Accreditation Data System (ADS) Annual Update

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GMEC Meeting
July 2015

NAS
Next Accreditation System

Data driven review of programs

ADS

- Program Director is Responsible for Content
  - Information must be timely, accurate, complete, available, reproducible
- Common omissions
  - Updated Response to Citations
  - Faculty Credentials
  - Participating Sites
  - Complete Scholarly Activity
  - Complete Block Diagram
  - Updated PD CV

ADS Update: Response to Citations

Findings from RC Annual Data Review
Incomplete/Inaccurate Data

- Response to Citations
    - Explain how corrected/progress made toward correction/what is the action plan
    - Include data, if applicable
    - Keep up-to-date
        - Not limited to providing updates at the time of the annual review

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Provide Current Information. Update annually and fully. Provide Actions Taken and Results.

ADS Update: Faculty Roster

- Update Faculty List
    - Degree (MD, DO, PhD, MBBS, etc.)
    - Certification and Recertification (ex. in MOC)
    - Explain equivalent qualifications for RRC consideration, if not ABMS certified
- Assure faculty roster reflects program requirements, if specific subspecialty expertise is a requirement

ADS Update: Faculty Roster

- Number of Hours per Week (averaged)
  - Clinical Supervision
  - Administration of the Program
  - Research/Scholarly Activity with Residents
  - Didactics/Teaching with Residents
- Check and comply with program's requirements for core or key clinical faculty

ADS Update: Scholarly Activity

- **Know specialty specific scholarly activity requirements for Residents/Fellows & Faculty.**
- **Pub Med IDs and all activities must occur within the reporting year. Check dates.**

ADS Update: Faculty Scholarly Activity
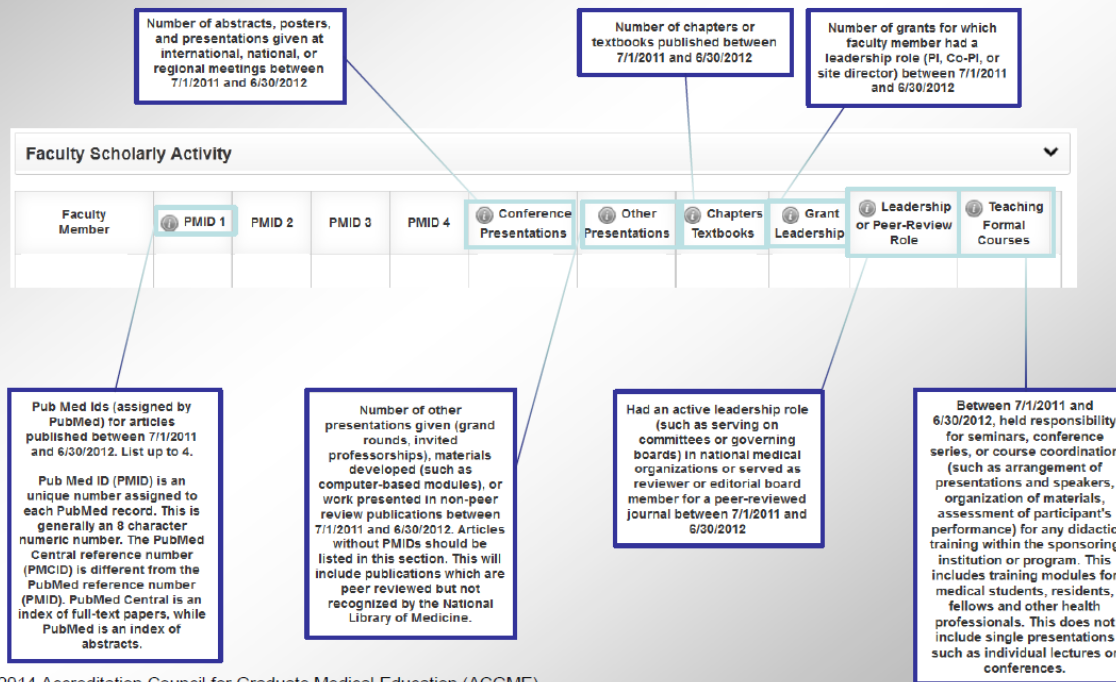
Note: Definitions for Entries

ADS Update:
Resident/Fellow Scholarly Activity

Note: Definitions for Entries & Dates for Reporting Window

ADS Update: Block Diagram

Block Diagram Instructions

- Include the **participating site** in which a rotation takes place, as well as the **name of the rotation**.
  - If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- Group the rotations by site. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- For each rotation, the percentage of time the resident spends in outpatient activities should be noted.
- The percentage of time devoted to structured research on a clinical rotation should be noted. If a block is purely research, it should be labeled as such, and should *not* be associated with a participating site.

