The Good, the Bad and the Ugly of Accreditation: Preparing Pre-Survey Questionnaires

PGME Accreditation 2014
Adapted from:

Erika Abner, LLB, LLM, PhD Susan Glover Takahashi, MEd, PhD Sal Spadafora, MD, FRCPC, MHPE
PGME, University of Toronto
And
Margaret Kennedy and Joanne Todesco
RCPSC
Objectives

Upon completion of the session participants will be able to:

• Understand where PSQ ‘fits’ in accreditation and program design
• Describe in detail how their program meets the CanMEDS B5 (Clinical, Academic and Scholarly Content) and B6 (Evaluation) Standards;
• Identify the top “dos” and “don’ts” when preparing the pre-survey questionnaire, and
• Describe best practices in document management.

CanMEDS Role: Manager
The Audience for the PSQ

• Surveyors
  – Provides basis for site visit and recommendations

• The Specialty committee
  – Before Survey (identify issues)
  – Review specialty specific resources

• Accreditation committee
  – Supplemental to survey report
The B Standards: Overview of Pitfalls
TIPS for the PSQ

• **Give yourself time to complete**
  – Draft, review, revise
  – Check grammar, consistency, accuracy

• **Get input of others**
  – RPC, Residents, Department Head, faculty, etc.

• **Make sure you answer the question**
  – Keep it succinct

• **PGME Associate Dean will review**
  – Provide feedback
  – Refer to PGME policies where appropriate

• **Circulate in preparation of site visit!**
TIPS for PSQ

• Assume the reader doesn’t know your site, specialty etc.

• Attachments:
  – clearly label and make sure any links work!

• Make sure you respond to issues identified in last letter from College!
  – (but not from UofM’s internal review)
  – Use clear language (e.g. corrected, partially corrected, not corrected)
    • E.g. Corrected: lack of elected resident representation on RPC.
TIPS for PSQ

• Follow the PSQ guidelines for appendices
• Include goals and objectives for all rotations, as well as an overall statement of goals and objectives
• For training diagram, only include vacation if is taken in a month block
• Inter-university agreements
  – Must be updated
  – If listed in PSQ must be matched by agreement
TIPS for PSQ

• **Resident lists**
  – Consistent between 7a and 7b
  – Distribution lists can be general for a specific month
  – Residents from other programs can be an average

• **Faculty Lists**
  – Only list faculty with regular roles/interactions with program or residents
‘A’ Standards requirements....

- “…conducting internal reviews of all residency programs between Royal College on-site surveys and as specifically mandated by the Accreditation Committee.”
- “…ensuring that all residency programs teach and evaluate the residents’ CanMEDS competencies.”
Accreditation Cycle

Site Visit
Year 0

PSQ
Year 5.5

Program Response
6 months

Regular IR/ER
Year 2 – 3

Mandated IR/ER
as required

Repeat reviews.
Follow ups

Repeat reviews
Follow ups

IRC Planning
B Standards

• Standard B.1: Administrative Structure
• Standard B.2: Goals And Objectives
• Standard B.3: Structure and Organization
• Standard B.4: Resources
• Standard B.5: Clinical, Academic and Scholarly Content
• Standard B.6: Evaluation of Residents
Standard B1: Administrative Structure

• There must be a program director responsible for the overall conduct of the integrated residency program. The program director must be assured of sufficient time and support to supervise and administer the program.
B1: Administrative Structure

• There must be a residency program committee to assist the program director in the planning, organization, and supervision of the program.
B1: Administrative Structure

- Program director takes direction from committee
- Overall responsibility for planning and operation
- All major stakeholders included
- Resident representation (elected)
- Mandate – processes and policies
- Must meet regularly (quarterly minimum)
B2: Goals and Objectives

• Must exists in writing (overall and for rotations)
• Must be visible within the program
• Should have a rationale
• Should inform evaluation
• Should be a plan for regular review
B3: Structure and Organization

• Rotations have a purpose
• Sites have a role
• All residents have equal opportunity
• Graded responsibility
B4: Resources

Faculty
• High yield faculty or specialty expertise – all residents should have access (if it’s core)

Patients
• Design rotations so residents get equal exposure
• Get creative if some scenarios scarce

Infrastructure – specialty-specific
• Other Program Components
• research
CanMEDS Myths and Legends

- Everything doesn’t have to be EVERYWHERE
- Everything has to be SOMEWHERE
- An Overall plan
- Tracking/monitoring system
- Visibility

- How do you know they EXPERIENCED it?
- How do you know they GOT it?
B6 Evaluation of Residents

- Should be multimodal
- Reviewed/endorsed by the RPC
- Methods match the content
- Match Goals and Objectives
- Progress check
B5 and B6 Standards: Top Dos and Do Nots

• Find the balance between too much and too little information.
• Answer the question.
• Ensure that you have fully described how your site teaches and evaluates the Role.
• Ensure that information is contained in the correct section.
• Create a complete document
Work

• Complete your **assigned questions** – if necessary, describe how you would revise the statement.

• You may need to review the General Standards of Accreditation, the CanMEDS document, or the blank Pre-Survey Questionnaire, in order to answer your questions.

• Report back.