



Specialty Update: Preventive Medicine

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Conflict of Interest Disclosure

Speakers:

Judith McKenzie, MD, MPH, FACOEM - Chair, Review Committee for Preventive Medicine

Cindy Riyad, PhD – Executive Director, Review Committee for Preventive Medicine

Kate Hatlak, EdD – Director, Faculty Development & Special Projects
(former Executive Director, Review Committee for Preventive Medicine)

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Session Objectives

1. Review Committee Statistics
2. Annual Program Review
3. Frequently Asked Questions
4. ACGME/Review Committee Updates

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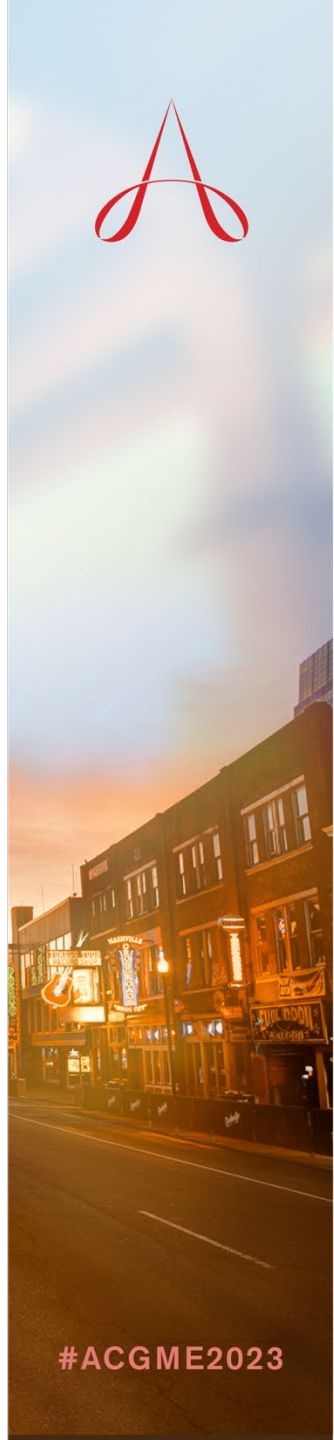
Review Committee Statistics





Review Committee Membership

Judith McKenzie, MD, MPH, FACOEM (Chair) <i>Johns Hopkins University</i>	Joshua Mann, MD, MPH <i>University of Mississippi Medical Center</i>
Heather O'Hara, MD, MSPH (Vice-Chair) <i>Decatur Memorial Hospital</i>	David C. Miller, DO, MPH, FAsMA <i>USAF School of Aerospace Medicine</i>
Adam Barefoot, DMD, MPH (Public Member) <i>Health Resources and Services Administration</i>	Antonio Neri, MD, MPH, Captain USPHS, FACPM <i>Centers for Disease Control and Prevention</i>
Joseph (Tim) LaVan, MD, MPH <i>NASA Johnson Space Center</i>	Erin Winkler, MD, Major USAF (Resident Member) <i>Lackland Air Force Base</i>
Cheryl Lowry MD, MPH <i>Kinetic Medical Consultants</i>	





