

# RRC NEWS

## ALLERGY AND IMMUNOLOGY



Accreditation Council for Graduate Medical Education

FALL 2008

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**RRC NEWS IS A BIENNIAL PUBLICATION THAT PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR FOR SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: [KREINHOLD@ACGME.ORG](mailto:KREINHOLD@ACGME.ORG).**

### A Message from the Chair

*By Bryan L. Martin, DO*

Allergy and Immunology residency programs are now in the third year of mandatory reporting of patient care experiences and procedures to the Accreditation Data System (ADS) at ACGME.

Aggregate national data derived from all programs are now available to program directors, who will have access to both the aggregate data and the data on the program's own fellows. The opportunity to review these data will allow individual program directors to compare their program data to the national data, both in terms of the number and variety of patients.

Concern has been expressed regarding the variability of the data among programs. This variability may be due to several reasons such as, but not limited to, regional variation of opportunities, differences in patient referral practices, and accuracy of reporting the data. The Committee is concerned that some of the variation among programs and/or individual fellows within a program may be based on variations in the rigor with which the fellow documents clinical events. It is incumbent on all program directors and fellows to continue to improve the accuracy of this data base. The RRC hopes that having this data will show the utility of accurate national data and encourage accurate reporting. Having this data should help the program director better evaluate the clinical aspects of the program and improve educational outcomes.

For the profession, having this data will allow us to analyze changes in the nature of allergy and immunology care. We often discuss that the inpatient aspects of allergy and immunology have diminished over the years; now we will have data to follow such trends. Equally as important is that we assure the public that physicians entering clinical practice have demonstrated the educational outcomes and proved proficiency in all dimensions of the domains of clinical competency required to graduate from an accredited program.

As always, the Committee encourages your input and response to the log data provided. Having this data will help improve our overall allergy and immunology education.

### Program Evaluation by Fellows: Keeping Responses Confidential When There is Only One Fellow

The ACGME requirement that fellows provide confidential evaluations of the program can be a challenge for programs with fewer than two fellows. Across subspecialties, program directors have arrived at creative

methods that manage to maintain confidentiality of fellows. Fellow evaluations may be collected over a period of a few years; grouped data are then reported every two to three years. The program director's challenge is to balance the program's need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the program coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

### **The Top 5 Citations from 2008**

These citations have been identified as the most common for the past two meetings or calendar year 2008. While there are many reasons why these citations are rendered, here are a few of the most common reasons.

- Responsibilities of program director – PIF not complete, inaccurate, or with inconsistent data; 9 citations or 14%
- Evaluation of fellows – not semiannual, not written; not completed in a timely fashion, not discussed with the fellow; 7 citations or 10.94%
- Patient care experience – lacking appropriate patient population or an insufficient number and/or variety of patient experiences; 9 citations or 10.94%
- Goals and objectives—lacking goals and objectives, goals and objectives that are not competency based, and goals and objectives without a progressive learning experience; 5 citations or 7.81%
- Evaluation of the program—not confidential, not completed, not documented, doesn't include a resident member; 6 citations or 9.38%

### **Clarification of American Board of Allergy and Immunology Pass Rate Program Requirement**

The RRC determined that the pass rate used to define "significantly below the national average" as written in the program requirement is a pass rate at less than 75% of first-time takers averaged over five cycles.

### **RRC Accreditation Reviews of Programs**

The RRC meets twice a year, usually in the spring and in the fall to review programs. These meetings are about six months apart. Before each meeting, two RRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the RRC meeting, and RRC members are expected to complete their reviews within 30 days of receiving a program. All reviews must be received in the ACGME office eight weeks prior to the meeting to allow all meeting materials to be prepared for the reviewer books. The reviewer book is sent to the RRC members before the meeting so that RRC members may read all the reviews, and compare the two reviews for each program. At the meeting, each reviewer presents his or her review to the entire RRC for discussion. The entire RRC then decides upon the appropriate accreditation decision to include:

1. Length of accreditation
2. Citations
3. Possible need for progress report.

After the RRC meeting, the ACGME staff prepare the notification letters for the program directors regarding the accreditation decisions reached by the RRC. Before these are posted on ADS, however, the chair of the RRC has to review each communication and compare it with a worksheet generated during the RRC meeting, make corrections as necessary, and then certifies the entire process by signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect the decisions of the RRC.

Because of this process, some site visits completed in the month or so just before an RRC meeting will likely not be reviewed at that meeting, but will be delayed until the next RRC meeting six months later. The RRC asks program directors to be mindful of this somewhat lengthy interval between a site visit and the receipt of a final accreditation decision.

