

# *When the Shoe Drops...*

## *How to Prepare for Success When the RC-FM Comes Calling*

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## ***The Situation...***

- **The residency program had long tradition of excellence**
- **Two previous five year accreditation cycles**
- **New Sponsoring Institution–2012**
  - **The Wright Center for GME**
  - **One of the original 11 HRSA Teaching Health Center sites**
- **Adopted aggressive expansion plans**
  - **Three new, proposed FMC training sites**
  - **Increase of resident complement by 100%**
- **Triggered a site visit in June 2013**
- **It did not go well...**

## ***The Bad News***

- **In December 2013 we received the email from the ACGME stating we were being placed on probation status.**
- **Letter included 24 citations and the “promise” of a follow up site visit in July 2014.**
- **After all the initial anger and panic, we realized**
  - **Over a third of the citations related to ambiguity of expansion plans**
  - **Another third arose from curricular and other resource needs**
  - **Last third were due to data errors**
- **We felt like we were drowning and called RPS...**

## ***RPS Recommendations...***

- **Postpone all residency expansion plans until after the 2014 Site Visit**
- **Attention to detail in completion of all WebADS data and other documentation submitted to ACGME**
- **Sponsoring institution needed to increase resources to the residency program**

## ***Along comes NAS...***

- **The New Accreditation System began in July 2013**
- **Accelerate accreditation based on outcomes**
- **Reduce the burden of accreditation**
  - **Move from the “biopsy” model to continuous data collection**
  - **Eliminate the beloved PIF (Program Information Form)**
  - **Increase accreditation cycle length to ten years**

## ***Site Visits under NAS***

- **Full Site Visits**
  - Self-Study Visit every ten years for every program
  - Initial accreditation compliance
  - Address broad concerns from review of annual data collection 30-90 days notice
- **Focused Site Visits**
  - Timely, in-depth exploration of concerns from the annual data collection
  - Assess merits of a complaint against a program
  - Anything else as “deemed appropriate” by the RC
  - 30 days notice

ACGME Site Visit FAQ updated 5/27/15

## ***Documentation for Site Visits under NAS***

- **“Most Site Visits” based on ADS data and no other documentation required except:**
  - Initial accreditation visits
  - Self-Study Visit every ten years
- **Emphasizes the importance of careful compilation of ADS data**
- **Site Visit announcement letter will contain any specific requests for documentation**

ACGME Site Visit FAQ updated 5/27/15

## ***Our Responses***

- **Postponed all residency expansion plans until after the 2014 Site Visit**
- **Perform a detailed analysis of the citations, grouping where appropriate**
  - **“From Probation to Excellence”**
- **Meetings with the Sponsoring Institution and development of a team to approach the issues.**

## ***The Processes We Used***

- **Residency Program Solutions**
  - **On-site Consultation Report and follow up Rapid Response Consultation**
- **The Program Evaluation Committee**
  - **This newly ACGME-recommended committee seemed the logical oversight body for the preparation**
- **Sponsor/Residency Response Team**
  - **Attention to detail in completion of all WebADS data and other documentation Evaluation of needs and recommendations to/from the Sponsoring Institution to increase resources**

# **QUESTIONS???**

## ***Site Visit Preparation under NAS: Best Practices***

- **Identify and meet with key team members from notification to visit**
- **Review and ensure WebADS accuracy, currency**
- **Review specifics of requests for documentation; cross reference with program requirements and guidelines**
- **Develop a system to organize and prepare files, documents**
- **Establish an ongoing routine for file, WebADS, document review**

## ***Best Practices: Key Team Members***

- **Program Director**
- **Associate Program Director(s)**
- **Core Faculty**
- **DIO**
- **GME Supervisor, Coordinators, Staff**

## ***Best Practices: Requests for Documentation***

- **Team Meeting to review correspondence received**
- **Identify member responsibilities, establish deadlines for submission of documentation**
- **Compile a list of information needed to respond to request in correspondence**
- **Use the same format for responses to citations**

## ***Best Practices: Requests for Documentation***

- Establish follow through meetings at least weekly to determine status of document collection; identify deadline date for receipt of data
- Organize data according to standards of accreditation (citations listed in order of same) via tabbed files in hanging file box (if resident file information needed, reference location of same in file and place copy in box)
- Tab sections with missing information

## ***Best Practices: Organize and Prepare Files***

- Organize resident files/consider color coding file to PGY
- Use index with titles/subtitles
- Tab file sections
- Assemble data with most recent information in front of each tabbed section

## **Best Practices: Organize and Prepare Files, Documents**

- **Create master database**
- **Establish monthly tracking mechanism for continuous document and file updates**
- **Determine team members responsible for each component of the tracking mechanism**

## **Best Practices: Example: Organizing Requests for Documentation**

<b>SECTION I: COMMON PROGRAM REQUIREMENTS</b>	
<b>Subsection A:</b> Sponsoring and Participating Institution	
Information Cross Reference	Response/Documentation:
<b>SECTION II: RESIDENT APPOINTMENT</b>	
<b>Subsection B:</b> Files of current residents/fellows and recent graduates	
Cross Reference	Response/Documentation:
<b>Subsection C:</b> Files of residents/fellows transferring into the program (include documentation of previous experiences and competency-based performance)	
Cross Reference	Response/Documentation:
<b>Subsection D:</b> Files of residents/fellows who transferred out of the program into another program	
Cross Reference	Response:
<b>SECTION III: EDUCATIONAL PROGRAM</b>	
<b>Subsection E:</b> Overall educational goals for the program	

## **Best Practices: Example: Resident File Maintenance**

**Name of Residency Program**

\_\_\_\_\_ **Medicine Residency**

**Resident Name**

**Training Date:** \_\_\_\_\_ - \_\_\_\_\_

- 1. Application Materials**
  - ERAS
  - Medical School Diploma
- 2. Resident Agreement**
- 3. Licensure**
  - Child Abuse
- 4. Certification**
  - ACLS/BLS/PALS
  - ComLex
- 5. HPIIX**
- 6. Clinical Competency/Evaluations**
  - (insert documents/process used for same)
- 7. Procedure Logs**
- 8. Continuous Quality Improvement and Patient Safety Initiatives**
  - IHI
  - OSHA
  - HIPAA
  - Ebola
- 9. In-Training Exams**
- 10. General Documentation/Miscellaneous**

## **Best Practices: ADS Accuracy and Currency**

- **WebADS updates are a continual process**
- **Developing and adhering to monthly tracking mechanisms ensures prompt and accurate reporting of information pertinent to WebADS**
- **Routine, regular meetings of the team ensures communication of information for reporting and accuracy, currency of data**

# **QUESTIONS???**

## ***What We Learned***

- **Expansion plans need to be very firm with most things in place before the site visit.**
- **The time to create innovative solutions to Family Medicine residency structure is *not* during a site visit!**
- **You must concentrate on showing you are meeting the current requirements to the letter.**

## ***What We Learned***

- **How to use the PEC.**
- **The value of RPS Consultation.**
- **The creation of a Sponsor/Residency team to assess and tackle problems.**
- **Personal re-evaluation of leadership style for the Program Director.**

## **During the break...**

- **Discuss / think about how you might implement the information you just heard.**
- **Fill out a session evaluation.**

# ***QUESTIONS???***



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