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ADS Update: Block Diagram

- Follow ADS Formatting Instructions

- Important for RRC to Understand the Program

- Should reflect Program Requirements

ADS Update: Block Diagram

Findings from RCs Annual Data Review
Examples of Accurate/Complete Block Diagrams

Block Diagram: Use These Abbreviations:

ADOL	Adolescent medicine	SP	Subspecialty Experience (Subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from list 1 or 2).
AI	Acute Illness		
DB	Developmental/Behavioral		
CM	Community Experience	TN	Term newborn
EM	Emergency Medicine	ELEC	Electives (Experiences chosen by the residents over and above their required experiences)
GP	General Pediatrics		
NICU	Neonatal Intensive Care	VAC	Vacation
PICU	Pediatric Intensive Care		
RS	Required Subspecialty (Required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from list 1 in the requirements.)		

1st Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	ADOL/CM* (IP/OP)1	DB/CM* (OP)1	EM/CM (OP)1	RS* (IP/OP)1	TN/CM (IP)2	NICU (IP)1	GP/CM* (OP)1	GP (IP)1	GP (IP)1	GP (IP)1	GP (IP)1	GP (IP)1	VAC
Duty Hours	50/10	50/10	60/10	50/10	60/10	75/13	11/55	70/14	70/14	70/14	70/14	70/13	

2nd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	RS (IP/OP)1	RS* (IP/OP)1	RS* (IP/OP)1	RS (IP/OP)1	PICU (IP)1	PICU (IP)1	GP/CM* (OP)1	GP (IP)1	GP (IP)1	GP (IP)1	NICU (IP)2	EM (OP)1	VAC
Duty Hours	55/10	50/10	50/10	60/12	75/28	75/28	11/55	70/14	70/14	70/13	75/28	60/10	
Supervisory Role	no	no	no	yes	no	no	yes	yes	yes	no	no	no	

3rd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotations	ELEC* (IP)1	ELEC* (IP)1	ELEC* (OP)1	ELEC* (OP)1	NICU (IP)2	SP (IP/OP)	SP (IP/OP)	SP (IP/OP)	GP (IP)1	GP (IP)1	GP (IP)1	EM (OP)1	VAC
Duty Hours	70/14	70/14	50/10	50/10	75/28	50/10	50/10	50/10	72/13	72/13	72/13	60/10	
Supervisory Role	yes	yes	no	no	no	no	no	no	yes	yes	yes	no	

ADS Update: Block Diagram

Findings from RCs Annual Data Review
Examples of Accurate/Complete Block Diagrams

PGY-1 Schedule

1	2	3	4	5	6	7	8	9	10	11	12	13
Ward-O	Ward-R	Ward-Y	NS	NS/ER	ER/Vac	NSY	NICU	CM	EAC	Cards	RS	IT

PGY-2 Schedule

1	2	3	4	5	6	7	8	9	10	11	12	13
Ward	Ward	NS/ER	NS/ER/Anes	ER/Vac	PICU	Adol	Dev/Neuro	Heme/Onc	RS	Res ed	IT	IT

PGY-3 Schedule

1	2	3	4	5	6	7	8	9	10	11	12	13
IMC	Ward	NS/ER	NS/ER	PICU	NICU	DEV/Neuro	EAC	RS	RS	IT	IT	IT

Key:
NS: Night Shift (inpatient wards)   RS: Required Subspecialty
CM: Community Medicine   Res Ed: Resident Edcuator
EAC: East Austin Clinic (outpatient)   Ad/Dev: Adolescent/Development
IT: Individualized Tracks (see next page for rotations, based on track selection)

ER: At the completion of 3 years a resident will have done 3 blocks (48 shifts) of ER. The experience is divided into 2-3 week sections to allow for vacation and shortened night shift experiences. The ACGME considers ER and ambulatory experience and requires 3 educationsal units in training.

Vacation: 3 weeks per year, divided as 2 weeks during ER and 1 week in an RS block

Educational Unit Defined: minimum hour requirements-can be consecutive (1 month) or longitudinal (over the course of the year or residency training)
Inpatient: 200 hours
Outpatient: 32 half day sessions (4 days/week or 16 days/month)

ADS Update: Block Diagram

Findings from RCs Annual Data Review
Incomplete/Inaccurate Data – Core Block Diagram

ADS Update: Block Diagram

Findings from RCs Annual Data Review
Incomplete/Inaccurate Data – Subspecialty Block Diagram

