

Accreditation Council for Graduate Medical Education

Neurological Surgery RRC Update

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RRC Executive Director

*Society of Neurological Surgeons Coordinator Meeting
May 20, 2011*



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"Step in here, Henderson - We want to pick your brain."



Discussion Topics

- RRC Membership
- Specialty Update
- Case Logs
- New Duty Hour Requirements



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
- Recruiting a resident member
will replace Alex Khalessi, MD 7/1/2012



ACGME RRC Staff

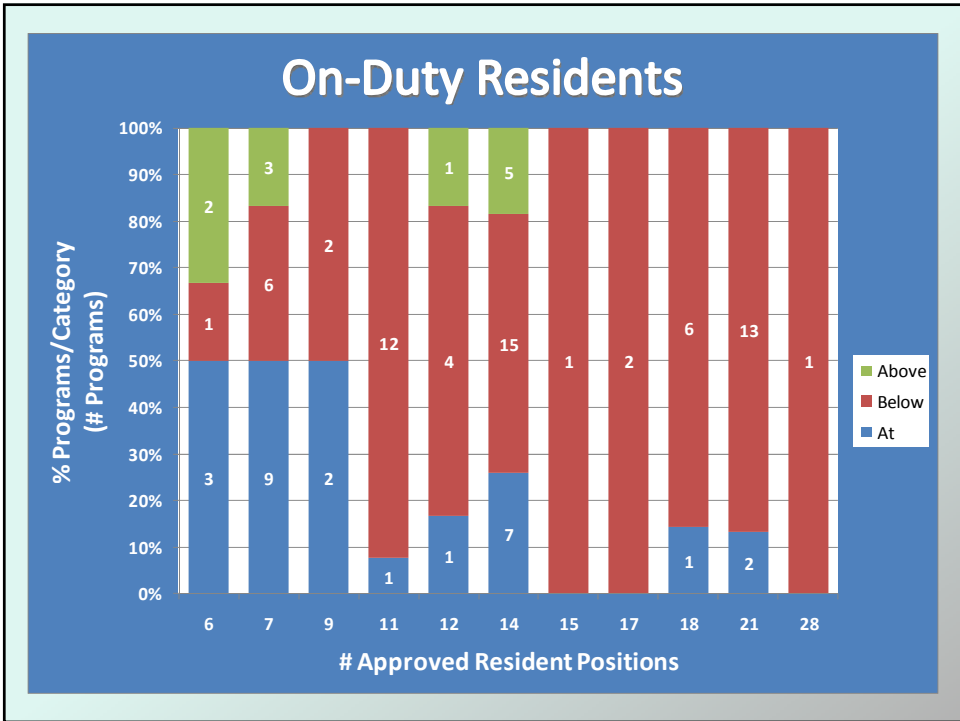
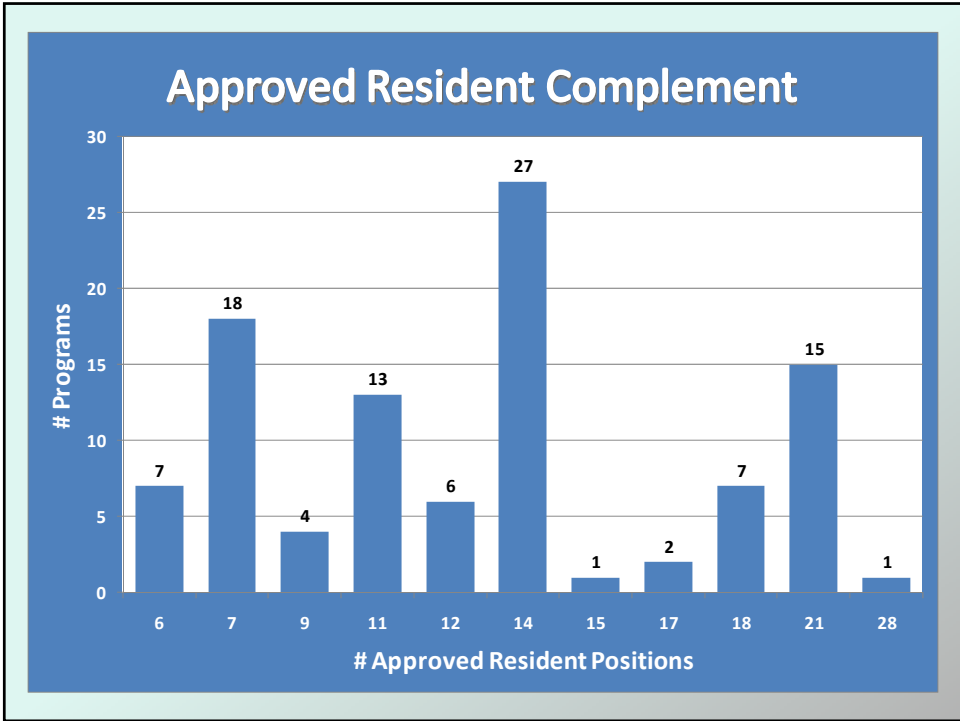
- Pamela L. Derstine, PhD
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- Susan E. Mansker
Associate Executive Director
- Jennifer M. Luna
Accreditation Administrator
- Deidre M. Williams
Accreditation Assistant
- Andrew Turkington
Case Log Representative
- Quinn White
WebADS Representative

