

Spring/Summer 2008

## **ACGME Resident Survey**

Every two years, all programs with four or more residents complete the ACGME Resident Survey. Results of this survey are made available to the program and the DIO for programs with a 70% or greater response rate. Programs with less than 70% response rates are resurveyed the following year.

The Resident Survey is used by the site visitor to spotlight key areas of concern as well as program strengths that the residents identified; the site visitor also uses the Resident Survey to help determine serious non-compliance with duty hour standards. Increasingly, the residents learning environment is noted as one of many key factors, along with duty hours, supervision, and limiting excessive service, that contribute to a high-quality learning environment.

The RRC has requested that site visitors provide more detailed information from Field Staff regarding the verification of negative comments made in the numerical or comment sections of the Resident Survey, specifically, when the site visitor records that a concern is “not an issue” or “could not be verified.”

Results of resident surveys can be used as heuristic tools by program directors to improve the quality of training for residents. National averages of resident surveys can be viewed on the ACGME website,

[www.acgme.org](http://www.acgme.org) within the ADS section, and should be reviewed by individual programs during annual and mid-cycle internal reviews so that resident issues are identified and addressed in a timely manner.

## **Program Citations and Remedies: 2002-2007**

Over the most recent five-year period (2002-2007), the RRC noted the most commonly cited dermatology, dermatopathology, and procedural dermatology requirements. The list below provides citation details, as well as potential solutions for compliance (in italics below the citation).

### **Frequent Citations: Dermatology Procedural Experience (36.21%)**

- Deficient Experience in Mohs Procedures and Pediatric Cases
  - *Increase exposure to dermatologic surgery and pediatric patients*
- Imbalance Between Education and Service
  - *Adjust schedules as necessary to mitigate excessive service demands.*
- Incomplete Case-Log Data
  - *Ensure that case logs are kept by each resident, and maintained through the ACGME online Case Log System.*

### **Responsibilities of Faculty (32%)**

- Insufficient faculty and/or time commitment to

teaching

*-The faculty must devote sufficient time to the educational program.*

- Failure to integrate ACGME competencies in resident training

*-The program must integrate ACGME competencies into the curriculum.*

### **Frequent Citations: Dermatopathology** **Curricular Development (19.05%)**

*-Daily sign-outs must be for 12 months.*

### **Responsibilities of Faculty (14.29%)**

*-Insufficient faculty to ensure adequate fellow supervision.*

### **Evaluation of Faculty (9.52%)**

*-Fellows must participate in annual written confidential evaluation of faculty.*

### **Frequent Citations: Procedural Dermatology**

### **Institutional Support (20%)**

*-Inadequate resources allocated to fellowship.*

### **Faculty and resident evaluations (17%)**

*-Program must be evaluated by fellows.  
Fellows must be evaluated by faculty*

### **Responsibilities of Program Director (15.56%)**

*-Case log entries must valid. PIF must be fully completed.*

## **Minimum Didactic Curriculum for Fellowships**

In order to provide more clarity and reduce program burden for procedural dermatology fellowships, the RRC determined that the

minimal criteria for didactic curricula are:

- Structured reading
- Ad-hoc clinical instruction
- Journal club
- Extramural, tele/web/video conferences

## **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. For example, institutions may combine fellow evaluations and report results as averages, inclusive of the entire group. In instances where combining is not possible, fellow surveys may be collected over a period of a few years and grouped data is 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, a faculty member of another specialty or the DIO, (not directly involved in fellow training), may review and report findings of fellow surveys across all specialties to respective program directors.

## **Breakdown of Residents/Fellows and Programs**

2006-2007	Total Number	Average Length of Cycle	Number of Programs	Number of New Programs	Complement Increases
Residents/Residencies	1,078	3.95	113	1	42
Fellows/Fellowships	103	3.32	82	11	5 DP* 2 PD

\*DP: Dermatopathology, PD: Procedural Dermatology

## Case Log System: Setting Standards

To enhance the objectivity of program review and evaluation, the RRC seeks to establish national standards that constitute minimum requirements for sufficient resident experience. While the RRC has not established numerical minimum standards for given procedures, the RRC does consider averages and standard deviations of key case log data, along with other pieces of information (Program Information Form-PIF, Special Site Visit-SVR, Resident Survey-RS) to form accreditation decisions.

