

Rock the Site Visit!

A Completely Unofficial Guide to Site Visits

CORD Academic Assembly 2019

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DISCLAIMER! The following summary and advice are based on all our program's recent experience with an ACGME site visit, resources available on the ACGME website, and from sessions at the recent 2019 ACGME Annual Conference. While this information is accurate to the best of our ability, the ACGME is of course the ultimate authority and important questions and issues should always be directed to them.

1. Types of Visits

Program Applications and Initial Accreditation: A site visit is conducted to review all programs when an application for accreditation is submitted. The site visit seeks to verify and clarify the application documents in which institutional and program leadership have described the resources of the program and how it will comply with the Program Requirements. All programs undergo a full site visit at the end of their two-year Initial Accreditation period and prior to a Review Committee's decision to grant Continued Accreditation.

10-Year Site Visit: All programs undergo a full accreditation site visit every 10 years. The deadline for submission of the Self-Study (template available on the ACGME website) as well as the 'approximate' date for the 10 Year Site Visit are posted in WebADS. NEW: Per site visitors speaking at the recent ACGME conference, the 18-month period between Self-Study submission and Site Visit has been extended to 24 months in most cases. This is to allow for programs to run more PDSA cycles for their plans of improvement - and have more data/metrics to show in the Summary of Accomplishments (template on the ACGME website). In addition to a review and discussion of the Self-Study, this is also a comprehensive assessment of compliance

with both Common Program and EM Program requirements. Data and files reviewed will include the prior THREE years i.e. the past three years of graduates' files should be available.

Data-Prompted Visits: All programs undergo an annual review for accreditation which includes: data collected by the ACGME via the Accreditation Data System (ADS) including faculty rosters and major changes, the ACGME Resident Survey, key index procedures, ABEM pass rates (see new CPRs on this), ACGME Faculty Survey, and scholarly activity. The most common reason for a data-prompted visit is a negative trend noted in the Resident Survey. If the RRC identifies a potential problem, the Committee may schedule a site visit to clarify and address aspects of the institution or program that need attention or follow-up. This may be preceded by an AFI (area for improvement) in the accreditation letter. Squarely address all AFI's! This may be your clue that you are headed towards a site visit.

Data-prompted visits may be “focused” or may be a “full visit” to assess for overall compliance. Your site visit notification letter will detail the nature of the visit and areas of concern. Site visits also are scheduled annually to evaluate programs with probationary accreditation status.

**From the EM-RRC Update!* Understanding, identifying, and then addressing in detail any negative trends on your resident survey in the “Major Changes” section of WebADS can help you AVOID a site visit! Similarly, address your plans of correction for AFIs in this section.

2. Self-Study Overview

The Self-Study process aims to create a description of how the program creates an effective learning and working environment, and how this leads to desired educational outcomes.

**SITE VISITOR (SV) TIP: A well-written Self-Study will have clearly identified program aims, aligned these aims with the hospital mission and needs of the community, and then looked to the SWOT analyses from prior years to identify improvements and projects which will advance these aims.*

The Self-Study should include two to four such initiatives which will then be measured with metrics and outcomes. These initiatives can include areas for the program to improve, or interventions which take the program ‘to the next level’. Creation of the

Self-Study should be a group effort. Site surveyors encourage the involvement of multiple stakeholders -- including residents. Good communication is key as there is an expectation that residents and faculty will be aware of the projects identified in the Self-Study as well as the outcomes. The good news is that you DO NOT need to share the APE or any weaknesses with Site Surveyors. They are really most interested in how you mitigated threats, took advantage of opportunities, and built on your strengths - all within the context of your program aims and hospital mission.

SV TIP: The largest challenge for most programs is developing the correct metric to track the success of Self-Study initiatives. This and incomplete PDSA cycles are the most common issues they are finding in 10 Year Visits.

The following is an abbreviated version of what can be found on the ACGME website.