### **FAQs**

The RRC is preparing a list of frequently asked questions to be posted on the ACGME website. The FAQs should provide program directors and coordinators with answers to issues that emerge in preparing for a site visit or in the day-to-day business of the residency.

### **Council of Review Committee Residents**

The Council of Review Committee Residents (CRCR) is composed of physicians in-training, and their

unique perspective makes them invaluable members of the 28 residency review committees to which they belong. The CRCR meets in February and September, and provides advice and feedback to the ACGME Board through its chair, Karen Hsu Blatman, MD. Dr. Hsu Blatman is one of two ACGME resident directors of the ACGME Board of Directors (the AMA appoints a resident director from its Resident and Fellow Section), and she also serves on the ACGME Strategic Initiatives Committee. Adeline Deladisma, MD, vice chair, serves on the ACGME Monitoring Committee.

In recent years, the CRCR has provided feedback on the redesign of the ACGME resident survey, and it has recommended a change in the institutional requirements to allow for a fairer grievance process when the designated institutional official is also the program director. The CRCR has also voiced concerns with the Federation of State Medical Boards about its "unusual circumstance" question on the verification credentialing form.



*Pictured above: From Back Row (left to right): Miriam D. Post, MD, Pathology; Meredith Riebschleger, MD, Pediatrics; Monica E. Rho, MD, Physical Medicine and Rehabilitation; Jeffrey H. Kozlow, MD, Plastic Surgery; Samuel Seiden, MD, Anesthesiology; Kayla Pope, MD, Psychiatry; Todd J. Mondzelewski, MD, Ophthalmology.*

*Middle Row: Matthew M. Poppe, MD, Radiation Oncology; Ruth Ann Vleugels, MD, Dermatology; Brian Lane, MD, PhD, Urology; Michael L. DiLuna, MD, Neurological Surgery; Adeline Deladisma, MD, Surgery; Joanna R. Fair, MD, Nuclear Medicine.*

*Front Row: Esther J. Cheung, MD, Otolaryngology; Rupa J. Dainer, MD, Institutional Review Committee; Karen Hsu Blatman, MD, Internal Medicine (and baby Penelope); Jaime Lynn Bohl, MD, Colon and Rectal Surgery; Gretchen Glaser, MD; Obstetrics and Gynecology.*

*Not pictured: Jose A. Carillo, MD, Neurology, Molly Cohen-Osher, Family Medicine, Brian P. Freeman, MD, Internal Medicine, James Huang, MD, Thoracic Surgery, Shauna Lawless, MD, Preventive Medicine, Keri A. Reese, MD, Orthopaedic Surgery, Jessica B. Robbins, MD, Diagnostic Radiology, Benjamin P. Soule, MD, Allergy and Immunology, Sarah Taylor, MD, Transitional Year, Michael J. Tocci, MD, Emergency Medicine, Audrey C. Woerner, MD, Medical Genetics.*

## **Courage to Teach, Courage to Lead, and John C. Gienapp Awardees**

Eleven program directors and three designated institutional officials have been chosen to receive the Parker J. Palmer Courage to Teach and Courage to Lead awards. These annual awards, selected from a large pool of nominees, honor outstanding teachers and leaders in graduate medical education.

The Courage to Teach Award is given to program directors, nominated by their peers and students, who have innovative residency program curricula, and who have improved graduate medical education and served as exemplary role models for residents. The award is named for Parker J. Palmer, PhD, a sociologist and teacher who wrote *The Courage to Teach*.

The Parker J. Palmer Courage to Lead Award is given to designated institutional officials, who are responsible for all ACGME-accredited residency programs at an institution, for creating an optimum learning environment for residents; encouraging the ethical, professional, and personal development of residents; and ensuring safe and appropriate patient care.

The Parker J. Palmer Courage to Teach and Courage to Lead award recipients will receive plaques and checks for \$1,000 at a luncheon held during the ACGME's Annual Educational Conference, which will take place March 5-8 at the Gaylord Texan Resort and Convention Center in Dallas. The award recipients will also be invited to attend an educational retreat next May at the Fetzer Institute in Kalamazoo, Michigan.

