How to have a successful ACGME Site Visit-2016

Accreditation:

- A peer review process, a fundamental part of medicine and medical education
- Self-regulating
- Safeguards the quality of physician education
- Program is judged by the Program Information Form (PIF)/ Accreditation Document, site visitor report and supplemental data (e.g., ADS Annual Update, resident and faculty surveys & interviews and operative logs)

Site visits:

- Are conducted by members of the ACGME Field Staff
- May be announced or unannounced
- May entail site visitor participation in programs or institutional activities, such as morning reports or other educational conferences, patient safety rounds, or other activities in the learning environment.

Types of site visits:

Full

- For all core program applications
- At the end of the two-year Initial Accreditation period
- To assess overall compliance and ongoing improvement
- To address broad concerns identified during the review of data submitted to the ACGME annually
- To assess the merits of a complaint

Focused

- To conduct a timely, in-depth exploration of potential problems arising
- To assess the merits of a complaint

Program Director Preparation

- Keys to success
    - Start early (even before the announcement letter arrives)
    - Review Program Requirements and Institutional Requirements
    - Read the most recent accreditation letter- note citations and concerns and any progress report sent
    - Identify and realize improvement opportunities
    - Maintain open communication with residents and faculty
    - Convey the attributes of the program to the site visitor in a clear and accurate way
    - Have a checklist

- Avoid repetitive patterns of non compliance
- Annual program evaluations/reviews between site visits- progress in addressing areas of concern, program strengths, areas needing improvement
- Program is judged against standards published in the requirements; you must comply even if you disagree
- Program director prepares Accreditation document, which addresses compliance with the requirements:
    - Must be well organized and complete
    - Data must be accurate, consistent, current
    - Do not submit un-requested materials such as manuals or reprints
    - Consult with the DIO or call the RRC Executive Director if there are questions or confusion regarding preparation
    - RRC member spends 40+ hours before each meeting reviewing PIFs
    - Do an excellent job the first time and avoid having to submit further progress reports
    - Preparation includes efforts by program director, program coordinator, faculty, residents, institutional officials
    - Residents and faculty should review the accreditation documents, they can point out errors, benefit from becoming familiar with the description of the program
- The best way to prepare is to have on-going communication, evaluation and responsiveness with faculty members and residents

Day of Site Visit

- All individuals to be interviewed should be aware of importance of being present on time and without phones/pagers.
- Support personnel should be familiar and have ready access to files or information that might be requested by the site visitor.
- Program director must answer questions about the source of information in the Accreditation Document.

Documents to have available

- Current, signed Program Letters of Agreement (PLA)
- Files of current residents and recent program graduates
- Evaluations of residents at the completion of each rotation
- Evaluations showing use of multiple evaluators
- Evaluations of the program by the residents
- Evaluations of the faculty by the residents
- Documentation of semiannual evaluations/milestones
- Overall educational goals of the program
- Samples of competency-based goals and objectives
- Didactic and conference schedule for each year of training
- Documentation of conference attendance
- Procedure logs if applicable
- Written description of the Clinical Competency Committee (including membership, processes, reporting, others).
- Written description of the program's Program Evaluation Committee (including membership, evaluation, action plans, tracking of action plans).
- Policy for supervision of residents
- Program policies and procedures for duty hours and work environment including moonlighting policy.
- Resident duty hour compliance data (including sample documents when residents have remained on duty after scheduled hours)
- Evidence of resident participation in quality and safety improvement projects
- Others as requested by site visitor

Establish a timetable to keep this project on track. Although you will need a team to get the information together, you should thoroughly review the finished product and be very familiar with it. Don't prepare for the site visit alone. Engage help from others- the program coordinator, other faculty, residents, the associate dean.
Make the PIF comprehensive, succinct, clear and accurate. Residents and faculty will be able to point out discrepancies and factual errors. An added and more significant benefit is that they benefit from having read the narrative and will be familiar with it on the day of the site visit. It is important that residents and faculty know and understand the various terms used by the site visitors- core curriculum, socioeconomic issue, policy on resident reduction or closure of a program, non-competitive guarantee agreement.

