

Accreditation Council for Graduate Medical Education

Neurological Surgery RRC Report

Ralph G. Dacey, MD, RRC Chair
Pamela L. Derstine PhD, RRC Executive Director

Society of Neurological Surgeons
May 24, 2011



RRC Membership

- **7 voting members**
 - ABNS – 2 members
 - ACS – 2 members
 - AMA (CME) – 2 members
 - 1 resident member
- **Leadership**
 - Ralph G. Dacey, MD, Chair (*ABNS*)
 - A. John Popp, MD, Vice-Chair (*ACS*)



RRC Membership

- Hunt H. Batjer, MD **RRC Chair-Elect**
- Daniel Barrow, MD ABNS Ex-Officio
- Patrice Blair, MPH ACS Ex-Officio
- Kim Burchiel, MD
- Ralph G. Dacey, MD **RRC Chair**
- Arthur L. Day, MD
- Alexander A. Khalessi, MD Resident Member
- A. John Popp, MD **RRC Vice-Chair**
- Volker K.H. Sonntag, MD



Incoming RRC Members

- Fredric Meyer, MD ex-officio ABNS
replaces Daniel Barrow, MD
- *Nelson M. Oyesiku, MD, PhD*
replaces Arthur Day, MD



ACGME RRC Staff

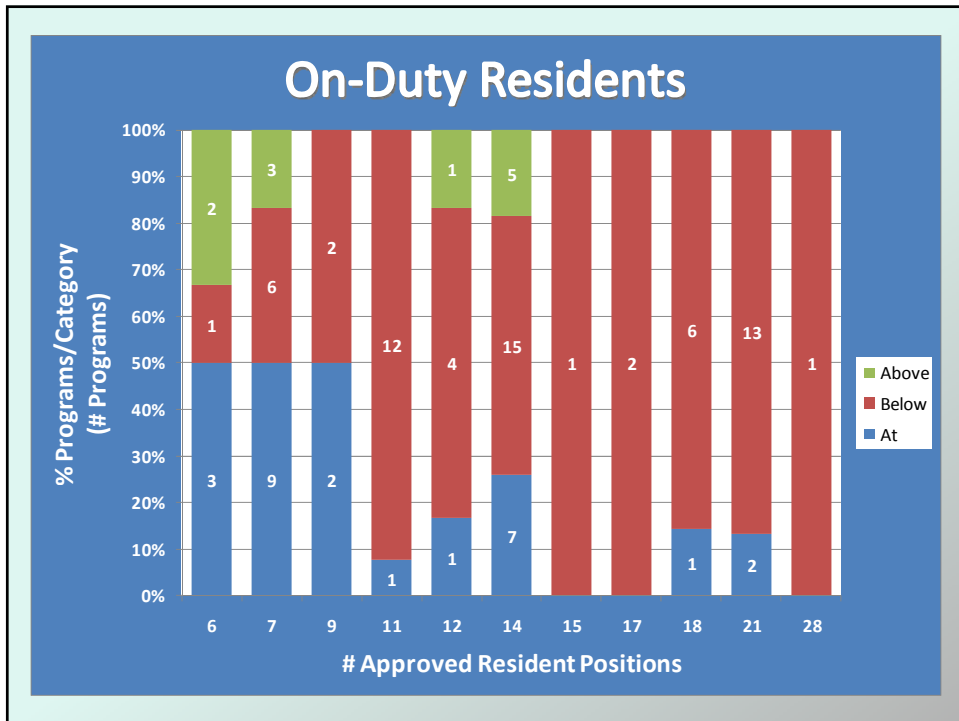
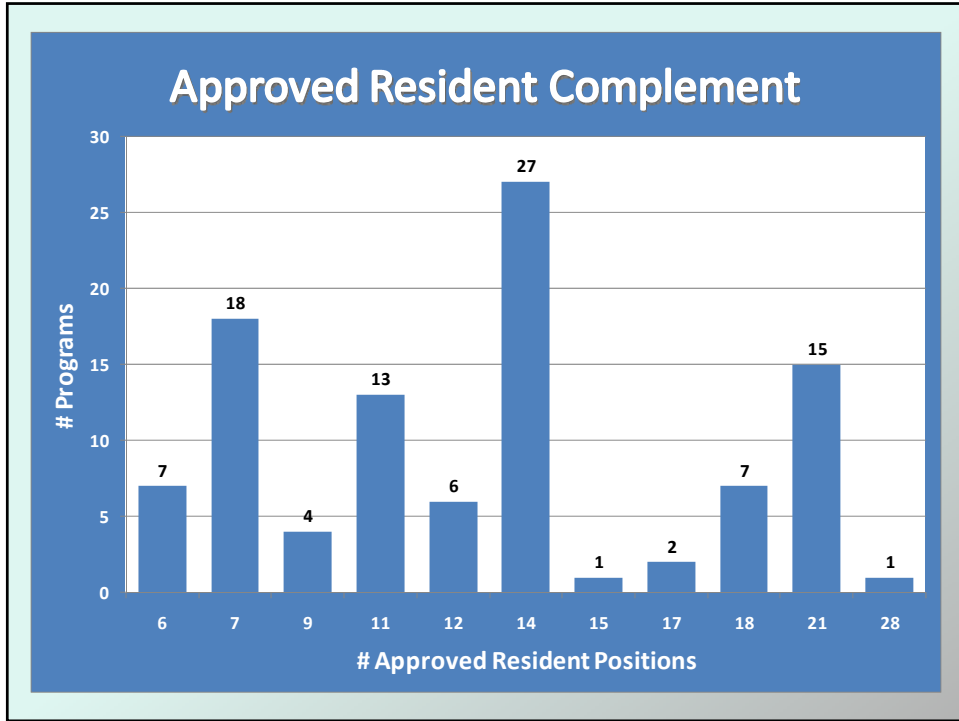
- Pamela L. Derstine, PhD
Executive Director
- Susan E. Mansker
Associate Executive Director
- Jennifer M. Luna
Accreditation Administrator
- Deidre M. Williams
Accreditation Assistant
- Andrew Turkington
Case Log Representative
- Quinn White
WebADS Representative