1. Assemble Self-Study Group
 - a. Members of the PEC are ideal but other members might include department chair, clerkship director, chief residents, educational experts, DIO, CCC representative, institutional strategic planning department, any other relevant stakeholders
2. Engage the group in a discussion of program aims
 - a. Establish key expectations for the program
 - b. Define how the program differentiates itself from other programs (e.g. types of trainees attracted, special preparation for graduates, underserved patient populations, health policy or advocacy, population health, etc)
 - c. Ideally should take a long-term strategic view
3. Aggregate and analyze data from the annual program evaluation (APE) to create a longitudinal assessment of the program
 - a. Perform SWOT analysis
 - b. Discuss ongoing improvement activities, how improvements are prioritized, implemented and followed up on
 - c. Address any active citations, areas for improvement from most recent review, and areas where not in compliance with ACGME
4. Obtain stakeholder input on SWOT analysis

5. Summarize and Organize the above information to create a 5-year look back and a 5-year look forward assessment
6. Discuss and validate the findings with stakeholders (residents, faculty, department leadership)
7. Develop a succinct self-study document summarizing key points from above for use in the programs' 10-year site visit

3. Announcement of the Site Visit

The 10-year Accreditation Site Visit is scheduled 18 to 24 months after the program has completed its Self-Study and submitted its Self-Study Summary. It is a full site visit and accreditation review of the program against all applicable requirements for programs with a status of Continued Accreditation. This includes a review of program aims, strengths, and improvements made in areas the program identified in its Self-Study. Data-prompted and Focused Site Visits may be requested as programs are reviewed each year by the EM RRC.

The notification period depends on the type of visit:

10 Year Accreditation Visit: 90 days' notice

Initial Accreditation/Data-Prompted: 30-60 days' notice

Unannounced: may be less than 14 days "in cases of potentially serious problems"

If you are scheduled for a site visit, you will receive an email directly from the ACGME with the notification letter in PDF form. This is also available for viewing in the ACGME website in ADS. While these dates are not very flexible, if you identify a significant conflict or difficulty, do contact the the Field Activities staff ASAP. They are very responsive and helpful. Felicia Davis is the Executive Director for EM (fdavis@acgme.org). She is incredibly helpful and supportive and can guide you with most if not all issues that come up.

Take home message: communicate early and often.

4. General Advice

Site visits are insanely stressful. Like eat the program coordinator's entire bowl of Halloween candy all at once stressful. There is really no way around this. A data-prompted site visit inspires an added level of terror, as the EM-RRC is specifically

seeking more information around potential problems in a program. That being said, this process can actually be a unifying experience for the whole residency. From an administrative angle, this can be your *'Marie Kondo Tidying Up - Residency Edition'*. A site visit will force you to clean house and organize - neatly sorting, folding, and displaying required policies like favorite forgotten t-shirts. And after the fear has worn off, rallying your residents and faculty around your program mission will indeed spark joy.

Have a plan: You cannot do this alone, and you cannot do it overnight. Make a checklist and map out what you need to do. Assign roles and delegate tasks/documents. Make it clear to everyone that this will take the whole village – no exceptions. Revisit your APE, re-examine the ACGME Resident and Faculty surveys, go over internal program evaluations, and alumni evaluations to really understand your strengths and weaknesses. Take an inventory of ALL of your needed documents - are they up to date with the required language? Start collecting the resident files you will offer for review. Do not underestimate how much time assembling all of this documentation will take. Delegate, delegate, delegate.

Set regular meetings with updates for stakeholders: Revisit this process each staff meeting. Use your chief residents to keep the residents informed of all of the ongoing preparation. Put this schedule out well ahead of time, and make sure you carve out time for one last preparation meeting a few days before the day of the Site Visit.

Be reassuring to faculty and residents: But do convey to them that this is important, and not the correct venue to complain about the cafeteria food and working on New Year's Eve two years running. Have a separate and well-identified channel for those complaints.

Educate your faculty: Make sure the faculty are facile with processes around evaluation, duty hours, fatigue mitigation, and supervision. Make sure they can talk in depth about the overall goals and aim of the program. Make sure they know how they are evaluated and what activities they are participating in as far as faculty development. Make sure they are familiar with your APE. Make sure that they too know that this is NOT the venue to vent or complain.

Be honest and transparent: Site Visitors do not expect perfection — they just want to know that you can competently identify and respond to problems. And that you have plans — to fix stuff that needs fixing, and to move the program forward. If they find something missing or incorrect during the visit, admit the problem, fix what you can on

the spot (documents etc.), and describe what your plan is to address the noncompliance.

GREAT ADVICE:

“ADMIT YOUR SHORTCOMINGS AND NEVER BE DEFENSIVE.