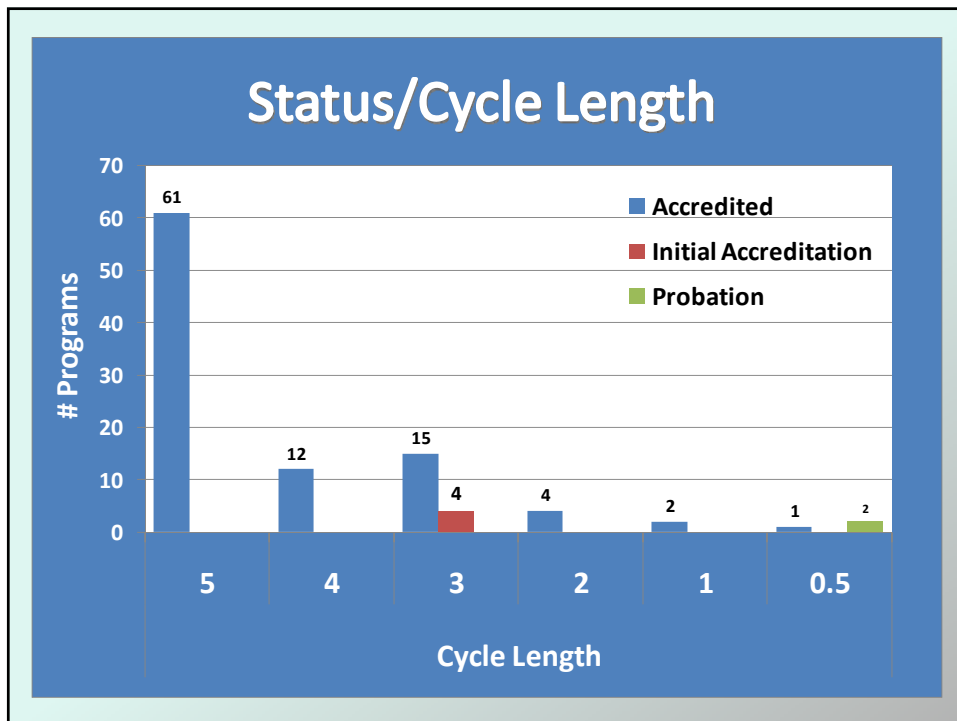
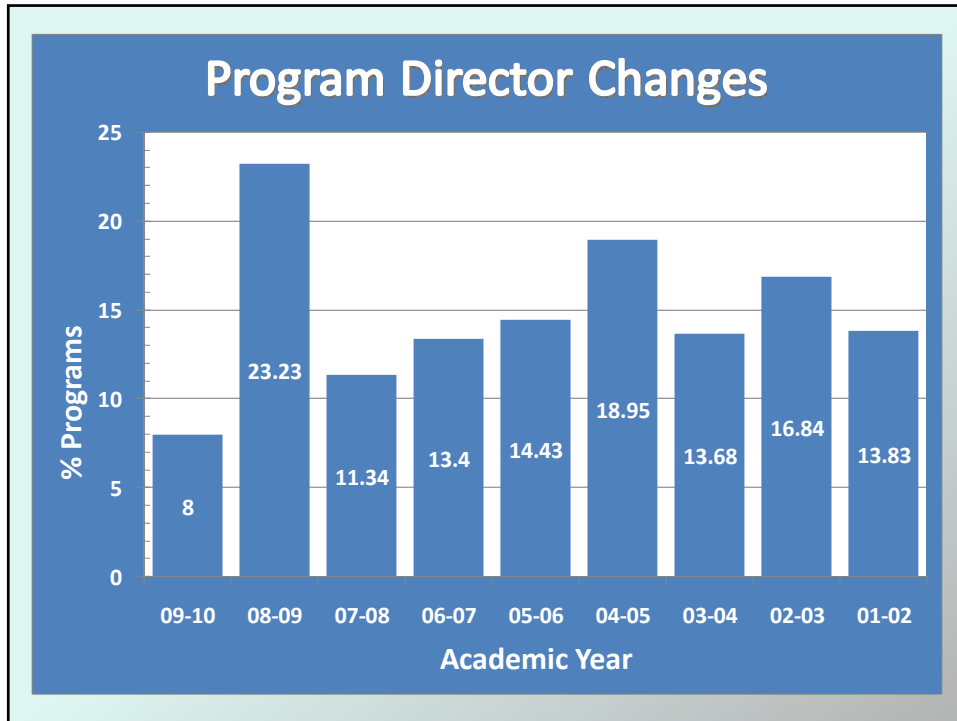


