Preparation for an on-site accreditation visit under the new CanERA standards

Practical Tips

A Warren, C Silver Smith, V Wilson, D Tang – Dalhousie University

September 27, 2019
Introductions
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.

All speakers confirm this information
Objectives

• Identify the requirements, elements and indicators within the new CanRAC accreditation standards that are likely to require targeted effort as your institution and/or program prepares for an on-site accreditation visit

• Describe some strategic and practical activities that can help facilitate a successful on-site visit at the level of the institution and program

• List some potential pitfalls in on-site visit preparation, and describe strategies to avoid them
Outline

• Review of high level changes to accreditation standards and process
• 9 take-home messages
New Standards

General Standards of Accreditation for Residency Programs

Version 1.1

General Standards of Accreditation for Institutions with Residency Programs

Version 1.1

Standards of Accreditation for Residency Programs in Family Medicine
Organizational Structure

OLD
• Standards (eg. B1)
  • Sub-standards (eg. B1.3)
    • Sub-sub-Standards (eg. B1.3.8)
      • Sub-sub-sub-standards (eg. B1.3.8.5)
        • Sub-sub-sub-sub standards (B1.3.8.5.1)
          • You get it...

NEW

<table>
<thead>
<tr>
<th>Domain</th>
<th>Standards</th>
<th>Elements</th>
<th>Requirements</th>
<th>Indicators</th>
</tr>
</thead>
</table>

Content - New Accreditation Standards

1. There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.

2. All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.

3. Residents are prepared for independent practice.

4. The delivery and administration of the residency program is supported by appropriate resources.

5. Safety and wellness is promoted throughout the learning environment.

6. Residents are treated fairly and adequately supported throughout their progression through the residency program.

7. Teachers effectively deliver and support all aspects of the residency program.

8. Administrative personnel are valued and supported in the delivery of the residency program.

9. There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.
Requirements and Indicators
1.1.1: The program director is available to oversee and advance the residency program.

1.1.1.1: The program director has adequate protected time to oversee and advance the residency program, consistent with the centralized guidelines, and in consideration of the size and complexity of the program.

1.1.1.2: The program director is accessible and responsive to input, needs, and concerns of residents.

1.1.1.3: The program director is accessible and responsive to input, needs, and concerns of teachers and members of the residency program committee.
New System | AMS
Old Accreditation Management System
New Accreditation Management System
Dependence on IT

“We forgot to back up our files, so we’re asking everyone to remember everything they’ve typed during the past 10 days.”
Accreditation Cycle Length

Current Cycle – Every 3 years

New Cycle – Every 4 years with 2y “touch points”
So what can we do to get ready?
Nine take home tips

1. Get to know the standards
2. Start early – especially with policies and procedures
3. Do a self assessment
4. Get to know the accreditation management system – standardization, access
5. Evaluate your learning environment
6. Educate stakeholders – Communicate early and often
7. Focus on continuous quality improvement
8. Educate faculty about hidden curriculum
9. If you don’t understand (anything), seek clarification
#1 - Get to Know the Standards

## New Areas of Focus

- PA and PD – New Human Resource Focus
- Patient Safety
- Resident Wellness
- Learning Environment
- Quality Improvement
- Curriculum Mapping
Program Directors and Administrators – HR

- Standardized (written) job descriptions and overview
- Criteria for selection and recognition
- Professional development
- Performance management process
- Involvement in program review
3.2.6.1: Residents can apply the science of continuous improvement to contribute to improving systems of patient care, including patient safety.

3.2.6.2: Residents contribute to a culture that promotes patient safety.

3.2.6.3: Residents recognize and can respond to harm from health care delivery, including patient safety incidents.

3.2.6.4 Residents adopt strategies that promote patient safety and contribute to solutions to address human and system factors.
Patient Safety – What we did

• Quality Improvement Patient Safety Task Force – morphed into PGME Standing Committee
• Institute for Healthcare Improvement E-learning modules on patient safety
• Asked questions about safety on new resident survey
• Actively met with hospitals around patient safety events involving residents and reporting to PD’s and PGME
• Looked for existing channels for reporting patient safety events – eg DoM
Resident Wellness

- There is an effective resident wellness policy (specific)
- The RPC includes input from individuals involved in resident wellness and safety programs
#2 - Start Early, Especially With New Policies and Documents

- Program Organizational Chart
- Curriculum Map
- Competence Cttee Agendas
- PGME Scholarship Activity
...and still more policies and documents

- Administrative Personnel Selection Guidelines
- Program Administrator Job Description
- Framework for Program Evaluation and Improvement
- Examples of Assessment Methods
- List of Leadership Opportunities for Residents
#3 - Do a self-assessment

