

TOP 10 Program Actions to take before it's TOO LATE



 **Partners[®]**
In Medical Education Inc.

You've just received the dreaded letter from ACGME – your program survey has been scheduled. Four months to prepare. Lots of time, right?! Well, you can produce a decent PIF in four months (although, ideally, you would have begun long ago!) You can revise policies. Missing evaluations can be located and filed. But it may be too late to accomplish some GME program initiatives before survey day. Here are ten you will wish you started long ago...

1 Develop competency-based curriculum, with learning objectives specific to each rotation and level of training. Writing curriculum is not difficult. Writing curriculum that captures the unique nature of your program, is based on progressive responsibility and competency-based objectives, incorporates meaningful assessment methods, and has buy-in from your faculty is a time-consuming process.

2 Teach faculty members what is meant by "competency-based education". A small core of faculty members can "write curriculum," but it takes repeated, progressive faculty development sessions over time for all core faculty to understand and apply the essence of each competency domain. Will your faculty members be able to talk about competency principles with the site surveyor?

3 Document resident and faculty attendance at conferences. Can you demonstrate that your didactic offerings are truly participatory, even if your RRC does not require attendance monitoring?

4 Conduct an annual program review that reflects ACGME expectations. Can you produce the report and action plans developed from the review conducted the prior year, as well? Launching your first interactive program evaluation in the last few months before survey will not demonstrate a pattern of regular annual program evaluation!

5 Document qualifications of residents who transferred into your program. Be able to demonstrate that you received their competency evaluations, list of completed rotations, and case/procedure logs before the candidate was accepted.

6 Develop a track record of scholarly activity, especially peer-reviewed publications and research, for faculty members and residents.

7 Improve recruitment and retention of residents. RRCs consider how many of the residents who begin your program successfully graduate. Do your recruitment, interview, and selection procedures strengthen your candidate pool? Do your remediation processes, and the environment of your program, encourage residents to stay and to succeed?

8 Ensure that residents – especially last year's graduates – have completely and accurately documented all case logs and procedure logs. Case log deficiencies from several years ago cannot be "fixed" at the last minute. Does your program ensure regular case log review?

9 Ensure duty hour compliance – fully monitored and documented. Do residents and faculty understand the duty hour requirements? What about the July 2011 changes? Do program scheduling, supervision, and back-up systems enable consistent compliance? Does the program environment foster honest reporting and problem-solving?

10 Implement meaningful performance and promotion criteria. Clear expectations, with objective outcome measures, provide residents (and faculty supervisors!) with a clear roadmap for successfully navigating years of progressive responsibility.



Written by:
Catherine Henderson, Dr. PH, LFACE

Learn more about Dr. Henderson at
www.PartnersInMedEd.com.

(Published February, 2011)

It's Not Too Late to Join Us!
How to Complete the PIF & Prepare for the Site Visit

Tuesdays, April 5, 12, 19 & 26
12:00 p.m. - 1:30 p.m. ET Each Session

REGISTER TODAY AT
www.PartnersInMedEd.com