

Current Attitudes Toward the ACGME and Its Role: Perspectives of a National Multi-Specialty Panel of Residents and Fellows

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ABSTRACT

Background Resident attitudes toward the Accreditation Council for Graduate Medical Education (ACGME) likely influence the ACGME's effectiveness in its role of ensuring compliance with its requirements. Beyond perceptions of duty hour limits and their enforcement, there is a lack of data on resident perceptions of the ACGME and its role.

Objective We explored resident attitudes toward the ACGME and developed recommendations for improved outreach to the resident community to improve perceptions.

Methods A multi-specialty, nationally representative group of residents and fellows conducted a 3-part structured exercise that (1) described current trainee impressions of the ACGME; (2) evaluated the value of the ACGME engaging residents; and (3) recommended ways to improve communication between the ACGME and residents.

Results Most residents are only vaguely familiar with the role of the ACGME and generally have a negative impression regarding ACGME accreditation functions. This contrasts with the attitudes of the residents more closely involved with the ACGME through its Review Committees. There is value in engaging residents in the mission of the ACGME, and outreach efforts across multiple modalities could more closely align ACGME values and resident impressions of the organization and its role.

Conclusions A multifaceted effort to engage residents in the mission and goals of the ACGME would augment both ACGME and trainee efforts to improve graduate medical education.

Editor's Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.

Introduction

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for ensuring the quality of graduate medical education (GME) in the United States through its mission to "improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation."¹ Residents and fellows training in accredited programs are critical partners in evaluating the effectiveness of GME, and share with the ACGME the goal of improving the clinical learning environment in which they learn, participating in care, and innovating and improving the delivery of health care.

Currently, resident and fellow trainee interaction with the ACGME is through the annual survey, accreditation site visits, Clinical Learning Environment Review (CLER) visits, and the ACGME case log system. The new accreditation system has reduced the emphasis on prescriptive process requirements, freeing programs to innovate to achieve high-quality education in a safe clinical learning environment.² This has reduced the frequency of site visits to accredited programs, and has increased reliance on annual survey data from residents and faculty to detect problems in the learning environment. A disconnect between residents and the ACGME could jeopardize the quality of this information and its value to the ACGME.

There is a dearth of information on resident perceptions of the ACGME and its accreditation function. The only relevant information available is literature on trainees' opinions about the ACGME duty hour requirements. These studies found mixed perceptions of the duty hour requirements instituted in 2011, with residents expressing concerns that the changes reduced continuity of care, lowered quality of

DOI: <http://dx.doi.org/10.4300/JGME-D-16-00491.1>

TABLE 1

Imagined Scenarios With Question Prompts for Modified Fishbowl Group Interaction

Scenario 1	You are at your home institution and tell a peer that you will be out of town part of the next week for a Review Committee meeting. Your colleague is somewhat annoyed that you will not be there and says, "Why should you care about what the ACGME does? What difference do you make at those meetings?"
Scenario 2	You are at the national meeting for your specialty, and you mention to a colleague that you are on the Residency Review Committee and work with the ACGME. The colleague says, "The ACGME is the organization that monitors duty hours, right?" How do you answer your colleague? After hearing your answer, the colleague says, "Actually, now that you explain it that way, maybe the ACGME is more important to my education than I thought. But all of my coresidents have no idea about this. How is the ACGME reaching out to them currently?" How do you reply? What are the best ways to get the message out?
Scenario 3	You run into another colleague who tells you, "You know, I really think the milestones are helpful, but I have some ideas about how to better integrate them into feedback sessions. How can I get my ideas to the ACGME?" How do you reply? What are the best ways for residents to provide feedback to the ACGME?

Abbreviation: ACGME, Accreditation Council for Graduate Medical Education.

care, decreased readiness for independent practice, and had minimal impact on individual well-being.³⁻⁶

To enhance our understanding of what residents think about the ACGME and its role, and to identify ways to communicate the mission of the ACGME to residents, the Council of Review Committee Residents (CRCR), a 31-member multi-specialty panel of residents and fellows who serve as resident members of the various review committees, held a series of discussions about trainee perceptions of the ACGME. From this information, CRCR members created a consensus statement regarding current attitudes toward the ACGME, and a series of recommendations to assist the ACGME and the medical education community to better communicate training goals to current trainees.

Methods

At the CRCR meeting in September 2015, 28 residents (14 medical, 10 surgical, and 4 hospital-based specialties) participated in a 2-phase discussion about trainees' perceptions of the ACGME. This was formulated around several scenarios in which participants role played discussing the ACGME with fellow residents at their home institution and at a national meeting (TABLE 1).

In the first stage, participants were assigned to 3 groups. Each group discussed the assigned scenario using a modified fishbowl approach.⁷ This design created a dynamic group interaction that stimulated the communication of diverse views among residents and fellows from 25 different specialties, at all stages of training, and also in osteopathic and allopathic programs. Following completion of the fishbowl discussion, each group formulated consensus opinions, which were presented to the aggregate CRCR for further discussion and refinement.

Results

The first question asked participating residents to reflect on how the ACGME affects their everyday training and working life. Consensus themes centered on the importance of the ACGME in ensuring the quality of the learning environment and protecting patient safety. Specific themes included the ACGME's role in setting and enforcing duty hour limits, ensuring the quality and safety of health care delivery, and maintaining a high standard for the profession. CRCR members then considered whether there was value in engaging residents in the mission of the ACGME. Each group identified resident engagement as essential to the proper functioning of the ACGME. Each group also affirmed that the trainee voice is necessary in the accreditation process, as trainees have direct contact with both the issues confronting their patients and the attributes of their educational program. In addition, the discussion focused on the importance of enhanced resident understanding and engagement in the mission of the ACGME to ensure honesty on the resident survey.

