



Summer 2008

Welcome to the Emergency Medicine RRC's Newsletter

With this newsletter, we hope to enhance communication between the RRC and the Emergency Medicine community, and to provide updates on RRC and ACGME initiatives. The newsletter will be sent to all core/specialty and pediatrics, sports medicine, toxicology medicine and undersea and hyperbaric medicine subspecialty program directors, coordinators, and designated institutional officials on a semi-annual basis, typically after the RRC's spring and fall meetings.

RRC Decisions:

February 2008

At their February 2008 meeting, the RRC reviewed and approved the following:

Emergency Medicine

Initial Accreditation	03
Continued Accreditation	11
Pilots Programs	33
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	03
Proposed Withhold	03

Pediatric Emergency Medicine

Initial Accreditation	02
Confirmed Withhold	01

Medical Toxicology (Emergency Medicine)

Continued Accreditation	02
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Sports Medicine (Emergency Medicine)

Initial Accreditation	01
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Undersea and Hyperbaric Medicine (Emergency Medicine)

Continued Accreditation	01
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In addition, 33 Pilot Project Programs were reviewed. Thirty-two programs were granted continued participation in the pilot program and one program received continuation with warning.

Five programs received Adverse Actions:

Core application—Confirmed withhold	01
Core applications—Proposed withhold	03
Pediatrics—Confirmed withhold	01

Frequent Citations of

Emergency Medicine

Residencies

The following is a list of frequent core program citations for the 2007 calendar year, with percentages followed by actual numbers of citations.

Scholarly Activities	17% (24)
Qualifications of Faculty	8% (11)
Responsibilities of PD	7% (10)
Institutional Support – PD	6% (9)

A Message from the Chair: Clarification of Institutional Commitment

by Sandra Schneider, MD

The common program requirements state that “the institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.” (Resources, Program Requirement II.D)

Residency programs should take place in an atmosphere that facilitates patient care and engenders quality patient care habits. Historically, the Emergency Medicine Review Committee (RRC-EM) has measured a program’s ability to create a positive learning atmosphere in terms of its staffing ratios, clinical and office space, as well as clinical benchmarks, such as lab/radiology time (CT, uncross matched blood, etc). Education in facilities that meet these standards allows residents to see positive outcomes from the care they provide.

Nationally, many emergency departments (ED) are crowded, and most crowding is due to the housing of inpatients in the ED, not due to inappropriate use of the ED or inefficiencies in the ED. Boarding of inpatients leads to serious patient safety concerns and also impacts resident education

<http://www.acep.org/practres.aspx?id=32050>. There are solutions to these conditions: <http://www.acep.org/WorkArea/downloadasset.aspx?id=37960>.

Several years ago, the RRC-EM added benchmarks of throughput times for “treat and release” and admitted patients. In addition, ambulance diversion due to emergency department crowding is also monitored. When ambulances are diverted from the emergency department, the number of critically ill patients seen by

residents may decrease. Similarly, patients who leave without being seen because of excessive length of stay or lack of space due to boarded inpatients effectively decrease the size of the emergency department and are lost to the resident. The Guidelines for Emergency Medicine education, which contain the actual values used for this and other citations is available on the ACGME website (http://www.acgme.org/acWebsite/navPages/nav_110.asp). A recent paper examining the influence of the residents’ learning environment on their educational outcomes identified these factors as well as other quality indicators.¹

Crowding, insufficient staffing, diversion, facility size, and lab/radiology support impact residency education, and are outside the control of the program director and the residency program. These issues require institutional support. Going forward, the RRC-EM will indicate these as resource citations (PR II.D); and, the RRC-EM will ask for a joint response from the institution and program. We understand that Designated Institutional Officials (DIO) and Graduate Medical Education Committees cannot, alone, affect the changes needed to rectify the situation. However, the RRC-EM expects that discussions will be initiated with appropriate personnel, i.e., hospital administration, chief medical officer, and/or dean, emphasizing the importance of improving the learning atmosphere in order to sustain a viable Emergency Medicine residency program.

All residency programs advocate for their resident learners. Surgical programs would not tolerate having patients doubled up in operating rooms. Medical programs would not allow clinic patients to be interviewed and treated in the waiting room. No residency program would approve of their patient base being diverted from their facility. Emergency care is no different. Therefore, if your institution receives an institutional citation for the lack of institutional support, be it for prolonged time of radiology, insufficient clinical space, or the

effects of boarding inpatients, the DIO and program director should work with the institution to create an appropriate learning environment and provide the best possible care for patients.

1. Swing SR, Schneider SM, Bizovi K, et al. Using patient care quality measures to assess educational outcomes. *Acad Emerg Med* 2007; 14:463-73

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, compliance with duty hours, adequate supervision, and limiting excessive service are noted as key factors that contribute to a high-quality learning environment for residents.

The RRC has requested that site visitors provide more detailed information 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 education for residents. National averages of resident surveys can be viewed on the ACGME website, 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.

Accreditation Data System

The online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update the ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement)
- Submit the academic year “Annual Update” (ADS staff will e-mail the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is now the ACGME’s major form of communication. Please ensure that e-mail addresses in the ADS are correct.

Address questions or concerns about ADS to the ADS representative for Emergency Medicine, Raquel Eng at 312/755-7120, reng@acgme.org.

Request for Complement Changes

All requests for changes in resident complement, whether permanent or temporary, must be made through ADS. The ACGME staff does not receive the resident complement request until the DIO has approved the request.

A temporary increase in resident complement should only be submitted if:

- Another institution is closing and residents

need to be placed;

- Resident remediation is required;
- Special circumstances exist (these will be reviewed on an individual basis).

Temporary increases should be limited to one position per year unless unique circumstances occur.

Voluntary Withdrawal Request

Programs must now enter requests for voluntary withdrawal of accreditation (VW) only through ADS.

Programs may initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. DIO approval is required, and the DIO must e-mail the request to the RRC staff designee. After the program receives official notification from the RRC and the accreditation status is changed to VW, the program will automatically be removed from the ADS report.

Accreditation Notification Letters

ADS enables users to access RRC accreditation notification letters retrospective to meetings after July 1, 2004. Copies of letters prior to that date must be requested through RRC staff.

Emergency Medicine Pediatric Program Information Form

The revised Emergency Medicine Pediatric Program Information Form is now posted on the ACGME Website.

“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. RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input into developing the document. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: Guide@acgme.org.

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 general competencies, educational outcome assessment, and duty hours. This year's conference theme “Building Community, Improving Quality” emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/meEducConf_08.asp

Future RRC Meeting and Agenda Closing Dates

Meeting: September 26-27, 2008
Agenda Closing: August 1, 2008

Meeting: February 13-15, 2009
Agenda Closing: December 5, 2008

Meeting: September 25-26, 2009
Agenda Closing: July 17, 2009

