

RRC NEWS

EMERGENCY MEDICINE



Accreditation Council for Graduate Medical Education

SEPTEMBER 2011

REVIEW COMMITTEE MEMBERS

MICHAEL S. BEESON, MD, VICE CHAIR
 WALLACE A. CARTER, MD, CHAIR
 MARJORIE GEIST, PHD, EX-OFFICIO
 JEFFREY GRAFF, MD, FACEP
 JONATHAN W. HEIDT, MD, RESIDENT
 MARK A. HOSTETLER, MD
 SAMUEL M. KEIM, MD
 SUSAN B. PROMES, MD
 EARL J. REISDORFF, MD, EX-OFFICIO
 CHRISTINE SULLIVAN, MD
 VICTORIA L. THORNTON, MD
 SUZANNE R. WHITE, MD

REVIEW COMMITTEE STAFF

LYNNE MEYER, PHD, MPH
 EXECUTIVE DIRECTOR
 312.755.5006
 LMEYER@ACGME.ORG

SARA THOMAS
 SENIOR ACCREDITATION ADMINISTRATOR
 312.755.5044
 STHOMAS@ACGME.ORG

REBECCA BECKER
 ACCREDITATION ADMINISTRATOR
 312.755.5086
 RBECKER@ACGME.ORG

REVIEW COMMITTEE ACTIVITIES

The Review Committee for Emergency Medicine reviewed 46 core programs (including 28 pilot program annual reports), and 13 subspecialty programs at its February 2011 meeting. The tables below provide a summary of the actions taken during this last meeting. Also provided in a second table is a distribution of the review cycles for the reviewed programs.

Table 1. Review Committee Meeting Activities and Actions, February 2011

Approved Applications		Continued Accreditation		Other Actions	
Emergency Medicine	1/1	Emergency Medicine	14/14	Approved Format and Complement Requests	2
Medical Toxicology	2/2	Medical Toxicology	5/6	Duty Hour/Progress Reports Reviewed	3
Pediatric Emergency Medicine	0/1	Pediatric Emergency Medicine	2/2	Pilot Programs Reviewed	28
Sports Medicine	N/A	Sports Medicine	N/A		
Undersea and Hyperbaric Medicine	N/A	Undersea and Hyperbaric Medicine	2/2		

Table 2. February 2011 Reviewed Programs' Cycle Distribution

Applications		Continued Accreditation	
3 years	2	5 years	13
2 years	1	4 years	6
1 year	0	3 years	4
Proposed	1	2 years	1
Withhold			
Withheld	0	1 year	0

(continued on p.2)

MEETING AND AGENDA CLOSING DATES

MEETING: SEPTEMBER 16-17, 2011
 AGENDA: CLOSED
 MEETING: FEBRUARY 10-12, 2012
 AGENDA CLOSING: DECEMBER 16, 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.

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

The following NEW emergency medicine programs were approved during the February 2011 Review Committee meeting. Congratulations and welcome to...

CORE EMERGENCY MEDICINE:
University of Washington Program
Program Director - Fiona Gallahue, MD

MEDICAL TOXICOLOGY:
University of Arizona/UPHK Graduate Medical Education Consortium Program
Program Director - Spencer C. Greene, MD

Ohio State University Hospital Program
Program Director - Heath A. Jolliff, DO

MOST COMMON CITATIONS FOR CORE EMERGENCY MEDICINE PROGRAMS FOR ACADEMIC YEAR 2010-2011

- Program Personnel and Resources: Responsibilities of Program Director (n=13) – PIF completion and accuracy, environment where residents free to raise issues, ensuring residents relieved of duties attend conferences, ensuring residents maintain documentation of procedures, etc.
- Program Personnel and Resources: Qualifications of Faculty (n=13) – faculty staffing levels, faculty to resident ratio, Board certification, etc.
- Program Personnel and Resources: Resources (n=13) – throughput times, patient care space, office space, lab and diagnostic imaging results on timely basis, etc.
- Scholarly Activities (n=8) for Residents and Faculty
- Resident Appointment Issues (n=7) – presence of other learners interfering with residents' education, resident transfer verification, exceeding approved complement
- Procedural Experience (n=7) – inadequate numbers

COMMITTEE MEMBERSHIP AND ROLES

The Committee wishes to thank Dr. Robert Muelleman, whose Committee term concluded June 30, 2011, for his service, dedication, and wisdom. Dr. Muelleman first joined the Review Committee for Emergency Medicine in January 2005, and served as chair from January 2009-June 2011. During his time on the Committee, he also served on the ACGME's Duty Hours Task Force. We will greatly miss Dr. Muellman's demeanor and advice.

