

# *How To Respond to ACGME Citations*

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# disclosures

- I have no financial disclosures related to this topic
- This are the opinions of myself as a program director and not that of the ACGME
- I am a Internal Medicine RC member for ACGME

**At the conclusion of this activity, participants should be able to:**

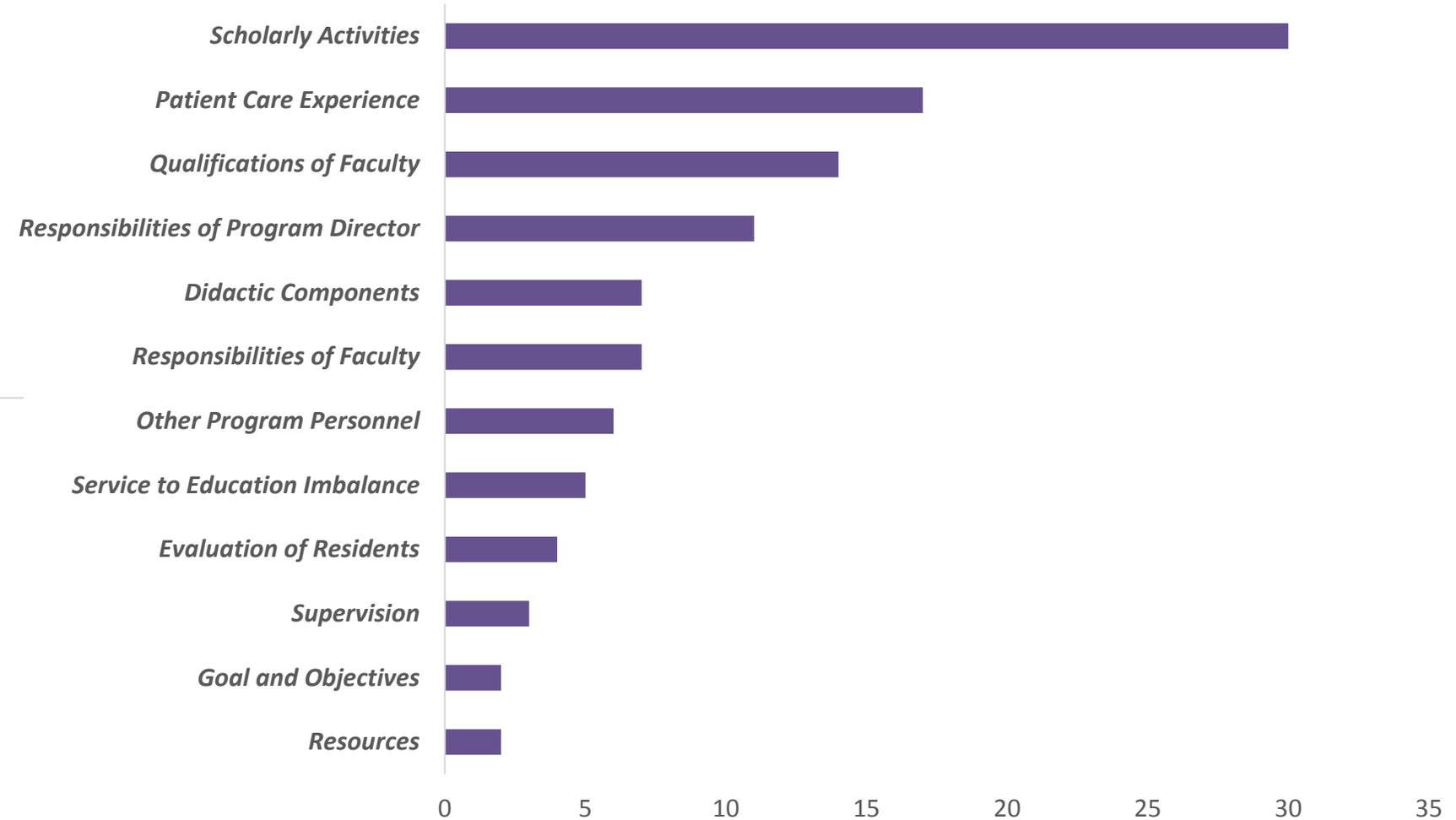
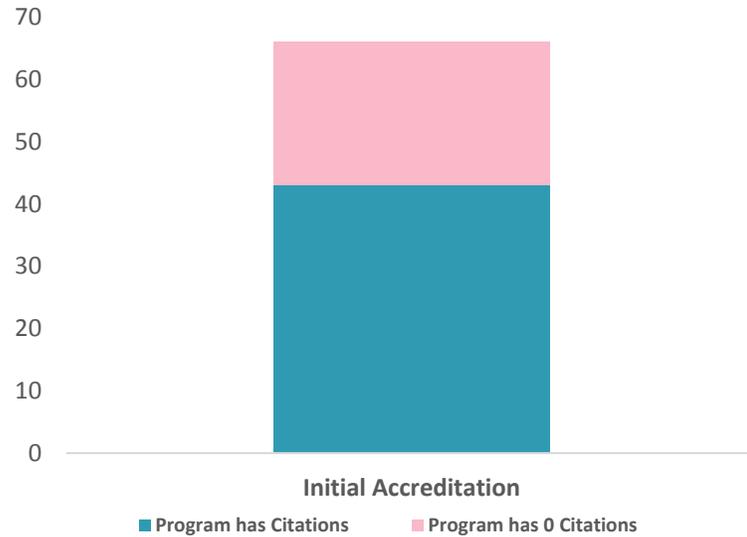
- Describe the difference between Citation and AFI
- Develop a Writing strategy-The Art of Responding to Citations
- Recognize the most common ACGME citations

