

RRC NEWS

MEDICAL GENETICS



Accreditation Council for Graduate Medical Education

JULY 2009

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Reminders, FAQ's and Updates

Faculty Evaluation

The RRC has noted a high frequency of citations due to noncompliance with required elements of faculty evaluations. Faculty should be evaluated as listed below (Program Requirements V.B.1-3):

1. At least annually, the program must evaluate faculty performance as it relates to the educational program.
2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
3. This evaluation must include at least annual written confidential evaluations by the residents.

Case Logs

The world of graduate medical education and the ACGME is now filled with terms such as "outcomes" and "milestones". Accreditation of programs will increasingly be based on measures of their effectiveness and ability to provide the educational experiences to all learners that are necessary to generate competent physicians. The ACGME plays a key role in this process by shepherding the outcome projects for some pilot specialties.

For medical genetics, this process has already begun. In the May 2009 meeting, the RRC appointed a subcommittee with the task of identifying specific experiences to be entered into the ACGME Case Log system by medical genetics residents. This subcommittee and the ACGME staff for Medical Genetics are soliciting input from program directors and faculty regarding this process. Please email the ACGME staff (Jason Economus at jeconomus@acgme.org) with your questions and comments. In moving forward with case logs, the RRC is most cognizant to avoid adding undue burden to residents and programs.

In these efforts, the RRC seeks to align the ACGME case log system with the log system already required by the American Board of Medical Genetics. For example, the case logs would gather data regarding

MEETING AND AGENDA CLOSING DATES

MEETING:	NOVEMBER 19-20, 2009
AGENDA CLOSING:	SEPTEMBER 10, 2009
MEETING:	MAY 13-14, 2010
AGENDA CLOSING:	MARCH 3, 2010

such types of diagnostic evaluations as congenital anomalies, Mendelian disorders, and cancer for infants, children and adults. The case logs could also track management and continued care/additional consultation of individuals with a known genetic diagnosis. This would allow residents and program directors to track cases in real-time to ensure that the clinical exposure is adequate to meet the resident's needs. The goal is that, upon completion of training, a resident could transmit data from the ACGME log to the ABMG required log without having to double enter data. All efforts will be made to create a process whereby programs are gradually phased into the case log system. Upon completions of this transition period, a new program requirement will be added detailing the specific experiences to be entered into the ACGME Case Log System. It is important to note that the RRC will not penalize programs for insufficient, incomplete or inaccurate data until virtually all programs have transitioned smoothly into the ACGME case log system, which is anticipated to occur over a three year period, at a minimum.

Please see future issues of the ACGME's e-communications for further information.

Competency Manual

During the spring Medical Genetics Meeting a subcommittee was appointed to begin revising and updating the Competency Manual for Genetics, which was published in 2005. The 2005 version of the manual is available on-line in the Medical Genetics homepage located on the ACGME website. It can be found under Faculty Development and then in the Notable Practices section. The subcommittee will soon seek input from program directors. The tentative completion date for revisions is fall of 2010.

Board Pass Rates

Please note that effective Fall of 2009, the RRC will consider the performance on the American Board of Medical Genetics certification examination of program trainees as an important variable to be considered in the accreditation process.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

More Duty Hours FAQs and Answers available at the following link: http://www.acgme.org/acWebsite/duty-Hours/dh_faqs.pdf

Breakdown of Residents/Fellows and Programs 2008-2009

2008-2009	Total Number of Programs	Average Length of Accreditation Cycle	Number of Programs	Number of New Programs
Residents/Residencies	83	4.19	49	1
Fellows/Fellowships	33	3.00	30	8

Program Citations: 2004-2009

Over the recent 5-year period (7/1/2004- 5/30/2009), the RRC noted that the most commonly cited medical genetics requirements were education program and evaluation of program. The list below provides the number of most common citations, as well as further citation detail.

Primary	Secondary	Number of Citation
Summary Of Medical Genetics		
Resident Appointment	Resident Appointment Issues	7
Prog Pers & Resources	Responsibilities of Program Director	7
The Education Program	Goal and Objectives	12
The Education Program	Educational Program - Didactic Components	9
The Education Program	Educational Program - Patient Care Experience	19
The Education Program	Scholarly Activities	7
Evaluation	Evaluation of Residents	7
Evaluation	Evaluation of Program	14

Progress Reports to the RRC

In an effort to reduce administrative burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request. A request for a progress report along with the due date is included in 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.

Extending the Term of Chair

At its February 2009 meeting, the ACGME Board of Directors approved revisions to the Manual of Policies and Procedures that included changing the name of the ACGME Council of Review Committee Chairs to the ACGME Council of Review Committees (CRC) and extending the term length of Review Committee Chairs from two years to three years.

The primary rationale for these changes is to facilitate greater interaction and improved communication with the ACGME Board of Directors by helping ensure institutional memory as the Council undertakes its initiatives through the coming years. Under the scope of its redesign, the CRC also structured three subcommittees: Standardization, Innovation, and Common Program Requirements and identified three specialty groups – Surgical, Medical, Hospital-based and Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work.

2009 ACGME Annual Educational Conference: Keynote speaker K. Anders Ericsson, PhD

The 2009 ACGME Annual Educational Conference took place March 5-8 at the Gaylord Texan Resort and Convention Center in Grapevine, Texas. About 1,400 program directors, program coordinators, designated institutional officials, and others involved in graduate medical education attended the sold-out conference.

Dr. Ericsson, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Fla., presented his keynote address, "The Making of Superior Doctors through Deliberate

Practice: What Can We Learn from the Training of Chess Masters, Elite Athletes and Musicians" on March 7. He discussed how the study of optimal training techniques for chess players, athletes, and musicians can be applied to the education of residents.

Dr. Ericsson noted that excellence in a certain field requires solid fundamentals and that excellence is a result of deliberate practice. He described deliberate practice as "individualized training activities designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement." This sort of training has a dramatic effect on performance.

The 2010 ACGME Annual Educational Conference will be held March 4-7 at the Gaylord Opryland in Nashville, Tenn.

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/cour->

<http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf> and <http://www.acgme.org/acWebsite/dclaward/DCLawardFAQs.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/dclaward/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.