REMEMBER YOU HAVE A LOT MORE TO BE PROUD OF THAN TO APOLOGIZE FOR”

PAT O’SULLIVAN PHD/UCSF SCHOOL OF MEDICINE

5. Before the Site Visit

Self-Study Update/Summary of Achievements: Reassemble the Self-Study group to assess/track the progress made in identified areas for improvements in the Self-Study. Ideally, your program’s progress with the items identified in the Self-Study will have been tracked through PDSA cycles. Make sure you can show how you measured the success (or lack thereof), and make sure all of your attending/resident stakeholders are informed about these initiatives. In addition to outcomes, Site Visitors want to see how you tweaked the process along the way. Make sure to detail your successes in the “Summary of Achievements”. You do NOT need to go into detail about failures and weaknesses. Focus on what worked, and how you measured that success.

Buff Your Website: Site visitors will make a point of visiting your program’s website to learn more about the program. This and the WebADS document will be the first impressions they have of the residency. Use this opportunity to highlight great things and amazing people in the program. At the ACGME conference, multiple site surveyors in multiple sessions talked about visiting program and hospital websites -- specifically to look for program aims and hospital mission.

SV TIP: Consider placing your program’s aims and mission in a prominent location on your website, and potentially that of your institution.

Buff WebADS: Do NOT ignore WebADS. Everything in there is scrutinized in detail. They WANT to see that you have updated data, as well as provided the most accurate and detailed information that you can. Even if you just updated WebADS months before for the annual submission, go back to double and triple check that the information there is accurate and meticulous. Use the updates section for just that -- any new late-breaking innovations your program is undertaking. If this is a data-prompted visit, use this section to identify issues and outline your plan(s) of correction. More detailed info on conquering WebADS below.

WARNING! WebADS “locks” ten days prior to the site visit, and you will no longer be able to edit after that time!

SV TIP: Your edits in WebADS are date/time stamped! Site visitors can SEE if when you were last in the system making edits. They want to see you were there with recent updates.

Read the Requirements: Download and be familiar with the MOST RECENT version of both the Common Program Requirements and EM Program Requirements and FAQ’s. Anything in these documents is fair game, and you need to know how your program meets all of described requirements. IMPORTANT: new CPRs go into effect in July of 2019. Site visits occurring after this date will be based off the updated requirements.

SV TIP: Site surveyors to our programs will most often NOT be EM faculty. They want US to be expert in our Program Requirements.

SV Pro-TIP: Have your team sit down with the CPRs and Program Requirements once a year to check off how your program meets all of these requirements.

Respect the Checklist: Your site visit notification letter will contain a checklist of documents and materials you will need to have available for review by the site visitors. Treat every item on the checklist as if it will be read in detail, examined, discussed, and possibly biopsied. Remember, some of these documents will be GME-level and the same for all programs at an institution. Others MUST be specific to your specialty/program. Do not add extraneous documents, handbooks, or PowerPoints. They will NOT look at other materials. There is no extra credit. Follow their recipe, and not yours!

Notify Important People: In addition to faculty and residents, Site Visitors may also want to interview the DIO, department chair, and chief medical officer. While these meetings are not long, it is critical that these often hard-to-schedule individuals be available to meet if requested. And they are NOT optional. Make sure to put the date of the site visit on their calendars well ahead of time. Additionally, site directors from affiliate sites will need to be available to meet with along with your core faculty (tip: these affiliate site directors may require more preparation!).

Reserve a Meeting Place: Book the most pleasant, cleanest, brightly lit, and spacious meeting space you can. You want a room that can accommodate a conference table where your residency leadership team (PD, APD, program coordinator) and the site visitor(s) can sit comfortably to review a large volume of documents. As one site visitor said, “everyone should be able to sit and talk at the table”. You should also have computer access with a screen in case you need to access your residency management system or website to retrieve requested materials. You will also need meeting rooms for the site visitors to meet with residents and faculty. Plan to have water, coffee, light snacks, and nearby restrooms identified.

SV TIP: Site visitors would rather meet in the most functional room conducive to conversations with small to medium groups of people than a large impressive auditorium named after a very famous doctor.