# Citations and AFI's

- Citations Require response in ADS
- AFI = “Areas for Improvement”
  - AFIs do not require specific response in ADS.
  - RC assumes the program and institution will address AFIs.
  - Will draw further scrutiny (possibly become citation) if the trend continues

# Programs at Initial Accreditation, n=66

- Of programs at Initial (n=66), 23 do *not* have a citation.
- If have citations, have 2-3 citations.



# 3 Citations and 3 AFI's



Citation: Fellow Evaluations - Multiple Evaluators Program Requirement: V.A.2.b). (2) The program must: use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff). (Detail)

- It is unclear whether the program uses multiple evaluators to evaluate fellow performance. Evaluation forms provided in the updated application materials included a faculty of fellow evaluation and a 360 evaluation. However, the 360 evaluation does not indicate who will be completing the form, so it is unclear who is evaluating the fellows aside from the program faculty.

# Program Response

Our program already had a 360 evaluation in place at the time of site visit, which was completed in the past by a medical assistant and by a nurse. This may not have been clear at the time of the site visit but it was already in place and we have the documentation to show this. However, we have recently increased the number of people completing this evaluation to include peers (i.e. the fellows will evaluate each other) and have also increased the number of medical assistants completing the evaluation to two, as well as adding a second nurse and one to two clinic ATCs, so we will receive more 360 evaluations for each fellow each year.



Citation: Program Director – Failure to Provide Information Program Requirement: II.A.4.g) & II.A.4.g). (1) The program director must: prepare and submit all information required and requested by the ACGME. (Core) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. (Core)

- A review of the program's 2015-2016 ADS Annual Update data showed that some of the information provided was inaccurate or incomplete. Most notably, in the Patient Population Statistics table, the percentage of ED patients primarily assessed by the various providers added up to over 100 percent for Institution 3 (General City Hospital). Additionally, the faculty roster indicated multiple faculty members whose board certifications appeared to be out of date. It was also noted that numerous faculty members reported spending an average of 0 hours per week in any aspect of the program.

# Inaccurate or incomplete information is extra work for everyone

- Program Response:
- The St. Elsewhere hospital data was collected and reviewed with their administrators and site director. The data for providers adds up to 100%. The faculty roster was reviewed and updated for all faculty members.

Inaccurate and incomplete information is a common citation and while this may seem like a straightforward and direct response, only the examples in the citation were addressed. Frequently, there are many areas of inaccurate information submitted. Since the program director did not proofread the rest of the document to correct all the other mistakes, the citation was extended.

