

RRC NEWS

DERMATOLOGY



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE
AND ACGME UPDATES. PLEASE CONTACT
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Notes from the Chair, Dr. Stan Taylor

The desire to define and enhance "quality" in future health care providers remains a driving force in graduate medical education accreditation. The activities of the ACGME and the Review Committee for Dermatology over the past summer reflect our dedication to efforts designed to better prepare our residents for the uncharted waters of health care reform. Below is a list of ongoing or planned activities with this goal in mind.

- **New Duty Hours Standards go into Effect July 1, 2011**

The culmination of a multiple-year effort to update resident work hours standards has been completed on schedule, with finishing touches in the form of specialty-specific wording to be completed over the next few months. Dermatology is less affected by these new requirements than the specialties of some of our colleagues, but watch for wording changes in the Common Program Requirements. More at:

www.acgme.org/acWebsite/newsReleases/newsRel_9_28_10.asp.

- **"Patient Care" Competency Renamed "Patient Care and Procedural Skills" Competency (9/30/2010)**

Over the past year a joint task force of the American Board of Medical Specialties (ABMS) and ACGME worked to develop a framework for new requirements for procedural skills assessment. These will be used in both accreditation requirements of residency/fellowship programs, and certification requirements of residents/fellows. Dermatology was prepared for this new requirement with the monitoring of "index" procedures since 2006. The American Board of Dermatology (ABD) and the Review Committee for Dermatology will continue to require residents to collect data on procedures they observe and perform. Program directors are required to review case logs with their residents during one-on-one reviews, and to maintain accurate records of the total numbers of index cases performed at their participating institutions. These data are used in the preparation of program information forms (PIFs), but now that procedural skills are a designated competency, they will become a more important part of the program review process.

- **Review Committee Updating the Program Requirements for Dermatology**

All program requirements undergo a major review and revision approximately every five years by their respective Review

MEETING AND AGENDA CLOSING DATES

MEETING:	MARCH 26-27, 2011
AGENDA CLOSING:	JANUARY 15, 2011
MEETING:	SEPTEMBER 29-30, 2011
AGENDA CLOSING:	JULY 21, 2011

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.

Committee. It is time again for all of us to review the specialty-specific requirements (SSRs) for dermatology. The Committee initiated the revision process last year, and hopes to implement updated requirements in July 2013. In this early stage of the process, we are soliciting the input of our community regarding updates and possible changes to the existing requirements. Your comments are important and should be sent to Executive Director Patricia Levenberg, PhD (plevenberg@acgme.org) by December 1, 2010. The SSRs are the non-bold text in the Program Requirements document, which can be found at:

www.acgme.org/acWebsite/downloads/RRC_progReq/080dermatology_07012007.pdf.

- **Dermatology Milestone Project**

The next evolutionary phase of accreditation focuses on the definition of specific points during residency education by which specific skills should be acquired. Internal medicine recently completed the first iteration of these milestones, which can be reviewed at www.abim.org/milestones/public/. We will formally begin the process for developing milestones for dermatology in November, when **Dr. George Turiansky** will represent the Review Committee in formulation of a working group along with members of the ABD. This group will develop a proposal that will be vetted through the ACGME and ABMS. These competency-acquisition milestones will be developed first for dermatology residents, and then for procedural dermatology and dermatopathology fellows. **Dr. Dan Loo** has jump-started the effort by mobilizing the membership of the APD to develop recommendations to be considered by the Dermatology Milestone Working Group.

The Review Committee continues actively working to address concerns it receives. Comments are always welcome and should be sent to Executive Director Patricia Levenberg, PhD: plevenberg@acgme.org. The following projects and resources are designed to assist you, your staff, and our residents and fellows make the accreditation process work for us all.

- **Competency Assessment Tools**

Without a valid way to assess resident/fellow progress towards our goal of competency, it is impossible to determine our level of success. The **ACGME Outcome Project** began in 2001 and is designed to provide programs with a framework in which to make data-driven decisions to improve the educational experience for all involved. External review of programs and their graduates places increasing value on performance measures. Over the last year **Dr. George Turiansky's** work group has compiled and evaluated numerous assessment tools developed by dermatology program directors. Three tools have passed the ACGME's rigorous validation process and will be posted on the [dermatology web page](#) on the ACGME [website](#).

