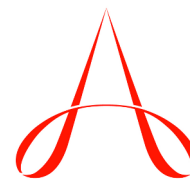


# RRC NEWS

## COLON AND RECTAL SURGERY



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 2009

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### Program Requirements Revision for Colon and Rectal Surgery

The proposed major revisions to the Program Requirements for Colon and Rectal Surgery have been posted on the website. The review and comment index page with links to the proposed revisions and impact statement can be reviewed at:

[http://www.acgme.org/acWebsite/reviewComment/rev\\_programReq\\_Index.asp](http://www.acgme.org/acWebsite/reviewComment/rev_programReq_Index.asp)

Please submit comments to [c&rs@acgme.org](mailto:c&rs@acgme.org) by November 18, 2009.

### Program Requirements Revision Process

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 24 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and Program Information Form (PIF) and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration. Upon approval from the RDC, the revised requirements are posted, along with an impact statement, on the ACGME website; program directors and Designated Institutional Officials (DIOs) are notified through the ACGME weekly e-Communication that the proposed requirements are available for review and comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments, the Review Committee's response to these comments, and any necessary FAQs must accompany the requirements when they are submitted to the ACGME Board. Upon approval by the Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

### MEETING AND AGENDA CLOSING DATES

MEETING: MARCH 20, 2010  
AGENDA CLOSING: JANUARY 22, 2010

MEETING: SEPTEMBER 24, 2010  
AGENDA CLOSING: JULY 9, 2010

## RRC Accreditation Decision: September 2009 Meeting

<b>Total Accredited Programs</b>	<b>49</b>
<b>Propose Probation</b>	<b>02</b>
<b>Initial Accreditation</b>	<b>02</b>
<b>Continued Accreditation</b>	<b>03</b>
<b>Voluntary Withdrawal</b>	<b>01</b>
<b>Other Requests (progress reports, temporary increases, changes to participating sites, etc.)</b>	<b>07</b>

### ACGME Resident Survey Results

From March through June 2008, residents from 71 programs were surveyed, and 568 of 628 residents completed the survey for a 90% response rate. The survey results indicate highly engaged learning between faculty and residents. An average of 92% of the residents indicated that faculty provides sufficient supervision and participation in conferences. An average of 96% of the residents reported opportunities to participate in research or scholarly activities, as well as opportunities to assess the residency program for the purpose of program improvement. Of the residents who responded, an average of 98% reported having met ACGME duty hour requirements for the work week, one day free from all program responsibilities, in-house call, and working within the 24+6 hour continuous on-duty limit. The survey results do suggest one area for program improvement: 23% of the residents reported they could not speak freely about issues and problems in their residency program without fear of intimidation or retaliation.

In a complex learning environment, it is possible that structures may not necessarily be in place to elicit resident input. Successful programs, however, value resident input and gather resident opinions in many different ways. One example is a resident-led forum that focuses on what works well and what can be improved. Programs can then incorporate this input into the annual review of program effectiveness and improvement, which is a required step in the accreditation process. Programs with other innovative ways of engaging residents and minimizing fear of intimidation are invited to share their ideas. The Committee will review the concepts received and share selected strategies on the "Notable Practices" section of the Colon and Rectal Surgery webpage. Submissions can be made to the ACGME office via e-mail to: [lking@acgme.org](mailto:lking@acgme.org).

## Institute of Medicine (IOM) Duty Hour Recommendations

The IOM recommendations to change the current duty hour standards are probably familiar to most of our newsletter readers. While the total of 80 hours per week remains intact, there are multiple changes regarding how those hours can be apportioned. The IOM has given the ACGME two years to implement most of these changes. The ACGME takes this responsibility seriously and has assigned a task force including members of its Board of Directors and several RRC chairs to study the IOM report and recommend a course of action. An interactive conference on duty hour standards was held March 4-5, 2009, in conjunction with the ACGME Educational Conference. In addition, a Duty Hour Congress was held June 11-12, 2009 in Chicago. The conference was attended by representatives of specialty organizations, boards, and others in the community. Reactions to the IOM recommendations from the Colon and Rectal Surgery community were submitted to the ACGME for consideration. Recommendations from all specialties were made available to the ACGME and the Duty Hour Task Force for review. More information will be provided as it becomes available.