Remember that the site visitor's role is to clarify and verify the information you have put in the PIF. On the day of the site visit, you will be expected to answer questions about the source of the information in the PIF, it's important tat you answer all the questions.

Approximately 2 weeks prior to the site visit the associate dean will conduct a mock site visit to review written documentation, affiliation agreements, resident contract, policies, goals and objectives, sample evaluation forms, completed evaluations for residents and faculty, residents files, curricula, conference schedules, attendance records, and other supporting documentation.

Key aspects of the preparation effort that result in a good site visit include an early start; a thorough review of the program requirements; an in-depth reading of the most recent notification letter; ongoing efforts to identify and realize improvement opportunities; good communication with residents and faculty; conveying the relevant attributes of a program in a clear and accurate way to the site visitor and, through the Program Information Form (PIF) to the RRC.

Site Visit Schedule:

- Program Director and Program Coordinator
  - Usually 30-45 minutes to review application documents
- Resident Interviews
  - Usually 60-90 minutes
- Faculty Interview
  - Usually 45 minutes with Core faculty (composition will vary by specialty)
- DIO interview
  - Usually 15-30 minutes
- Program Director Closing Interview
  - Usually 45-60 minutes
    - Debriefing, preliminary feedback, information reconciliation

Residents:

The resident interview is crucial to the site visit. If a program has 15 or fewer residents, the site visitor will interview 12-15 of the residents on duty the day of the visit. If a program has more than 15 residents, the site visitor will interview 15-20 peer-selected residents representing all required years of education.

Residents must have knowledge about:
- Their specific roles within the program
- Goals and objectives
- Resident duty hours
- Resident supervision
- Fatigue mitigation and alertness
- Evaluations (faculty, residents and program)

Possible questions for residents:
- How were you selected to participate in this visit? Did your peers select you?
- Have you seen the PIF? Are you familiar with the content?
- Do you know what are the previous program citations? Have they been addressed?
- Have you received a copy of the programs goals and objectives?
- Are they reviewed at the start of each rotation? Who reviews with you?
- How and when do you evaluate faculty? Is your anonymity protected?
- How and when do you evaluate the program? Who do you review this with?
- How and when are you evaluated? By whom? Who reviews with you and when? What if there are problems?
- How often do you receive feedback on your rotations/clinics/procedures?
- Describe your inpatient and outpatient experiences.
- Do you have enough inpatients and outpatients?
- Are you aware of the resident work hour rules?
- Do you get at least 1 day out seven free?
- Describe any duty hour issues. What is the call system?
- Do you have back-up? Is fatigue an issue? What if it was?
- Where are the policies and procedures? What do they cover? Do you know where you can go for information about these?
- Do you ever feel you are functioning to meet service, not educational, needs? How often? On any particular rotations or experiences?
- Do you have access to journals, key textbooks and search engines that are readily available?
- Describe didactic conferences in terms of what material is covered.
- What is the value to you of all these conferences?
- Do you present at conferences? How often? What type?
- How are you taught to perform procedures (simulation, direct teaching)?
- Describe all conferences. What if you do not attend? Is attendance taken? What is considered adequate attendance?

- How are you supervised?
- Do you think you are getting a good education?
- Are you educated in an atmosphere of professionalism and quality?
- Do you participate in departmental, institutional, hospital committees?
- Describe CQI activities.
- Describe research project.
- Describe the continuity clinics.
- How many patients do you average per clinic?
- If you had to use the due process procedure, where would you find it? Who would you contact?
- Were you prepared by your PD or faculty for this meeting?
- Describe strengths and weaknesses of this program.
- What is the reason you chose this program?
- What are the facilities available for you at your training site?