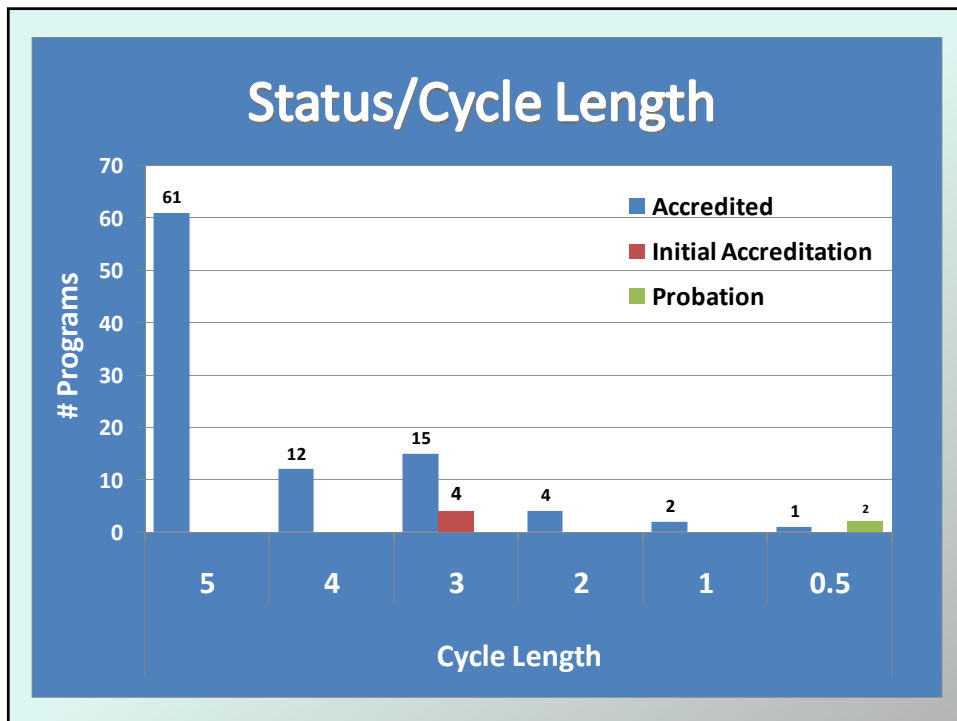
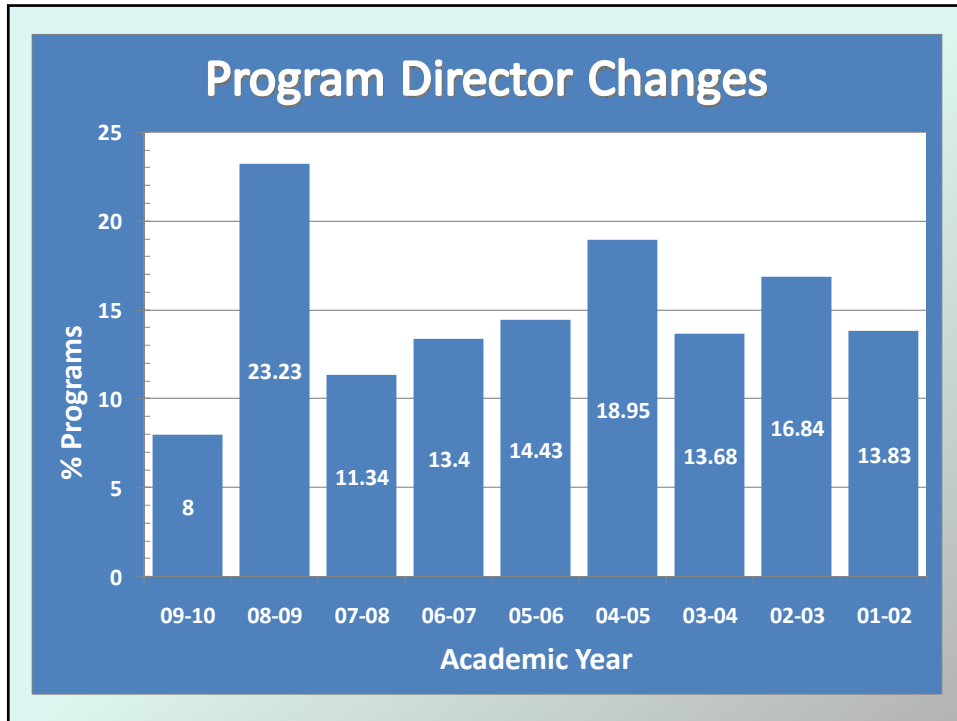