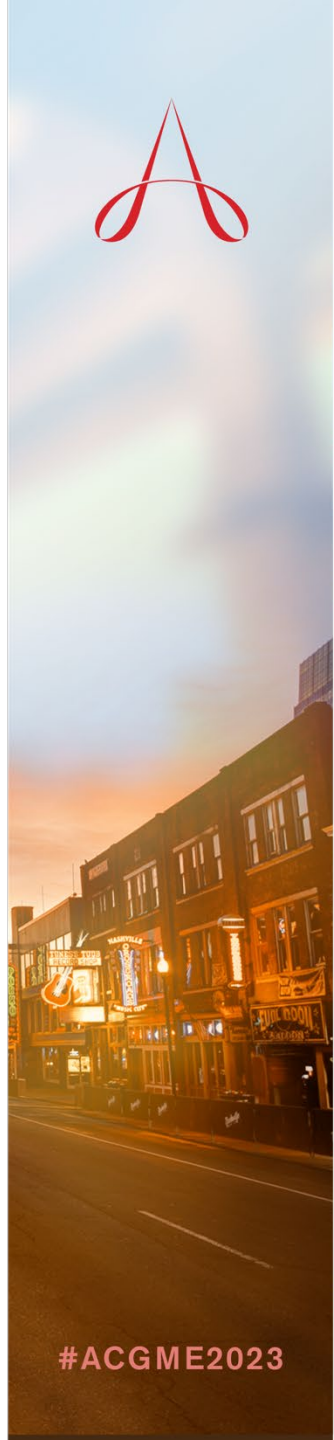
Ex-Officios

Chris Ondrula, JD

- American Board of Preventive Medicine

Howard Teitelbaum, DO, PhD, MPH

- American Osteopathic Board of Preventive Medicine





Welcome Incoming Member!

Andrew Sullivan,
DO, MS
(Resident
Member)

- Uniformed Services University of the Health Sciences Program
- *Term begins July 1, 2023*



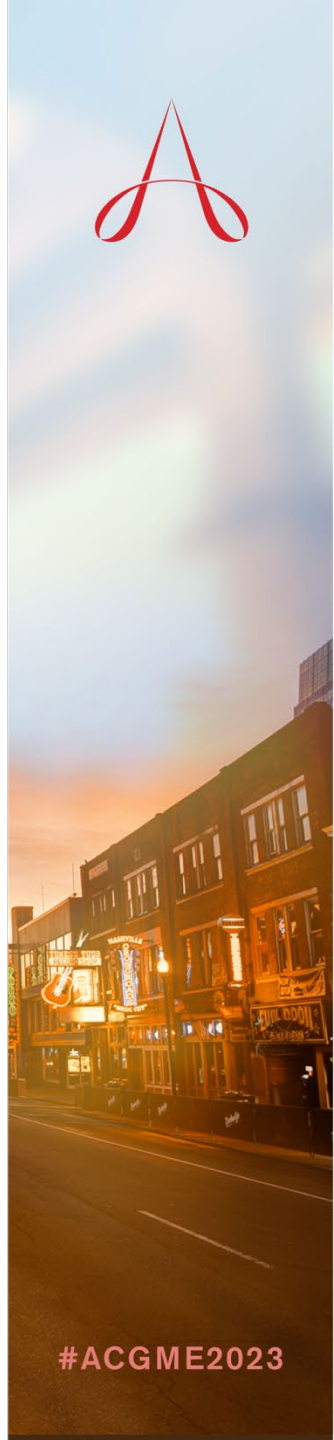
Review Committee Staff

Cindy Riyad, PhD – *Executive Director*

criyad@acgme.org

312.755.7416

Additional staff on the way!





Preventive Medicine Statistics

71 Residency Programs

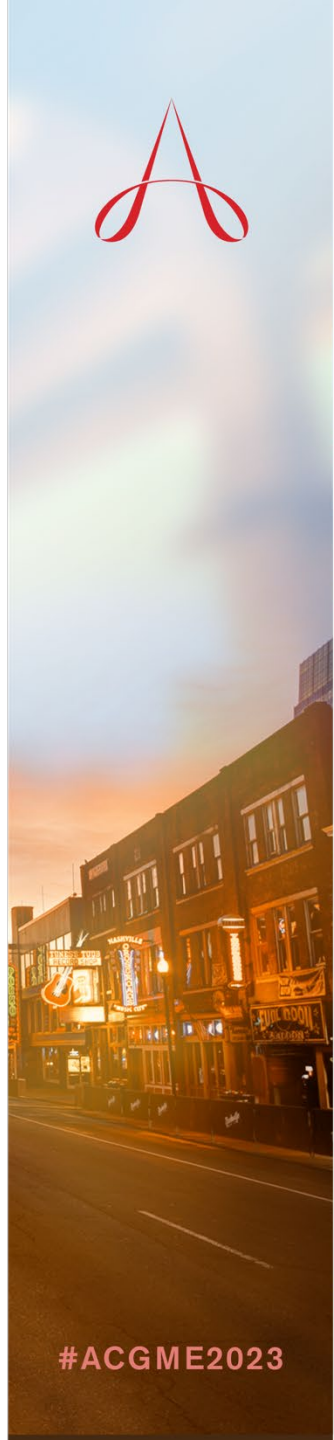
- 5 Aerospace Medicine
- 23 Occupational and Environmental Medicine
- 43 Public Health and General Preventive Medicine

