



REVIEW COMMITTEE MEMBERS

MICHAEL S. BEESON, MD
WALLACE A. CARTER, MD, VICE CHAIR
MARJORIE GEIST, PHD, EX-OFFICIO
JEFFREY GRAFF, MD, FACEP
MARK A. HOSTETLER, MD
SAMUEL M. KEIM, MD
ROBERT L. MUELLEMAN, MD, CHAIR
SUSAN B. PROMES, MD
MARY ANN REINHART, PHD, EX-OFFICIO
STEPHEN S. TANTAMA, MD, RESIDENT
VICTORIA L. THORNTON, MD
SUZANNE R. WHITE, MD

RRC STAFF

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

SUSAN MANSKER
ASSOCIATE EXECUTIVE DIRECTOR
312.755.5028
SMANSKER@ACGME.ORG

JENNIFER LUNA
ACCREDITATION ADMINISTRATOR
312.755.5036
JLUNA@ACGME.ORG

DEBRA MARTIN
ACCREDITATION ASSISTANT
312.755.7471
DMARTIN@ACGME.ORG

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

RRC NEWS PROVIDES REVIEW COMMITTEE
AND ACGME UPDATES. PLEASE CONTACT
THE EDITOR WITH SUGGESTIONS OR
COMMENTS ABOUT THIS NEWSLETTER:
MSCHWAB@ACGME.ORG.

ACGME Resident Survey Results

The annual resident survey for Emergency Medicine residents was administered during February and March 2009. The survey results indicate highly engaged learning between faculty and residents.

- Questions pertaining to faculty (Q1-6) had an average compliant response rate of 92% and ranged from 78.5% (Q4) to 98.4%.
- Questions pertaining to evaluation (Q7-8, Q11-12, Q15) averaged 98.2% compliance and ranged from 96.4% to 99.0%.
- Questions pertaining to the educational program (Q9-10) had compliant responses of 99.6% and 98.5%, respectively.
- The question relating to fatigue and sleep deprivation (Q13) had a compliant response rate of 96.0%.
- The question relating to scholarly activity (Q14) had a compliant response rate of 99.7%.
- The questions regarding institutional resources (Q17-18) had response rates of 86.7% and 93.8%.
- Compliant responses for questions 20-25 on duty hours ranged from 91.6% to 99.2%.
- Compliant response rates for questions 26-28 on duty hours were approximately 60% (approximately 40% not applicable).
- On Question 29 – “If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty? – responses were: Other Services (27.2%), Within My Specialty (1.2%), Both (1.3%), N/A (70.3%).

Noncompliant responses for questions on duty hours (Q20-Q28) ranged in potentially non-compliant response rates of 0.0% to 1.5%. Table 1 on the next page highlights select resident survey questions where potential non-compliant responses from Emergency Medicine are greater than all specialty programs combined, or potential non-compliant Emergency Medicine responses are greater than 10%.

MEETING AND AGENDA CLOSING DATES

MEETING: FEBRUARY 19-21, 2010

MEETING: SEPTEMBER 10-11, 2010

AGENDA CLOSING: JULY 2, 2010

Table 1: Resident Survey Non-Compliant Data, 2009

	Emergency Medicine Data	National Data
Responses to Survey	4446 (90%)	95,793 (91%)
Q6 - Do your faculty members regularly participate in conferences?	4.6%	3.9%
Q16 - To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, PhD students and nurse practitioners) interfere, in a negative way, with your education?	16.7%	17.6%
Q17 - Does your program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?	13.4%	24.4%
Q19 - Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?	31.4%	40.7%
	EM Specialty Specific Questions	
How many faculty attend and meaningfully participate in scheduled weekly conferences?	None – 0.1% Few – 12.8% Some – 45.4% Most – 36.9% All – 4.8%	N/A
Has your program director (or designee) met with you and conducted a formal review of your overall progress and performance in this program?	No, not this year – 2.5% Once this year – 36.2% 2-3 times this year – 56.0% 4 or more times this year – 5.3%	N/A
Does your program provide you an opportunity to perform an appropriate number of procedures to be competent?	No – 1.2% Yes – 98.8%	N/A
Does your program provide you an opportunity to direct an appropriate number of major resuscitations to be competent?	No – 1.3% Yes – 98.7%	N/A
Does your program provide you an opportunity to become a competent Emergency Medicine physician?	No – 0.2% Yes – 99.8%	N/A

Useful ACGME Online Resources

- Virtual Program Director Handbook: <http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>
- ACGME Data Book: 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:
 1. Log into ADS
 2. Click "Resident/Fellow Survey"
 3. Click "National Data"
 4. DIOs select "Reporting Tools"
 5. Click "Resident Survey National Data Overall"
- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution's programs:
 1. Log into ADS
 2. Select "Reporting Tools"
 3. 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>