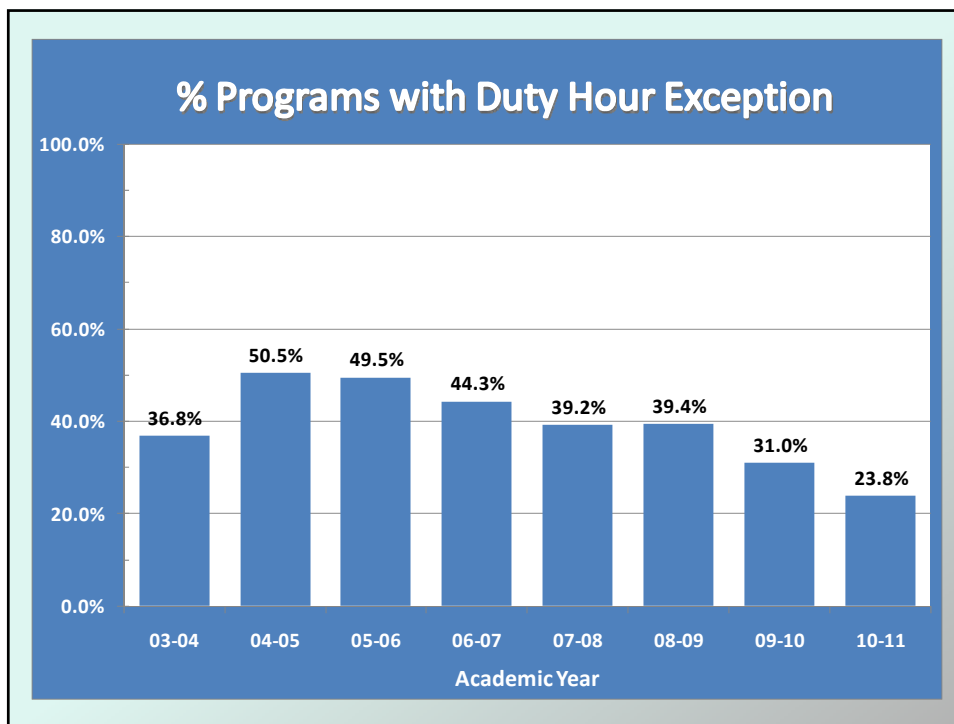
Resident Complement

	Approved	On Duty
Total # Residents	1315	1142
Max # Residents/Program	28	22
Min # Residents/Program	6	0
Average \pm SD # Residents/Program	13.0 \pm 5.0	11.3 \pm 4.4