Citation: Service over Education Program Requirement: VI.A.4.a) The learning objectives of the program must: be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)

- At the time of the site visit, it was noted that there has been a significant increase in endoscopies at the institution over the past few years. It was also noted that this increase has been absorbed by the department without a concurrent increase in staffing, which has resulted in a stressful working environment for both the faculty and residents. According to the site visit report, several of the faculty members do not perform new patient evaluations, which has further exacerbated the problem by causing an increase in the volume of evaluations done by the residents. Additionally, residents noted that they do not have protected time for research, and currently research efforts are pursued during their spare time; however, opportunities to do so have been limited due to the increase in the volume of new patient evaluations.



# Program Response:

We have been working on the challenge of service vs. education since our ACGME survey results demonstrated low compliance in 2016. We have taken a multipronged approach to this very important issue. As alluded to in the citation, the clinical growth of the hospital led to coverage challenges but this has improved with hiring of new faculty and staff. Five of the six open clinical faculty positions were filled between January and July. Equally important, we have been changing the culture of the faculty; the expectation now is that the faculty step up to cover cases and/or services when a trainee is excused or when the workload surges. In addition to the primary benefit of protecting the resident to attend a weekly block lecture format for teaching purposes, this practice has allowed us to schedule additional faculty one afternoon per week to ensure that services can run smoothly in the absence of residents. The positive effect on morale is evident in the monthly residency meeting and coincides with the most recent ACGME survey where our compliance on education compromised by service improved to 76% from 36%. We still have some work to do but are pleased that we are going in the right direction.



Citation: Faculty Interest in Education Program Requirement: II.B.1.a The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents (Core)

It is unclear whether the program faculty members devote sufficient time to the educational program and demonstrate a strong interest in resident education. At the time of the site visit, it was noted that in recent years there has been high faculty turnover in the department. The most recent transitions will occur by the end of the 2015-2016 academic year, during which the department will lose seven more faculty members due to resignation or retirement. The residents expressed ongoing concerns regarding the overall faculty stability and retention in the department. They further commented to the site visitor that faculty morale, while somewhat improved, remains “fairly” low in some understaffed areas such as abdominal and pediatric radiology. Finally, residents commented that the institution’s reward policy places emphasis on certain types of academic work, which makes it difficult for faculty members to spend quality time with the residents



# Continued Non-Compliance:

01/26/2017 The Review Committee evaluated the program's response to the citation and determined that further follow up is needed. The program's response indicated that of the seven faculty members who resigned during the 2015-2016 academic year, only two have been replaced. The Committee noted the response indicated that recruitment efforts were underway to fill the remaining vacancies and also noted the robust description of the faculty performance review and reward process; however, there are still faculty deficiencies in the areas of nuclear medicine, interventional radiology, and pediatric radiology. The Committee will continue to monitor the program's recruitment efforts regarding the open faculty positions for continued improvement.

# Program Response:

- As of July 1, 2016, the Department has recruited ten new faculty members: one Abdominal & Emergency Radiology, one Emergency Radiology, one Musculoskeletal Radiology, one Nuclear Medicine & Molecular Imaging, two Pediatric Radiology, one Pediatric Radiology/Pediatric Interventional Radiology, one Vascular & Interventional Radiology, and two Women's Radiology. During this same time, the program lost one faculty position in Nuclear Medicine & Molecular Imaging to retirement after 39 years of service (effective June 30, 2017). The Department is actively recruiting to fill this recently vacated position and will appoint a locum tenens physician in the interim to assist with clinical volume and ensure the current faculty have sufficient time for resident education. Otherwise, the Pediatric Radiology Division has filled all vacant faculty positions as of September 1, 2017 and we anticipate the Abdominal & Emergency Radiology Division will have a full faculty complement as of September 8, 2017. All other Divisions (with the recent exception of Nuclear Medicine & Molecular Imaging) are also filled. To keep pace with institution-wide expansion, the Department received approval for two brand new faculty positions in Abdominal radiology and Interventional radiology. The Department is actively recruiting to fill these additional positions. In support of the educational program, faculty continue to receive, on average, approximately 10% non-clinical time during which they can prepare instructional materials, perform scholarly work, or participate in committee work or other professional development activities through the Medical School, the hospital, or external professional organizations/societies).