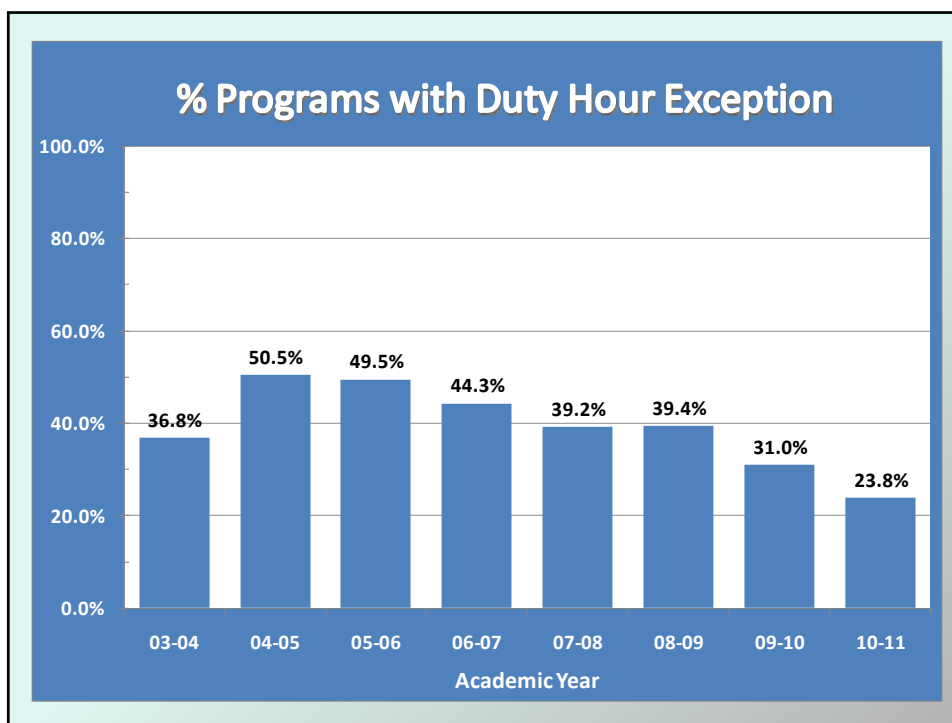
Resident Complement

	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







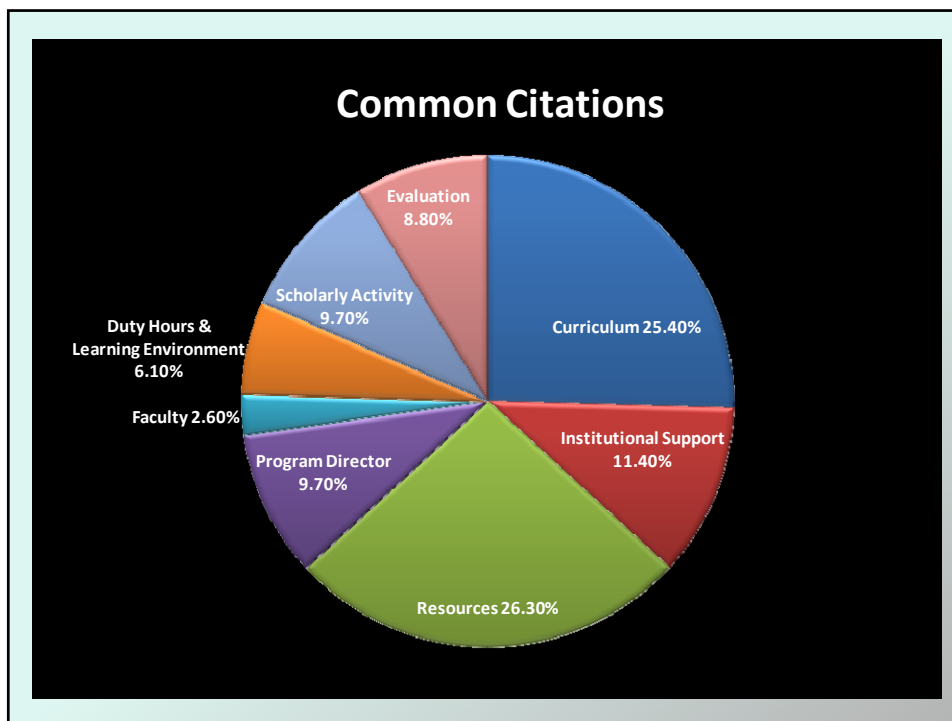


Recent RRC Actions

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



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 System

PIF Changes

- Appendix B: operative experience reports for current residents
- Site visitor confirms
 - volume, variety, distribution of cases, resident role in operative procedures
 - residents enter cases concurrently in case log system
 - each semiannual review includes review of operative experience reports





Accreditation Council for Graduate Medical Education

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Resident Case Log System Tutorials

- ADS
- Resident Case Log System
 - Login
 - FAQ
 - Case Log Information
 - Software Policy
- Resident Survey
- Residency Competency Evaluation System
- Search Programs/Sponsors
- Web Browser Requirements

Free Adobe Flash Player Download

QUICK START GUIDE TO THE CASE LOG SYSTEM		
(Please make sure audio is turned up/on prior to clicking on any of the links below).		
Case Log Quick Start	Windows Media Player (1.2MB)	Flash Version (9MB)
CASE ENTRY - SPECIALTY SPECIFIC		
(Please make sure audio is turned up/on prior to clicking on any of the links below).		
Allergy & Immunology	Windows Media Player (1.2MB)	Flash Version (9MB)
Anesthesiology	Windows Media Player (8 MB)	Flash Version (3MB)
General Surgery	Windows Media Player (4 MB)	Flash Version (2MB)
Pediatric Anesthesia	Windows Media Player (4 MB)	Flash Version (coming soon)