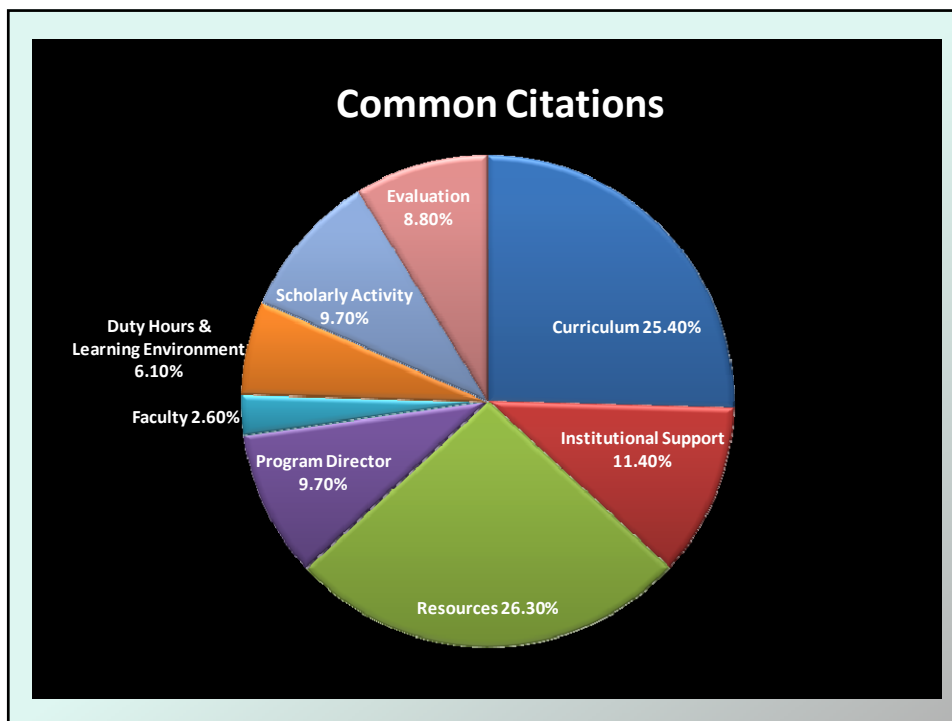


Recent RRC Actions

Number of Site Visits Reviewed	27
Proposed Adverse Actions	4
Adverse	1
Initial Accreditation	1
Continued Accreditation	23

Number of Other Reviews	44
Increase Requests (approved)	12
Increase Requests (denied)	8
Progress Reports & Duty Hour Reports Reviewed	4
Rebuttals and Complaints Reviewed	2
Other Non-status (participating site changes, curriculum, etc.)	21





Common Citation Areas

Resources

- Variety of available cases – specific procedures
- Total cases (pediatric/adult)

Curriculum

- Competency-based goals and objectives for each rotation/assignment and each educational level
- Required rotations and patient care experiences (issues related to block schedules or narrative descriptions indicating non-compliance)
- Scheduling of residents to assure balanced access to available cases



Common Citation Areas

Sponsoring Institution

- Internal reviews and PLAs
- Provision of opportunities for residents to raise issues without fear of intimidation or retaliation

Program Director

- Responsibilities: ACGME required info accurate and complete (PIF and ADS)
- Notify RRC prior to sponsoring or participating in fellowships

Scholarly Activity

- Faculty: few or no peer-reviewed publications, presentations
- Resident: evidence of resident scholarship (pubs/presentations)



Common Citation Areas

Evaluation

- Program: documentation of all required elements; confidential evaluation of faculty by residents
- Resident: semiannual evaluation (timing and components); summative (need to include required statement)

