American Board of Psychiatry and Neurology
75th Anniversary Celebration

Trends in Accreditation

Thomas J. Nasca, MD, MACP
Chief Executive Officer
The two sides of the accreditation challenge

Foster Innovation and Improvement in the Learning Environment
Getting the Balance Correct Between Trailing Edge Accreditation and Leading Edge Innovation

- **Minimal Standards Accreditation**
- **Active Fostering of Change/Innovation Through Standards**

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Trailing Edge Phenomena

Accreditation Set Point

Leading Edge Phenomena
The Continuum of Professional Development
Authority and Decision Making versus Supervision

Physical Diagnosis
Clerkship
Sub-Internship
Internship
Residency
Fellowship
Attending

“Graded or Progressive Responsibility”

Low Authority and Decision Making  High

Increase the Accreditation Emphasis on Educational Outcomes
The Continuum of Professional Development
Authority and Decision Making versus Supervision

High
Physical Diagnosis
Clerkship
Sub-Internship
“Graded or Progressive Responsibility”
Internship
Residency
Fellowship
Attending

Supervision
Low
Authority and Decision Making
Low
Increase the Accreditation Emphasis on Educational Outcomes

IL 372
Medical Liability Crisis
Risk Management
Duty Hour Standards
Physician Financial Productivity
Excessive Subspecialization
External Pressure on Educational Program Accreditation
Substantial Compliance vs Regulatory Adherence

Leading Edge Substantial Compliance

Leading Edge Regulatory Adherence

Trailing Edge Substantial Compliance

Trailing Edge Regulatory Adherence

Driving Innovation

Specific Adherence

Educational Accreditation “Sweet Spot”

Duty Hours Enforcement “Sweet Spot”
The Continuum of Professional Development
The Three Roles of the Physician

1 As conceptualized and described by Gonnella, J.S., Modified by Nasca, T.J.
The Six (Seven) Competencies, and the Continuum of Medical Education - Dreyfus Conceptual Model

- Medical Knowledge
- Patient Care
- Procedural and Technical Skills
- Interpersonal and Communication Skills
- Professionalism
- Practice Based Learning and Improvement
- Systems Based Practice
- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
- Master
- Undergraduate
- Graduate
- Clinical Practice

\(^1\) as presented by Leach, D., modified by Nasca, T.J. 
American Board of Internal Medicine Summer Retreat, August, 1999
The Goal of the Continuum of Professional Development

Increase the Accreditation Emphasis on Educational Outcomes
The Goal of the Continuum of Professional Development in a 3 Year Specialty Program

- Master
- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

Increase the Accreditation Emphasis on Educational Outcomes
The Goal of the Continuum of Professional Development in a 3 Year non-Surgical Specialty Program

- Master
- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

PGY 1  PGY 2  PGY 3  MOC

Patient Care
Systems Based Practice
Professionalism

Increase the Accreditation Emphasis on Educational Outcomes
The Goal of the Continuum of Professional Development in a 5 Year Surgical Specialty Program

Master Surgical Skills
System Based Practice, OR Team Skills
Competent Patient Care, Non-Operative
PGY 1 PGY 2 PGY 3 PGY 4 PGY 5 MOC

Increase the Accreditation Emphasis on Educational Outcomes
Competency: *Professionalism*
Dimension: *Help Seeking Behavior*

**Milestones:**

- **Novice:** Lacks insight into limitations, so need for help goes unrecognized
- **Advanced Beginner:** May recognize limitations, but motivation to seek help is externally prompted; continues to demonstrate concern that limitations will be seen as weakness
- **Competent:** Recognizes limitations, but occasionally does not engage in appropriate help seeking behavior due to overriding sense of professional autonomy
- **Proficient:** Recognizes limitations and appropriately seeks assistance. Personal value of optimizing outcomes in patients supersedes all other impulses in this domain
- **Expert:** Demonstrates personal drive to continually improve through help seeking behaviors
- **Master:** Role models and encourages others to develop and demonstrate appropriate help seeking behaviors
Measurement of Outcomes in Accreditation

<table>
<thead>
<tr>
<th>Program</th>
<th>Comp. Score</th>
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<tbody>
<tr>
<td>A</td>
<td>7.4 ± 0.17</td>
</tr>
<tr>
<td>B</td>
<td>8.3 ± 0.15</td>
</tr>
<tr>
<td>C</td>
<td>8.6 ± 0.20</td>
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</tbody>
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Theoretical Competency Report Card Summary, Program X, All Residents, All Levels
Theoretical Competency Report Card Summary, Program X, All Residents, All Levels

- Professionalism
- Systems Based Practice
- Patient Care
- Practice Based Learning And Improvement
- Medical Knowledge
- Communications

Program % at or above milestone
National % at or above milestone
2 SD or more below National Mean %
What Currently Drives the Curricula of our Residency Programs?

Choose Educational Experiences within Institution, Faculty

Curriculum “Time Based”

Identify/Develop Evaluation Tools
- Formative and Summative
- Experience Tracking

“Educate” Residents

“Circumstantial Practice”
What Will Drive the Curricula of our Residency Programs in the Near Future?

The Required Outcomes in Each Domain of Clinical Competency

Design Educational Experiences:
Simulation, Rotations, Faculty

National Evaluation Tools to Measure Outcomes
- Formative and Summative
- Clinical Outcomes Tracking (not just counting)

Produce Proficient Physicians

“Intentional Practice”

External Accountability For Outcomes
“Faced with the choice between changing one's mind and proving that there is no need to do so, almost everybody gets busy on the proof.”

John Kenneth Galbraith
American Economist
“One of the best lessons children learn through video games is... that standing still will get them killed quicker than anything else.”

Jinx Milea and Pauline Little

Why Jenny Can’t Lead, 1986
The many sides of the accreditation challenge

Foster Innovation and Improvement in the Learning Environment
“Somebody has to do something, and it’s just incredibly pathetic that it has to be us.”

Jerry Garcia
The Grateful Dead