2 Fellowship Programs

- 1 Medical Toxicology
- 1 Undersea and Hyperbaric Medicine

371 residents enrolled (academic year 2022-2023)

- 678 approved positions



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Annual Program Review





November 2022 Program Review

- 14 programs pulled for in-depth review
 - Due to existing citations and/or outcome indicators flagged
- 68 programs received Continued Accreditation
- 1 program accreditation withdrawn
- 2 site visits (will be reviewed March 2023)

Citations

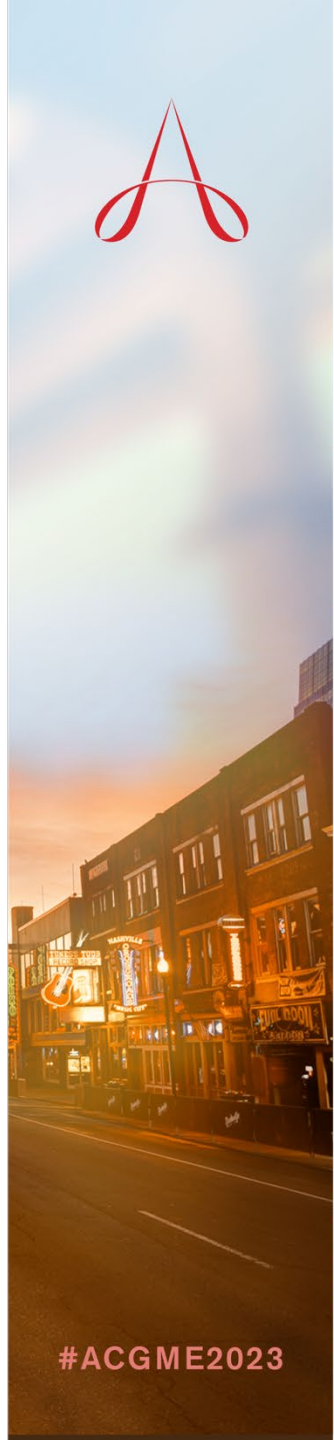
2 Extended Citations

- Board Pass Rate

14 Resolved Citations

6 New Citations

- Board Pass Rate (2)
- Continuity of Leadership
- Professionalism
 - Process for Reporting Concerns
- Faculty
- Resident Evaluations





Areas for Improvement

- Faculty Supervision and Teaching (3)
- Board Pass Rate (2)
- Evaluations (2)
- Failure to Provide Accurate Information (2)
- Professionalism (2)
- Diversity and Inclusion
- Patient Safety
- Resources
- Resident/Fellow Scholarly Activity



Program Status and Citations

- Focus on *substantial* (not absolute) compliance with program requirements
- A few minor issues will *not* cause the Review Committee to withdraw accreditation
- Review Committee understands some things take time to fix
- Statuses typically go in stepwise fashion
 - Continued Accreditation → Continued Accreditation w/Warning → Probation



What is a Citation?

- Area of noncompliance with a program requirement
- Something the program doesn't have, doesn't do, or didn't clearly describe
- Citations *must* be responded to in ADS
- Reviewed by the Review Committee each year until determined issue is resolved



What is an Area for Improvement?

- Often referred to as “AFI”
- Areas of concern or repeat trends/issues
- May or may not be tied to program requirement
- ‘Heads up’ to the program before it becomes serious
- Do not have to respond to in ADS
 - Can provide updates to Review Committee via ‘Major Changes’ section’
- Repeat areas may become citations



Key Takeaways

1. Ensure graduating residents understand clinical experience questions at the end of the Resident/Fellow Survey
 - “I feel well prepared to perform the following patient care and population health activities without supervision.”
2. Ensure block diagrams are clear and easy to read
 - ✓ Direct patient care experience?
 - ✓ Governmental agency experience (PH/GPM)?
 - ✓ Abbreviations defined?
 - ✓ Easy to calculate months/weeks?



