

AODME

Training Program Review Services 2014







TPRS Team Introduction

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TPRS Goals

1. Standardize program/institutional reviews and outcomes.
2. Hold programs/institutions professionally accountable.
3. Ensure osteopathic distinctiveness and quality is maintained.



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Notification

1. AOA notification of review date

- 4-6 months prior to review date
- Received via e-mail and U.S. Postal Service
- Includes “Memo on Documents”
- Includes “Review Preparation Guide”

2. AOA review date confirmation

- 2 months prior to review date
- Includes names of assigned reviewers



File Name	Document(s)
Crosswalk	Review Crosswalk – Completed and saved in the same format the crosswalk was found in on the AOA website.
Acknowledgment Form	Program Director Acknowledgement Form completed and electronically signed.
Resident List	List of residents containing their name, OGME year, and their picture.
Staff List	List of residency program staff (DME, PD, coordinators, secretaries, etc.), including titles. (Pictures preferred)
PD CV	Program Director’s UP-TO-DATE Curriculum Vitae. This MUST contain the following information: medical school and dates of attendance, internship program and dates, residency program(s) and dates, and board certification(s).
DME CV	DME’s UP-TO-DATE Curriculum Vitae. This MUST contain the following information: medical school and dates of attendance, internship program and dates, residency program(s) and dates, and board certification(s).
Faculty List	List of current Core Faculty including their board certification status and their FTE status (ex. One (1) Full-time Equivalent, .5 FTE, etc.)**
Rotation Schedule	Current training year’s rotation block schedule. Include rotation dates, location, supervising physician, and table explaining all abbreviations.
Rotations-Outside	List of “outside” rotations including rotation name, length of rotation (ex. 4 weeks, 1 month, etc.) the name and address of the institution at which the rotation occurs.**
Didactic Curriculum	List the didactics provided to the trainees, noting frequency and length of each session. Do not provide a sample schedule or list of topics. (ex. Case Conference, Daily, 1 hour) The following should be included if applicable: OPP, Journal Club, M&M, Tumor Board, Case Conference, etc. **
Scholarly Activity	Provide a scholarly activity status report, listing each current trainee and the scholarly activities they have completed. If a trainee has not completed an activity, provide information about their anticipated completion of an activity.**
Evaluation Forms	Sample trainee evaluation forms.
Goals & Objectives	Goals and objectives for each rotation available to the trainees.
Core Competency Plan	Current MEC approved plan.
Work Hour Policy	Current trainee policy.
Remediation Policy	Current trainee remediation policy.





Pre-Review Document Submission

Documents are to be:

- sent electronically
- no later than four weeks before the review date
- to your AOA coordinator (via your OPTI)
- files should be in Adobe PDF format
- Files should be saved with the file names given below in “Memo on Documents”
- do not save all of the documents in one file
- include a table of contents noting all files sent and the documents contained in them.



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Common Questions about Pre-Review Documents

1. Crosswalk – Must be completed by the PD or DME with “met” or “not met” marked for each standard.. Comments are helpful (you are not held to your impression of Met/Not Met)
2. Statistics – Different for each specialty college. Consult your college for preferred statistics format. Have that organized and totaled as the crosswalk asks for it.
3. Program Description-Look Up (V.A.5.1)





Pre-Review Document Submission

- Review & complete specialty crosswalk
 - No longer required to complete common crosswalk.
- Prepare required pre-review documents as noted in the “Memo on Documents”



A stethoscope is positioned in the upper left corner of the slide, resting on a white, curved surface that resembles a globe. The background is a gradient of blue and white.

Agenda

- An agenda will be established for each review: program and institutional.
 - Remember: reviews occur concurrently
- Reviews are completed in one day.
- Notify the AOA of all affiliated training sites that need to be visited.
- Finalized 2 weeks prior to review.