Block	Dates	Smith	Brown	Jones	Wilson	Lee	Doe
1	7/1 to 7/28	S1	C	S1	S1	S1	S1
2	7/29 to8/25	R	C	R	S2	A	S2
3	8/26 to 9/22	R	C	S2	R	S2	A
	9/23 to 10/20	R	C	S3	S3	R	R
	10/21 to 11/17	S2	S1	R	R	R	S3
	11/18 to 12/15	R	C		R	S3	S4
7	12/16 to 1/12	S3	S2		R	R	R
8	1/13 to 2/9	R	C		S4	S4	R
9	2/10 to 3/9	R	C		R		
10	3/10 to 4/6	Pre A	S3		R		R
11	4/7 to 5/4	R	C	R	S5		S6
12	5/5 to 6/1	Pre A	C	S5	R	S6	R
13	6/2 to 6/30	R	C	R	R	S7	S7

- Non-standard format
- Research Time
- Abbreviations

Only 1 year provided

% of time spent on research/ clinical

No key provided for abbreviations

ACGME

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First Name: Shobana	MI:	Last Name: Bharadwaj			
Present Position : Program Director					
Medical School Name: Madras Med Coll, DR MGR Med Univ, Chennai, TN, India					
Degree Awarded: MBBS			Year Completed : 1996		
Graduate Medical Education Program Name: Hurley Medical Center					
Specialty/Field: Transitional year			Date From: 7/1999		Date To: 6/2000
Graduate Medical Education Program Name: University of Maryland					
Specialty/Field: Anesthesiology			Date From: 7/2000		Date To: 6/2003
Graduate Medical Education Program Name: University of Maryland					
Specialty/Field: Obstetric anesthesiology			Date From: 8/2003		Date To: 8/2004

Certification Information				Current Licensure Data	
Specialty	Certification Year	Certification Status	Re-Cert Year	State	Date of Expiration
Anesthesiology	2004	Re-Certified	2015	Maryland	9/2016
Obstetric Anesthesiology					N/A

Academic Appointments - List the past ten years, beginning with your current position.		
Start Date	End Date	Description of Position(s)
7/2012	Present	Director, Obstetric Anesthesiology Fellowship Program
7/2005	Present	Assistant Professor, Department of Anesthesiology, University of Maryland School of Medicine
9/2004	6/2005	Instructor, Department of Anesthesiology, University of Maryland School of Medicine

Concise Summary of Role in Program :
PD, Based at the primary site; Develops & administers the educational curriculum and training, and monitors duty hours of the fellow; provides clinical teaching, supervision, evaluation, didactics-lectures, grandrounds, OB simulation, of the fellow; Faculty advisor for fellow scholarly activities.

Current Professional Activities / Committees (limit of 10):
- [2012 - Present] Member, Society of Academic Anesthesiology Associations/AASPD
- [2012 - Present] Director, Obstetric Anesthesiology Fellowship Program
- [2011 - Present] Member, Maryland State Maternal Mortality Review Committee
- [2011 - Present] Instructor, Inter-professional Anesthesia-Obstetrics Simulation, Maryland Anesthesiology Program in Simulation (MAPS).
- [2011 - Present] Member, Anesthesiology Core Residency Program Clinical Competence Committee
- [2008 - Present] Coordinator, CA-3 Board Review
- [2008 - Present] Member, Anesthesiology Core Residency Program Education Committee
- [2005 - Present] Member, Society for Obstetric Anesthesia and Perinatology
- [2005 - Present] Mock Oral Junior Examiner, Department of Anesthesiology
- [2000 - Present] Member, American Society of Anesthesiologists and Society for Obstetric Anesthesia and Perinatology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years
(limit of 10):
- Galey J, Bharadwaj S, Crimmins S, Hong C, Malinow A. Anesthetic Implications of an Obstetric Patient with Blue Rubber Bleb Nevus Syndrome (BRBNS). Manuscript submitted to Anesthesia & Analgesia. Feb 2015.

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- Bharadwaj S, Malinow AM. Preeclampsia. In Fleisher LA, Roizen MF, eds. Essence of Anesthesia Practice, 3rd ed. Philadelphia, PA; Elsevier Saunders; 2011: 299.

