

RRC NEWS

COLON AND RECTAL SURGERY



Accreditation Council for Graduate Medical Education

NOVEMBER 2011

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 ERIC G. WEISS, MD, CHAIR
 CHARLES B. WHITLOW, MD

REVIEW COMMITTEE STAFF

LOUISE KING, MS
 EXECUTIVE DIRECTOR
 312.755.5498
 LKING@ACGME.ORG

SANDRA BENITEZ
 ACCREDITATION ADMINISTRATOR
 312.755.7472
 SBENITEZ@ACGME.ORG

DEBRA MARTIN
 ACCREDITATION ASSISTANT
 312.755.7471
 DMARTIN@ACGME.ORG

REVIEW COMMITTEE ACCREDITATION DECISIONS: SEPTEMBER 2011 MEETING

During its September 16, 2011 meeting, the Committee reviewed a total of 10 programs. The accreditation decisions from those reviews are noted here:

Accreditation Decisions September 16, 2011 Meeting of the Review Committee for Colon and Rectal Surgery	
Total Colon and Rectal Surgery Programs – 54 Total Programs Reviewed – 10	
Probation	1
Initial Accreditation	1
Continued Accreditation	5
Other Requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	3

COLON AND RECTAL SURGERY CASE LOGS

The revision to the ACGME Case Log System for Colon and Rectal Surgery has now been completed. Beginning July 1, 2011 the Review Committee provided programs with a spreadsheet and requested that residents use it to track their experience. As of October 1, 2011, **all residents should now begin logging their cases into the ACGME Case Log System** (to access, go to www.acgme.org, click on “Data Collection Systems” and then “Resident Case Log System” from the left-hand menu on the homepage and then log in and follow directions from there). In addition, residents should also enter all of their cases from July 1, 2011 to the current date (from the spreadsheet) into the system. Please be sure to read the instructions carefully to ensure accurate case entry. If any cases were entered before October 1, 2011, they may be adjusted to add additional diagnosis and procedure codes and details as needed.

It is imperative that all colon and rectal surgery residents enter their cases into the system regularly, accurately following the instructions. Please e-mail any questions to Review Committee Executive Director Louise King (contact information is on this page, above/left).

MEETING AND AGENDA CLOSING DATES

MEETING: MARCH 23, 2012
 AGENDA: JANUARY 12, 2012

MEETING: SEPTEMBER 21, 2012
 AGENDA CLOSING: JULY 12, 2012

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/
 CYCLE LENGTH AUTOMATICALLY SENT TO
 PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER
 OF NOTIFICATION IS POSTED IN ADS.

UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

ACGME
 515 NORTH STATE STREET
 SUITE 2000
 CHICAGO, ILLINOIS 60654
 312.755.5000
WWW.ACGME.ORG

PROGRAM REQUIREMENTS FOR COLON AND RECTAL SURGERY

As you are aware, the revised Program Requirements for Colon and Rectal Surgery that became effective July 1, 2011 along with the revised PIF and Frequently Asked Questions document are available on the Review Committee's [web page](#) on the [ACGME website](#). The Program Requirements will be further updated this winter to include the following revision/clarification to the moonlighting standards (note that the Common Program Requirements are in **bold**, followed by the specialty-specific language):

VI.G.2. Moonlighting

- VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.**
- VI.G.2.b) Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.**
- VI.G.2.c) PGY-1 residents are not permitted to moonlight.**
- VI.G.2.c).(1) Colon and rectal surgery residents are not permitted to moonlight.

PARTICIPATING SITES AND PLAs

The Review Committee asks that programs provide information via the Accreditation Data System (ADS) for all participating sites used for resident education in the program. This includes sites, in addition to the primary site, that provide either required or elective experiences or assignments for any length of time. Program letters of agreement (PLAs) are required between the residency program and all sites to which residents rotate for required education or assignments. When a program sponsored by a university hospital requires a rotation or assignment at another site, such as a children's hospital, and both hospitals are governed by one governing body (e.g., a board of directors), then a PLA is not needed. PLAs are not necessary if the following on-campus or off-campus site is under the governance of the same sponsoring institution or is an office of a physician who is a member of the sponsoring institution's teaching faculty/medical staff: nursing and assisted-living homes; hospice facilities; faculty patient care offices;

private physicians' offices (volunteer faculty); ambulatory surgical centers; diagnostic centers, e.g., imaging laboratory, etc.; treatment centers, e.g., dialysis, rehabilitation, chemotherapy, etc.; other similar sites. Rotations to these types of sites that are not governed by the sponsoring institution or that occur in offices of physicians who are not members of the sponsoring institution's teaching faculty/medical staff require a PLA. The PLA must include the signatures of the program director and the local director at the participating site. Signature by administrative staff is not acceptable. Occasionally, it is not clear from the information provided whether the participating site is or is not governed by the sponsoring institution. Programs are advised to include this information when adding a participating site to ADS and to be prepared to provide documentation at the time of the site visit (either an up-to-date PLA or evidence of same governance). Additional information can be found on the Review Committee's [web page](#), or at [this direct link](#).