Sample: Program Agenda

Time	Session	Attendees	Available as Resource
8:00 a.m.	Meeting with Program Director	Program Director, Associate Program Director(s)	Secretary/Coordinator
9:00 a.m.	Meeting with Institutional Administrators & Director of Medical Education	CMO/CEO/CFO/COO, DME (Only 1-2 administrators and the DME are needed)	N/A
9:30 a.m.	Document Review	N/A	Secretary/Coordinator
11:30 a.m.	Lunch Break	N/A	N/A
12:00 p.m.	Meeting with Residents	Residents (All On-site)	N/A
1:30 p.m.	Meeting with Core Faculty	Core Faculty (Excluding Program Director)	N/A
2:00 p.m.	Tour of Facility	Residents (1-2)	N/A
3:00 p.m.	Document Review Wrap-up	N/A	Secretary/Coordinator
4:30 p.m.	Reviewer Meeting	AOA Reviewers	N/A
5:00 p.m.	Exit Meeting with Program Director and DME	Program Director, DME, Coordinator	Secretary/Coordinator
9:30-10:30 a.m.**	Section V (Chart Review, etc.) & Continuity Clinic Tour (if applicable & off-site)	Program Director	Secretary/Coordinator

** This portion of the agenda is completed by a physician reviewer and occurs concurrently with the rest of the agenda.





Review Report

- The following will be submitted to the AOA by the reviewer, after the conclusion of the review day:
 - Crosswalk with reviewers' notation of “met” or “not met” and their commentary.
 - Meeting sign-in sheets (if applicable)





POST DAY OF PROCESS

- Reports are first sent to the TPRS where they are all reviewed. The reviewer is contacted for and additional information needed or for clarification before it is approved for submission to the SPEC's and PTRC.
- Results are based on the Crosswalk with frequent comments from the reviewer.
- There is no narrative report other than what is in the Crosswalk.