### Progress Reports to the Residency Review Committee (RRC)

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the Committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of a (requested) progress report. The expectation is that a progress report will provide an update to the Committee on how the program is addressing those areas identified. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

## Notable Practices

A notable practice is a process or practice that an RRC or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is a minimum standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have begun to identify notable practices and are making these available to programs in the specialty through the RRC webpage. Potential notable practices may be identified in several ways: comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or RRC member based on knowledge of the program, or an unsolicited submission sent to the executive director or an RRC member. The potential notable practice is viewed and discussed by all Committee members and, if approved, will be made available through both the RRC webpage and the All Review Committees Notable Practices website.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The link to the All Review Committees Notable Practices webpage is now posted on the Colon and Rectal Surgery-RRC webpage and is a collection, organized by topic, of all the notable practices from all RRC webpages.

**Save the Date:**  
**2010 ACGME Annual  
Educational Conference**  
*Transitions in GME*

Gaylord Opryland Resort Hotel  
and Convention Center  
Nashville, Tennessee  
March 4-7, 2010

For more Information:  
[www.acgme.org/acWebsite/meetings/  
2010Conf/me\\_EducConf\\_10.asp](http://www.acgme.org/acWebsite/meetings/2010Conf/me_EducConf_10.asp)

## Useful Resources for New Program Directors

Institutional Requirement III.B.10.e specifies that the Graduate Medical Education Committee (GMEC) approves new program directors prior to submission to the ACGME. Once approved the name of the program director is entered into ADS, which automatically generates a welcome letter to the new program director with a copy to the DIO and program coordinator. The welcome letter provides useful information about the ACGME website, as noted below, and refers the new program director to the ACGME Virtual Handbook:

[http://www.acgme.org/acWebsite/home/  
PDVirtualHandbook.asp](http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp)

Some Review Committees approve new program director appointments; in these cases, the RRC reviews the information at the next meeting, and the RRC executive director provides a final letter of approval to the program director with a copy to the DIO.

Other resources accessible via the ACGME/RRC webpages include:

- o The *Residency Review Committee (RRC)* webpage contains periodic updates from the Review Committee, FAQs, staff members' contact information by subject, program requirements, program information forms, a Program Directors' Guide to the Common Program Requirements.
- o The *Program Directors & Coordinators* link contains information about Case Logs, Resident Duty Hours, Resident Survey, and policies.
- o The *ACGME Manual of Policies and Procedures, Section II, Accreditation Policies and Procedures* contains a complete explanation of accreditation statuses awarded to programs and the policies to which program directors must adhere.
- o In *About ACGME-->Staff Listing-->Staff Listing by Department* you will find an overview of the four departments within ACGME, including the Department of Accreditation Committees, which houses all of the RRC staff, and the phone and e-mail contact information for all ACGME staff.

*(continued on p. 4)*

- o The *Key to the Standard Notification Letter* provides explanations for the common sections of accreditation letters.
- o The Outcome Project webpage provides comprehensive information about the general competencies.
- o Note that an ID and password are required to access the Accreditation Data System and Resident Case Log System (if applicable).

The welcome letter sent to new program directors informs them that the DIO and GMCC of the sponsoring institution, and the specialty-specific Program Directors Association, are other important resources, and encourages them to contact these groups for more information.

### Useful ACGME Website Links

- **Virtual PD handbook:**  
<http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>
- **ACGME Data book:**  
[https://www.acgme.org/acWebsite/dataBook/dat\\_index.asp](https://www.acgme.org/acWebsite/dataBook/dat_index.asp)
- **Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty:**  
<http://www.acgme.org/adspublic/>; click 'Search Programs and Sponsors'
- **Resident Survey National Data Report - available in ADS for Program Directors:** log into ADS; click 'Resident/Fellow Survey'; click 'National Data'; DIOs select 'Reporting Tools'; click 'Resident Survey National Data Overall'
- **Resident Survey Institutional Data Report for each sponsoring institution's programs – available in ADS for DIOs:** log into ADS; select 'Reporting Tools'; click 'Institution Level Resident Survey Results' Faculty development resources for competency-based education, a series of four PowerPoint presentations with facilitator's manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, developing a competency-based curriculum): [http://www.acgme.org/outcome\\_e-learn/e\\_powerpoint.asp](http://www.acgme.org/outcome_e-learn/e_powerpoint.asp)