Key Takeaways

3. Ensure accurate and complete information

- ✓ Faculty certification statuses up to date?
- ✓ Participating sites updated/match block diagram?
- ✓ Complete responses to citations?
- ✓ Narrative responses address all parts of question?
- ✓ Information is consistent throughout?



Resident/Fellow and Faculty Survey

- Programs receive results if:
 - There are at least four respondents
 - The response rate is at least 70%
- Programs who do not receive annual results will receive multi-year results once enough data is collected
- Important to preserve anonymity

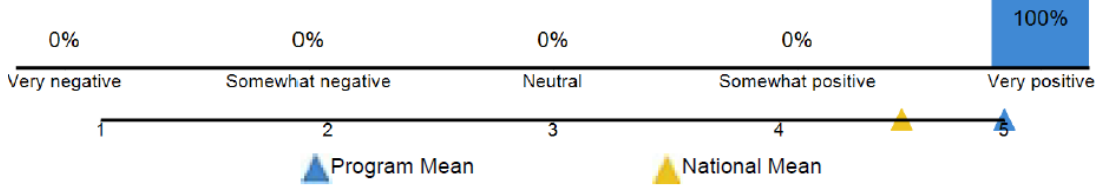


How to Use Survey Results

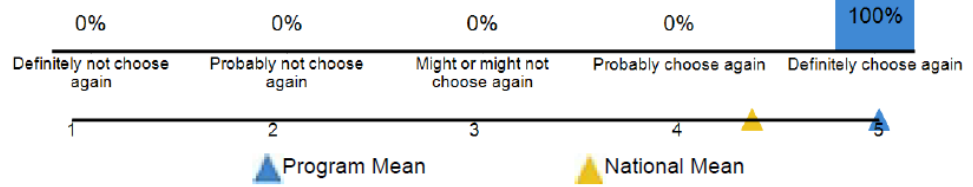
- Review results with Program Evaluation Committee (PEC)
 - Program should still do 'internal' survey
- Review areas of concern with residents
 - Try to identify source of problem
 - Solicit specific improvement suggestions
- Use the 'Major Changes' section of ADS to proactively communicate how you are addressing poor survey results
- Poor Resident/Fellow Survey results alone will *not* cause the Review Committee to withdraw accreditation