Site Visit Day Schedule: The site visitor(s) will want a detailed schedule of the day and names of all participants. Most will use the ACGME given schedule and just plug in the names of all participants under the appropriate time slot. Be sure to update the site visitor of any changes one to two days in advance and have paper copies of the schedule available.

Request for ‘Strengths and Weaknesses’: You will receive an email to forward on to the residents directly requesting a list of strengths and weaknesses from the residents. A designated resident (can be a chief resident) will build a consensus list to send DIRECTLY to the site surveyors - which may then be used to generate discussion during their meeting with the residents. Sadly, this list is to remain confidential from the Program Director.

SV TIP: Do check in with your designated resident to make sure the list was indeed sent to the Site Visitors!

Communication with the ACGME and Site Visitor: You can contact the lead site surveyor (email) or ACGME HQ (email or telephone). You may need to reach out

to arrange a meeting place or clarify questions and details. Field surveyors are approachable and happy to answer questions. They really appreciate your attention to detail. Make sure to provide detailed directions to the meeting room. Also provide YOUR contact information and cell phone, as well as that of your program coordinator.

SV TIP: It is best to have someone from your team meet the site visitor on arrival to your facility at an agreed upon location - i.e. greet them at the front door!

Don't Go It Alone: This is a stressful process, and the preparation a HUGE amount of work. But don't go it alone. Delegate ask for help, and seek advice. Use your CORD friends and colleagues - they are a GREAT resource. Lean on them for encouragement or if you need a template for a document. Your program is AWESOME, you will be fine, and you belong to an infinitely supportive community of educators.

6. The Site Visit Day

The day will follow whatever schedule you and your lead Site Visitor have agreed upon. The order of operations will usually be something like this:

PD/PC Interview: Be prepared to be answering in depth and detailed questions for a solid 90 minutes at the beginning of the day. None of the content is outside of what you will already know really well. However, just know that anything in WebADS, on the ACGME survey, or listed by your residents and faculty as "strengths and weaknesses" may come up. If your visit is data-prompted, much of the conversation will be around the areas of concern. Be ready to articulate how you are addressing any program weaknesses.

SV TIP: PCs are welcome, but should NOT be answering questions the SVs expect the PD to know and answer.

Resident Discussion Groups: These groups are generally divided by year of training. Most programs prep the residents with town halls or during conference just to ensure that everyone knows the basics of the ACGME survey, is aware of ongoing improvements, and has the big picture overview of the program. Remind residents of the aims of the program - and to think about why they chose your program for their training. Remind them of the unique attributes of your program as well as how you meet various requirements - including monitoring Duty Hours and supporting physician well-being. Encourage everyone to be honest in their answers, but to avoid using this as a venue to complain. This can actually be a great opportunity to unite the group, and celebrate the things your program does really well.

*SV TIP: Multiple site visitors emphasized that this is **THE MOST IMPORTANT COMPONENT** of the whole day. This seems to be the generally held view of all of the Field Representatives.*

Faculty Discussion Groups: Do prep your faculty! They are not program directors, and in many cases know less about the day to day mechanics of the residency than the residents. Go through the self-study, PEC, and APE with them. Ensure they have an awareness of what your yearly action plans are — what you are working on and what direction the residency is going in. Make sure they are aware of the faculty development events they will have participated in. They will be asked about wellness -- both theirs and the that of the residents. And again, make sure your faculty can clearly articulate your program aims/departmental mission.

Document Review: Here they will go down the exact same checklist you will have received with your site visit letter. This is very exacting, and they are looking for specific items and language - all of which are detailed in the Common Program and Program Specific Requirements. Have everything as organized as humanly possible; have all possible reference sources and documents ready to go if you need them. Organization is key -- have everything you think they will ask to see at your fingertips both on paper and electronically. Make sure you and your program coordinators are completely in sync with these documents. This is one area the site visitors may look more to the program coordinators than the program director. Everyone needs to be prepared and familiar with documentation.

Exit Interview: In this last session, they may ask some clarifying issues based on other discussions from earlier in the day. After a short break, the site visitors will give you a list of strengths and weaknesses all of which reflect what will be included in the report to the EM RRC. They are clear to specify that this is NOT the accreditation decision, but just the report that gets sent to the RRC. Lastly, they do want to hear about the great things your program is doing. Use this opportunity to brag a bit. You DO have a lot to be proud of! In the end, site visitors are looking at the happiness and satisfaction of the residents and faculty and the overall quality of the program— along with your ability to color compliantly within the ACGME lines.