Duty Hours & Learning Environment

- Supervision: see patients with resident pre- and post-operatively
- 10-hour rest period

Faculty

- Board-certified faculty providing required education



2011 Duty Hours

PRINCIPLES

- graded and progressive responsibility
- supervision that:
 - assures safe and effective care to individual patient
 - assures each resident's development of skills, knowledge and attitudes
 - establishes a foundation for continued professional growth
- includes residents AND faculty



2011 Duty Hours

New Sections

- Professionalism, Personal Responsibility, and Patient Safety
- Transitions of Care
- Clinical Responsibilities*
- Teamwork*
- Maximum Frequency of In-House Night Float*

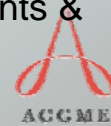
* *Specialty-specific PRs*



2011 Duty Hours

Professionalism, Personal Responsibility, and Patient Safety

- educate residents & physicians re: “fitness for duty”
- resident active participation in interdisciplinary clinical QI and patient safety programs
- compromising education with non-physician service obligations
- culture of professionalism that supports patient safety and personal responsibility for residents & faculty – 8 specific requirements



2011 Duty Hours

Transitions of Care

- clinical assignments designed to minimize number of transitions in patient care
- effective, structured hand-over processes
- resident competence in communicating with team members in hand-over process
- schedules that inform all members of team of who is responsible for what



2011 Duty Hours

Clinical Responsibilities

- based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services
- *Specialty-specific optimal clinical workload TBD*

Teamwork

- opportunity to work in interprofessional teams
- *Specialty-specific requirements for elements TBD*



2011 Duty Hours

Expanded Section - Supervision

- identifiable practitioner responsible for each patient*
- levels of supervision
 - *direct (physically present with resident and patient)*
 - *indirect with direct immediately available (supervisor physically within site of patient care and available to provide direct)*
 - *indirect with direct supervision available (supervisor immediately available by phone, etc. and is available to provide direct)*
 - *oversight (supervisor provides review and feedback after care is delivered)*



2011 Duty Hours

Supervision - Principles

- evaluate each resident's abilities based on specific criteria
- set guidelines for circumstances/events when residents must communicate with supervisor
- supervision assignments long enough to assess resident and assign appropriate patient care authority & responsibility
- PGY-1 supervision
 - achieved competencies to progress to indirect supervision*



2011 Duty Hours

*PGY-1 Supervision – FAQ

- *Education in Boot Camp or equivalent*
 - *PD ensures demonstrated competence in list of approved procedures and patient management competencies to progress to indirect supervision with direct supervision immediately available*
- *Education, direct observation and assessment of additional patient management and procedural competencies during early months of PGY-1*

Details in handout



2011 Duty Hours

Supervision

NOTE the following Common FAQ for VI.G.8.: At-Home Call

FAQ: Can PGY1 residents take at-home call, and if so, what are the work-hour restrictions for this?

Ans. PGY1 residents are limited to a 16-hour shift and are not allowed to take at-home call.



2011 Duty Hours

Work Hours

- 80 hours/wk (averaged)
 - includes in-house call and all moonlighting
 - PGY-1 cannot moonlight
- one day free every week (averaged)
 - no at-home call during free days
- PGY-1 must not exceed 16 hour duty period
- PGY-2 and above max. 24 hour duty period
 - no new clinical duties after 24 hours
 - 4 additional hours allowed (must document reasons)



2011 Duty Hours

Work Hours

- PGY-1
 - should have 10 hours; must have 8 hours between scheduled duty periods
- Intermediate (*PGY-2*)*
 - same but must have 14 hours free after 24 hours in-house duty
- Residents in final years (*PGY-3 and above*)**
 - 8 hours free desirable*

**Specific examples of circumstances when residents may stay on duty or return to hospital with fewer than 8 hours free of duty*



2011 Duty Hours

Work Hours

- In-house Night Float
 - no more than 6 consecutive nights*
- *Should limit to four months per year; and
Must not exceed six months per year*



Current RRC Projects

- Revise Neurosurgery program requirements
- Develop required minimum numbers for specified defined case categories
- Plan for ACGME Milestone Project



PR Revision Timeline

Specialty	Post for Public Review and Comment	ACGME Board Review & Approval	Effective Date
Neurological Surgery	2/2012	9/2013	7/2014