Residents Surveyed 11
 Residents Responded 11
 Response Rate 100%

Residents' overall evaluation of the program



Residents' overall opinion of the program



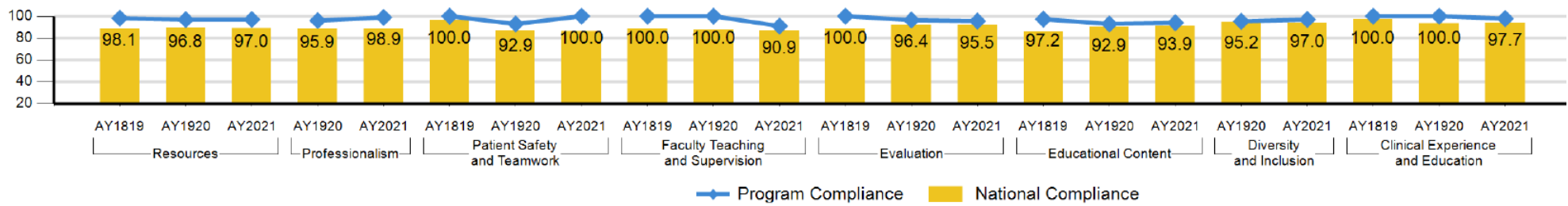
Resources

Education compromised by non-physician obligations

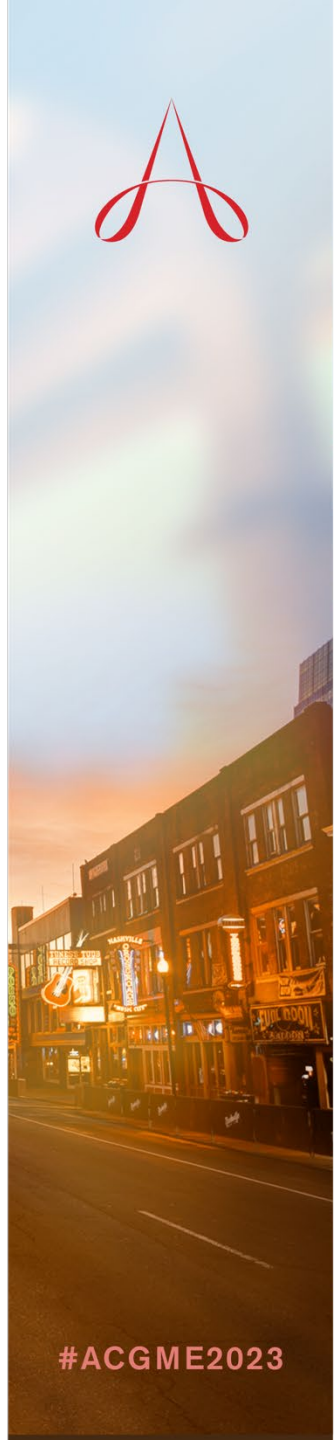
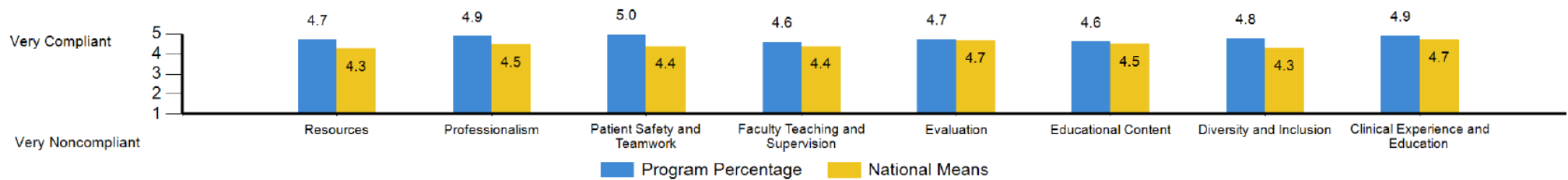
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Education compromised by non-physician obligations	100%	5.0	95%	4.8	88%	4.4
Impact of other learners on education	100%	4.5	97%	3.7	89%	3.7
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	100%	5.0	95%	4.6	80%	4.1
Faculty members discuss cost awareness in patient care decisions	73%	3.3	92%	3.6	90%	3.5
Time to interact with patients	100%	4.6	99%	4.7	89%	4.3
Protected time to participate in structured learning activities	100%	5.0	97%	4.8	85%	4.3
Able to attend personal appointments	100%	5.0	100%	5.0	92%	4.7
Able to access confidential mental health counseling or treatment	100%	5.0	97%	4.9	95%	4.8
Satisfied with safety and health conditions	100%	5.0	97%	4.8	88%	4.5

Total Percentage of Compliance by Category



Program Percentage at-a-glance



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Frequently Asked Questions





Appointing at AM-2, OEM-2, PM-2 Level

Q: If appointing a resident at the AM-2, OEM-2, or PM-2 level (for residents who have completed an ACGME-accredited residency and at least 50 percent of MPH requirements), do they still have to do the 10 months of direct patient care?

A: Yes. Residents appointed at the AM-2, OEM-2, or PM-2 level must still have completed at least 10 months of direct patient care prior to entering the program. This can be fulfilled by completion of an ACGME-accredited residency in a *direct patient care* specialty, or completion of a residency program that requires a clinical year prior to entry.



36-Month Residency Format

Q: How can I become a 36-month residency program (incorporating the clinical year into the residency program)?

A: Programs wishing to switch to the 36-month format must submit a block diagram (indicating the clinical year and the 24 months of preventive medicine education), and an attestation and/or PLA outlining who will provide the clinical year experience and confirming there are adequate resources. These can be submitted to Review Committee staff via email.



36-Month Residency Format

Q: If my program switches to the 36-month format, can I no longer recruit residents who have already completed the clinical year?