Next, the discussion focused on the contrast between how most residents perceive the ACGME and CRCR members' understanding of the actual function of the ACGME. Each group felt that many residents have a negative view of the ACGME, which may be worsened by certain negative faculty and program director impressions of the ACGME. Discussion of possible negative perceptions focused on themes of administrative burden, fear of retribution, ambiguity, micromanagement, and a general disconnect between resident education and ACGME regulations. The CRCR members then considered the content of the message that should be communicated. Emerging themes included serving the public good, protection of resident well-being, innovation, transparency,

TABLE 2

Consensus Themes in Response to Imagine Scenario Questions

Questions	Consensus Themes
1. Why should you or I care about what the ACGME does?	- Protection and advocacy of residents - Ensuring quality and safety of health care for public - Standards of the profession and protection of the profession - Duty hours
2. What is the value of engaging residents in the mission and role of ACGME?	- Resident voice is essential for improving quality, and setting the standard for excellence in education - Personalize ACGME and reinforce the role of ACGME as not punitive - Improving honesty on resident survey
3. What image of the ACGME is currently projected to residents?	- Burdensome - Punitive - Disconnected - Ambiguity - Micromanaging
4. What is the content of information that needs to be communicated to residents about the ACGME?	- Serving public good - Innovation - Protective of resident well-being and quality education - Transparency - Improved dialogue - Collaborative - Resident engagement - Necessary
5. How is the ACGME reaching out to them currently?	- Indirectly through faculty and program directors - CLER or site visits - Milestones, although often residents may not know that the ACGME is the source <i>Journal of Graduate Medical Education</i>
6. What are the best ways to get the message out to residents?	- Resident to resident - Website - Personal portfolio - Survey/presurvey - Social media - Specialty meetings via resident members - Orientation - Post-Match e-mail - Not modules
7. What are the best ways for residents to provide feedback to the ACGME?	- An elected or nominated resident at an institution to act as a liaison with the ACGME, with a goal of sharing information about initiatives similar to other national organization resident representatives - Resident members at specialty meetings

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; CLER, Clinical Learning Environment Review.

dialogue, collaboration, resident engagement, and the necessity of accreditation to promote program quality and patient safety.

In the final stage of discussion, residents considered current ACGME efforts to connect with residents, and made recommendations to improve ACGME outreach to and seek feedback from this group. The CRCR members did not identify any current, direct outreach to residents, and determined that most information about the ACGME is being communicated indirectly by program and institutional leadership, faculty, and fellow trainees. The members noted that some residents had acknowledged positive

interactions during CLER site visits that had improved their view of the role of the ACGME. The members felt that utilizing CRCR residents, improving website functionality for activities relevant to trainees, and applying existing contact points, such as the resident survey, would improve communication with this key stakeholder group. Finally, members considered ways to provide feedback to the ACGME. In addition to the resident survey, the CRCR members felt that improving contact between the CRCR and fellow residents, and creating a resident liaison position in each sponsoring institution, may improve feedback to the ACGME (TABLE 2).

Discussion

The discussion at the meeting highlighted a disconnect between the way most residents view the mission and values of the ACGME, and the way they are viewed by the CRCR members. Many residents perceive the ACGME as micromanaging, punitive, burdensome, disconnected, and ambiguous. This is in strong contrast to the views of the CRCR, whose members believe that the ACGME effectively improves patient safety and protects trainees. However, this message may not be reaching trainees. Having only the trainees who are intimately involved in the accreditation process understand the value of the ACGME is a missed opportunity to transform graduate medical education and improve health care.

Correcting this disconnect and better engaging residents in a shared understanding of the goals and work of the ACGME are crucial to its proper functioning. Trainees have a unique perspective on the learning environments in their hospitals and clinics, and without their input opportunities for identifying areas for improvement that will most facilitate their growth will be lost. Ensuring that residents feel invested in the ACGME and its role is also required so that they can hold their own institutions accountable to the educational standards, and feel empowered to make changes when their program is failing to meet these standards. This is particularly critical when considering the increased reliance on resident and faculty survey data for annual assessment. A shared understanding of educational goals among residents and faculty may improve the reliability of these surveys.

Achieving improved outreach to residents requires a multimodal approach, but this first requires establishing outreach as a strategic goal of the ACGME. The CRCR members agreed that personal contact through established mechanisms (program directors, designated institutional officials, and faculty) as well as new mechanisms, such as outreach by the CRCR residents and possibly a local elected resident liaison position, would be more effective than educational modules and online content.

Conclusion

A multi-specialty, nationally representative group of fellows and residents discussed current resident attitudes toward the ACGME and its accreditation role, and concluded that the resident population at large misunderstands the organization's mission, character, and goals. This may result in lower-quality information reaching the ACGME through the resident survey, thus reducing the validity of the accreditation process. The misunderstanding likely is

due to the fact that resident interaction is limited to surveys and infrequent site visits, and residents' attitudes may reflect those of their faculty. The perceptions of the ACGME by this key stakeholder group can be improved with more effective outreach. Improving outreach to convey the mission, goals, and activities of the ACGME directly to residents and fellows will allow for a more collaborative effort in improving the quality of graduate medical education.

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