Case Log: Current Index Cases*

Adult Cases	Total All Years Nat'l Ave (Prog)	Total All Years 20 th Perc (Res)
Aneurysms – craniotomy & endovascular	49	20
Brain tumors (intra-axial and/or extra axial – craniotomy)	122	73
Sellar/Parasellar tumors – transsphenoidal approach (endo/micro)	26	13
Trauma – total cranial procedures	67	29
Extracranial vascular disease – endarterectomy/endovascular	11	1
Disc disease and/or spondylosis/trauma with instrumentation – lumbar spine	70	28
Peripheral nerve disorders – all types	20	5
Total – adult cases	366	234

*2009-2010 National Report (89 programs; 159 finishing residents)

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Case Log: Current Index Cases*

Pediatric Cases	Total All Years Nat'l Ave (Prog)	Total All Years 20 th Perc (Res)
Brain tumors (intra-axial and/or extra axial – craniotomy)	12	6
Dysraphism – spinal procedures (all types)	8	2
Total – pediatric cases	20	9
Adult and Pediatric Cases		
Epilepsy (diagnostic and/or therapeutic) - craniotomy	16	4
Movement disorder – stimulation/stereotactic lesion	20	4
Total – adult and pediatric cases	36	13

*2009-2010 National Report (89 programs; 159 finishing residents)

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Case Log: Defined Categories*

Major Procedures: Adult /Cranial	Min. #
Craniotomy – brain tumor	60
Craniotomy – trauma	40
Craniotomy/endovascular – intracranial vascular lesion (aneurysm, AVM, etc.)	40
Craniotomy – pain (MVD for trigeminal neuralgia, hemifacial spasm, etc.)	5
Transsphenoidal (endo/micro) – sellar/parasellar tumors	15
Extracranial vascular procedures (endarterectomy/stenting, etc.)	5
Radiosurgery	10
Functional procedures – movement disorders, etc. (stim/destroy)	10
VP shunt	10
Subtotal Adult/cranial	195

* Minimum # of procedures/finishing resident

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Case Log: Defined Categories*

Major Procedures: Adult /Spinal/Peripheral Nerve	Min. #
ACD with instrumentation (disk disease)	25
C-spine fracture operative stabilization procedures	10
Lumbar discectomy	25
Thoracic/lumbar instrumentation fusion	20
Peripheral nerve procedures	10
Subtotal Adult spinal/peripheral nerve	90
Major Procedures/Pediatric	
Craniotomy – brain tumor	10
Spinal procedures (dysraphism, etc.)	10
VP shunt	10
Subtotal pediatric	30
Major Procedures: Adult/Pediatric	
Craniotomy – epilepsy (adult or pediatric)	10

* Minimum # of procedures/finishing resident

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Case Log: Defined Categories*

Major Procedures: All	Min. #
TOTAL All Major Procedures	325
Minor Procedures/critical care	
ICP monitor placement	5
External ventricular drain	10
VP shunt tap/programming	10
Cervical spine traction (tongs/halo)	5
Stereotactic frame placement	5
CVP line placement	5
Airway management (intubation/tracheostomy)	5
Arterial line placement	5
Arteriography	10
TOTAL All Minor Procedures/critical care	60

* Minimum # of procedures/finishing resident

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Milestones



- Next step in the Outcome Project
- Milestone definition: description (in specific behavioral terms) of the performance level expected of a resident by a particular time during their residency
- Aggregate resident performance on the milestones used as an indicator of a program's educational effectiveness
- Board use as part of eligibility for certification



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Milestones

References

- Nasca, TJ (2008) The next step in the outcomes-based accreditation project. ACGME Bulletin, May: 2-4.
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- Green, ML, et. al. (2009) charting the road to competence: developmental milestones for internal medicine residency training. JGME 1 (2): 5-18.
- Hicks, PJ, et. al. (2010) The pediatrics milestones: conceptual framework, guiding principles, and approach to development. JGME 2 (3): 410-418.
- Hicks, PJ, et. al. (2010) Pediatrics milestone project: next steps toward meaningful outcomes measurement. JGME 2 (4): 577-584.
- Frank, JR, et. al. (2010) Competency-based medical education: theory to practice. Medical Teacher 32 (8): 638-645.