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference.
(limit of 10):
- Bharadwaj S, Chua L: Morbidity and Mortality Conference, Grand Rounds, Department of Anesthesiology, University of Maryland. Dec 2014.
- Fahey J, Rudis K, Alton S, Chua L, Bharadwaj S. Instructor, Obstetric Emergency – Shoulder Dystocia, Inter-professional Simulation Module. MASTRI Center, University of Maryland. Dec 2014.
- Bharadwaj S. Obstetric Anesthesiology Fellow Lecture Series: Physiologic Changes of Pregnancy, Uteroplacental Physiology – 2013, 2014; Anesthetic Management for Fetal Surgery – 2013, 2014; Maternal Morbidity and Mortality-Related Disciplines – 2013; Cardio Pulmonary Resuscitation, Transport of Patients - 2013, Journal Club sessions – 2013, 2014.
- Galey J, Hong C, Bharadwaj S, Malinow A, Murthi S, Galvagno S. Feasibility of the Focused Rapid Echocardiographic Examination in Parturients. Society for Obstetric Anesthesia and Perinatology Annual Meeting 2014. Toronto, Canada.
- Galey J, Bharadwaj S, Malinow A, Nagle S, Goehner N. Obstetric Anesthetic Considerations for a Patient with a Fontan Repair of Tricuspid Atresia. Society for Obstetric Anesthesia and Perinatology Annual Meeting 2014. Toronto, Canada.
- S Bharadwaj, W K Bernstein, D Schreibman, P Lax, J Galey, J Fahey: Simulation Model for the Pregnant Trauma Patient: A Multidisciplinary Team Training Exercise. Association of University Anesthesiologists Annual Meeting 2014. Stanford, CA
- Galey J, Bharadwaj S, Malinow A. Exit Delivery for the Difficult Fetal Airway. Medically Challenging Case, American Society of Anesthesiologists Annual Conference, 2013. San Diego, CA.
- Bharadwaj S. Instructor, Obstetric Anesthesiology Task Training Simulation Sessions. May 2013, 2014. Obstetric-Trauma Multidisciplinary Scenario Simulation Module, 2013; Obstetric Hemorrhage Multidisciplinary Scenario Simulation Module, Sep 2011. Maryland Anesthesiology Program in Simulation, University of Maryland.
- Nagle S, Bharadwaj S. Uterine and Bladder rupture during genetic induction. Obstetric Anesthesiology case conference, Grand Rounds, Department of Anesthesiology, University of Maryland. June 2014.
- Bharadwaj S. Principal Investigator: Neuraxial Anesthesia and Sensory Blockade Testing (NASBT) Study. IRB Protocol - HP-00051621, University of Maryland School of Medicine. April 2014- Present.

Program Director's CV

Must reflect the program requirements:
- Current certification
- Current licensure
- Role in the program
- Scholarly Activity from last 5 years:
  - Peer reviewed funding
  - Publication in peer reviewed journals, chapters in text books
  - Presentation at local, regional or national meetings
  - Participation in national committees
  - Support for trainees scholarly activities
  - Didactic and Clinical Teaching

ADS Update
Program Director Tips

- Start data collection *<u>early</u>*

  - Collect data elements throughout the year (ex. scholarly activity)

- Open <u>all </u>tabs and update

  Any section with a yellow triangle symbol ⚠ requires attention.

  Any section with a green check ▢ is complete and does not require attention.

  - Although a section is green, it may contain outdated information

ADS Update
Program Director Tips

- Update the Program Director's CV
  - Licensure
  - Certification
  - Bibliography
    - remove/archive outdated items
    - Add current scholarly activities
- Update & Answer all questions and sections
  - Ex. DH/Learning environment, Evaluation Methods, Resident Roster
- Update & Confirm Residents
- Update Major Changes
  - Changes in program leadership—i.e. new PD or Department Chair
  - Include changes/improvements that support the program requirements
- Participating Sites
  - Educational Rationale
  - Explanation if total # rotation months/year $\neq$ 12

Review *Before* Submission

Trainee Roster
Program Director Tips

- Items to update (in July):
  - Residents Still in Program
    - Confirm, Update Status to Active Full Time, Update Year in Program
  - Residents who completed _all_ accredited training & are successfully promoted
  - Residents who left the program
    - transferred/withdrawn/dismissed/other
  - Residents that Use Case Logs
    - Only archive residents who completed or left the program

2015 – 2016 ADS Updates

Accreditation Data System (ADS) News

>>**2015-2016 Accreditation Data System Updates**

With the implementation of the Next Accreditation System, it is important that programs keep several sections of their ADS profiles up-to-date as the Program Summary for Review Report may be reviewed by the Review Committees at any time. The following items require ongoing attention:

- Responses to all current citations

- Major Program Changes since last academic year

- All Participating Site Information

- Duty Hour/Learning Environment section

The ADS 2015-2016 Academic Year Annual Updates will be scheduled from August through October 2015. All required data must be reported on or before a program's scheduled due date. An initial notification e-mail will be sent at the beginning of the reporting timeframe with reporting requirements. Please review and update the above-noted sections in the program's ADS account before **September 1, 2015**. After logging into ADS, click on the 'Overview' tab, and then locate the 'Annual Update' section. To expand the Annual Update section, click on the drop-down arrow.

References & Resources

- 2015 ACGME Annual Education Conference
  - SES009 – Town Hall Medical & Hospital Based Specialties
  - SES026 – RC for Family Medicine Update
- 2014 Updates from RRC Committee for Pediatrics

Questions
Discussion…