Review Committee Accreditation Decisions: September 2010 Meeting
During its September 24, 2010 meeting, the Review Committee reviewed a total of 13 programs. The accreditation decisions are noted here:

<table>
<thead>
<tr>
<th>Accreditation Decisions</th>
<th>September 24, 2010 Meeting of the Review Committee for Colon and Rectal Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Colon and Rectal Surgery Programs – 50</td>
<td></td>
</tr>
<tr>
<td>Total Programs Reviewed – 13</td>
<td></td>
</tr>
<tr>
<td>Confirm Reduction in Resident Complement</td>
<td>1</td>
</tr>
<tr>
<td>Proposed Withhold</td>
<td>1</td>
</tr>
<tr>
<td>Proposed Probation</td>
<td>1</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>6</td>
</tr>
<tr>
<td>Other Requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)</td>
<td>2</td>
</tr>
</tbody>
</table>

New Program Requirements for Colon and Rectal Surgery
At its June 2010 meeting, the ACGME Board of Directors approved major revisions to the Program Requirements for Colon and Rectal Surgery, which will become effective July 1, 2011. The revised program requirement document, along with the new PIF and FAQ document, are posted on the Colon and Rectal Surgery Review Committee web page: www.acgme.org/acWebsite/RRC_060/060_prIndex.asp.

Review Committee Membership Changes
The Review Committee recognizes Jaime L. Bohl, MD, from Ochsner Medical Center, at the conclusion of her two-year term as the Committee’s resident member. The Committee thanks Dr. Bohl for her contributions to both the Committee and the specialty, as well as for her work as a member of the ACGME Task Force on Quality Care and Professionalism.

The Review Committee welcomes Karin M. Hardiman, MD, from Oregon Health & Science University, as its new resident member. Her term began September 1, 2010.
Resident Survey Results and the Accreditation Process

A common topic facing Review Committees across specialties deals with the disposition of the Resident Survey and how the results in particular may impact a program’s accreditation status. This is an area of high importance to all specialties, and as such, is covered specifically in the ACGME’s Common Program Requirements, which can be reviewed online at www.acgme.org/acWebsite/dutyHours/dh_ComProgrRequirmentsDutyHours0707.pdf. There are numerous reasons to utilize and value residents’ input, and the ACGME and its Review Committees take their engaged participation in this annual survey very seriously. The following is a very general overview addressing some of the more common questions handled by both Review Committees and their staff at the ACGME.

The most recent Resident Survey results are an important factor in program accreditation reviews. Once the ACGME site visitor assigned to review your program receives your completed Program Information Form (PIF), he/she can view the (most recent) resident survey results in order to prepare for the on-site survey. Any areas highlighted as noncompliant are specifically addressed by the site visitor. If the site visitor determines validation for a pre-identified area of concern, the Review Committee will cite that as an area of noncompliance with the ACGME standards in your Letter of Notification following the formal review. If the site visitor cannot verify a potential area of noncompliance per the survey results, the Review Committee will look closely, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs across specialties that are identified as having a series of noncompliant responses (either annually or in consecutive program reviews) may be required to submit a duty hour or progress report to their Review Committees. Should a program be asked to submit a follow-up report on the basis of the Resident Survey results (either in conjunction with a full survey, or upon annual review), the program director should contact the Executive Director Louise King (lking@acgme.org or 312.755.5498) at the ACGME directly with questions or concerns about how to reply to these requests.

Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

**Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:**

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).
6. Define circumstances when “senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).
7. RCs may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).

*must be defined or specified by the Review Committees for review at the June 2011 ACGME Board meeting.*

Review Committees will develop these definitions by December 15, 2010 and submit them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.
Faculty Roster in Program Information Forms Includes Four Educational Activity Categories
In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

<table>
<thead>
<tr>
<th>Category of Resident Education</th>
<th>Examples of Resident Educational Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical supervision</td>
<td>Bedside rounds; outpatient precepting; operative supervision</td>
</tr>
<tr>
<td>Administration</td>
<td>Program oversight; curriculum development; faculty, resident and program evaluation; career counseling</td>
</tr>
<tr>
<td>Non-clinical didactics/teaching</td>
<td>Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident</td>
</tr>
<tr>
<td>Resident research</td>
<td>Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations</td>
</tr>
</tbody>
</table>

Introducing: **GME Focus**
The ACGME is proud to announce the official launch of **GME Focus**, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, **GME Focus** scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, designated institutional officials (DIOs), faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad understanding of new literature. In response to this reality, the ACGME created **GME Focus** to assist program directors, DIOs and others to maintain an ongoing sense of new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the **GME Focus** web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the ACGME website, or via this direct link: [www.acgme.org/acwebsite/gmefocus/default.asp](http://www.acgme.org/acwebsite/gmefocus/default.asp).

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to **GME Focus** approximately every 60 days, and
existing content will be moved to an accessible archive after a year. This will keep GME Focus live, active, and evolving.

Questions regarding GME Focus, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: cat@acgme.org.

Site Visit Evaluations
After the conclusion of an accreditation site visit for programs or sponsoring institutions, the ACGME site visitor completes his or her report and submits it to the ACGME’s Department of Field Activities (DFA). The report is logged, and then, along with the program information form (PIF) sent by the program or institution, transmitted to the Review Committee team for assignment to reviewers.

Once the Site Visit Report has been received and logged into the DFA database, the system that manages site visit scheduling generates an e-mail to the program director, indicating that s/he has an opportunity to complete an evaluation of the site visitor’s knowledge, preparation, interpersonal conduct and other relevant elements of the visit. The evaluation is completed online, and programs are provided with instructions for how to access and complete it. The form is made available to program directors only after the Site Visit Report has been filed and cannot be altered. One of the reasons for this is to ensure that programs may candidly comment on all aspects of their site visit, without concerns that this may influence the Site Visit Report or the Review Committee’s subsequent review. Completed site visit evaluations are aggregated; members of the field staff periodically are provided with an aggregate report that compares their performance to that of their 30 colleagues.

The e-mail notice asking for a program’s evaluation of the site visit may arrive up to several weeks following the actual site visit. Consequently, program and directors may not recognize, or appreciate that the e-mail received is soliciting their comments on both their site visit and the performance of their assigned field representative. However, this feedback is extremely valuable to the ACGME and the members of the field staff in improving the site visit process. The ACGME relies on programs’ honest responses, and strongly encourages program directors to look for these messages, and to take advantage of this opportunity to provide input on the accreditation process.

The Resident Review
Periodically, you may see a link in the weekly e-Communication to the newest issue of Resident Review, the ACGME’s online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces and lists of useful websites and upcoming meetings.

Resident Review was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the Council of Review Committee Residents (CRCR) and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, Resident Review includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of DIOs, how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. We hope that you forward the link to Resident Review from the e-Communication to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed at www.acgme.org/acWebsite/resReview/resR_index.asp.

Article ideas and comments are welcome. Please send ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, julieij@acgme.org, or to Marsha Miller, associate vice president of resident services, mmiller@acgme.org.

Save the Date:
2011 ACGME Annual Educational Conference
Beyond Boundaries
Gaylord Opryland Resort Hotel and Convention Center
Nashville, Tennessee
March 3-6, 2011
date here for more information