In July 2007, the RRC selected 8-9 key index procedures for dermatology residents and fellows. The following is the first draft of index procedures that will be used to establish minimum guidelines:

### Procedures Used in Indexing Dermatology Training

<b>Dermatology Residents</b>		
	Suggested Observed	Suggested Performed
Closure - Simple/Intermediate/Complex	6	103
Grafts - Split/Full	1	0
Flaps	2	16
Vascular lesion laser	1	7
Mohs	17	24
Sclerotherapy	1	2
Soft Tissue Augmentation/Skin Fillers	1	1
Botox	1	3
<b>Procedural Dermatology Fellows</b>		
	Suggested Minimum Observed	Suggested Minimum Performed
Closure - Simple/Intermediate/Complex	54	251
Grafts - Split/Full	9	34
Flaps	32	120
Vascular lesion laser	6	7
Sclerotherapy	2	4
Soft Tissue Augmentation/Skin Fillers	6	4
Botox	7	5
Mohs	196	487

### Minimum Guidelines for Index Procedures for Residents and Fellows

Guidelines are based on 2006-2007 data gathered on 3rd year dermatology residents and procedural dermatology fellows. Guidelines are calculated as average number of cases for all residents reporting minus 33% of the standard deviation.

	<b>3rd Yr Residents</b>	<b>Fellows</b>
Number of Trainee Respondents	330	28
Number of Programs Represented	107	24
	Performed	Performed
Closure - Simple/Intermediate/Complex	103	251
Grafts - Split/Full	0	34
Flaps	16	120
Mohs	24	487
Vascular lesion laser	7	7
Sclerotherapy	2	4
Soft Tissue Augmentation/Skin Fillers	1	4
Botox	3	5

### **Program Director Responsibility: Monitoring the Case Log System**

Since July 1<sup>st</sup> 2004, the RRC has required programs to use the ACGME Case Log System to record resident and fellow procedures. The RRC uses this data to monitor the number and variety of procedures available in residency and fellowship training, as well as the number of procedures performed and/or observed by residents and fellows.

In order to increase transparency and communication between dermatology residency programs across the nation, RRC newsletters will include summaries of operative statistics gathered from all ACGME accredited programs.

Public case log information, including national arithmetic means and standard deviations, allows each program to review and compare their own program's case log activity with the national average, and make adjustments as necessary to improve resident experience.

The RRC is working on attaining full compliance with case logs (some programs do not enter any data) and will be citing

programs that fail to participate.

The first cohort of trainees to use the Case Log system, graduates of 2007, was used to generate the operative statistics report Case Log which can be accessed on the ACGME website:

[http://www.acgme.org/residentdatacollection/documentation/statistical\\_reports.asp](http://www.acgme.org/residentdatacollection/documentation/statistical_reports.asp)

### **Dermatopathology Program Requirements Revision**

Each time there is a major revision to the program requirements, the document is vetted and posted for comment by all stakeholders. Every comment that is received must be considered and addressed by the RRC. The new Dermatopathology fellowship program requirements will be posted for public comment on the ACGME website later this year. One major change is noted below.

#### **Previous Requirement**

“For all dermatopathology fellows, 50% of their education should be devoted to the study of dermatopathology as outlined in V.B, 2.a). For those who have completed a pathology residency, 50% of the one year program should be education in clinical dermatology provided by the dermatology teaching staff. For those who have completed a dermatology residency, 50% of the program should be education in

anatomic pathology provided by the pathology teaching staff.

**New Requirement** (*new language is underlined*)

“For all dermatopathology fellows, four months of their education should be devoted exclusively to the study of dermatopathology as outlined in the “Educational Program” section, below. For those who have completed a pathology residency, 50% of the remaining eight months of the program should be education in clinical dermatology provided by the dermatology teaching staff. For those who have completed a dermatology residency, 50% of the remaining eight months of the program should be education in anatomic pathology provided by the pathology teaching staff. Fellows must actively participate in the review and diagnosis of current dermatopathological specimens on a daily basis. This experience must extend throughout the 12 months of accredited education and must be equivalent in quantity and quality for all fellows.”

**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 education is aligned with the competencies, and that goals and objectives for the program and for each rotation are sequenced in competency format.

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

**Description of a DIO**

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs in an institution. The DIO signs PIFs and also receives copies of accreditation results. The DIO is required to co-sign most correspondence between the institution and the ACGME.

