

Greetings!

Enclosed you'll find news updates, resources, and highlights of our global efforts to improve health care worldwide.

HOW ACGME-I CASE LOGS CAN WORK FOR YOU

The ACGME-I Case Log System is more than just a count of numbers of procedures or cases. Case Logs are a data depository that provides important, useful information to program directors, residents, and the Review Committee-International.

Here is how case logs can work for you.

For program directors, Case Log reports can help better understand the kind of clinical experiences residents are having. Case Log reports can be customized to provide individual or aggregated data on clinical experiences using several available filter options, such as resident year in the program, participating sites, or individual faculty members. Have you added a rotation in geriatric medicine because you wanted residents to have exposure to providing specialty-specific care to that population? Using Case Log report filters, you can easily determine if the new rotation is meeting your expectations. Do you hear a frequent concern that at a certain hospital residents are performing only routine care and are not permitted to experience the full scope of care that site offers? Using Case Log reports, you can view the types of experiences residents are logging at that site.

For residents, Case Log reports provide a picture of the kinds of clinical experiences they have completed. During their program, this information can be useful in planning elective experiences or applying for subspecialty training. After completing residency training, each resident's Case Logs are available and can be useful in obtaining clinical privileges at a first job.

For the Review Committee-International, Case Logs help determine if the educational resources are sufficient to support a program's resident complement, to evaluate the breadth and depth of resident experiences and to determine the program's substantial compliance with required case minimum numbers. For programs in the Next Accreditation System-International (NAS-I), the Review Committee-International will review Case Log data from graduating residents annually. In some specialties Case Logs are used as a measure of clinical experience, an important annual screening indicator in the NAS-I.

The ACGME-I and the Review Committee-International understand that achievement of the minimum number of listed procedures does not signify achievement of competence, nor do the cases required for logging represent the totality of clinical competency needed in any given specialty. Most importantly, meeting the minimum requirements for procedures does not replace or negate the requirement that, upon a resident's completion of the program, the program director must verify that he or she has demonstrated sufficient competence to enter practice without direct supervision.

For specialties with required minimum case numbers, new reference documents are available on each specialty's web page at acgme-i.org, including:

- A Quick Guide for residents, with definitions and case entry requirements particular to the specialty;
- A Faculty and Staff Quick Guide to assist program directors and faculty members choose and evaluate Case Log reports; and,
- A General Case Log Information resource that includes answers to Frequently Asked Questions, and a summary table of the required minimum numbers of procedures to be completed upon graduation. Note that the Advanced Specialty Requirements for Anesthesiology, Emergency Medicine, Ophthalmology, and Radiation Oncology will be revised to remove Case Log minimums for specific procedures, and instead, required minimum numbers will be available in the summary table contained in this document.

Question of the Quarter

Each quarter, this section of the ACGME-I newsletter answers a different question applicable to all ACGME-I-accredited programs. This quarter's question has to do with defining SUBSTANTIAL COMPLIANCE, and how the Review Committee-International judges a program's substantial compliance with the Requirements.

The Question of the Quarter is, "What is substantial compliance and how does the Review Committee-International determine substantial compliance with the International Foundational and Advanced Specialty Requirements?"

The Review Committee-International uses multiple pieces of information when judging a program's adherence to the Requirements. Program Information Forms (PIFs), updated information submitted in the Accreditation Data System (ADS), site visit reports, Resident and Faculty Surveys, and the program's responses to citations are all reviewed. Each presents different information. For example, the PIF summarizes how a program meets each requirement, while the ACGME-I Resident Survey indicates how residents view certain elements of the program, and the Faculty Survey provides the perspective of core faculty members. Site visitors conduct on-site verification of information contained in the PIF and the surveys. Each element views the program from a slightly different lens, allowing the Review Committee-International to make its judgement based on multiple perspectives.

The standard that the Review Committee-International uses when reviewing a program's information is "substantial compliance." Substantial compliance is not perfection. Instead, substantial compliance means that the important elements of the requirement are met the majority of the time. Substantial compliance also means that the Review Committee-International has verified information from multiple sources. For example, a program will likely not receive a citation if duty hours are occasionally violated; however, a citation is likely if the Resident Survey responses indicate multiple, ongoing duty hour violations and the site visitor verifies on site that the violations are occurring with no improvement plan in place.

