

Program Information Form Made Simple

A Guide to
Completing the
ACGME PIF

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Contents

Figure List	v
About the Authors	vi
Acknowledgement	viii
Chapter 1: Program Information Form Basics	3
What Is the PIF?.....	3
The Importance of the PIF.....	4
Key Roles and Responsibilities	8
The CAAR Document for Internal Medicine	11
Resources for PIF Preparation	12
Chapter 2: Mission Organization	17
Documents to Keep on Hand	17
Ways to Organize All the Paperwork.....	36
Chapter 3: Countdown: One Year Before the Site Visit	47
Get to Know Your PIF	48
Identify Your Stakeholders	50
Review Documentation and Evaluations	53
Recognizing Deficiencies	54
Chapter 4 : Countdown: Six Months Before the Site Visit	59
Check In with the ACGME	59
The Stakeholders Meeting.....	60
Keep Your Team Focused and On Time	61
Chapter 5: Countdown: Three Months to One Month Before the Site Visit	65
Make Time to Work on the PIF	66
Identify Reviewers.....	69
Schedule Time with Each Stakeholder	70
Prep the Residents	71
Bring Faculty Up to Speed	72
The Final Steps	73

Chapter 6 : Key Components: Completing Part 1 of the PIF	77
What's in PIF Part 1?.....	77
Chapter 7 : Key Components: Completing Part 2 of the PIF	83
The Core Competencies.....	84
Quality Improvement	93
Resident Procedures, Operative Reports, and Patient Logs.....	94
Institutional Oversight	95
Utilizing the Internal Review as a Basis for Program Improvement.....	98
Chapter 8: Common PIF Traps	101
Trap 1: Sloppy and Late PIFs.....	101
Trap 2: Responses to Previous Citations.....	103
Trap 3: Your Numbers Don't Match.....	105
Trap 4: Faculty Qualifications	105
Trap 5: Describing Evaluations	106
Trap 6: Weak Answers About the Competencies	107
Trap 7: Collecting Hospital and Patient Data	110
Trap 8: Addressing Program Director's Protected Time	110

CHAPTER 1

Program Information Form Basics





No matter what residency or fellowship program you manage, filling out the program information form (PIF) before a site visit is a huge undertaking. There are pages and pages of explicit instructions and questions requesting everything from in-depth statistical information to specific examples of how your residents meet specific competencies. Before you can even start to fill in any of the requested information, it's important to review the PIF basics.

What Is the PIF?

The PIF is a self-study document that conveys the program's compliance with all of the Accreditation Council for Graduate Medical Education's (ACGME's) many requirements. Think of this form as your program's résumé: It tells the story of how you have progressed since the previous site visit and accreditation result. After reviewing the PIF, the ACGME can determine whether:

- Your education program has improved since the previous site visit
- You've addressed any citations or concerns from the last visit
- You've been stagnant and missed opportunities to enhance your educational training program

The ACGME designed each question in the PIF to relate to requirements found in the ACGME's specialty, Common Program, and Institutional Requirements. This format facilitates effective communication to your specialty's residency review committee (RRC) about how you are managing the program and whether you meet the standards. Your PIF should reflect the professionalism of the individuals involved in creating the document and the professional standing of your program. By the end, you should be proud of your PIF and how it reflects positively on the program director and the institution.

What Is the ACGME?



The ACGME, a private, nonprofit council, is an independent accrediting organization. Established in 1981, the ACGME's mission is to improve healthcare by assessing and evaluating the quality of resident physician education through accreditation of graduate medical education (GME) programs in the United States.

The ACGME has 28 review committees, one for each of the 26 specialties, one for the one-year transitional year general clinical program, and one for the institutional review. Each RRC has six to 15 volunteer physician members. The American Medical Association (AMA) Council of Medical Education and the appropriate medical specialty boards and organizations appoint these physicians. The ACGME executive committee appoints the members of the Institutional Review Committee and the Transitional Year Review Committee, and the Board of Directors confirms them.