7. Tips for the Document Checklist

General

- Have the list of documents follow the order on their checklist - anything to make THEIR work easier and more rapid.
- Format documents and information in a way that looks clean and organized.
- Do not offer up documents they aren't asking or looking for, but do have supporting documents readily available. (It might be helpful for you to create a couple of tables of contents or checklists, one "Documents to Show" and one "Documents to Hold.")
- You have the option to either log into your residency management system for evaluations or to print. Printed files are completely acceptable, and seem to be more straightforward for the purposes of rapid review. Be careful: semi-annual evaluations may NOT appear complete with all of the requisite elements in computer form!
- **Take Home:** the more time you can spend making all of this look tightly organized, the less time they will spend digging. Also, know exactly where to retrieve supporting items and documents from. All of this is time well spent.

PLAs

- Make sure they are signed and DATED (next to the signatures).
- They should include the goals and objectives for the rotations at those sites.
- They should be specific for the length of the rotation.
- **Take home:** they actually read the PLAs in great detail, which was unexpected as they are so pro forma. So, make sure they are up to date, accurate, and come with goals/objectives.

Resident Files

- Organize by the elements described in the ACGME checklist (can be found on the ACGME Site Visit FAQ webpage): appointment information, summative narrative evaluations, semi-annual evaluations, and end of rotation evaluations.
- Summative Narrative Evaluations: looking for the specific language that specifies: "Based on a composite of multiple evaluations, the program director and the CCC of XX institution attest that the training program has been successfully completed and the resident has demonstrated sufficient competence to enter practice without direct supervision in the specialty of Emergency Medicine" Best Practice: Have the graduating senior SIGN this document, include the final milestones, and include a procedure log.
- Rotation evaluations: they are not really reading the content, but rather verifying that the evaluations are there and that all of the core competencies are all evaluated.

- Semiannual evaluations: again, they looked for the composite elements — so attendance, procedures, core competencies. Make sure these are signed and dated.
- 360/multi-source evaluations: be able to show examples. They don't specify exactly WHAT you use as 360, but that it is occurring.
- **Take home:** Pick your BEST and most COMPLETE resident files. Make sure they are highly organized, and know where to find examples of the items above.

Conference Schedule

- Make sure the format you present this in reflects how you have structured the didactic curriculum — so modules/units/months — and be able to explain that.
- Clearly indicate which speakers are faculty and which are residents.
- Know the percentage of lectures given by residents and by non-EM faculty.
- **Take home:** this is a chance to shine — take the time to lay out all of the work that goes into conference in a way that reflects the breadth and depth of content - and that you have a method to your madness. Also know what it is based on i.e. 'we base this on the core content of emergency medicine as set by ABEM and the EM RRC'.

Faculty Evaluation

- Provide one example of the written evaluations faculty receive.
- Pick someone with mostly positives, and maybe a few things to work on.
- What do you do for faculty development? This will come up in multiple sessions, and is a requirement as of the new July 2019 CPRs.
- Is burnout a problem? How do you assess/combat? This may also come up.
- **Take home:** they DO read this content — looking for evidence that the teaching ability of the faculty member is evaluated, and that faculty are developed and cared for.

Duty Hours Documentation

- They want to know WHAT system you use — citing New Innovations or Med Hub etc. is fine.
- They want to know what the most common violations were and the process for addressing those violations. They may then verify your corrective actions with the DIO.
- They want to know that duty hours are logged for ALL rotations including EM.
- These hours MUST be included in Duty Hours logging and limits.
- **Take home:** An EM schedule is not enough - there must be Duty Hours logged for every single rotation of every type including EM. Know your process for

collecting, investigating, and resolving Duty Hours. Make sure your residents know this process too -- they WILL be asked!

Policy on Resident Supervision

- This must be a PROGRAM SPECIFIC policy — so separate and different from what the GME office has for the institution.
- They will look specifically for language that addresses the levels of supervision: **oversight, indirect, and direct supervision.**
- They will look for language that specifically addresses how a resident can get help/support if they need it.
- **Take Home:** this is one of those policies where the requisite language is in the common and program requirements from the ACGME — the recipe is on the website.