Obstetrics and Gynecology	Windows Media Player (6 MB)	Flash Version (3MB)
Physical Medicine and Rehabilitation	Windows Media Player (5 MB)	Flash Version (2MB)
Neurological Surgery	Windows Media Player (3 MB)	Flash Version (1.8MB)
CASE ENTRY TOOLS & TIPS		
Multiple Mappings	Windows Media Player (2 MB)	Flash Version (1.8 MB)

Review & Comment	Allergy & Immunology	Windows Media Player (12MB)	Flash Version (9MB)
Search Programs & Sponsors	Anesthesiology	Windows Media Player (8 MB)	Flash Version (3MB)
Site Visit & Field Staff	General Surgery	Windows Media Player (4 MB)	Flash Version (2MB)
	Pediatric Anesthesia	Windows Media Player (4 MB)	Flash Version (coming soon)
	Obstetrics and Gynecology	Windows Media Player (6 MB)	Flash Version (3MB)
	Physical Medicine and Rehabilitation	Windows Media Player (5 MB)	Flash Version (2MB)
	Neurological Surgery	Windows Media Player (3 MB)	Flash Version (1.6MB)
	CASE ENTRY TOOLS & TIPS		
	Multiple Mappings	Windows Media Player (2 MB)	Flash Version (1.9 MB)
	Search for Codes	Windows Media Player (2 MB)	Flash Version (.8 MB)
	PROGRAM SETUP		
	Add an Attending	Windows Media Player (1 MB)	Flash Version (.6MB)
	Consolidate an Attending	Windows Media Player (3.7 MB)	Flash Version (.7 MB)
	Add an Institution	Windows Media Player (1.9 MB)	Flash Version (.3MB)
	REPORTS		
	Reports	Windows Media Player (10.3 MB)	Flash Version (3.5 MB)
	YEAR END		
	Year End Process - Archiving Residents	Windows Media Player (8.9 MB)	Flash Version (4 MB)
	Additional tutorials coming soon.		
	Contact info: E-mail: oplog@acame.org		