- **Procedural Case Log Work Group**

Partnering with members of the APD and the leadership of both the ABD and the American College of Mohs Surgeons, the Review Committee has embarked on a yearlong effort to simplify the ACGME's electronic Case Log System. I chair a work group that includes **Dr. Clark Otley** (ABD), **Dr. Steve Padilla** (ACMS), **Dr. Sumaira Aasi** (ACMS), **Dr. Hugh Gloster** (ACMS), **Dr. Ron Moy** (Review Committee) and **Dr. William Huang** (Review Committee). We initiated work this summer, and our goals include: 1) maximizing the use of the online system by training users on optimal data entry; 2) working with the Review Committee, ABD, and ACMS (stockholders) on better definition of their data requirements; and, 3) redesigning case log reports to comply with stockholder data reporting formats. Our hope is to submit our proposal to the Review Committee in the spring of 2011, with implementation by July 1, 2011.

- **Reaching Out to Program Directors Struggling with Accreditation**

Accreditation is hard work--we know that and want to help. Two sessions have been planned to meet with program directors directly to address their individual concerns. The first of these already took place during the **APD Annual Meeting** on October 9, 2010, when program directors were invited to sign up for private meetings with **Dr. Patricia Levenberg** and myself to discuss accreditation issues specific to their programs. The second will be held during the Annual meeting of the **American College of Mohs Surgeons** from April 28-May 1, 2011. The goal of this session will be to assist those programs seeking ACGME accreditation with the application process, and to help them put into place the necessary structures to be in compliance with both program and institutional requirements. **Dr. Jeanne Heard**, senior vice president of the ACGME's Department of Accreditation Committees, and **Dr. Levenberg** will present at the meeting, and include time for answering program directors' questions.

Finally, I want to encourage each of us to consider rewarding those individuals among us who dedicate themselves to quality every day as they labor in the academic trenches with us. The ACGME wants to recognize program coordinators and program directors, who, by their actions, are examples for the rest of us

on how best to accomplish this *thing* we call graduate medical education. Dermatology has never received any of the numerous awards handed out each year by the ACGME, and yet we have many in our specialty who deserve the recognition these awards were designed to provide.

- If you know a program coordinator who has in-depth knowledge of the ACGME accreditation process, excels in the organization and coordination of PIF preparation and site visits, makes GME work seamlessly, has been involved in program improvements, and is involved in national organizations that support GME, you should nominate this individual for the **Program Coordinator Excellence Award**.
- If you know a program director who participates in the APD or Dermatology Teachers Exchange Group (DTEG), is involved in education innovation, is a champion of core competencies, and demonstrates excellence in leadership and mentoring, you should nominate this individual for the **Courage to Teach Award**.

We have missed the deadline for the 2011 award cycle, so please set your sights on the next entry deadline – July 1, 2011 – for the 2012 awards. Look for the announcement of dates for submitting nominations via the *e-Communication* next spring, and review award descriptions on the ACGME website, by selecting the award names from the drop-down menu under “ACGME Awards” on the [home page](#).

Program Accreditation Statistics: September 2010 Meeting of the Review Committee for Dermatology

Accreditation Action Data September 11, 2010 Meeting of the Review Committee		Dermatology	Procedural Dermatology
Non-Adverse Actions	Initial Accreditation	1	1
	Continued Accreditation	6	
Increase Requests	Separate from full review (site visit)	Approved	1
		Denied/Deferred	2
	Resulting net increase in approved positions		1
Site Visit Cycles	2 years		1
	3 years	3	
	5 years	4	
Progress Reports	Reviewed a progress report	2	3
Need More Info	Requested progress report	4	
Number of Programs Reviewed		7	1
Number of Accredited Programs		114	44
Number of Approved / Filled Positions		1244/1150	53/45

Most Common Citations

The most common citations from the past two Committee meetings are as follows:

Dermatology

1. Evaluation of Residents – i.e., not timely, not completed after each rotation, may not use multiple evaluators
2. Evaluation of Faculty – i.e., not completed annually, not inclusive of all areas, not confidential
3. ACGME Competencies (Patient Care) – i.e., insufficient number of procedures

Procedural Dermatology

1. Evaluation of Program – i.e., not completed annually, no documentation of the meeting, not inclusive of all required areas
2. Responsibilities of the Program Director – i.e., inaccurate or incomplete PIF, not monitoring supervision

Single Sponsor Sites

The Committee has noted that many single sponsor sites, particularly those with procedural dermatology programs, have difficulties meeting the institutional and program requirements currently in place. The Committee and staff are developing content for new educational programs, in an effort to assist these programs to come into compliance with both sets of requirements. At the same time, the ACGME is gathering information related to the challenges associated with single sponsor sites.