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>ELEMENT</th>
<th>REQUIREMENT</th>
<th>INDICATOR</th>
<th>DOCUMENTATION</th>
<th>RECURRING DATA (e.g., survey)</th>
<th>INTERVIEW (Onsite)</th>
<th>EVIDENCE - OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2.2.2: There are adequate resources and support to allow residency programs to meet accreditation standards.</td>
<td>PGME support policies</td>
<td>PG Dean interview PD interview</td>
<td>Portfolio narrative description</td>
<td></td>
</tr>
</tbody>
</table>

- 2.2.1: There is an effective process to identify resource needs and advocate for equitable allocation of resources.
- 2.2.2.2: There are guidelines to ensure support for the program director, including administrative support and remuneration.
- 2.2.3: The support available to residency programs includes access to legal services, as appropriate.
- 2.2.4: The support available to residency programs includes access to technology, such as videoconferencing and simulation facilities, and associated support staff.
- 2.2.5: The supports available to residency programs include centralized supports for scholarship and research.

- 2.2.3.1: There is a centralized policy for information management that addresses access, confidentiality and information retention.
- 2.2.3.2: There are up-to-date and confidential files for all residents and teachers, with procedures and practices to safeguard privacy and confidentiality.

- Information management policies
- PG Dean interview PD interview
- Portfolio narrative description
Activity 1 – Self Assessment

• Program - Colour code standard 5 for safety and wellness in the learning environment in your program
• Institution – Colour code standard 4 for resident safety at your institution
Discussion

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>then</th>
<th>REQUIREMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If all are green...</td>
<td>is green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If some are yellow or pink...</td>
<td>is yellow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If all are yellow or pink...</td>
<td>is pink</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
#4 – Get to know the Accreditation Management System
Dalhousie’s approach to AMS

- Sharing of information
- Training in the new system
- Standardization of file naming

General → Specific

NEUS_RPC_Agd_2019-11-30
IT Access

- Continuous IT access needed at the time of the survey
- If surveyors are to access electronic information, eg. One45, have a computer set up in the room with Program links and access
#5 Formally Evaluate your Learning Environment(s)

• “The diverse physical locations, contexts and cultures in which residents learn”
  
  Great Schools Partnership 2012
• Programs must provide a Learning Environment that
  • Empowers participants to make change
  • Supports an atmosphere of scholarly inquiry
  • Gives and uses formative feedback
  • Is diverse and aligned with community and societal needs
  • Is functionally inter/intra professional
  • Is adequately resourced by qualified teachers
  • Is safe for learners, teachers and administrative personnel
  • Promotes resident wellness
  • Is evaluated
Voice of the Resident Survey (with thanks to UofT!)
#6 - Educate Stakeholders; Communicate Early and Often

- Lunch and learns for PDs and PAs
- Posters outlining accreditation process and timeline
- Department Heads meetings
- Hospital Leadership meetings
- Government meetings
#7 Focus on Continuing Quality Improvement (CQI)

- Patient Care
- Learning environment
- Program
- Institution
Activity 2 - Your CQI

• Program
  • What is your program’s approach to CQI (on the program itself)?
  • What specific areas do you think need CQI?
  • What evidence would you use to support this?

• Institution
  • What is your institution’s approach to CQI now?
  • What specific areas do you think need CQI?
  • What evidence would you use to support this?
Activity 2 Debrief – Areas to Consider

• Program
  • Policies and procedures
  • Goals and objectives
  • Curriculum and curriculum delivery
  • Assessment
  • Teachers
  • Learning experiences and environment
  • Learning sites
  • Wellness
  • Patient safety
  • Staff

• Institution
  • Policies and procedures
  • Central curriculum and curriculum delivery
  • Program Directors
  • Learning environment
  • Learning sites
  • Wellness
  • Patient safety
  • Staff
What we did - Program

• CQI rounds instead of Morbidity Occurrence and Mortality (MOM) Rounds
• Regular learning environment assessment, review and action
• Develop ways to review policies, goals, objectives, sites, learning experiences, PA performance and support
What is the hidden curriculum?
Tip #9 – If you don’t understand, ask
So what can we do to get ready?
Nine take home tips
✓ Get to know the standards
✓ Start early – especially with policies and procedures
✓ Do a self assessment
✓ Get to know the accreditation management system – standardization, access
✓ Evaluate your learning environment
✓ Educate stakeholders – Communicate early and often
✓ Focus on continuous quality improvement
✓ Educate faculty about hidden curriculum
✓ If you don’t understand (anything), seek clarification
Help us improve.
Your input matters.

• Download the ICRE App, or
• Go to: www.royalcollege.ca/icre-evaluations to complete the session evaluation.

Aidez-nous à nous améliorer.
Votre opinion compte!

• Téléchargez l’application de la CIFR
• Visitez le www.collegeroyal.ca/evaluationscifr afin de remplir une évaluation de la séance.

You could be entered to win one complimentary registration for ICRE 2020 in Vancouver.
Vous pourriez participer au tirage d’une inscription gratuite à la CIFR 2020 à Vancouver.