**“Program Director Guide to the Common Program Requirements”**

To help clarify the meaning and expectations of the common program requirements, the “Program Director Guide to the Common Program Requirements” is available on [www.acgme.org](http://www.acgme.org). RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: [Guide@acgme.org](mailto:Guide@acgme.org).

**Accreditation Data System (ADS)**

In order to decrease the burden of paper submissions and increase efficiency of communications between the ACGME and constituents of Graduate Medical Education, the ACGME has transitioned from a paper-based system to a web-based system through greater use of the ADS or Web Ads, <https://www.acgme.org/ads>

The following changes must be entered in web ADS:

- Request for a temporary or permanent complement increase or decrease
- Change of chair, DIO or program director
- Voluntary Withdrawal
- Add or delete participating sites
- Update Program Information Form
- Update Resident Information
- Case Log Reporting

### **ACGME Educational Conference 2008 Recap**

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 competency evaluation instruments and exemplary implementation of ACGME initiatives. This year's conference theme, "building community, improving quality" emphasized how education and patient care can improve when individuals in diverse roles synergize toward shared goals.

Post-conference information is available at: [http://www.acgme.org/acWebsite/meetings/me\\_EducConf\\_08.asp](http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp)

Save the date for the 2009 ACGME Annual Educational Conference, March 5-8, in Grapevine, TX.

### **ACGME Learning Portfolio**

ACGME staff have developed a number of resources for programs that want to become more familiar with the ACGME Learning Portfolio (ALP).

[http://www.acgme.org/acWebsite/portfolio/cbpac\\_faq.pdf](http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf): The Frequently Asked Questions (FAQs) (updated April 2008)

include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases.

[http://www.acgme.org/acWebsite/portfolio/cbpac\\_revisedtimeline.pdf](http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf). A narrated demonstration of the portfolio can be found at <http://www.acgme.org/acWebsite/portfolio/AlphaDemonstration.wmv>.

More information is available on the ACGME Learning Portfolio website:

[http://www.acgme.org/acwebsite/portfolio/learn\\_cbpac.asp](http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp)

### **CI Pilot Projects**

The Committee on Innovation (CI) announced a set of duty hour and competency pilots in Fall 2007. Ingrid Philibert, Senior Vice President, Department of Field Activities, quoted from the first formal report of the committee, which was approved at the September 2007 meeting of the ACGME Board of Directors: "The ultimate aim of these pilots is to test proposed revisions to the common duty hour standards and refinements to the approaches for teaching and assessing the general competencies to ensure they are based on valid and 'actionable' evidence of their effectiveness."

More information regarding the pilot projects is available from the ACGME website under Innovation/CI. For questions, contact Mary Joyce Johnston in the Department of Field Activities at 312/755-5013.

### **RRC Meeting and Agenda Closing Dates**

Meeting: September 24<sup>th</sup> 2008  
Agenda Closing: August 1<sup>st</sup>, 2008

Meeting: May 30<sup>th</sup>, 2009  
Agenda Closing: April 10<sup>th</sup> 2009

Meeting: October 11<sup>th</sup>, 2009

Agenda Closing: September 4<sup>th</sup> 2009

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We invite your comments: [gda@acgme.org](mailto:gda@acgme.org)

## **ACGME Welcomes New Executive Director**

**Georgia D. Andrianopoulos, PhD**, has been named Executive Director of the review committees for Dermatology, Medical Genetics, and Pathology.



Dr. Andrianopoulos was an assistant professor in the department of surgery and psychiatry at the University of Illinois College of Medicine where she was involved in undergraduate and graduate medical education and research.

Dr. Andrianopoulos is a neuroscientist and earned her PhD in neurophysiologic psychology from Case Western Reserve University. In addition, Dr. Andrianopoulos is the author of *Retrain Your Brain, Reshape Your Body.* (McGraw-Hill, 2008).

She is particularly focused on generating and implementing ACGME innovations that promote the quality of graduate medical education and public health.

## **Residency Review Committee**

Terry L. Barrett, MD\*, *Vice-Chair*  
Jeffrey P. Callen, MD  
Antoinette F. Hood, MD\*, *Ex-Officio*  
Maria K. Hordinsky, MD  
Ronald L. Moy, MD  
Lee T. Nesbitt, Jr., MD\*  
Randall K. Roenigk, MD, *Chair*  
R. Stan Taylor III, MD

Ruth Ann Vleugels, MD, *Resident*  
Karen E. Warschaw, MD\*

\*Dermatopathology subcommittee

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