences: "Here's what we're doing to meet this rule." Think about why ACGME has this rule--it's not just to harass you. Duty Hours are for patient (and resident) safety, scholarship requirements are to advance the knowledge base of the specialty, faculty certification/re-certification years are to assure the practice and teaching of current evidence based EM for patient safety and to ensure role modeling life-long learning, etc. Then detail what you are doing to be in compliance. If you are following the rule but failed to demonstrate it adequately, own that (it wasn't the site surveyor's fault) and show how you're in compliance with thorough documentation. If you are not in compliance, you will need to change your program [not try to convince the RRC to change the rule] and document what you are doing now to address it. Lastly, putting down, "This citation has been corrected" is not acceptable to the RRC--you'll need detailed documentation of what you are doing.

Most common AFIs: Resident Scholarly Output, Response to Citations, Faculty Roster updates, ACGME Annual Survey participation below minimum rates (source: RRC Update 2015).

Below are some actual citations which we got in 2011, and our response to them. The RRC felt they were addressed adequately and removed them after these responses.

**Faculty Qualifications/Current Specialty Certification [II.B.2.a)] All core physician program faculty and other attending staff who provide supervision for emergency medicine residents must have current certification in the specialty by the American Board of Emergency Medicine, or possess qualifications acceptable to the Review Committee. Based upon information provided in the PIF, Dr. Fxxxx is not currently certified in Pediatrics or Pediatrics Emergency Medicine. In addition, Dr. Sxxxx is currently certified only in Pediatrics. In order to supervise emergency medicine residents while on emergency medicine rotations, American Board of Pediatrics certified faculty members must also be certified in pediatrics emergency medicine.**

We strongly agree that the qualifications of our faculty are very important. Our trainees need to be learning from appropriately trained and qualified faculty. Our residents' Our ED rotations are only in facilities that have 100% ABEM board certified or board prepared physicians. All of our faculty are board certified or board prepared (residency and/or fellowship recently completed, board status pending) in either Emergency Medicine or Pediatric Emergency Medicine. The two faculty members in question had completed their Pediatric Emergency Medicine fellowships and their Pediatric Emergency Medicine Boards were in progress at the time of the site visit. Since then, Dr. Sxxxx has passed her boards on 3/28/12 (ABP#xxxx) and Dr. Fxxxx passed on 4/9/13 (ABP#xxxx), having completed their fellowships June 2011.

**Faculty Responsibilities/Core Faculty Scholarly Activity [II.B.5.e] All core faculty must be involved in continuing scholarly activity. Of the eleven core faculty members listed in the PIF, Drs. Bxxxx, Kxxxx, Wxxxx and Wxxxx do not have any peer-reviewed scholarly activities. In addition, Dr. Wxxxx's information does not list any scholarly activities of any type. The Committee notes that scholarship and research will be included in faculty development plans.**

We also agree that our scholarly mission is very important. The advancement and dissemination of new knowledge in Emergency Medicine must be anchored at academic centers throughout the country. We have a robust faculty development plan in place to enhance our maturation as an academic department. This includes:

*[detailed faculty development plan listed here]*

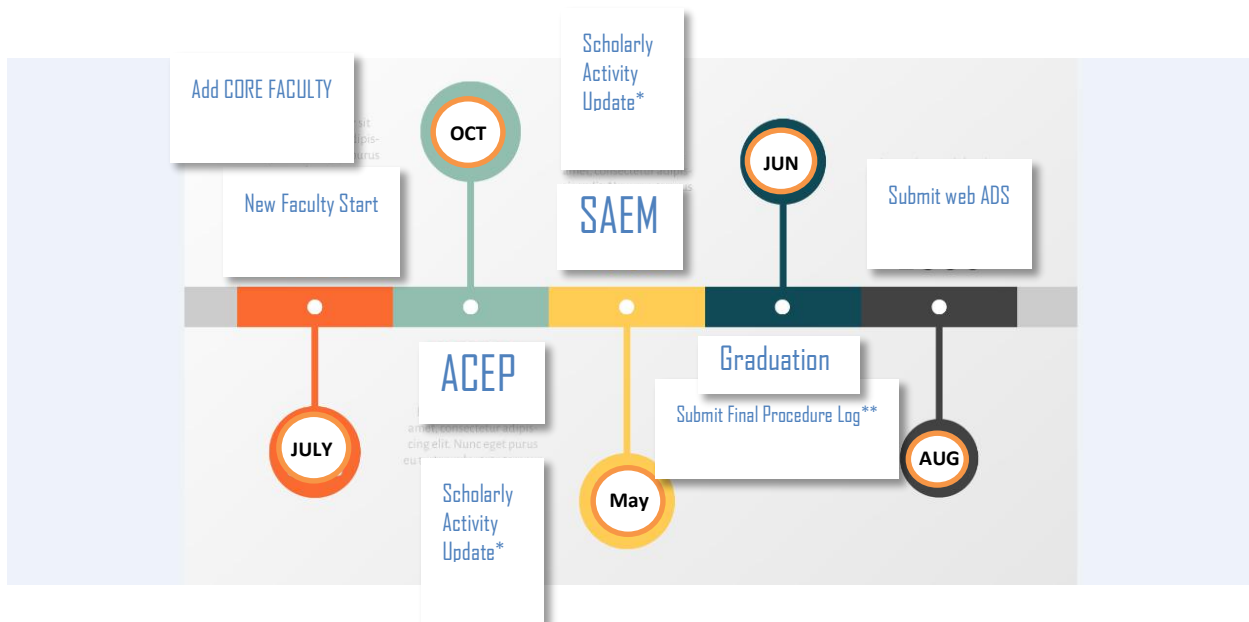
The following list of scholarly work has already been accepted for publication since our initial application for accreditation (PIF) was submitted in 2011. There are many new projects are in currently progress:

*[past year's faculty bibliography listed here]*

This last citation is a common one. After listing the required core faculty (PD, APD, Chief), be sure to list only your top publishers as core faculty (assuming they meet the other rules—max 28 hrs/wk clinical, min 15 hrs/wk to the program, min 20% conf attendance). And only list the required number of faculty (1 for every 3 residents)—padding this with extra people will only dilute your scholarship numbers.

## Timeline and Workflow for Web ADS Data Collection

Teresa Y. Smith, MD, MEd, Program Director, Emergency Medicine Residency  
Clinical Assistant Professor, SUNY Downstate/ Kings County Hospital



\*Example Scholarly Activity Update Worksheet

\*\*Example Final Procedure Log Worksheet

### Tips:

- Collect Data needed for the Annual Update throughout the year
- Assign a Chief Resident to collect scholarly activity updates from Faculty and Residents (*update regularly based on National Conferences*)
- Definition of Core Faculty:
  - o Be involved in Resident Education (and all of the duties that it entails)
  - o At least 15 hrs/wk of (Resident Education and/or Assessment); max 28 hrs/wk clinically
  - o 20% of conference attendance