

RRC NEWS

COLON AND RECTAL SURGERY



Accreditation Council for Graduate Medical Education

APRIL 2009

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RRC STAFF

LARRY D. SULTON, PHD
SENIOR EXECUTIVE DIRECTOR
312.755.5027
LDS@ACGME.ORG

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

SANDRA BENITEZ
ACCREDITATION ADMINISTRATOR
312.755.7472
SBENITEZ@ACGME.ORG

ALLEAN MORROW-YOUNG
ACCREDITATION ASSISTANT
312.755.5038
AMH@ACGME.ORG

ACGME
515 N STATE ST
STE 2000
CHICAGO, IL 60654

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RRC Accreditation Decisions: March 2009 Meeting

During the March 20, 2009 RRC meeting there were a total of 15 programs reviewed. The accreditation decisions are noted below:

Total Accredited Programs:	47
Propose Expedited Withdrawal of Accreditation	01
Propose Withhold	02
Initial Accreditation	01
Continued Accreditation	07
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	04

Program Requirements and Program Information Form Revision for Colon and Rectal Surgery

The Review Committee has begun the process of revising the Program Requirements and Program Information Form for residency education in colon and rectal surgery. The Committee would like to thank everyone that provided feedback.

Please note that an initial draft has been prepared and is under review by the Review Committee. Additional details will be provided at the ASCRS annual meeting on May 1, 2009 during the program director session.

After the proposed program requirements and Impact Statement have been listed on the ACGME website, a 45-day period of comment commences.

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 18 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

MEETING AND AGENDA CLOSING DATES

MEETING: SEPTEMBER 25, 2009
AGENDA CLOSING: JULY 10, 2009

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

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

the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and 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 and the Review Committee's response to these comments must accompany the requirements when they are submitted to the Board. Upon approval by the ACGME 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.

Important Changes to the Council of Review Committees

At its February 2009 meeting, the ACGME Board of Directors approved revisions to the Manual of Policies and Procedures that included changing the name of the ACGME Council of Review Committee Chairs to the ACGME Council of Review Committees (CRC) and extending the term length of Review Committee Chairs from two years to three years (Manual, pg 36), including endorsement of the implementation of the transition plan.

The primary rationale for these changes is to facilitate greater interaction and improved communication with the ACGME Board of Directors by helping ensure institutional memory as the Council undertakes its initiatives through the coming years. Under the scope of its redesign, the CRC also structured three subcommittees: Standardization, Innovation, and Common Program Requirements and identified three specialty groups – Surgical, Medical, Hospital-based and Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work.

As a result of these changes, at the March 20, 2009 Review Committee for Colon and Rectal Surgery meeting, the Committee elected Eric W. Weiss, MD as Chair and Bruce A. Orkin, MD as Vice Chair to begin effective July 1, 2009.

ABCRS Case Minimums

by Dr. David J. Schoetz, Jr.

The American Board of Colon and Rectal Surgery has evaluated candidates for entry into the certification process for many years. Recognizing that operative and procedural case volumes are related to technical competence, and based on a computerized database predicated on self-reported numbers of cases by applicants for the qualifying examination, a list of 17 categories of procedures was generated and applied to each individual applicant. Failure to achieve sufficient numbers of cases in more than 5 of the 17 categories was sufficient to consider not approving a candidate for entry into the examination process.

In collaboration with the ACGME and the RRC, a CPT-based database was developed and made available for use by all colon and rectal surgery residents. This has been in use for over two years, undergoing constant renovation and updating to reflect changing CPT coding. More importantly, the Blue Ribbon Panel created collaboratively by the ABCRS, the RRC, the ASCRS and the PDA have analyzed the curriculum of colon and rectal surgery and attempted to establish minimum numbers of cases required for satisfactory education. At present the ABCRS and RRC are in the process of collecting and analyzing data for at least a three-year period before absolutely defining minimum numbers of cases.

The ABCRS has established a Standards and Credentials Committee to continue the work of the Blue Ribbon Panel. Since other aspects of education, including scholarly pursuits and simulation learning, are also of importance in the overall educational process, we will send specific questionnaires to applicants for certification to assess these aspects of residency education.

2009 ACGME Annual Educational Conference: Keynote speaker K. Anders Ericsson, PhD

The 2009 ACGME Annual Educational Conference took place March 5-8 at the Gaylord Texan Resort and Convention Center in Grapevine, Texas. About 1,400 program directors, program coordinators, designated institutional officials, and others involved in graduate medical education attended the sold-out conference.

Dr. Ericsson, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Fla., presented his keynote address, "The Making of Superior Doctors through Deliberate Prac-

tice: What Can We Learn from the Training of Chess Masters, Elite Athletes and Musicians” on March 7. He discussed how the study of optimal training techniques for chess players, athletes, and musicians can be applied to the education of residents.

Dr. Ericsson noted that excellence in a certain field requires solid fundamentals and that excellence is a result of deliberate practice. He described deliberate practice as “individualized training activities designed by a coach or teacher to improve specific aspects of an individual’s performance through repetition and successive refinement.” This sort of training has a dramatic effect on performance.

It’s also important for individuals to challenge themselves by putting themselves in harder and harder situations. Dr. Ericsson observed that “Elite athletes always are trying to do the things they cannot yet do, which means they will fall and fail more. Failure is linked to stretching one self’s to do what you cannot yet do.”

In medicine, simulators are a good way for physicians to challenge themselves by trying out new procedures and techniques. Simulators allow residents to try things they couldn’t do with real patients, and they allow residents to train when they are ready to stretch themselves.

The 2010 ACGME Annual Educational Conference will be held March 4-7 at the Gaylord Opryland in Nashville, Tenn.

2010 Parker J. Palmer Courage to Teach Award

The ACGME recognizes that program directors face many challenges in administering a residency program. Those finding innovative ways to teach residents and to provide quality health care while remaining connected to the initial impulse to care for others in this environment should be celebrated. ACGME recognized program directors through this annual award.

The application form may be downloaded from the ACGME website and emailed along with support letters and curriculum vitae to: Emily Vasiliou at evasiliou@acgme.org. The deadline is Wednesday, July 1, 2009, by 5:00 p.m. CST. Nominations received after that date will not be accepted.

A total of ten program directors will be selected, and each program director will receive a check for \$1,000

and a plaque. Selections will be made by the ACGME Awards Committee at its September 2009 meeting; afterwards, the ACGME CEO will notify the recipients. Travel expenses will be paid by the ACGME for each recipient and a guest to travel to the ACGME Annual Educational Conference in Nashville, Tennessee to receive their award. Award recipients will also be invited to attend a special physician formation retreat in May 2010. Award announcements will be published in a press release and the ACGME Bulletin, as well as posted on the ACGME website.

If you have any questions, please contact Emily at evasiliou@acgme.org or by phone at 312/755-7486.