CCC Description

- Be able to describe how your CCC functions: who is on it, when does it meet, who is the chair and who are the other members.
- What are your sources of data? How is this shared with the residents?
- How do you use your CCC milestones and evals? Be able to relate the CCC to what you deliver back to the residents in terms of feedback and evaluation.

PEC Description

- Be able to discuss how your PEC functions: who is on it, when does it meet, who is the chair, when do you generate your APE? *SV TIP: include members from affiliate sites!*
- Be able to talk about the APE — basically the APE covers almost everything in a site visit — and should include the ACGME prescribed areas of resident performance, faculty development, graduate performance, program quality, and outcomes.
- Be prepared to show your APE - and make sure this APE includes who participated. Membership on the PEC does not equal attendance at the APE meeting — we were additionally asked for APE meeting minutes.
- The PEC/APE must have resident representation.
- The PEC/APE must include action plans from the prior and upcoming years. Prior action plans should have updates.
- Be prepared to discuss areas for improvement that you identified and what you are doing going forward.
- Do incorporate items from the ACGME resident survey.
- Also use your own internal surveys/rotation feedback.
- Be prepared to discuss channels you have set up to solicit and collect feedback.

- Be prepared to share alumni surveys - have outcomes data if possible. The PRAT is great for this.
- **Take Home:** Have documentation of what you discussed and who was there in the discussion. Have a clearly outlined structure for how your PEC and APE work.

Sample of Goals and Objectives for a Rotation

- Make sure these are updated.
- They should again be anchored to the core competencies.
- They should reflect graduated responsibility and autonomy.
- Know where and when they are given to the residents (i.e. they are emailed out 2 weeks in advance of the rotation AND they are all available on our website).
- Make sure each institution/site/rotation has a copy of the goals and objectives.
- *Goals and objectives must accompany PLAs.*
- **Take Home:** Make sure they are competency-based, up to date, and widely available. Make sure your residents and faculty know where to find them.

Sample of Quality Projects

- Summarize all of the quality work involving residents — for example: create a table with each graduating class including the resident and their project.
- Consider including the PowerPoint/pdf/poster/abstract of any presented projects for evidence of content (the ONE exception to providing unrequested PowerPoints!)
- Use this again as a chance to shine: include any resultant publications, metrics, or outcomes.
- **Take home:** again be organized and summarize. Show that all graduates will have done something meaningful.

8. WebADS Updates

General

- WebADS looks **completely different** when printed than when you are working with it in the computer. PRINT OUT a copy to edit and review so you can see what the surveyors will see. Have other faculty proofread - both for content and typos.
- Site visitors read document IN DETAIL. This is the “ePIF” or PIF of old. They will base many initial interview questions from the information, cross check info, and ask the residents about answers you have offered in WebADS.
- Have a printed copy of WebADS in front of you for the site visit so you can follow along and address the various items they ask about.

- You CAN and SHOULD go into detail about changes and efforts to improve. Site visitors DO appreciate a high degree of detail offered in WebADS. They read this closely before the visit day.
- You CAN and SHOULD update WebADS from the most recent submission. Include your responses to areas for improvement flagged on the ACGME survey or RRC letter. Do show your recognition of and responsiveness to any AFI's, citations, or trends in the resident survey.
- **Remember that WebADS will 'lock' 10 days prior** to the site visit, and you can't make other changes. Be aware of this deadline.
- WebADS will be changing to reflect the July 2019 Common Program Requirement Updates. Allow extra time to complete this as it has some different data fields.
- Minor corrections to WebADS they will let you fix on the spot - they are typically very helpful with taking and passing along corrected information to the RRC.
- **Take Home:** Spend quality time buffing and shining WebADS —it is the surveyors' first impression of the program, and a reflection of the time and prep you put into the visit. Make sure others proofread this painful document - it will pay off!

Faculty Roster

- Graduation and Board Cert/Recert dates: Definitely double-check this info! Most of us don't each year — especially for faculty who have been on staff for a long time. Make sure this is up to date and accurate — they do check! (This stuff PRINTS out differently than how it appears in the on-line format.) Note that the EM RRC also lists this as a frequent omission/mistake they see in WebADS at their meetings.
- Make sure the clinical hours are accurate.