The 2008-2009 Parker J. Palmer Courage to Teach and Courage to Lead recipients are:

### **Courage to Teach Awardees**

- Michael S. Beeson, MD, emergency medicine, Summa Health System, Akron, Ohio
- James Burks, MD, internal medicine, Texas Tech University, Lubbock, Texas
- Peter Carek, MD, family medicine, Medical University of South Carolina, Charleston, South Carolina
- Edmund Cibas, MD, cytopathology, Brigham and Women's Hospital, Boston, Massachusetts
- Nancy Gaba, MD, obstetrics and gynecology, George Washington University, Washington, DC

- Sheela Kapre, MD, internal medicine, San Joaquin General Hospital, French Camp, California

- Gail Manos, MD, psychiatry, Naval Medical Center, Portsmouth, Virginia

- D. Karl Montague, MD, urology, Cleveland Clinic, Cleveland, Ohio  
(recently retired with 31 years experience as program director)

- Lori Schuh, MD, neurology, Henry Ford Hospital, Detroit, Michigan

- James Valentine, MD, surgery, University of Texas Southwestern Medical School, Dallas, Texas

- Richard Welling, MD, surgery, Good Samaritan Hospital, Cincinnati, Ohio.

#### **Parker J. Palmer Courage to Lead Awardees**

- Lois Bready, MD, University of Texas Health Science Center, San Antonio, Texas

- Diane Hartmann, MD, University of Rochester Medical Center, Rochester, New York

- Andrew Filak, MD, University of Cincinnati College of Medicine, Cincinnati, Ohio

#### **John C. Gienapp Awardee**

William H. Hartmann, MD was selected for the John C. Gienapp Award, which honors him for his significant lifetime contributions to the ACGME and graduate medical education. The award is named after the ACGME's first executive director, John C. Gienapp, PhD, who headed the ACGME from its inception in 1981 to 1997.

#### **RRC Webpage Redesign**

During this past year, the RRC webpages were redesigned. The new user-friendly format has a new look for each page, and allows users to quickly locate information on the RRC pages through new menus and navigation bars; content has been organized into specific categories, and keywords have been updated to improve search engine results. A link to your RRC staff listing, and their contact information, is located at the top of the page. The contact list is organized by subject for easy access to the staff member responsible for key areas so that your questions are answered in a timely manner. The new Physical Medicine and Rehabilitation webpage is located here: [http://www.acgme.org/acWebsite/navPages/nav\\_020.asp](http://www.acgme.org/acWebsite/navPages/nav_020.asp)

#### **2009 ACGME Educational Conference**

*March 5-8, 2009 in Grapevine, Texas*

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours.

The 2009 conference theme, "Shaping the Future," will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled "Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards," as well as an introductory pre-course for new program directors and coordinators.

Attendees and speakers can register here: [http://www.acgme.org/acWebsite/meetings/me\\_EducConf\\_09\\_Speakers.asp](http://www.acgme.org/acWebsite/meetings/me_EducConf_09_Speakers.asp)

#### **Meeting Dates and Agenda Closing Dates**

Meeting: February 20-21, 2009  
Agenda Closing: January 2, 2009

Meeting: September 11-12, 2009  
Agenda Closing: July 10, 2009

#### **Minimum Numbers for Procedures and ICD-9 Codes**

The RRC reviewed the responses from Allergy and Immunology program directors regarding proposed minimum numbers. The information was compiled by the American Academy of Asthma, Allergy and Immunology (AAAAI) which collected the data from the program directors. After reviewing the program directors' comments, the RRC has decided to not to make decisions about establishing minimum numbers and to review this topic with the program directors at annual AAAAI meeting in January 2009. The RRC will release the program specific and national data to all program directors and encourage program directors to use the information to improve their programs.

#### **New Resident Survey Questions**

Residents and program directors should expect to see seven new specialty-specific questions in the resident survey that relate to the allergy and immunology program requirements. Many of the questions relate to the residents' confidence in the diagnosis and treat-

ment of specific diseases and conditions. The resident survey is administered annually to Allergy and Immunology programs.

### **e-Communication**

In late June 2008, the first ACGME e-Communication was sent to ACGME staff, program directors, coordinators, DIOs, Review Committee members, and ACGME Board members (about 10,000 people). This email announces the week's revised or new program requirements, new PIFs, RRC newsletters, ADS and Case Log updates, as well as other news. The information is contained in short sections, with direct links to specific RRC webpages, and other parts of the ACGME website.

The e-Communication streamlines the previous practice of generating multiple emails from ACGME to multiple groups and is now the primary way for the ACGME to communicate with program directors/DIOs. Recipients will be able to skim the e-Communication for their relevant topic/specialty, allowing them to more easily retrieve the information they need.