The Committee also wishes to thank our resident

member, Dr. Stephen Tantama, for his service and dedication. Dr. Tantama first joined the Review Committee in July 2009 and finished his term of service in June 2011. During his time, he also served our country as he was deployed to Afghanistan. During his deployment, and after his return in December 2010, he continued to be an extremely valuable committee member. We wish Dr. Tantama the very best. We will miss his hard work and positive attitude.

The Committee welcomes Dr. Christine Sullivan, who joined the Review Committee July 1, 2011. Dr. Sullivan is the residency program director at Truman Medical Center in Kansas City, Missouri. Dr. Sullivan will serve a six-year term of membership.

The Committee also welcomes our newest resident member, Dr. Jonathan Heidt. Dr. Heidt is a PGY-3 resident at Washington University in St. Louis School of Medicine at Barnes Jewish Hospital/Saint Louis Children's Hospital in Saint Louis, Missouri. Dr. Heidt will serve a two-year term on the Committee.

We are pleased to announce that Dr. Wallace Carter will serve as the Review Committee's new chair, and that Dr. Michael Beeson will serve as vice chair.

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities, ACGME

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 the Accreditation Data System (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.

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.

RESIDENT SURVEY

A new version of the Resident Survey was made available on January 12, 2011 for participation by all programs with four or more residents. There are now 34 questions, and the duty hour questions appear first. All forced *yes/no* questions were eliminated, and every question has been re-worded by the survey research team at the University of Wisconsin. There are two new questions related to teamwork. Any areas identified by residents as potentially non-compliant with program requirements are specifically addressed by the site visitor. If the site visitor confirms a pre-identified area of concern, the Review Committee will cite that as an area of non-compliance with the ACGME standards in a program's Letter of Notification

formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for non-compliance are established based on this information. Programs across specialties that are identified as having a series of non-compliant responses (either annually or in consecutive program reviews) may be required to submit a Duty Hour or Progress Report to their Review Committee or undergo an accreditation site visit at an earlier date than stated in the program's most recent Letter of Notification.

PROGRAM REQUIREMENT REVISIONS UPDATES

The next accreditation system is phased for implementation beginning July 2013. The new system, as well as the yet unknown impact of potential Medicare funding reductions, will have an impact on existing requirements. This may cause many, if not all, of the accreditation requirements to be reviewed and revised. Review Committees have been asked to refrain from submitting new requirements or changes to existing requirements for approval by the Board until further notice.

The statuses of emergency medicine program requirements currently in the revision process are:

- Emergency Medicine – The proposed requirements will be posted for public comment during late 2011.
- Emergency Medical Services – Since this is a new subspecialty, the development of the program requirements will continue. The tentative date for posting for public comment is early 2012.
- Medical Toxicology – Revisions to these requirements are on hold.

Note that the core emergency medicine program requirements listed below will be reinserted in another section of the program requirements. This will be announced in an upcoming ACGME e-Communication.

VI.E.4.d).(2) While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods; and,

VI.E.4.d).(3) A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all clinical

duty time and conferences, whether spent within or outside the educational program, including all on-call hours.

Frequently Asked Questions

The Review Committee for Emergency Medicine has recently developed new FAQs that are currently being readied for posting on the [Committee's web page](#) on the [ACGME website](#). New FAQs will cover the following topics: required critical care experiences; individualized interactive instruction for planned educational experiences; procedures and simulation; complement increase requests; and core emergency medicine PIF faculty roster directions. Look for an announcement of the updated document posting in an upcoming ACGME weekly e-Communication.

NEW REVIEW COMMITTEE STAFF MEMBER

In May, 2011, Rebecca Becker, MS, officially joined the ACGME's Department of Accreditation Committees as an accreditation administrator. Ms. Becker earned her Master's degree in applied gerontology from Towson University, and her Bachelor of Arts in psychiatry from the University of Maryland Baltimore County.

We are very pleased to have Ms. Becker join our staff.

We'd Like to Know How We're Doing...

The ACGME's Department of Accreditation Committees has been working to improve newsletter content.

Please e-mail the editor (mschwab@acgme.org) with feedback on articles in recent issues. Were they useful? Interesting? Informative? What are we missing? What would make them better?

Thank you for your input!

2011 WORKSHOP: BASICS OF ACCREDITATION FOR NEW PROGRAM COORDINATORS

Date: October 24, 2011

Location: ACGME Headquarters
515 North State Street, Suite 2000
Chicago, Illinois 60654

This one-day intensive workshop is designed to help new program coordinators understand the basics of ACGME accreditation of residency programs. The workshop is designed for individuals who assist the program director in the administration of the residency program and are new to the accreditation process. Participants must have less than two years of experience as a program coordinator. More details, including online registration, can be found [here](#). E-mail questions about the workshops to Coordinatorworkshops@acgme.org.

**2012 ACGME
Annual Educational Conference**

Encouraging Excellence

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

Click [here](#) for more information

RRC News provides timely and current Review Committee and Specialty 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.