A: Once a program switches to a 36-month format they cannot easily switch between that and the 24-month format. However, 36-month programs wishing to still recruit residents into the 24-month program (if they have already completed a clinical year) can still do so and would simply report the resident in ADS for only two years.



Program Director Certification

Q: If I want to become a program director, do I have to have ABPM certification in the same specialty concentration as the program?

A: Individuals not certified in the same specialty as the program will still be considered by the Review Committee. These individuals should be ABPM certified in one of the other preventive medicine specialties and should demonstrate other qualifications to be program director.



Clinical and Educational Work Hours

Q: What does not count towards clinical and educational work hours for preventive medicine residents?

A: Time spent reading, studying, preparing for classes, analyzing data, or preparing a scientific paper outside of scheduled work hours does not count towards clinical and educational work hours. For example, studying for a required exam on a scheduled day off from clinical duties does not count towards clinical and educational work hours.

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Specialty Designation

- ACGME Board of Directors approved specialty designation in June 2022
 - Aerospace Medicine
 - Occupational and Environmental Medicine
 - Public Health and General Preventive Medicine
- Program requirements, frequently asked questions, and application forms effective July 1, 2022
- No significant changes to curriculum or ACGME Core Competencies were made during this transition
- Preventive Medicine Review Committee has oversight over the specialties



Site Visits/Self-Studies

- Site visits are conducted in person or using remote technology
 - Programs/institutions will be notified of the modality for the site visit (blackout date request)
- ACGME developing process for conducting periodic site visits for programs on Continued Accreditation
 - Will not assign program self-study dates or 10-year accreditation site visit dates until further notice



Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews.

Watch the Milestones Engagement page and the weekly ACGME Communications email



Milestones Resources

Faculty Development

Resources are added and updated throughout the year

Clinician Educator Milestones

Developing Faculty Competencies in Assessment

Resources for Assessment in the Learning Portal

Guidebooks

Assessment Guidebook

Milestones Implementation Guidebook

The Milestones Guidebook

Milestones Guidebook for Residents and Fellows

Clinical Competency Committee Guidebook

- CCC Guidebook
- Assessment Guidebook
- DOCC and TEAM Assessment Tools
- Clinician Educator Milestones
- Resident and Fellow Guidebook

