

Fall 2005

ACGME Case Logs

The 2004-2005 academic year is concluded and the Allergy and Immunology Case Logs for graduating residents should be complete. The Allergy and Immunology data must be entered and the resident(s) must have signed a hard copy report prior to completing the program on June 30, 2005. The deadline for entering the required information into the operative log system was August 1, 2005. The deadline is not negotiable.

At the time of a site visit, the field staff will ask the program director questions related to compilation, verification and consistency of the resident data collected in the program. In addition, field staff will ask the program director, faculty, residents and coordinators how they keep the records. The records will be reviewed with the PIF and site visitor report.

Lastly, the Committee continues to refine the case log system and entry of cases because there are a substantial number of uncategorized entries. The program requirements old and planned will include required and recommended diagnoses and procedures that must be logged.

Resident Surveys

The ACGME has started the second wave of resident surveys. Programs with greater than 4 active residents are required to participate. The questions were refined based on feedback and changing common program requirements. Some programs will be completing the survey for a second time.

Please note that the survey is not linked with a program's site visit. However, the site visitor will have access to the last resident survey at the time of the site visit. Program directors can access the responses as well. For questions related to the resident survey, contact us at ResSurvey@acgme.org

Post-Meeting E-mail to Program Director/DIOs

In support of the ACGME's initiative for more and timely communication with Program Directors and Designated Institutional Officials, ACGME has decided that beginning October 1, 2005, RRC staff will provide e-mail notification of accreditation status and review cycle post-RRC meeting(s). Program Directors and DIOs will be notified about this new initiative via global e-mail this month.

1. For review results of a specialty program, the email will be sent to the program director with a copy to the DIO of the sponsoring institution;
2. For review results of a dependent subspecialty, the email will be sent to the subspecialty program director with copies to the specialty program director and the DIO of the sponsoring institution.
3. For results of an institution, the email will be sent to the DIO.

The email will contain the following elements:

- New Accreditation Status
- Length of Program
- Effective Date

- Information about resident complement (if applicable)
- Decisions (e.g., request for progress report, acknowledgment of progress report)
- New Survey Date (if applicable)

The program director and DIO will receive hard copies of the full accreditation letter (with complete information) within 6-8 weeks following the RRC meeting date.

Kudos to the Allergy and Immunology Community

The RRC is greatly appreciative for the response from the allergy and immunology community to assist with placement of residents from programs that were significantly affected by the Hurricane in Louisiana and Texas. All displaced residents are being successfully relocated or are continuing their education in their current program.

Attention to the PIF

When submitting the PIF, please take particular notice that the Table of Contents must be included and each page of the document should be numbered consecutively. It is important to not wait until your site visit is scheduled to begin the work of the PIF. The program director and faculty should be very familiar with the Program Requirements and the PIF.

Most Frequent Citations for Allergy and Immunology

The most frequent citations noted by the RRC from July 1, 2003 through August 16, 2005 are for the following: (1) patient care experiences; (2) responsibilities of the program director; (3) (4) (5) (6) and (7) are procedural experiences, scholarly activities, goals and objectives, curricular development, and institutional support.

Deployment

The RRC must be notified if a program director has been deployed. The notification

should indicate the expected length of deployment, the name of the interim program director, and assurance that sufficient faculty remain for resident education.

Web ADS Administrative Update

A new feature in Web ADS will enable programs (PDs, Coordinators and DIOs) to access RRC notification letters retrospective to meetings after July 1, 2004 using their respective log-in and passwords. Copies of letters prior to that date will need to be requested through the RRC staff.

It is important to note that any changes to the program (e.g., new program director, change in complement, etc.) must be initiated via Web ADS. Furthermore, published guidelines (on the website) for such changes must be followed prior to staff scheduling for RRC review.

Block Diagrams and 50/25/25

The RRC has identified a model example of how to complete a block diagram and identify the necessary components of the 50% direct patient care, 25% research and 25% other education activities on the website. We will include it in the PIF as an example for programs to review.

New RRC Members

Drs. Dennis K. Ledford and Marianne Frieri have been appointed as members of the RRC. Dr. Ledford is replacing Dr. Paul Greenberger and Dr. Frieri replaces Dr. Dean Metcalfe.

Residency Review Committee

A. Wesley Burks, MD
 Vincent R. Bonagura, MD (Vice-chair)
 Marianne Frieri, M.D.
 J. Andrew Grant, MD
 Dennis K. Ledford, M.D.
 Bryan L. Martin, D.O. (Chair)
 George R. Green, MD
 Laurie J. Smith, MD
 Weily Soong, MD (resident)
 John W. Yunginger, MD (ex-officio)

RRC Staff

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In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines in the event you have submissions for future R.R.C. meetings; February 2006 meeting deadline for materials is **December 16, 2005** and **July 31, 2006** for the September 2006 meeting. We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

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We invite your comments:
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