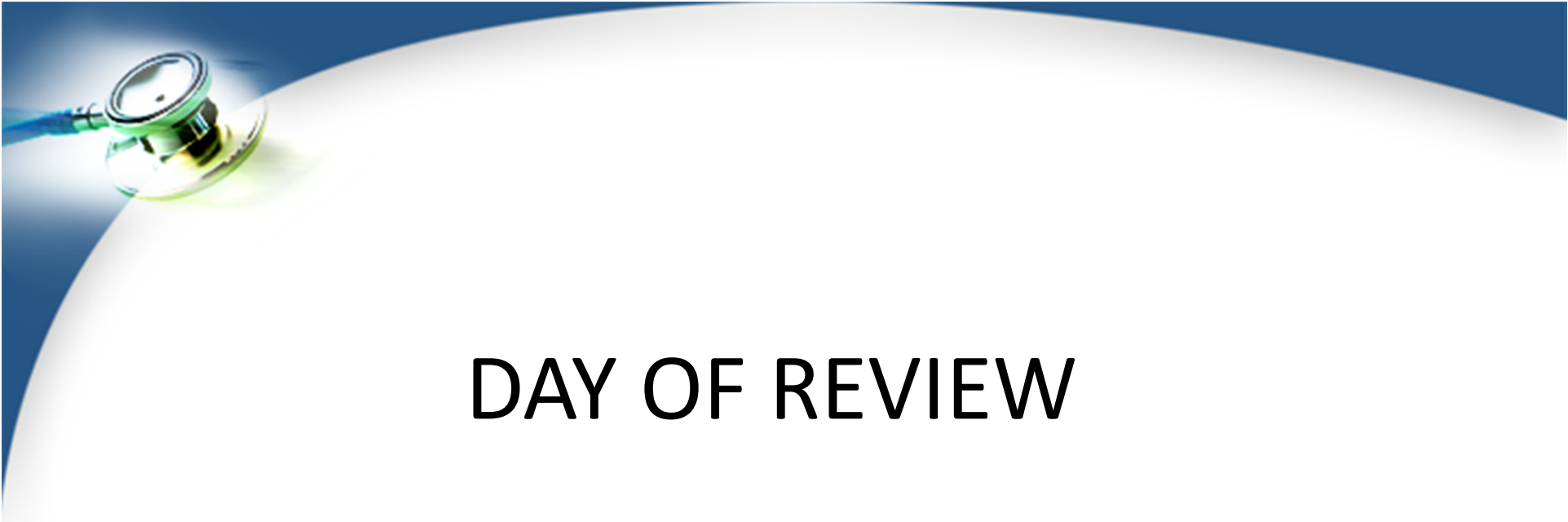




Re-accreditation Process

1. AOA sends the completed review report, along with the pre-review documentation, to the specialty college for review. Your OPTI may see the report at this point.
2. The specialty college makes a recommendation to the PTRC in terms of years of continuing approval.
3. The PTRC makes a final determination and sends formal notification to the institution/program, OPTI, and specialty college.





DAY OF REVIEW



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Review Day

- Multiple reviews occurring at one institution will occur concurrently.
- Each program is assigned an agenda.
- Each review will require meetings and separate conference rooms.
- Documentation may be shared between reviews.





Review Day Con't

- Documentation may be reviewed in electronic format (ex. New Innovations, E*Value, etc.) as long as coordinator or other designee is available to navigate on the day of the review.





ORGANIZE

- Have all documentation (paper or electronic) organized/labeled in same fashion as the crosswalk.
- Good organization of data is a good “impression” to give to the reviewers.





CROSSWALK

- Read the Crosswalk carefully
- Answer each item
- If you don't do something, just say that. There is room for areas that need work.
- This is not a “smoke-and-mirrors” situation
- Be straight forward
- We want you to be successful resident educators. (We have the same goal.)





BEST PRACTICES

Produce a large 3-ring binder (or two)

1. Have many dividers available.
2. Label each page
3. Have the justification for the standard inserted behind the standard.
4. Use multiple dividers as needed
5. Either a copy of the pages needed or a link to another book on the table.
6. PD comments are now required within the body of the crosswalk.





PROGRAM DESCRIPTION

STD. V.A.5.1

It is not a paragraph description of your program, but rather a “portfolio” of information containing the following: mission statement, description of facilities for all participating institutions, program goals and objectives, curriculum, teaching faculty roster with certification status, core competency plan, sample trainee evaluation forms, work hours and leave policy, and trainee remediation policy. (This is in your standards.)





REVIEW BULLETS

- If the Standards refer to the “Resident Logs”, then have them on the table or available electronically.
- If the Standards list a number (procedures, visits, etc.) have them tallied and available in the review room(s).
- Be sure to have the Resident Service Policy available (IV. 4.1 & 4.2)





DUTY HOURS

- Have a Policy that explains the AOA's policy
- This is not a search of your curricular plan but rather a look into the hours actually worked by each resident.
- Have each residents work hour logs in the room.
- When the AOA's policy differs from the ACGME's, we review on the AOA's
- There should be comments (Marked for us) in the minutes from the GMEC showing oversight.



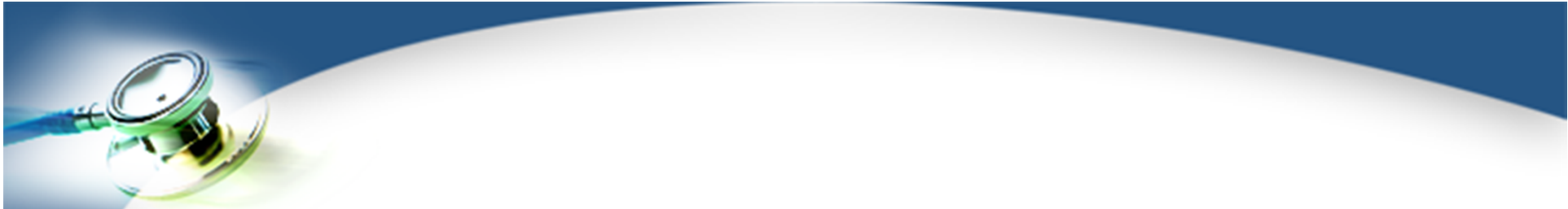


COMMITTEE MINUTES

- **GMEC**—we look for evidence of **oversight** of:
 - Resident work duty hours
 - Institutional Core Competency Plan (ICCP)
 - Internal Review (we do not want the report)
 - Promotion/Concerns
 - Approval of manuals, program goals, and policies