The Importance of the PIF

The ACGME uses periodic site visits to assess whether residency programs are in compliance with the specialty, Common Program and Institutional Requirements. The ACGME makes accreditation decisions based on two items: the PIF and the site visitor's report. It is vital to your program that your responses on the PIF are accurate, comprehensive, and demonstrate how your program meets the ACGME's requirements.

During a site visit, a field representative verifies the information contained in the PIF through interviews with residents, faculty, and program leadership. He or she will also tour the facility and review data and tools that the program uses. He or she is the eyes and ears of the RRC. After the visit, the field representative prepares an objective report of his or her findings for the appropriate RRC. The field representative is not present during the RRC's

deliberations, nor does he or she make any recommendations about the accreditation status of the program under review. After reviewing the site visitor's report and the PIF, the RRC decides whether the program maintains accreditation and assigns an accreditation cycle. Site visits typically occur on a three- to five-year cycle, but if a program has several deficiencies, the RRC may put a program on a one- to two-year cycle instead.

**TIP**

Effective July 1, 2007, the Competency Assessment Form, or CAF, which was a key component of the PIF and downloaded from Accreditation Data System (ADS), is no longer used. The evaluation and educational activities relating to the competencies and resident learning and performance that the CAF documented have been incorporated into the PIF.

Field representatives come from a variety of educational backgrounds and include physicians, one dentist, one doctor of public health, several PhDs, and representatives from other areas of academia. These individuals conduct approximately 1,900 site visits each year, with each full-time field representative conducting between 115 and 125 site visits per year. In a typical week, a field representative conducts three program site visits. Medical specialties represented on the field staff include the following:

- Internal medicine
- Neurology
- Obstetrics and gynecology
- Ophthalmology
- Orthopedic surgery
- Pediatrics
- Plastic surgery
- Psychiatry

6 | Chapter 1

- Radiology
- Surgery
- Thoracic surgery

Other field staff members have education, sociology, and health education backgrounds.

The director of field activities is responsible for all aspects of the site survey activities, including recruitment of field staff, training, ongoing continuing education programs, and supervision of the field staff.

Figure 1.1 is a quick reference guide that gives an overview of the accreditation process. Use this resource when describing the process to residents in preparation for the site visit.

Figure
1.1**The Site Visit: A Quick Reference Guide**

There are countless components of the site visit and accreditation process. Use the information provided here as a quick reference or a guide for explaining the process to faculty or residents.

What is included in the site visitor's report?

- A review of the program history
- A review of previous citations and corrective actions
- A review of institutional citations
- Clarification and verification of the program information form (PIF), including comments of faculty, residents, the program director, and others
- Clarification of residents' complaints
- Clarification of residents' responses to the Accreditation Council on Graduate Medical Education (ACGME) survey
- Specialty-specific information

What does not go into the site visitor's report?

- Opinions
- Biases
- Judgment
- A single resident's or faculty's complaints or ax to grind

What happens to the PIF after the site visit?

- One or two reviewers from the residency review committee (RRC) independently evaluate the review package, which includes the program and institutional history, site visitor's report, resident survey, the PIF, and any attachments
- If there is more than one reviewer, one is designated as the primary reviewer
- The reviewer(s) reads the documents and writes a report containing a brief program history, citations, and recommendations on accreditation status and cycle length
- The primary reviewer presents the report to the full committee
- The full committee discusses the report until all differences are reconciled
- The committee makes consensus decisions
- All adverse actions require a formal vote and majority approval
- Two weeks after the RRC meeting, the ACGME will send the accreditation decisions to the program director via e-mail, with the formal letter following
- The executive director sends the formal accreditation letter to the program director notifying him or her of the RRC's decisions

Key Roles and Responsibilities

It takes a team to pull together a comprehensive PIF. Program directors and coordinators should work together to amass the vast amount of data used in responding to the document's questions. Additionally, you may have to reach out to faculty members, residents, the GME office, and other departments to get the information needed.

The program director

The program director has ultimate responsibility for completing the PIF. This means he or she is also responsible for verifying all of the data contained in the document, obtaining all required signatures, and submitting the PIF. The program's goal for the site visit should be continued full accreditation with a five-year cycle between site visits and no citations. The program director is the one who must lead the team to meet that goal. To do that, he or she should fulfill the following responsibilities for completing the PIF; many will be discussed in further detail throughout this book.

