

RRC NEWS

EMERGENCY MEDICINE



Accreditation Council for Graduate Medical Education

JUNE 2009

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RRC NEWS IS A BIENNIAL PUBLICATION THAT PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR FOR SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: KREINOLD@ACGME.ORG.

Summary of Actions at September 2008 RRC Meeting

The Committee reviewed 55 core programs, (including 34 pilot programs), six toxicology programs, and six pediatrics programs. Congratulations and welcome to the new programs.

Approved Applications

Emergency Medicine (0 out of 2 approved)
Emergency Medicine - Pediatrics (2 out of 2 approved)

Welcome to:

University of New Mexico, Albuquerque, MN
Program Director: Brian R. Moore, MD

SUNY Health Science Center at Brooklyn, Brooklyn, NY
Program Director: Konstantinos Agoritsas, MD

Emergency Medicine Continued Accreditation (8 out of 9 granted)
3 (3 years), 3 (4 years), 2 (5 years)

Pediatrics Continued Accreditation (6 out of 6 granted)
2 (3 years), 1 (4 years), 3 (5 years)

Medical Toxicology Continued Accreditation (6 out of 6 granted)
3 (3 years), 0 (4 years), 3 (5 years)

Peds Emergency Medicine Continued Accreditation (2/2)
1 (3 years) 0 (4 years), 1 (5 years)

34 EM RRC Pilot Programs reviewed and 32 Pilot Programs had cycle lengths maintained.

Approved Complement Increases

(11 out of 12 requests approved)

Approved Format Changes

(1 out of 1 request approved)

Proposed Adverse Actions

2 Proposed Withhold
1 Proposed Probation

MEETING AND AGENDA CLOSING DATES

MEETING: SEPTEMBER 25-26, 2009
AGENDA CLOSING: JULY 17, 2009

MEETING: FEBRUARY 19-21, 2010
AGENDA CLOSING: DECEMBER 11, 2009

Pilot Program Updates

The 34 Emergency Medicine Pilot Programs that were granted longer accreditation cycles, and which must submit annual reports to the RRC, had their 4th review this past February. This year, reports will be coordinated with annual updates (during October, 2009). The process has been going well thus far. In October, when annual reports are due, the DIO will now be required to sign a signature page to accompany the annual report signifying they have reviewed the report. This hard copy signature page will need to be mailed, emailed, or faxed in to the ACGME. These annual reports do not need to be reviewed by the GMEC prior to submission to the ACGME.

Most Common Citations for Core EM Programs Academic Year 2007-2008

- Scholarly Activity (23)
- Qualifications of faculty (11)
- Responsibilities of PD (10)
- Responsibilities of Faculty (9)
- Institutional support – Space (8)
- Institutional support – PD (8)

*Note: Pilot Program data not included

EM Programs and Duty Hour Violations

Most duty hour violations occur on off-service rotations such as Trauma or ICU.

First time/isolated survey responses

- If resident survey indicates duty hour concerns, a letter of warning is sent to the program and DIO, and the Resident Survey is repeated next year.

Second consecutive survey responses

- If repeat resident survey shows second duty hours concern, a program site visit will be scheduled within the next nine months with an expeditious RRC decision made based upon that review.

- The Institutional Review Committee (IRC) is notified and results of subsequent site visits and further action is taken at institutional level based on those findings.

Third or greater consecutive survey responses

- Program is scheduled for immediate full site visit to be accomplished and adjudicated within six months. Results are reported to the ACGME Monitoring Committee.

- A simultaneous, focused Institutional Review is scheduled to examine Institutional response to repeti-

tive noncompliant resident survey responses. The IRC will adjudicate results of the site visit and render an institutional decision within six months and report that decision to the Monitoring Committee.

EM Guidelines Update

As a reminder, some of the Emergency Medicine Guidelines have been revised during the past year:

Faculty Staffing Levels - It is important that each program maintain sufficient levels of faculty staff coverage in the emergency departments in order to ensure adequate clinical instruction and supervision, as well as efficient, high-quality clinical operations. The RRC-EM uses a faculty staffing ratio of 4.5 patients per faculty hour or less as a guideline in this determination. This may be calculated in the following manner:

$$(\text{Patient visits per year} / \text{Faculty hours per day}) / 365 \text{ days per year} = \text{Patients per faculty hour}$$

Example: $(70,000 \text{ patients per year} / 55 \text{ faculty hours per day}) / 365 \text{ days per year} = \text{approximately } 3.5 \text{ patients per faculty hour}$

Off-Service Rotations - The program should define and prepare in written format measurable competency objectives for all off-service rotations, the evaluation tools to assess achievement of the objectives and the plans to remediate when necessary. At the time of program review, the measurable objectives and the evaluation tools for all off-service rotations must be available for review by the site visitor.

Please go to the following website to view all the Emergency Medicine Guidelines:

http://www.acgme.org/acWebsite/RRC_110/110_guidelines.asp

FAQ on Site Visits

Our program currently has no residents. Will we be site visited? If a site visit is due, the ACGME may visit your program, even if there currently are no residents in the program. Please contact staff in the Department of Field Activities to discuss. It may be possible to delay the visit for a short period (less than six months) to allow the program to be visited once it has a resident. Any longer postponements are at the discretion of the RRC staff. The request for a postponement always should be made to the Department of Field Activities (http://www.acgme.org/acWebsite/fieldStaff/fs_staff.asp).