Have these notes copied and in your folder or marked in the GMEC notebook.





Resident Committee Assignments

- When the Standards ask for Resident participation in hospital committees “per direction of the PD”, we look for what the PD’s direction has been.
- Here you would insert your committee assignment lists into the notebook, or the PD’s description of how this standard is met.





DIDACTICS/CURRICULUM

- Have a list of the “routine” offerings that occur on a weekly or monthly basis. (Journal Club, M&M, Grand Rounds, Tumor Board, etc)
- Have your list of specific topics covered throughout your program (what does each resident get during their residency?)
- Be sure to clearly list how OMT/OPP is taught and used in resident patient care.





DIDACTIC ATTENDANCE

- Most all Crosswalks state that didactic attendance is required and at a certain percentage level and that tallies are kept.
- Be sure the tallies are kept and available.
- Should be addressed in the quarter/semi-annual evals.





CHART REVIEW & OMM

- We will be looking at both inpatient and outpatient charts for all residents
- Have a current or most recent list of each resident's management patients and clinic visits
- Reviewer will pick from the list at random
- Looking for progressive management by resident and for OMM evaluation/treatment
- Not done because of _____ is acceptable, at times, but should not be the general rule.





CHART REVIEW

- Needs to be Random
- Have list of all resident's last 20 admissions, H&P's, and/or Consults
- Have access or lists to all residents clinic schedules for the last 1-2 mo's (if program requires resident clinic).
- We look for "OWNERSHIP" of the patients
- We look for evidence of "OSTEOPATHIC PRINCIPLES and/or TREATMENT."