SPECIALTY REVIEW COMMITTEES' USE OF INSTITUTIONAL REQUIREMENTS

The historical timeline of institutional accreditation is a relatively brief one. The Institutional Review Committee (IRC) was delegated its full authority by the ACGME Board of Directors to accredit institutions in 2005. Since that time, the IRC and the specialty Review Committees have grown in their mutual understanding of how the review processes at the program and institutional levels complement each other. One area in which this growth will be particularly noticeable for designated institutional officials (DIOs) and program directors is that specialty Review Committees will now cite **only** limited sections of the Institutional Requirements. One major difference will be that specialty Review Committees will no longer cite any issues related to the internal review for programs in those sponsoring institutions reviewed by the IRC. (Note that this is not the case for single-program institutions.) Specialty Review Committees recognize that the internal review process, including scheduling, is within the purview of the IRC. But specialty Review Committees can and will continue to cite Institutional Requirements related to program director support, eligibility and selection of residents, financial support for residents, and components of the resident educational and work environment if program review reveals noncompliance in any of these areas.

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA

Site Visits after July 1, 2011

Site visits under the 2011 Common Program Requirements began July 12, 2011. No new questions were added to the program information forms (PIFs); assessment of programs' compliance with the new standards for resident duty hours, supervision, and other elements of the learning and working environment will be done through a set of questions in ADS. The information collected via ADS will print with the demographic and general information section of the PIF that is entered into ADS. A number of questions in the current PIF also provide information about compliance with the new common standards.

In addition to the PIF and the data collected via ADS, responses to the 2011 ACGME Resident/Fellow Survey, documentation such as resident files, rotation and call schedules, and program and institutional duty hour tracking data, among others, constitute the data elements assessed during program site visits. The members of the field staff interview program and departmental leaders, the designated institutional official (DIO), faculty members, and residents/fellows. Field staff members also use a variation of the Tracer Method familiar to many DIOs from other accrediting bodies.

Use of the Tracer Method

The Tracer Method is used by several accrediting organizations to increase the focus on operational processes that benefit patients. The ACGME uses it to assess a program's response to particular situations, such as remediation of a resident with low academic performance, excess duty hours or inadequate supervision, or implementation of the new requirement that means residents may remain beyond duty hour limits to care for an individual patient out of a compassionate or educational justification. As these processes are examined, the surveyor may confirm high performance or detect problems in the implementation of policies, elements of the process, or aspects of the interface between processes.

Use of the Tracer Method during program site visits will entail document review and interviews with program directors, residents/fellows, faculty members, coordinators, and potentially others. This will be done during the regularly scheduled interview sessions. In rare cases, such as evaluating the merits of a complaint against the program, application of the Tracer Method may necessitate some added time for interviews or more extensive review of documentation. This added time and relevant documents generally

will be requested in advance through the list sent with a program's site visit announcement letter.

Increasing Resident/Fellow Input during Program Site Visits

Between 2010 and June 2011, the ACGME Department of Field Activities conducted a pilot to explore whether textual comments from residents/fellows could be introduced into the site visit interview process. In this pilot the field staff representatives requested that residents/fellows compile a single, program-level list of up to five strengths and up to five opportunities for improvement for further discussion during the resident/fellow interview. The request was made through a note to the program director. These lists were considered confidential, and residents/fellows were asked to e-mail it directly to the field staff representative, or to bring it with them to the resident/fellow interview. The collection of resident-perceived strengths and opportunities for improvement was done only for program site visits, not for institutional reviews.

Residents'/Fellows' Responses and Perceptions of the Pilot

A benefit of obtaining this consensus list is that it has provided the ACGME field staff with a sense of the *learners'* perceptions of their program's strengths and opportunities for improvement. This is useful to begin the conversation during the resident/fellow interview. When aggregated across programs, the information also offers the ACGME insight into residents'/fellows' unique perspectives on their programs and the accreditation standards. The information in the lists affirms the value of many of the questions currently asked in the Resident/Fellow Survey, and may also serve to highlight additional areas of high relevance for possible inclusion in future iterations of the Survey.

Resident/fellow comments have also included questions and feedback about changes to program requirements, such as the new common duty hour requirements. Residents/fellows and program directors alike have commented favorably on the way the pilot has increased their engagement in the site visit process, including those in larger programs who do not participate in the site visit interview.

The Department of Field Activities evaluated the pilot in June 2011, and implemented it for all program site visits after July 2011. The department will continue to explore this and other mechanisms to increase resident and fellow input.

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Other Site Visit Pilots

One pilot in early evaluation entails a simple change in the sequence of the site visit process to have the resident/fellow interview completed earlier in the site visit day, after a brief introductory meeting with the program director. All other interviews, review of data, and if conducted, the tour of facilities, will be used to verify and clarify the information obtained during the resident/fellow interview. Currently, eight members of the field staff are using this approach for a more in-depth assessment of benefits and potential drawbacks.

2012 ACGME Annual Educational Conference

Encouraging Excellence

March 1-4, 2012
Walt Disney World Swan and Dolphin
Orlando, Florida

Click [here](#) for more information
(registration opens November 15, 2011)

RRC News provides timely and current Review Committee updates, as well as general ACGME information and explanations of its systems, policies, and procedures. It also serves as a vehicle for communication between the Review Committee and its constituents.

Please contact the editor with suggestions or comments about this newsletter: mschwab@acgme.org.

Newsletters are typically available following a Review Committee meeting, between once and three times per year.