Quick Links

View >>

Resources >>

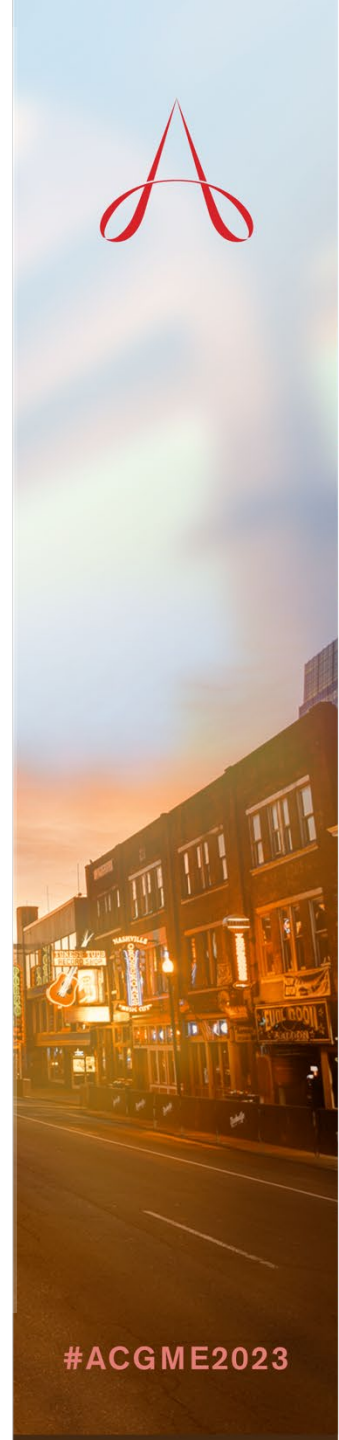
Research and Reports >>

Engagement >>

Milestones by Specialty >>



Feedback

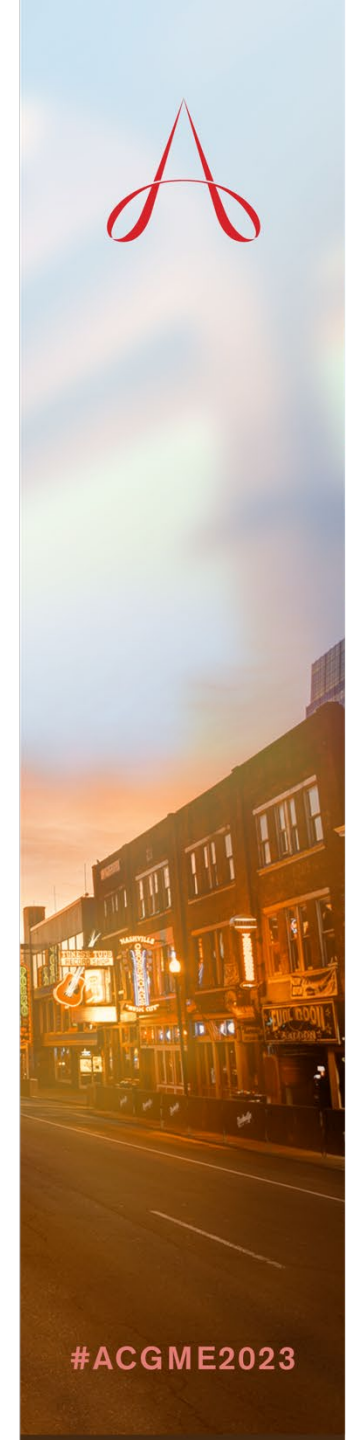




Supplemental Guide

Use the Word version of the guide to fill in curriculum mapping for your program and create a shared mental model of the new Milestones

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice	
Overall Intent: To incorporate evidence and patient values into clinical practice	
Milestones	Examples
Level 1 <i>Demonstrates how to access, categorize, and analyze clinical evidence</i>	<ul style="list-style-type: none"> Identifies evidence-based guidelines for osteoporosis screening at US Preventative Services Task Force website
Level 2 <i>Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care</i>	<ul style="list-style-type: none"> In a patient with hyperlipidemia, identifies and discusses potential evidence-based treatment options, and solicits patient perspective
Level 3 <i>Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients</i>	<ul style="list-style-type: none"> Obtains, discusses, and applies evidence for the treatment of a patient with hyperlipidemia and co-existing diabetes and hypertension Understands and appropriately uses clinical practice guidelines in making patient care decisions while eliciting patient preferences
Level 4 <i>Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient</i>	<ul style="list-style-type: none"> Accesses the primary literature to identify alternative treatments to bisphosphonates for osteoporosis
Level 5 <i>Coaches others to critically appraise and apply evidence to patient care</i>	<ul style="list-style-type: none"> Leads clinical teaching on application of best practices in critical appraisal of sepsis criteria
Assessment Models or Tools	<ul style="list-style-type: none"> Chart stimulated recall Direct observation Evaluation of a presentation Journal club and case-based discussion Multisource feedback Oral or written examination Portfolio Simulation
Curriculum Mapping	<ul style="list-style-type: none">
Notes or Resources	<ul style="list-style-type: none"> AHRQ. Guidelines and Measures. https://www.ahrq.gov/gam/index.html. 2020. Centre for Evidence Based Medicine. www.cebm.net. 2020. Guyatt G, Rennie D. <i>Users Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice</i>. Chicago, IL: AMA Press; 2002. Local Institutional Review Board (IRB) guidelines National Institutes of Health. Write Your Application. https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm. 2020.





