

RRC NEWS

ANESTHESIOLOGY



Accreditation Council for Graduate Medical Education

FALL 2008

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RRC STAFF

MISSY FLEMING, PhD
EXECUTIVE DIRECTOR
312/755-5043
MFLEMING@ACGME.ORG

LINDA THORSEN, MA
ASSOCIATE EXECUTIVE DIRECTOR
312/755-5029
LMT@ACGME.ORG

NORMA R. DE YAGCIER
SENIOR ACCREDITATION ADMINISTRATOR
312/755-5042
NRDEYAGCIER@ACGME.ORG

DYAN FLORES
ACCREDITATION ASSISTANT
312/755-5490
DFLORES@ACGME.ORG

ACGME
515 N STATE ST
STE 2000
CHICAGO, IL 60654
WWW.ACGME.ORG

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.

Update on Disaster Preparedness

The ultimate goal of all our disaster planning efforts is to provide safe patient care and to support the well-being of residents, faculty, program and institutional leadership, and their families. This season's hurricanes serve as a sobering reminder that we must recognize the need for disaster preparedness to support graduate medical education programs under any circumstance. For this reason, the July 1, 2007 revision of the Institutional Requirements included the following standard requiring every sponsoring institution to maintain a disaster policy:

The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments. (Institutional Requirements, I.B.8)

The ACGME has also developed policies and procedures to assist program directors and DIOs in expediting their requests to accommodate program needs that might result from a disaster. These procedures also make it possible for review committees to accelerate their responses to program and institutional requests under trying circumstances. These policies and procedures can be found on the ACGME website at: http://www.acgme.org/acWebsite/home/Disaster_Policy_08.pdf

In the event of a disaster, all GME program directors, faculty, and residents should access communication resources according to their sponsoring institution's disaster plan. The ACGME website (www.acgme.org) will always provide timely updates and information.

Monitoring Committee

The ACGME Monitoring Committee is charged with the responsibility to monitor and evaluate Review Committee performance, and to advise and make recommendations to the ACGME regarding the activities and delegation of authority for all 27 Residency Review Committees and the Institutional Review Committee.

This February, the Anesthesiology RRC will be evaluated by the ACGME Monitoring Committee for its compliance with the published standards and policies. The Monitoring Committee will submit a report which addresses previous concerns and changes, and provides updated data regarding our accreditation trends. It is this committee, in conjunction with the ACGME Board, that delegates authority to the Anesthesiology RRC to accredit programs on behalf of the ACGME. We look forward to providing results of our review in our next newsletter.

Clinical Base Year

The RRC currently accredits three-year programs and four-year programs offering a Clinical Base Year (CBY). There has been an increase in the number of programs seeking approval for the CBY, and the RRC strongly supports this endeavor.

Guidelines have been established to assist program directors in preparing their request to add the CBY. These updated guidelines can be viewed on the RRC webpage:

http://www.acgme.org/acWebsite/RRC_040/040_InformationANCBY.pdf

Currently, the committee does not specify the number of trainees in the CBY. The RRC only approves the number of positions for the Clinical Anesthesia (CA) 1-3 years. However, if the program has an approved four-year program, the number of trainees in the CBY can equal the number of residents in each of the CA 1-3 years (or one third of the total number of positions approved for the CA 1-3 years).

This does not mean that a program can take less than one-third of the CA 1-3 total for the CBY and spread the remainder over the CA 1-3 years. This would place the program over their resident complement. As an example, if a four-year program is approved for nine positions, they may take up to three residents for that CBY year:

CBY: 3	CA1: 3	CA2: 3	CA4: 3
Approved Positions: 9	3+	3+	3 = 9

The following resident allocation is NOT acceptable as it would place the program over their resident complement by two positions:

CBY: 1	CA1: 4	CA2: 3	CA3: 4
Approved Positions: 9	4+	3+	4 = 11

For 4-year Anesthesiology programs, residents in the first year of training are in their clinical base year and are not counted in the approved resident positions.

For 4-year Anesthesiology programs, when an increase/decrease in approved resident positions is requested, please note that the requested number of positions should not include the clinical base year, only CA-1, CA-2 and CA-3 residents.

Filled positions should be completed to include all residents on duty for 4-year programs. Clinical base year residents are counted in the first year, CA-1 residents are counted in the second year, CA-2 residents are counted in the third year and CA-3 residents are counted in the fourth year. Similarly, when entering the resident records, the resident's year in program will follow the same sequence:

For 4-year programs:

Clinical base year residents are in Year 1
CA-1 residents are in Year 2
CA-2 residents are in Year 3
CA-3 residents are in Year 4

For 3-year program

CA-1 residents are in Year 1
CA-2 residents are in Year 2
CA-3 residents are in Year 3

Programs that find themselves over their resident complement will need to submit a request for a temporary increase in resident complement to reconcile any inconsistencies in the approved total. A temporary increase in the resident complement can be requested through ADS.