Common Citations for Core Programs

The most common citations during Academic Year 2008-2009 were:

- Program Personnel & Resources: Responsibilities of Program Director (e.g., PIF completion and accuracy, environment where residents free to raise issues, ensuring residents relieved of duties to attend conferences, ensuring resident maintain documentation of procedures)
- Program Personnel & Resources: Resources (e.g., throughput times, patient care space, office space, lab & diagnostic imaging results on timely basis)
- The Education Program: Service to Education Imbalance

- Program Personnel & Resources: Qualifications of Faculty (e.g., faculty staffing levels, faculty to resident ratio; board certification)
- Program Personnel & Resources: Responsibilities of Faculty (e.g., protected time, conference participation, insufficient time teaching)
- The Educational Program: Scholarly Activities – faculty and resident

RRC Review Activities

On July 1, 2009, the RRC welcomed two new members: Dr. Suzanne White, of Detroit Receiving Hospital in Detroit, Michigan, and Dr. Steven Tantama, (the Committee's new resident member), from San Diego, California.

At its September 2009 meeting, the RRC reviewed the following agenda items:

Approved Applications	EM 5/5 ----- Med Tox 0/1
Continued Accreditation	<u>EM</u> Cont'd. Accred. (11/11) ----- <u>Med Tox</u> Cont'd. Accred. (1/1) ----- Peds EM Cont'd. Accred. (1/1)
Proposed Adverse Actions	1 Proposed Withhold
Adverse Actions	1 Confirmed Probation
Approved Format Changes	2/2
Approved Complement Increases	3/4
Duty Hour or Progress Reports	10 reviewed
Voluntary Withdrawals	2

Additionally, the following NEW Emergency Medicine programs were welcomed at the September 2009 RRC meeting: Congratulations and Welcome to...

University of Arizona/UPHK Graduate Medical Education Consortium Program
Program Director – Kristi H. Grall, MD

Southern Illinois University School of Medicine Program
Program Director – David Griffen, MD, PhD

University of Kansas School of Medicine Program
Program Director – David P. Lisbon, MD

UMDNJ-Robert Wood Johnson Medical School Program
Program Director – Amy Church, MD

John Peter Smith Hospital (Tarrant County Hospital District) Program
Program Director – Carl W. Gossett, MD

Did You Know?

For Core EM Programs in Academic Year 2008-2009, there were...

- 149 accredited programs
- 4777 filled out of 5498 approved resident positions
- 134 programs with continuing accreditation
- 15 new programs
- 98 accredited programs with a 4-5-year review cycle
- 34 pilot programs with 7- or 8-year review cycles

Program Requirements for Sports Medicine (in conjunction with Family Medicine, Physical Medicine & Rehabilitation, and Pediatrics) and Medical Toxicology (in conjunction with Preventive Medicine) are currently in the revision process.

Program Requirements for Emergency Medicine are now in the first stage of the revision process, which will take approximately 18-24 months.

New Format for Citations

“Citations” – areas of non-compliance that the RRC identified during its review of a program – have a new format. Citations will now include the following five components:

(1) Citation Heading – Summary of issue being cited

(2) Program Requirement

(3) Program Requirement Reference

(4) Citation

(5) PIF, Site Visitor Report, or Board Reference (if proposed adverse action)

Example of New Citation Format:

Program Director/Responsibilities/ACGME Required Information/Accurate and Complete Common Program Requirement: II.A.4.f)

The program director must prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.

The information provided was incomplete. Most notably, was the inaccurate listing of individual faculty members' scholarly activities. Dr. X is listed as core faculty in the faculty section but is not included in the core faculty scholarly activities table in the PIF. A question which asked for verification of supervising physician qualifications was not answered. (Program Information Form pages 10, 25, 42)

Complement Change and Program Format Change Requests

A permanent decrease in resident complement requires prior DIO-approval, and must be reported to the RRC through the Accreditation Data System (ADS). An educational rationale will be required. Increases will require additional documentation and DIO approval prior to RRC review. Requests for temporary increases require less documentation than requests for permanent increases, but still require DIO approval prior to RRC review, and must be submitted through ADS. An educational rationale will also be required for temporary increase requests.

If you are requesting a change in your program's format, use the process for a permanent complement change request and state in your educational rationale that you are requesting a change in program format. For example, "this program requests a change from a PGY2 – PGY4 program format to a PGY1 – PGY3 program format."

Be sure to review the directions and attached form on the ACGME website (http://www.acgme.org/acWeb-site/navPages/nav_110.asp), by clicking on "Resident Complement (DOC)" referenced under the "Program Resources" menu on the Emergency Medicine webpage.

2010 ACGME Annual Educational Conference

Transitions in GME

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

REGISTRATION NOW OPEN

for more information:

<https://acgme.emettingsonline.com/emettings/websitev2.asp?mmnno=128&pagename=ATTENDEE>