COVID-19 Disruptions

- It is ultimately up to the program director to determine a resident's readiness for autonomous practice
 - See ACGME's guidance on competency-based medical education during program disruptions
 - Some residents may require additional training to make up missed experiences
 - Contact Review Committee staff and ABPM with questions
- Programs should report disruptions or modifications of resident experiences or curricula in the 'Major Changes' section of ADS



Direct Observation of Clinical Care (DOCC) web app

- Enables faculty evaluators to do on-the-spot direct observation assessments of residents and fellows
- Evidence-based frameworks provided for assessing six types of clinical activities
- Dictate feedback into app via mobile device
- Open source design permits programs and institutions to implement web app locally

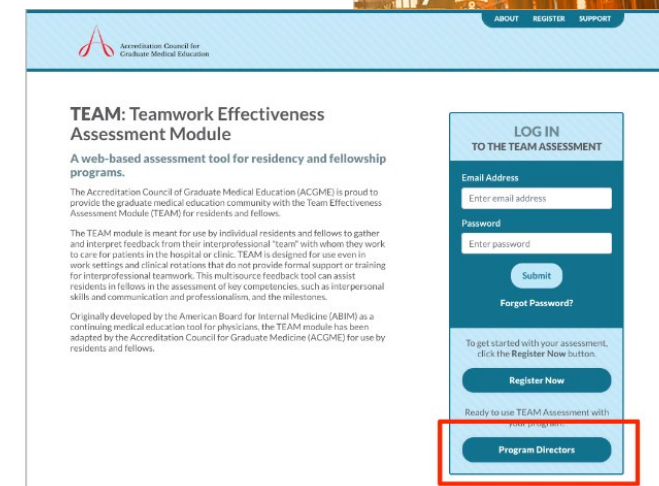
<https://dl.acgme.org/pages/assessment>
for more information

Assessment Tools

Teamwork Effectiveness Assessment Module (TEAM)

- Enables residents and fellows to gather and interpret feedback from their interprofessional “team”
- Assists programs in assessing key competencies of communication, professionalism and aspects of systems-based practice

<https://team.acgme.org/>





Faculty Development & Well-Being



- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Live and Hybrid Developing Faculty in Competency Assessment Workshops/Online Modules
- Curated Catalog of Well-Being Resources

<https://dl.acgme.org/pages/well-being-tools-resources>

FEATURED RESOURCES

The screenshot displays a grid of featured resources. Each resource card includes a thumbnail image, a title, a brief description, and a 'View Details' link. The resources shown are:

- Make the Difference: Preventing Medical Trainee Suicide Video** by Mayo Clinic/American Foundation for Suicide Prevention.
- Resource Compendium for Health Care Worker Well-Being Toolkit** by National Academy of Medicine.
- Well-Being in the Time of COVID-19 GUIDEBOOK** by Accreditation Council for Graduate Medical Education (ACGME).
- After a Suicide: A Toolkit for Physician Residency/Fellowship Programs** with a 5-star rating.

Search for content Q SEARCH

Systems Approaches to Well-Being

[AWARE Systems and Research in Well-Being Podcast Series](#)

Available on [Spotify](#), [RadioPublic](#), and [Apple Podcasts](#)
Multiple Authors
ACGME

[Changing the Culture: Returning Humanity to the Healing Professions](#)

Dr. Holly J. Humphrey
ACGME

[Combating Burnout, Promoting Physician Well-Being Building Blocks for a Healthy Learning Environment](#)

[Developing Strategies for Well-Being in Your Institution](#)

Drs. John Patrick T. Co and Catherine M. Kuhn
ACGME

[NAM Action Collaborative on Clinician Well-Being and Resilience: Perspectives from the Leaders](#)

Drs. Victor J. Dzau, Darrell Kirch, and Thomas J. Nasca
ACGME

[NAM Action Collaborative on Clinician Well-Being and Resilience: To Care is Human](#)

[The Role of Psychological Safety in Improving the Learning Environment](#)

Drs. John M. Byrne, Lawrence K. Loo, and Robert A. Swendiman
ACGME

[Schwartz Rounds \(Creating a Support Group\)](#)

The Schwartz Center

[Stimulating a Culture of Well-Being in the Clinical Learning Environment](#)

Dr. Lourdes Calero



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- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
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Live Event

Program Director Well-Being



<https://dl.acgme.org/pages/well-being-tools-resources>

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An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being .

Join the event for an open discussion of challenges faced by program directors and potential solutions.

- ✓ April 11, 2023
- ✓ Registration required



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Questions?



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The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

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Deadline – March 24, 2023

Questions? cme@acgme.org

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Thank You