The New Electronic Program Information Form (ePIF) for Anesthesiology

by Kathleen Holt, PhD

Last year, RRC members and ACGME staff worked together to streamline the PIF. We eliminated open-ended or free text items, checked that PIF questions parallel the program requirements, and reframed questions to be more outcomes-based. ACGME programmers then converted the PIF forms into a web-based environment, updatable on-line and available to program directors with their secured ACGME ADS accounts. The ePIF went live October 1, 2008 and is currently in use for programs with accreditation site visits this Fall.

Since July 1, program directors and coordinators have suggested changes and given us ideas for improvement to make the PIF as simple and user-friendly as possible.

This fully electronic PIF is a crucial step towards the ACGME's goal of a fully electronic accreditation system. This web-based data collection is a first step in allowing all parts of the program review (PIF completion, SV interviews and report, review by the committee, and program notification) to be completed and available within the ACGME's web-based system.

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 2008 conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

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/meEducConf_09_Speakers.asp

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 specialties, 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 and grouped data is 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 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.

Accreditation Data System

The ACGME's online ADS alerts the RRC to changes in programs. Program directors should update ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement. The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.)
- Submit the academic year "Annual Update" (ADS staff will e-mail the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (ADS will populate many sections of the PIF with the data entered)

Address your questions or concerns about ADS to webADS@acgme.org.

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 twenty-eight 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 resident 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 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. In addition, the CRCR has voiced concerns with the Federation of State Medical Boards about its "unusual circumstance" question on the verification credentialing form.



*Pictured above, Council of Review Committee Residents
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.

From Middle Row (left to right): 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 (left to right): 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.

Measuring Competencies Outcomes

The addition of the competencies as an integral part of resident education has been an evolutionary process. Initially, program directors and faculty were expected to be aware of the six competencies; then, the competencies were integrated into the goals and objectives, and resident evaluations.

Now, programs must measure the outcomes of competency-based education. The RRC has developed some sample measures and these are posted on the ACGME website: http://www.acgme.org/acWebsite/resEvalSystem/eval_list.asp. However, the RRC encourages programs to be innovative in developing and using their own outcome measures.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, DIO News, ACGME Bulletin, and the RRC/IRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the curriculum and competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format.

Program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

New Zip Code for ACGME

ACGME's zip code changed on July 1, 2008. Anything that is mailed or sent by Fed-Ex must now reference zip code 60654. Please note that our P.O. Box zip code, 60610, has not changed.

Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency program under its purview at approximately the midpoint of the accreditation cycle (the time between the date of the most recent accreditation action and the next scheduled site visit). The institution assembles an internal review committee, which must include at least one faculty member and at least one resident, who cannot be from the program that is being reviewed. The process involves interviews with the program director, key faculty members, peer-selected residents from each level, and other individuals as appropriate. Frequently it includes review of data, such as how the program has addressed the citations from the last accreditation survey.

The goal of the internal review is a thorough and candid review that identifies the program's strengths and opportunities for improvement, and allows resolution of any concerns or problems before the program's next accreditation site visit. The responsibility for timing and conducting the internal review lies with the sponsoring institution. At the same time, program directors and residents should be familiar with the process as they may be asked to participate in future internal reviews.

Neither the site visitor nor the RRC reviewer sees the data from the internal review, which is not included with the program information form (PIF). Verification of the internal review during the site visit covers the date, the participants, and then the date the review was presented to the institution's graduate medical education committee (GMEC). This information is obtained verbally or in writing. The site visitor does not look at the results of the internal review to ensure a review that honestly assesses the program's strengths and opportunities for improvement.

Notification of RRC Accreditation Decisions

About one week following the meeting, the program director/DIO receives an email informing him/her of the accreditation status. However, an e-mail notification is not sent for a proposed adverse action or adverse action. The "status" e-mail is sent to the following individuals:

1. For the results of a specialty program review, notification is sent to the program director with a copy to the DIO of the sponsoring institution;
2. For the results of the review of a dependent subspecialty, notification is sent to its program director,

and copies are sent to the core specialty program director and the DIO;

3. For the results of the review of a dependent subspecialty, notification is sent to its program director, and copies are sent to the subspecialty and core specialty program directors and the DIO.

Six to eight weeks after the Review Committee meeting, the program director and DIO will receive e-mail notification that the letter of notification (LON), with the complete accreditation information, has been posted in ADS. Beginning with Review Committee meetings that occurred after July 1, 2008, the ACGME will adhere to the following deadlines for these notifications:

1. Status e-mails will be sent five business days after the review committee meeting to the program director.
2. Letters of notification will be posted within 60 days of the review committee meeting.

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, **RRC Chair**
- 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, along with their contact information, is located at the top of the page. The contact list is organized by subject so that you may easily access the staff member who is responsible for key areas and get your questions answered in a timely manner. The new Anesthesiology webpage is located here: http://www.acgme.org/acWebsite/navPages/nav_040.asp.

Meeting Dates and Agenda Closing Dates

Meeting:	May 14-15, 2009
Agenda Closing:	March 13
Meeting:	October 29-30
Agenda Closing:	August 28