

Summer 2008

Election of New Chair, Dennis Boulware, MD

At the July 2008 meeting, Dr. Dennis Boulware was elected RRC Chair, effective July 1, 2009 and will serve as Chair-Elect until that time. He was a member of AAIM and APDIM, a president of ASP, and chaired the committee that developed annual retreats for rheumatology program directors sponsored by the American College of Rheumatology. Dr. Boulware, a rheumatologist, has served as program director for a rheumatology fellowship and associate program director for an internal medicine residency at the Tulane University Medical Center in New Orleans and the University of Alabama at Birmingham. For the last 12 years, he was senior associate dean of academic affairs and medical education at the University of Alabama. Currently, he is a clinical rheumatologist and chief of rheumatology with the Permanente Medical Group in Hawaii.

Changes in Internal Medicine Subspecialty Program Requirements

At the July 2008 meeting, the RRC began the revision of the internal medicine subspecialty program requirements for fellowships in cardiovascular disease, interventional cardiology, clinical cardiac electrophysiology, critical care medicine, endocrinology, diabetes and metabolism, gastroenterology, hematology, hematology and oncology, infectious disease, nephrology, oncology, pulmonary disease,

pulmonary disease and critical care medicine, rheumatology, and sleep medicine. Working with the various specialty societies, colleges and academies, the RRC developed a first draft that will be circulated for comment. The proposed requirements mirror the revised internal medicine program requirements in that they focus on outcomes and a reduction of overall requirements to allow programs more flexibility. The proposed revisions will be posted in early 2009 for broad GME comment, revised as necessary, then submitted to the ACGME Board for approval with an anticipated effective date of July 1, 2010.

FAQs/Update from the July 2008 RRC Meeting

At the July 2008 business meeting, the RRC approved the following new FAQs:

Q: In gastroenterology fellowships, how does the RRC define significant credentials for GI faculty in hepatology?

A. The person identified as the hepatologist in a GI fellowship should have a primary clinical focus on hepatology and either have completed a specific hepatology fellowship, have at least three years of clinical experience focused almost exclusively on hepatology, or be ABIM-certified in transplant hepatology.

Q. What level of supervision is required for home care visits?

A. The RRC allows geriatric fellows to complete home care visits without onsite faculty

supervision. On-site supervision may be provided by a physician extender or nurse operating under physician-directed protocols or orders. An attending faculty physician must always be available by phone. This is the only exception to the on-site outpatient supervision rule and does not extend to other settings or other fellowships.

Q. What are the requirements for cardiology fellow experience with cardiac trauma?

A. The RRC recognizes that cases of cardiac trauma are uncommon, even in centers with a level 1 trauma center. Each fellow much have didactic instruction related to the prevention, evaluation, and management of cardiovascular trauma. Specific clinical experience is not required.

RRC Welcomes New Members

Effective July 1, 2008, Lynne Kirk, MD and Blase A. Carabello, MD have joined the RRC. Dr. Kirk, a geriatrician, is the Acting Chief, General Internal Medicine at the University of Texas Southwestern Medical Center in Dallas. Dr. Carabello, a cardiologist, is a Medical Care Line Executive at the Michael E. DeBakey Veterans Medical Affairs Center in Houston, TX.

Congratulations/RRC Staff Changes

Effective August 1, 2008, Ms. Debra Dooley moves to the ACGME's Education Department as Director of Educational Activities. Ms. Felicia Davis is promoted to Associate Executive Director. Ms. Jessalynn E. Van Ausdall is promoted to Accreditation Administrator.

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 residency education. 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.

Innovation and Experimentation at the Program Level

Program directors may wish to implement an innovative project. The [Program Experimentation and Innovative Projects Proposal Form](#) is located on the Internal Medicine website. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed five pages in length; attach additional documents as numbered appendices.

“Program Director Guide to the Common Program Requirements”

To help clarify the meaning and expectations of the common program requirements, there is a “Program Director Guide to the Common Program Requirements” available on www.acgme.org. The guide has been very helpful to both new program directors and those who are more experienced. Please email comments and suggestions to: Guide@acgme.org.

Program Evaluation by Fellows: Keeping Responses Confidential When There are Four or Fewer Fellows

The ACGME requirement that fellows provide confidential evaluations of the program can be a challenge for programs with fewer than four fellows. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of fellows. Fellow evaluations may be collected over a period of a few years and grouped data is then reported every two to three years. The program director’s challenge is to balance the program’s need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

ACGME Learning Portfolio

A number of resources are available for programs that want to become more familiar with the ACGME Learning Portfolio (ALP). <http://www.acgme.org/acWebsite/portfolio/c>

[bpac_faq.pdf](#): The Frequently Asked Questions (FAQs) (updated April 2008) include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases.

http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf. A narrated demonstration of the portfolio can be found at <http://www.acgme.org/acWebsite/portfolio/AlphaDemonstration.wmv>.

More information is available on the ACGME Learning Portfolio website:

http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

This newsletter will feature additional information from the beta phase as it becomes available. More information is available on the ACGME Learning Portfolio website:

http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only.

Programs 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. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the report.

Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency program under its purview at approximately the midpoint

of the accreditation cycle (the time between the date of the most recent accreditation action and the next scheduled site visit). The institution assembles an internal review committee, which must include at least one faculty member and at least one resident, who cannot be from the program that is being reviewed. The process involves interviews with the program director, key faculty members, peer-selected residents from each level of training, and other individuals as appropriate. Frequently it includes review of data, such as how the program has addressed the citations from the last accreditation survey.

The goal of the internal review is a thorough and candid review that identifies the program's strengths and opportunities for improvement, and allows resolution of any concerns or problems before the program's next accreditation site visit. The responsibility for timing and conduct of the internal review lies with the sponsoring institution. At the same time, program directors and residents should be familiar with the process as they may be asked to participate in internal reviews.

Neither the site visitor nor the RRC reviewer sees the data from the internal review, which is not included with the program information form (PIF). Verification of the internal review during the site visit covers the date, the participants, and then the review presented to the institution's graduate medical education committee (GMEC). This information is obtained verbally or in writing. The site visitor does not look at the results of the internal review, to ensure a review that honestly assesses the program's strengths and opportunities for improvement.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff

recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, DIO News, ACGME Bulletin, and the RRC/IRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the education and training competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format.

Ultimately, program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

Review Committee Members

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Blase Anthony Carabello, MD
Thomas Cooney, MD, *Vice-Chair*
Rosemarie Fisher, MD, *Chair*
John Fitzgibbons, MD
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