Resident Name	Current Year	Cases	CPT Codes	Last Case Date	Last Updated
NeurologicalSurgery, Resident	1 Active	4	7	10/29/2008	10/29/2008

Use this report to answer:

- Are residents logging data?
- How much data are they logging and with what frequency?
- How can I quickly and easily see what residents are doing?

Close

1 / 1+ Main Report 100% BUSINESS OBJECTS

Resident Operative Experience Report

Primary Procedures
Program ID: 1601234567 Program Name: Neurological Surgery Test Program
For All Attendings at All Institutes
Resident Neurological Surgery
For All Resident Years For All Resident Roles For All Patient Types

For All CPTs in All Areas and All RRC Procedures
Done Between 7/1/2008 And 6/30/2009

	Senior Clinical Year	Other Clinical Years ----	Total All Years ----
Cranial Procedures - Vascular			
Aneurysm - craniotomy	0	0	0
Aneurysm - endovascular	0	0	0
AVM/other malformation - craniotomy	0	0	0
AVM/other malformation - endovascular	0	0	0
AVM/other malformation - stereotactic radiosurgery	0	0	0
Hematoma non-traumatic	0	0	0
Other - vascular (open or endovascular)	0	0	0
Total Cranial Procedures - Vascular	0	0	0
Cranial Procedures - Tumor			
Intra-axial and/or extra-axial craniotomy	0	0	0
Stereotactic biopsy	0	0	0
Intra-axial and/or extra-axial radiosurgery	0	0	0
Parasellar/sellar tumor - transphenoidal	0	0	0
Other - tumor (open surgery, endoscopy, endovasc)	0	0	0
Total Cranial Procedures - Tumor	0	0	0
Cranial Procedures - Functional			
Epilepsy (therapeutic and/or diag) - craniotomy	0	0	0
Epilepsy, diagnostic - stereotactic implantation	0	0	0

Close

5 / 5 Main Report 100% BUSINESS OBJECTS

Resident Operative Experience Report

Primary Procedures
Program ID: 1601234567 Program Name: Neurological Surgery Test Program
For All Attendings at All Institutes
Resident Neurological Surgery
For All Resident Years For All Resident Roles For All Patient Types

For All CPTs in All Areas and All RRC Procedures
Done Between 7/1/2008 And 6/30/2009

	Senior Clinical Year	Other Clinical Years ----	Total All Years ----
Unassigned			
Unassigned	0	0	0
Total Unassigned	0	0	0
Total Unassigned Cases:	0	0	0
Total Cases:	1	3	4

Signature of Resident: _____ Signature of Program Director: _____

Date: _____ Date: _____

NOTE: The Program Director is responsible for validating the accuracy of the data in this record. Records signed by both the resident and Program Director must be kept on file in the Program Office. Records sent to the Residency Review Committee Office MUST be signed by the Program Director.

- Attached these reports for each current resident for each academic year.
- Reports must be signed by the resident and program director.
- Field staff will verify that these were reviewed with the resident as part of the semiannual review.

Neurological Surgery Resident Record Report

Primary Procedures
 Program ID: 1601234567 Program Name: Neurological Surgery Test Program
 For All Attendings at All Institutes
 Resident Neurological Surgery
 For All Resident Years For All Resident Roles For All Patient Types
 For All CPTs in All Areas and All RRC Procedures
 Done Between 7/1/2008 And 6/30/2009

Resident Name: Resident Neurological Surgery Current Year: 1

Procedure Date: 7/14/2008	Resident Year: 1	Resident Role: Senior Clinical Year	Case Id: 123
Attending: Attending 2 Example			
Institution: Neurological Surgery Insitute number 1			Patient Type: Adult

Area: Cranial Procedures - Cranial R RRC Procedure: Cranioclystostosis
 *61552 Release of skull seams

Procedure Date: 10/6/2008	Resident Year: 1	Resident Role: Other	Case Id:
Attending: Attending 2 Example			
Institution: Neurological Surgery Insitute number 1			Patient Type: Adult

Area: Cranial Procedures - Cranial R RRC Procedure: Craniofacial reconstruction
 *21260 Revise eye sockets

Area: Cranial Procedures - Trauma RRC Procedure: Hematoma
 *61314 Open skull for drainage

Use these reports to answer:

- How do I view data on a case-by-case basis?
- What are the specifics of each case?
- What are the details of the “unassigned” cases?