Temporary Increase Requests

Temporary increases that are one month or less in duration do not require Review Committee approval. Increases that are more than one month in duration do require approval, regardless of the reason for the request (illness, remediation, maternity, etc.). All requests must be submitted online via the Accreditation Data System (ADS). Typically, a request for a temporary increase will be addressed in a few days.

Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
- *5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).

- *6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).
- *7. RCs may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).

** must be defined or specified by the Review Committees for review at the June 2011 ACGME Board meeting.*

Review Committees will develop these definitions by December 15, 2010 and submit them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, designated institutional officials (DIOs), faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to remain up-to-date about new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* Web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the [ACGME website](#), or via this direct link:

www.acgme.org/acwebsite/gmefocus/default.asp.

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: cat@acgme.org.

Useful Resources for New Program Directors

Institutional Requirement III.B.10.e specifies that the GMEC approves a new program director prior to his/her confirmation with the ACGME. Once approved, the program director's name is entered into ADS, which automatically generates a welcome letter to him/her, with copies sent to the DIO and program coordinator. The welcome letter provides useful information about the ACGME website, and refers the new program director to the [ACGME Virtual Handbook](#). The letter also informs the new program director that the DIO and GMEC 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.

The Resident Review

Periodically, you may see a link in the weekly *e-Communication* to the newest issue of *Resident Review*, the ACGME's online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces and lists of useful websites and upcoming meetings.

Resident Review was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the Council of Review Committee Residents (CRCR) and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, *Resident*

Review includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of DIOs, how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. We hope that you forward the link to *Resident Review* from the *e-Communication* to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed [here](#).

Article ideas and comments are welcome. Please send ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, juliej@acgme.org, or to Marsha Miller, associate vice president of resident services, mmiller@acgme.org.

Donald Berwick, MD, MPP, Named the 2011 ACGME Annual Educational Conference Keynote Speaker

The ACGME is pleased to announce that Donald Berwick, MD, MPP, has been named the 2011 ACGME Annual Educational Conference keynote speaker. Dr. Berwick was recently appointed administrator of the Centers for Medicare and Medicaid Services (CMS) and was formerly the president and chief executive officer of the Institute for Healthcare Improvement (IHI). Conference details can be viewed [here](#).

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident

education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

Procedure Case Log Update

Remember that residents/fellows can use the online system to enter information on any procedures performed during their education, but that they are required to enter information on all index cases. The index cases are listed here:

- Excision - Benign Lesion
- Excision - Malignant Lesion
- Nail Procedures
- Repair (Closure) Simple/Intermediate/Complex
- Grafts (Split or Full)
- Flaps
- Ambulatory Phlebectomy/Vein Surgery
- Dermabrasion
- Chemical Peel: Superficial - Epi
- Chemical Peel: Deep - Dermal
- Tumescant Liposuction
- Hair Removal Laser
- Vascular Lesion Laser
- Pigmented Lesion Laser
- Laser (Ablation, Resurfacing)
- Non-ablative Rejuvenation
- Intense Pulsed Light
- Sclerotherapy
- Hair transplantation
- Soft Tissue Augmentation/Skin Fillers
- Lip Excision/Wedge/Vermilinoectomy
- Scar Revision (Acne Scar/Procedure Not Listed)
- Botulinum Toxin Chemodeinnervation
- Mohs Surgery
- Miscellaneous/Unassigned

Save the Date:
**2011 ACGME Annual
 Educational Conference**

Beyond Boundaries

Gaylord Opryland Resort Hotel
 and Convention Center
 Nashville Tennessee
 March 3-6, 2011

[click here](#) for more information

Totals for the index cases are tallied at the end of each academic year and reported on the ACGME website. Go to http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp and log into ADS, and then navigate to Case Log Reports on the left-hand menu. Programs are encouraged to review their Program Level Reports to determine how their program's volume of cases compares to that of other programs.