Know the requirements: The program director should be thoroughly familiar with the ACGME's Institutional, Common Program, and specialty Requirements. To keep on top of any changes, the program director should frequently check the ACGME Web site. A complete understanding of the requirements is essential to ensuring that all policies and procedures are in place for documenting the program's compliance with the requirements.

Delegate: The program director should seek help and involve others inside and outside of the program in filling out the PIF. Assign roles and responsibilities for data collection and narrative portions of the PIF. There are a number of important and key individuals involved in any residency training program who will be involved in the site visit preparation, including:

- Rotation supervising faculty
- Department chair
- Designated institutional official (DIO)
- Director of medical education
- Section chiefs
- Data managers

The program director should actively seek assistance from these individuals in completing portions of the PIF relevant to their area of expertise or involvement.

Verify: Just as the site visitor's role is to verify and clarify information in the PIF, it is the responsibility of the program director to verify and clarify all information submitted in the PIF. While the program director may delegate data collection or written discussion about the training experience to other physicians or administrative personnel within the program, he or she must check to be sure that all information is correct.

Answer every question: Never leave a question on the PIF unanswered. Even if the program is not addressing the issue asked about in the question, provide an answer explaining why. Write clear, concise answers and remain within the suggested paragraph or word limits. Avoid using any acronyms or jargon associated with your facility—it may cause confusion for those reading the document. Be sure to have data and supporting documents to back up the information provided in the PIF.

Review the resident survey: The program director should thoroughly review the ACGME resident survey and address any issues raised. He or she should be ready to discuss any areas of noncompliance to duty-hour or program requirements.

Be prepared on the day of the visit: Throughout the PIF, the ACGME references specific documents that must be available to the site visitor on the date of the visit. As discussed in Chapter 3, the program director should review the PIF a year before the site visit to ensure that requested documents and supporting data are available and being collected. If the program director needs to develop a tool or provide further documentation, there is ample time to do so without compromising the validity of the data. Additionally, you will most likely have to supply a site visitor with both a blank version of an assessment tool as well as examples of completed tools from a sampling of residents.

The program coordinator

The program coordinator's role in working on the PIF complements his or her daily program management activities throughout the year. The program coordinator is the keeper of both program and personnel files, as well as the liaison with the GME office, other clinical departments, administration, and outside institutions where residents may rotate.

Whether the program coordinator is new or experienced, he or she must work as a team with the program director when filling out the PIF. If the coordinator is well versed in the requirements and knows the ins and outs of the program, the director may delegate certain portions of PIF preparation to him or her. Additionally, the program coordinator should review the PIF at the same time as the program director and make his or her own notes. Compare notes with the program director throughout this process to maximize reporting on all aspects of residency training and the program's unique tools or activities. Two heads are always better than one! The following is a description of the coordinator's responsibilities for working on the PIF:

Protect your time: Having protected time—without phone or other interruptions—is vital so that the coordinator can complete the data entry and any narrative portions of the PIF the program director may assign. When a site visit is on the horizon, the PIF is the coordinator's most important duty. If possible, delegate routine duties to support staff to create time to work on the PIF. Protected time may include evenings or weekends and sessions together with the program director, but a great PIF and favorable accreditation decision are worth the extra hours.

Handle meetings and logistics: The program coordinator will have to arrange a series of meetings prior to the submission of the PIF with the following individuals:

- Stakeholders
- Faculty
- Residents
- Institutional officials
- Hospital administration

Arrangements for the site visit day will also fall to the program coordinator. This includes scheduling an appropriate meeting place and handling food service and other logistical requirements for the site visitor.

Keeping resident files and portfolios: The program coordinator is responsible for maintaining the personnel file for each resident in the program. Keeping files updated and in order on a continued basis can alleviate scrambling to assemble documents for the site review. We will touch on strategies for managing these files in Chapter 2.