Office of Resident Services

Resident Services was established by the Ac-

creditation Council for Graduate Medical Education (ACGME) to help physicians in graduate medical education (GME) receive fair solutions to residency training-related concerns and formal complaints. Additional information can be found on the ACGME website (www.acgme.org). For assistance, please contact us at residentservices@acgme.org.

ADS Updates

-A new video tutorial titled "Navigating the Preview/Edit PIF" has been released that covers how the Preview/Edit PIF functions. Program coordinators and directors with an upcoming site visit are encouraged to view this tutorial.

-The "Navigating the New Physician CV" video tutorial has been released in an additional video format for Windows Media Player. A link to ADS video tutorials is located within ADS under the menu "Tools/Reference."

-If programs or sponsoring institutions determine that e-mail, or mailing, addresses are incorrect, please make the changes directly in ADS to ensure proper delivery of correspondence. Additionally, any change in program directors must be initiated in ADS by the sponsoring institution's designated institutional official (DIO) under the link "initiate PD change."

-The ADS System is accessible by going to the ACGME homepage, www.acgme.org, selecting "Data Collections Systems > ADS" from the left-hand menu and clicking the "Login" link. Please e-mail WebADS@acgme.org with questions or concerns.

The Following One-Year Subspecialties will use the One-Year Common PIF for Site Visits Scheduled on or after July 1, 2009

Sports Medicine (Emergency Medicine, Family Medicine, Pediatrics and PM&R) **Undersea and Hyperbaric Medicine** (Emergency Medicine and Preventive Medicine).

Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of a (requested)

progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

Notable Practices

What is a notable practice? A notable practice is a process or a practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. Notable practices do not create additional requirements for programs or institutions.

More specifically, a notable practice is a unique approach or practical tool (e.g., sample schedule, evaluation form [resident, faculty, program, multi-source, etc.]), set of goals and objectives, (e.g., workshop agenda/tools, model curricula, process guidelines, policy, survey, etc.) rather than just a description of a practice. In other words, the notable practice should be something that is usable as is or can be adapted by programs to fit their needs. Look for these in the future on the Emergency Medicine website.

ACGME Announces Publication of the Journal of Graduate Medical Education

The ACGME is proud to announce the publication of a new peer-reviewed journal, the Journal of Graduate Medical Education (the Journal). The inaugural issues of the Journal will be published in August 2009. The mission of this journal is to contribute in a meaningful way to the knowledge about graduate medical education and the environment in which residents and fellows learn and participate in care.

The content of the Journal will encompass original works related to all aspects of graduate medical education and the environment in which it occurs, along with policy articles, reviews, commentaries, letters to the editor and invited editorials. Each issue will include a limited number of pages with important updates from the ACGME and its review committees, with these pages clearly distinguished from the peer-reviewed sections.

Initial circulation of the Journal will be approximately 10,500 copies, with copies provided to directors of accredited residency programs and designated institutional officials (DIO) as part of their participation in the

accreditation process. The Journal will be published quarterly (February, May, August and November).

The ACGME will grant the Editorial Board and the Editor-in-Chief editorial freedom to establish that the views expressed in the Journal are exclusively those of the authors and may not represent ACGME policies and views, in keeping with guidelines for editorial independence.

[Call for Papers: The Journal of Graduate Medical Education Inaugural Issues \(August and November 2009\)](#)

Save The Date: 2010 ACGME Annual Educational Conference

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

2010 Parker J. Palmer *Courage to Teach Award, Courage to Lead Award, and David C. Leach, MD Award*

The ACGME is accepting nominations for the 2010 Parker J. Palmer *Courage to Teach* and *Courage to Lead Awards*, and the *David C. Leach, MD Award*.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote the *Courage to Teach* and other books on teaching and vocation – is given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching.

The *Courage to Lead Award*, also named after Dr. Palmer, is presented yearly to three designated institutional officials who have created an optimal environment for resident education. One award is given to a designated institutional official in each of the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs). Each nomination must include a completed application form, three letters of recommendation and the nominee's curriculum vitae. Each winner will receive \$1,000 and a plaque, and will also be invited to a retreat in May. In addition, awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

More information about these awards is available in these FAQs: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>.

The *David C. Leach, MD, Award* is named in honor of the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This new annual award will recognize residents and resident teams for improving graduate medical education. The award will be given to residents or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education in one or more of the following areas:

- fostering innovation and improvement in the learning environment
- increasing the program's emphasis on educational outcomes
- increasing efficiency and reducing non-educational burden
- improving communication and collaboration in education and patient care within the program or institution
- advancing humanism in patient care and among health care professionals

Five awards will be given to residents or resident teams. Residents and teams may be nominated by program directors, designated institutional officials, program coordinators, ACGME Review Committees, or chief executive officers of teaching hospitals. Nominations must include a completed application form and three recommendation letters.

Winners will receive \$2500 and a plaque. Awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn. For more information, FAQs are available here: http://www.acgme.org/acWebsite/dcl_award/DCLawardFAQs.pdf

The ACGME Awards Committee will choose the 2010 *Courage to Teach, Courage to Lead, and David C. Leach, MD* award recipients in September, 2009. Nominations for all three awards are due July 1, 2009. The application is located on the ACGME website (www.acgme.org). Completed applications and supporting materials should be sent to Emily Vasiliou at evasiliou@acgme.org.