PD CV

- DO update your program director CV. Yes, spend some time on yourself. Read the directions. Do not exceed the number of publications. Keep listed items to the last 5 years. Make sure your licensure and board certifications are current.

Recent Changes

- Use this area to really talk about what you have been working on from the PEC/APE.
- Use this area to clearly address any underperforming areas from the ACGME resident survey. Do not ignore outliers on the survey!
- Talk about GREAT stuff you are innovating and doing — including wellness.

- This section can be your secret weapon to show just how much work you have put into resolving issues and correcting identified issues.

Evaluations

- Many of these are radio buttons — choose the most optimistic radio button and not the most conservative. Remember: “sometimes” and “occasionally” are viewed negatively by the ACGME for the purposes of these surveys.
- Be able to talk in more detail about how specifically your program addresses the questions asked.
- How do you track who completes what evaluations?
- Whenever possible, have data and metrics to show for this - even a simple chart with completion rates for core faculty.

Procedures

- They will look at procedure numbers reported: how did you generate that number?
- How do you supplement less common/more invasive procedures?
- How do you log procedures?
- They will also look at trends — if something is going down or not hitting the required number, why is that, and what are you doing about it?

Scholarly Work

- This gets looked at across the program, across the faculty, and across residents. The individual faculty publication requirements will shift to an aggregate for the department BUT there is still the expectation that all core faculty participate in other forms of scholarly work (see the 2019 CPRs for more detail).
- They will ask about support for scholarly work — stats support, research assistants etc., as well as resident access to research and these resources.
- You CAN add new publications in addition to your most recent annual WebADS update.

Site Descriptions

- At the top of each box is actually a stealthy little description of what the description should include: volume, pathology, educational value to the program — make sure you promote the value of all of your sites, and how each site provides something unique for education and training.
- **Take home:** this is a giant exercise in following instructions.

Block Diagram

- There are several ACGME-approved versions you can pick from. Choose one - do not use your own. This is again a stealthy little pdf living on the block diagram tab of WebADS.
- Make sure the numbers on the block diagram correspond to how you numbered your sites in WebADS.
- Include research as a percentage component of some of the rotations — it's a little artificial, but this is what we were told to do (they let us fix ours on the spot).
- Do update this! This is an item much like faculty ABEM certification in that you might not check each year, but rotations change and get tweaked. Keep this up to date!
- *SV TIP: Incorrectly formatted block diagrams are one of the most frequent missteps they see. Do follow the prescribed format, and include a research percentage.*
- **Take home:** make sure it's accurate and in ACGME-approved format.

WebADS Take Home: Do take the time to perfect this clunky document, and again, always read the instructions. Offer the most positive answers and responses possible whenever/wherever possible, and feel free to go into LOTS of detail. Be careful - WebADS will be look different this summer!

9. Miscellaneous FAQs

- “Do you know why we are here?” Know the reason(s) for your site visit.
- Security: what is the security situation. Can residents get walked to their cars if they request this.
- Call rooms: do they have locks and are they individual with showers etc.
- EHR: what is used at each site and describe pending changes.
- Conference: can residents turn their pagers off and have it be truly protected time.
- Conference attendance: how is this tracked? Is there an attendance policy or expectations?
- PD: do you get enough protected time to do your job?
- PC: do you have dedicated program coordinators?
- 4-year format: there is an EM RRC requirement to justify the 4th year of training. Four-year programs: be prepared to describe what the final year of training in your program adds to the training experience.
- ED Boarding: what is the state of your ED in that regard?
- What are the different ways in which residents can voice concerns without fear of retribution?

- Resources: if residents have reported inadequate resources (call rooms, food, lactation room, charting area, etc.), the Site Visitors may request to tour that item.
- Transfers/prior training: have the summary narrative evaluation materials from the prior training experience available. You may need to get further clarification from your assigned Site Visitor about exactly what they will want to see.
- Number of site visitors: larger programs may have two Site Visitors assigned. There may also be Site Visitors who are orienting/shadowing. This does NOT mean your program is under added scrutiny!
- Use the ACGME website - there are many useful documents, templates, and guides for most/all of these requirements. Look for pdf icons within the descriptions of various requirements - this indicates a document or template you can download. Site visit FAQs can be found at: <https://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Site-Visit-FAQs>
- This page also contains a helpful PDF listing all of the expected components of a resident file.

Contact the ACGME!

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