# Program Continued Response

Faculty deliver the Example Citation Responses 5 core curriculum and present extra conferences during the Monday-Friday workweek; residents have at least 7.5 hours, often 10 hours, per week of protected time for formal conferences. The faculty's teaching efforts are also recognized during the annual evaluation process and are rewarded with an end-of-year performance bonus determined by an objective, self-directed process. Faculty performance criteria were determined by a departmental faculty work group and vetted by the entire faculty in spring 2016 for the 2016-2017 academic year. Of the 40 contributors to the performance evaluation, 16 (40%) are related to instruction, including: General Academic Instruction (1. lectures at University level or higher; 2. case conferences, workshops, or laboratory instruction; 3. participation on institutional/college committees related to instruction); Instructional Supervision & Advising (4. with medical students; 5. scholarship with trainee); Curriculum Development (6. participation as content experts; 7. small-group activities; 8. course development/syllabus/evaluation tools; 9. examination question-writing for specialty board or board preparation); Continuing Education (10. Grand Rounds presentation; 11. lecture/workshop presentation; 12. Moderator/panelist participation); Other Instruction/Citizenship (13. participation in CCC/PEC; 14. participation in student/resident/fellow recruitment); Quality of Instruction (15. recognitions/awards-teaching/instruction; 16. timeliness and quality of trainee evaluations

# Evidence

The long response gives too much information but does not actually explain how this will resolve the citation.

A more targeted response would describe how the changes made specifically improved the resident experience.

It would be better to provide evidence that shows that the faculty were more engaged, for example, and cite the increased number of conferences or scholarly projects undertaken by faculty with residents.

Additional support in the form of an explanation of how improvements were measured using an internal survey or mechanism for feedback would enhance the response as well.

## *If you get a citation...*

- Respond to the citation in ADS
  - Be specific
  - Be concise
- If citation is an error, clarify misunderstanding
- If citation is a “work in progress,” document the progress/action plan made thus far
  
- If program is at...
  - **Initial Accreditation** – responses will be verified by site visitor at time of site visit, typically 2 years of review
  - **Continued Accreditation** – response will be reviewed annually, typically at January RC meeting



*If you get a citation, do not...*



# Responding to Residency Review Committee (RRC)

- Each citation, question, or comment to which you are responding should be included, verbatim and in quotes, followed by your response. Ex: Citation #1: “The RRC judged that resident call rooms are inadequate...” [include the full text of the citation]. Response: “The space for three additional call rooms has been identified. Since the time of the site visit, construction has begun and occupancy is expected on December 1, 2017.”
- A statement that the PD is working with the DIO below serves to attest that the GME Committee has reviewed and approved this response

# Language and Content

Responses should be clear and sufficiently detailed.

Extraneous or irrelevant information should not be included

It is important to be clear in describing the time course and current status of program initiatives or improvements. For example, in addition to describing a new initiative, state whether it is “under consideration” vs. “planned” vs. “implementation anticipated on [date]” vs. “implemented as of [past date]”.

It is also important to note when a problem was addressed with respect to the date of the site visit AND the date of the RRC meeting when the site visit information was considered. The RRC may consider more favorably improvements that were undertaken based on the program’s initiative, rather than in response to their concerns.

Sometime citations don’t seem to correspond to a written RRC requirement. Talk to the RC

# Supporting Data

- Attachments with detailed documentation addressing the specific issue at hand are helpful, such as: lecture schedules that illustrate coverage of all core curriculum topics; duty hours logs and summary reports documenting compliance; lists of resident-generated lectures and publications to document “scholarly activity”, etc.
- Whether or not the RRC’s concern seems reasonable, the tone of our response must be respectful and even appreciative. Placing blame on the RRC or site visitor, individuals within the program, or unreasonable requirements is counterproductive.

# Miscellaneous

- It is normally required that GMEC (Graduate Medical Education Committee) approve each program response to the RRC.
- You may wish to respond to an accreditation letter even if no response is requested—especially if the RRC based any conclusions on incorrect or misinterpreted information. This can be provided in the web ads box of **Major Changes** in the program

# Citations address + Accreditation



Questions

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Thank You

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