Faculty:

Faculty must show knowledge about:
- Their specific roles within the program
- Goals and objectives
- Resident duty hours
- Resident supervision
- Fatigue mitigation and alertness
- Evaluations (faculty, residents and program)

Possible questions for faculty:
- Are you core/key faculty?
- What are core/key faculty? What are your responsibilities?
- Have you seen the Accreditation document? Are you familiar with the content?
- What are the previous program citations? Have they been addressed?
- What are the goals and objectives?
- Did you participate in the development of the goals and objectives?
- Will they be reviewed at the start of each rotation?
- How will the core competencies taught and evaluated?
- How will the core competencies taught?
- How and when will you evaluate residents? What is done with this information?
- How do you provide feedback to the residents?
- How and when will you evaluate the program? Who do you review this with?
- How and when will be you evaluated? By whom?
- Are you aware of the resident work hour rules?
- How are duty hours monitored? What if there is a violation?
- Where are the program policies and procedures? What are in these?

- How will the program monitor for fatigue?
- How are you trained to be better teachers?
- What will your involvement be in conferences and didactic sessions?
- Do you participate in the Clinical Competency Committee? Program Evaluation Committee?
- Are you involved in QI projects?
- Is there a formal mentoring program for residents?
- Describe challenges in the program.
- How and when are you trained to be a teacher? To provide feedback?
- Do you participate in faculty development?

Program Director

- Do you have sufficient protected time and support for your duties as PD?
- Do you have sufficient authority as PD?
- Have you reviewed previous citations with faculty and residents?
- Have you shared the accreditation document with faculty and residents?
- What have been the changes in the program since the last site visit?
- Who was involved in developing the goals and objectives? How often are they reviewed?
- Demonstrate how the curriculum is competency-based
- Describe methods and timetable for evaluation of all competencies.
- How is the achievement of goals and objectives documented?
- How and when do you evaluate the program?
- How and when are the residents evaluated?
- How and when is the faculty evaluated?
- Do you provide faculty development to your teaching faculty?
- How you survey program graduates? How do you use the information provided?
- How are duty hours monitored?
- What steps are taken if a violation occurs?
- Do you allow moonlighting?
- How do you monitor fatigue?
- Describe all conferences.
- Describe didactics.
- How do you keep track of conference and didactic attendance?
- What is the expected resident attendance?
- What is the expected faculty attendance?
- How are you and the faculty involved in research?
- How are you and the faculty involved in supervising residents in research?
- Describe the continuity clinics
- How do you document continuity clinic experience for your residents?
- How do you monitor and supervise procedural experiences? How is competency determined?

- Describe challenges in your program
- Describe strengths and weaknesses in your program.

Remember:

- Review everything with all residents and faculty who will participate in the site visit. That will give all of them "ownership" of their program and will have everyone speaking the "same language". Answer all questions.
- Review with both faculty and residents their answer on the ACGME faculty and resident survey. It helps clarify question's meanings.
- Make sure all documents requested by the site visitor are available and easily accessible. Make sure everything is labeled for quick reference.
- Make sure everyone knows and understands the ACGME's program requirements.
- Don't use the site visit as a complaint meeting, it may trigger unwanted citations.
- Make sure all documents are consistent with each other.
- Provide copies of the accreditation document to all participants.
- Use the same language as the ACGME.
- Do a mock site visit, ideally with someone from outside of the institution.
- Make sure your program is doing things correctly long before the site visit-don't wait until last minute.
- If there is something particularly great/unique about your program, brag about it.

What happens after a site visit?

After a site visit, the site visitor/team writes a detailed narrative report that is used by the Review Committee, together with the information in ADS, to make its accreditation decision. Site visitors do not participate in making the accreditation decision.

All Review Committees meet at least two times per year, and the ACGME strives to review all programs and sponsoring institutions in a timely fashion. The schedule of Review Committee meetings and the agenda closing dates for each meeting are listed on each Review Committee's web page on the ACGME website. Programs can contact the staff of the Review Committee team to find out if their program will be reviewed at a given meeting. A few days after the meeting at which the program is reviewed, the Review Committee sends an electronic notice indicating the accreditation status that resulted from the meeting. The detailed accreditation decision will be posted in the program's ADS account 60-90 days after the date of the meeting.

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