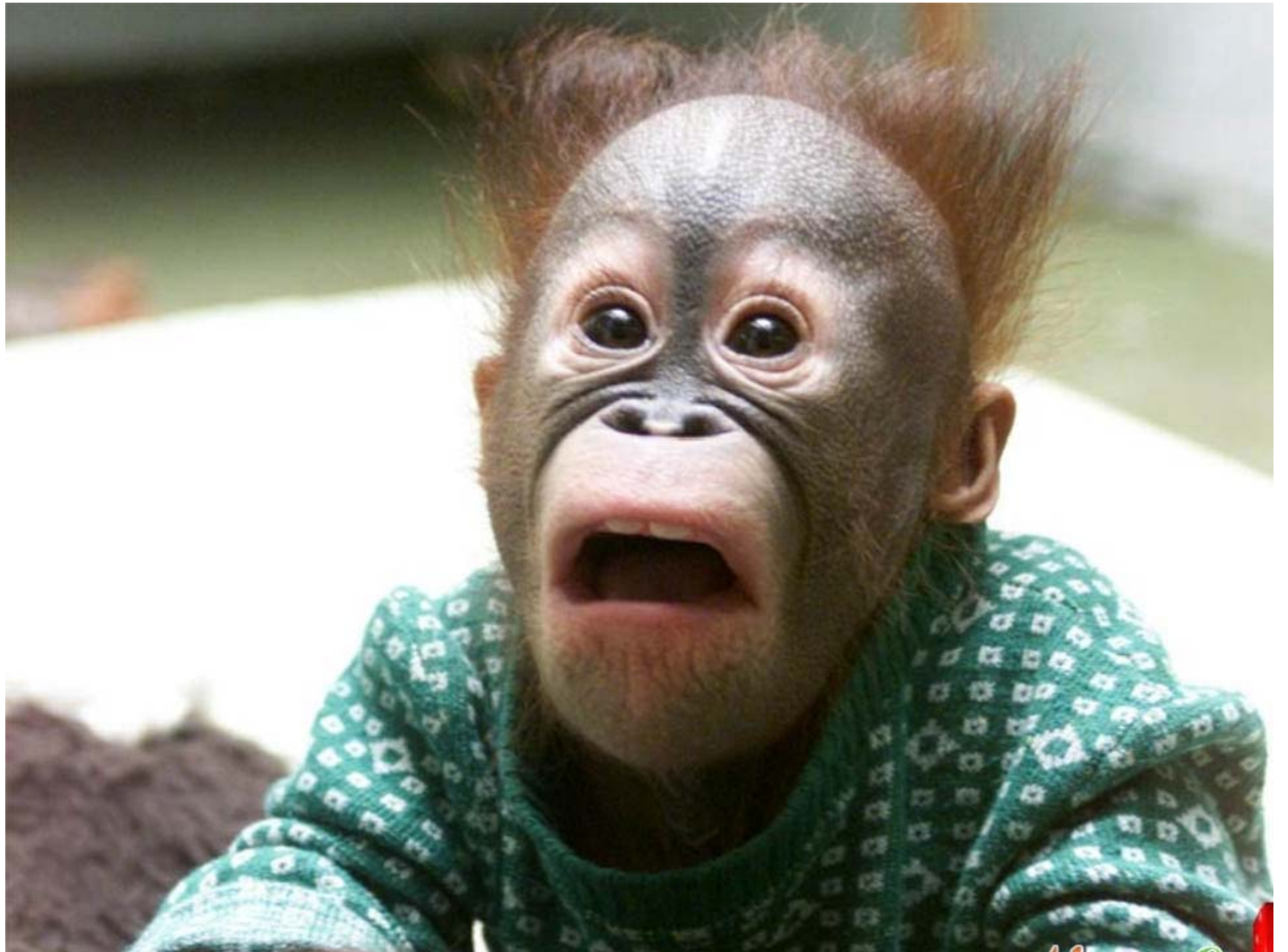




EVALUATIONS

- Have the evaluations available in each room. Need to have all of the 360 present.
- Reviewers need to see all types of evals
- Don't neglect to have the PD/DME quarterly or semi-annual evals present
- Standards call for all evals to be signed by the residents.







COMMENTS

- When any of these ideas or suggestions does not make sense to you, ask us, your OPTI sponsor, your Specialty College, Other programs.
- Share good info between programs.
- Be sure your good info has passed the review.



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Feedback

- Program Directors and Directors of Medical Education will have the opportunity to fill out an online survey about the review process.
- Survey invitations will be sent via e-mail a few weeks after the review takes place.
- Your feedback is important to us!
- Thank you for your feedback.



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Volunteer Reviewers

- We are using volunteer reviewers from each Specialty College to review urgent or special inspections
- We are creating a sizable volunteer reviewer service.
- Training for this team is by weekend seminar, webinars, and by shadowing AOA specialists





DOCUMENTATION

- **Have the most current grads files complete and at the tables**





Continued

- PD, DME, Coordinator should continue to make themselves available for all questions.
- This is where you find what we are not finding or not satisfied with (citations)
- All Resident meeting is a key element and should have all available residents present
- OPTI meeting is now a check of the vital signs of each program





Continued

- We are NOT trying to catch, trap, or trick you.
- We are here to assist your residency development by looking at your processes.
- When deficiencies are identified, the expectation is that you will be able to correct that deficiency.
- Remember that Your Colleges write your standards and your crosswalk.





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Closing Thoughts

- Standardization and reproducibility is key
- Assumption of professionalism
- Self-evaluation is useful
- Reviews are your chance to showcase your program
- Reviews are your chance to obtain assistance for your areas of need







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QUESTIONS

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