The CAAR Document for Internal Medicine

The Computer Assisted Accreditation Reporting (CAAR) system gathers data about internal medicine and its subspecialty programs. It is the internal medicine specialty's version of the PIF. Programs download the software from the ACGME Web site. This software application collects data about the program as part of the accreditation process, replacing traditional paper forms.



TIP

Before downloading the CAARV2 software, download the Installation/Getting Started Guide and User Manual. It is full of several helpful hints that will make navigating this software easy.

Resident questionnaire materials

The CAAR system includes a resident questionnaire that all categorical, special track, and combined residents—such as medicine/pediatrics and medicine/psychiatry, medicine/emergency medicine programs—must complete. Preliminary residents are not required to complete the questionnaire. This questionnaire is a very important part of the accreditation process for internal medicine. The RRC for internal medicine requires at least 70% of eligible residents complete the questionnaire. Additionally, only those residents who have been with the program six months or longer must complete the survey.

The ACGME will schedule the site visit for the program—usually within a two- to seven-month window following the deadline for the CAAR and resident questionnaire materials. Typically, programs receive 110–120 days notification before the visit.

Resources for PIF Preparation

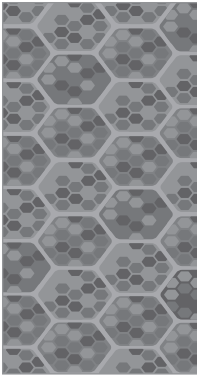
One of the most effective resources for help in completing the PIF and preparing for the site visit is your colleagues' expertise. The majority of specialties have a professional organization for program directors, such as the Association of Pediatric Program Directors, that meet once every year and frequently have regional meetings as well. These meetings are an excellent way of connecting to colleagues for networking and assistance. Each meeting usually has a seminar or workshop addressing site visit preparation. Additionally, the Web sites of these professional organizations may have an area dedicated to sharing best practices, examples of tools for teaching and evaluation, and other helpful resources.

Program coordinators also have professional forums—either under the umbrella of the program director organization or as a separate organization—that allow for networking and sharing of information and best practices. Don't be reluctant to contact a colleague who has recently gone through a site visit. It isn't against the rules, and you can gain helpful hints to avoid mistakes.

The ACGME also has an annual meeting in the spring that addresses program management and always has at least one excellent seminar on completing the PIF and preparing for a site visit.

Program directors and coordinators should also feel free to call the ACGME for guidance. For questions regarding PIF completion, including questions about content, contact the accreditation administrator for your specialty. For questions regarding WebADS, e-mail WebADS@acgme.org.

Above all, do not forget to network and to interact with colleagues within your own institution. Most institutions have regularly scheduled meetings for program directors and coordinators as well as the required graduate medical education committee meetings. These are excellent opportunities for discussing issues common to all specialties, especially education and evaluation of the core competencies.

**TIP**

Our institution has a monthly meeting of all program directors called the Program Directors' Council. During designated meeting dates, the core competency committee convenes for focused sessions on the ACGME's Outcome Project and competencies. These forums are used for oversight, sharing best practices, and education. Make every effort to attend similar sessions at your own institution. You will pick up valuable information you can implement in your own program.

Additionally, reach out to those colleagues who have site visits scheduled at the same time as yours. Often, the ACGME schedules site visits for two or three programs at one institution during the same week. Members of these programs should take the opportunity to meet prior to the site visits to discuss and brainstorm ways they can help each other. Also exchange ideas about how to address topics relevant to most PIFs, such as duty hours, moonlighting, and the core competencies. A debriefing after the site visits can help target opportunities for improvement.

Program directors and program coordinators should work with the GME staff and the DIO for assistance in issues relating to the ACGME Common Program Requirements and Institutional Requirements. Take advantage of their expertise not just as a site visit nears but throughout the year. Your DIO should be thoroughly familiar with your educational training program and not caught off guard when the site visitor comes to town. The site visitor will expect to meet with the DIO and will ask about anything that appears incongruous with Institutional Requirements. The DIO must sign all correspondence to the RRC and must review and sign the PIF, so keeping him or her in the loop at all times is essential.

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