Neurological Surgery Index Case Report

Primary Procedures
 Program ID: 1601234567 Program Name: Neurological Surgery Test Program
 For All Attendings at All Institutes
 Resident Neurological Surgery
 For Procedures in All Years For All Resident Roles For All Patient Types
 For All CPTs in All Areas and All Types
 Done Between 7/1/2008 And 6/30/2009
 All Reporting Years

	Senior Clinical Year	Other	Total
Aneurysms – Craniotomy and Endovascular	0	0	0
Brain Tumors (Intra-axial and/or extra axial) - Craniotomy	0	0	0
Sellar/Parasellar tumors - Transsphenoidal approach (Endoscopic or Microsurgical)	0	0	0
Trauma – Total Cranial Procedures	0	1	1
Extracranial Vascular Disease - endarterectomy / endovascular	0	0	0
Disc Disease and/or Spondylosis/Trauma with Instrumentation - Lumbar Spine	0	0	0
Peripheral Nerve Disorders All Types	0	0	0
Pediatric Cases			
Brain Tumors (Intra-axial and/or extra axial) - Craniotomy	0	0	0
Dysraphism - Spinal Procedures (all types)	0	0	0
Adult and Pediatric Cases			
Epilepsy (Diagnostic and/or Therapeutic) - Craniotomy	0	0	0
Movement disorder - Stimulation /Stereotactic Lesion	0	0	0

End-of-Year Reports

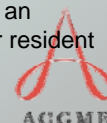
- Follow end-of-year instructions
(see **ACGME e-Communication** May 16, 2011)
- RRC staff attaches these reports to PIF
(three most recent academic years)
- Citations based on these reports, not the
operative experience reports



Case Log System

Changes Under Discussion

- Replace index cases with defined categories and min #
- Revise resident roles
 - current roles: “other” and “senior” (final year)
 - potential new roles:
 - SC = Surgeon Chief Year (only cases credited as surgeon during 12 months of Chief Year)
 - SJ = Surgeon Junior Years (all cases credited as surgeon prior to Chief Year)
 - TA = Teaching Assistant (more senior resident working with junior resident who takes credit as surgeon)
 - FA = First Assistant (any instance in which a resident assists at an operation with another surgeon – attending or more senior resident – responsible for the operation)



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)

ACGME

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

ACGME

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

ACGME

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

ACGME

Other PIF Changes

• Duration and Scope of Education

If the program format is 7 years, describe the educational rationale for the additional 12 months of research or advanced training. Include the goals and objectives for this experience as well as a description of how the experience is structured (e.g., several designated blocks or one designated year, etc.) (PR Int.B.3)

• Program Director

2. Briefly describe the method to ensure complete and accurate collection of the number and types of neurosurgery operative procedures performed in all sites and facilities utilized in the clinical education of residents. (II.A.4.q)

6. Describe the mechanism to ensure complete and accurate entry of resident operative cases in the ACGME case log system. (PR II.A.4.r)-s)

7. Describe the training program covering each year including scheduled teaching rounds. (PR II.A.4.u)

ACGME

Other PIF Changes

- **Block Rotational Diagram**

1. This block rotational diagram should show the progression of a typical resident through his/her educational experience. The program requirements for Neurological Surgery allow an educational experience to be 72 or 84 months in length; the diagram should show how ~~the required~~ all months of education are spent. Using the six-month block diagram, indicate where each typical resident will be for that period of time. Where rotations are less than six months the table sections may be subdivided with the length of time indicated.

2. Briefly describe each assignment as it appears in the block diagram.

3. Briefly describe how the PGY1 requirements are met.



Institutional Data

- Follow end-of-year instructions
(see **ACGME e-Communication** May 16, 2011)
- RRC staff attaches these reports to PIF
(three most recent academic years)
- Citations based on these reports, not the operative experience reports
- Survey results





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*



2011 Duty Hours: Common PIF

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*



Your Turn!