If program directors and DIOs have questions about citations, the ACGME-I Executive Director can provide insight into the Review Committee-International's decision making process. Staff members are always happy to answer questions.



Milestones



Any pediatrician recognizes the importance of checking developmental milestones during infancy; through years of accumulated wisdom, there is a knowledge that the ability to turn over, raise the head, track a moving object, and walk should occur within a given age range. When such milestones are delayed, it is a signal to intervene with additional testing, to monitor more carefully, to offer guarded advice to parents.

The Milestones in graduate medical education have similar goals: to identify where an individual resident is in the educational trajectory; to identify if a resident is struggling in a particular area; to understand whether there are programmatic weaknesses in the curriculum. Those responsible for monitoring progress-program directors and faculty members-use these indicators just as a pediatrician would to identify the need for intervention either with an individual, with the program, or with a specialty's sense of its responsibility to educate in a manner that best serves society.

As the ACGME-I team has talked and listened to the international community, it has become clear that the International Milestones used by accredited programs fell short of usefulness, were difficult to interpret, and were being used incorrectly. As our requirements are only good if they help train physicians to care for patients, a commitment has been made to convert the Milestones used by ACGME-I-accredited programs to specialty-specific Milestones that will add value.

The ACGME Milestones Department (Drs. Eric Holmboe, Stan Hamstra, and Laura Edgar) have initiated this process. The first step was completed in January and February 2017, with the goal to listen to what you as international community educators need. Based on those meetings, a concerted effort is now underway on a specialty-specific basis to tailor the competency Milestones for Patient Care and Cognitive Knowledge. The Milestones team will also provide a guidebook of country-specific considerations to help programs interpret and use the more broadly-written milestones. Similarly, the other competency domains of Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice are undergoing revision in order to more clearly reflect resident development within each.

The expectation is that International specialty-specific Milestones and the guidebook will be completed in the summer months of 2017, with a target for programs to begin implementing them in September 2017.

It is important to recognize that the Milestones are intended as formative feedback to both residents and programs, with delineation from "novice" through "master" the markers of development. Although the Review Committee-International will review if Milestones assessments have been submitted by the appropriate date, specific Milestones data is not used when the Review Committee-International makes a program's accreditation decision. Finally, the Milestones are not intended to be a determinant of promotion, pay, or other comparative marker among a resident cohort.

We appreciate your input on this important matter and welcome your comments.

The ACGME-I Welcomes Kevin Gladish

Mr. Gladish recently joined the ACGME International team. He received his Bachelor of Arts and Master's degrees, both in English, from the University of Dayton. Mr. Gladish is an active writer and performer, appearing in both plays and solo work. Mr. Gladish is the ACGME-I Administrative Assistant; his e-mail is: kgladish@acgme-i.org.

Whom Should I Contact?

Dr. Susan Day (sdlay@acgme-i.org):

- To get a better understanding of the ACGME-I Mission
- For questions about the relationship between international accreditation and US accreditation

Dr. Lori Lewis (llewis@acgme-i.org):

- For questions about accreditation decisions
- To get a clearer understanding of institutional or program requirements

Ms. Ida Haynes (ihaynes@acgme-i.org):

- For questions about ACGME-I-related travel

For matters related to ADS entry: ADS@acgme.org (note the absence of ".i")

If unsure where to turn, simply e-mail acgme-i@acgme-i.org and staff members will assist you right away.

Did You Know? ADS Version

- That when submitting a completed Program Information Form (PIF) or program application, you no longer need to click a "SUBMIT" button? Uploading the PIF completes the process.
- That you can update information on faculty members, residents, and participating sites, as well as respond to citations at any time in ADS? The deadline for updating information for the current academic year is listed on your program page in ADS.
- That Sponsoring Institutions and programs can download their information from ADS into an Excel spreadsheet? From the "Reports" tab, select whether to download program data, faculty data, resident data, scholarly activity data, or Resident and Faculty Survey data as a spreadsheet.
- That the following definitions can be used to help residents understand response options on the ACGME-I Resident Survey?
 - Very often - very frequently; extremely often
 - Often - frequently; many times; not seldom
 - Sometimes - on some occasions; at times
 - Rarely - infrequently
 - Never - at no time; not ever