

RRC NEWS

NEUROLOGICAL SURGERY



Accreditation Council for Graduate Medical Education

DECEMBER 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Recent Review Committee Activity

The table below summarizes the Review Committee's actions for 2010.

Table 1: Actions Approved During 2010

| | |
|---|----|
| Continuing Accreditation | 23 |
| Initial Accreditation | 2 |
| Non-status (progress reports, participating sites, curriculum, increase requests, duty hour exception requests) | 29 |
| Adverse Actions | 4 |

Five-year citation data reports indicate that the most frequently cited areas were procedural experience, program director responsibilities, scholarly activity, institutional support, and curricular development/duty hours/resident evaluation. For academic year 2009-2010, program director responsibilities and curricular development were the most frequently cited areas.

Projects currently underway include:

- Identification of defined case log categories and the minimum number of procedures in each category for both adult and pediatric cases (expect to post information to the Review Committee web page by July 1, 2011)
- Major revision of the Program Requirements for Neurological Surgery (expect to post a draft of the proposed revisions for review and comment by February 2012)

The Committee approved a change in the Program Information Form (PIF) Appendix B, which now requests programs to attach a copy of the signed resident operative reports for each current resident for each academic year in the program since the last site visit, beginning with the 2008-2009 academic year. These reports document that programs are using the Case Log System to effectively track resident progress and provide appropriate feedback. The Committee will continue to review the end-of-year program reports for finishing residents, which Review Committee staff will provide.

MEETING AND AGENDA CLOSING DATES

MEETING: JANUARY 21-22, 2011
 AGENDA CLOSED: NOVEMBER 12, 2010

MEETING: JUNE 17-18, 2011
 AGENDA CLOSING: APRIL 7, 2011

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/
 CYCLE LENGTH AUTOMATICALLY SENT TO
 PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER
 OF NOTIFICATION IS POSTED IN ADS.

UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

Soliciting New Resident Members for the Review Committee

Review Committee membership for all committees includes at least one representative of the resident body for the specialty. What you may not know is how this member is identified and selected to be on the Committee. Most Review Committees' resident member terms run two years; two committees have a one- or two-year set term; the resident member of the Review Committee for Neurological Surgery serves a two-year term. When a resident member's term on the Committee is nearing its end, we solicit nominations for the next resident member by sending an e-mail to the identified contact persons of the program director organization, the Society of Neurological Surgeons. We request at least three nominees. We also include the ACGME's standard memo on nominations and an ACGME Fact Sheet. The memo outlines the responsibilities for Review Committee resident members, which include: residents are full members of each committee; residents review programs to determine compliance with accreditation standards; residents vote on all matters; and residents are members of the ACGME Committee of Review Committee Residents (CRCR) and provide an update about the activities of this group at each meeting as applicable, and may also provide an update to the Review Committee from the specialty-resident group; residents may provide talks to the specialty-resident groups.

At this time, the Review Committee for Neurological Surgery is seeking nominations for its next resident member. Dr. Khalessi's term ends June 30, 2012.

Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).*
6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).*
7. Review Committees may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).*

** must be defined or specified by the Review Committees for review at the June 2011 ACGME Board meeting.*

Review Committees will develop these definitions by December 15, 2010 and submit them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 24 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and PIF and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration. Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs and others in the GME community are notified through the ACGME weekly *e-Communication* that the proposed requirements are available for review and

comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments, the Review Committee’s response to these comments, and any necessary FAQs must accompany the requirements when they are submitted to the ACGME Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and designated institutional officials (DIOs) are notified through the ACGME *e-Communication*.

Clarifying the Review and Comment Period for Program Requirement Revisions

As most of our newsletter readers are aware, suggested revisions to program requirements are made available to the community of interest for a period of public comment built into the approximately two-year revision process for a given set of requirements. However, the specifics of this public comment period may not be clear to all.

During the development or revision process for program requirements, which can take up to 24 months to complete, an opportunity exists for members of the public—the community of interest—to review the proposals and provide comments and feedback. The groups which constitute the community of interest, per ACGME policy, are: member organizations of the ACGME; organizations that nominate candidates for Review Committee membership; DIOs; chairs and executive directors of each Review Committee; program directors in the specialty. These groups, as well as any additional specialty organizations identified at the discretion of the Review Committee whose requirements are in-process, are notified of the public comment period via the ACGME’s weekly *e-Communication* when the proposed requirements (as well as an Impact Statement) are posted.

The length of the period of public comment is 45 days (for major revisions to existing requirements, new requirements, and focused revisions) from the date of the *e-Communication* announcement. In the case of focused revisions, only comments regarding the portions being changed, and not on the document in whole, will be accepted. The proposed document stays posted on the ACGME website for one full month after the deadline for comments, but once the deadline has passed, no comments need be accepted for consideration. Extensions or exceptions for comments received after the 45 days have passed are made at the discretion of the Review Committee. After the month has passed, the document is moved to the archives section of the web page, where it remains until the final requirements are approved by the ACGME Board of Directors.

The Review Committee evaluates all comments received, and decides which suggestions will be incorporated into the final proposal. Comments received are kept confidential, and are only viewed by members of the Review Committee and the ACGME Committee on Requirements. All comments are addressed, whether accepted or declined, in a document submitted with the final proposed requirements to the ACGME.

All requirements posted for review and comment can be found on the [ACGME website](#), by selecting the left-hand links to “Review and Comment” --> “Program Requirements”. Posted along with all current documents are the deadlines for comments and the e-mail address to which comments should be submitted.

| Category of Resident Education | Examples of Resident Educational Activities |
|---------------------------------|--|
| Clinical supervision | Bedside rounds; outpatient precepting; operative supervision |
| Administration | Program oversight; curriculum development; faculty, resident and program evaluation; career counseling |
| Non-clinical didactics/teaching | Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident |
| Resident research | Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations |

ACGME Resident Survey Aggregate Reports are Useful to Programs, Sponsoring Institutions, and ACGME Review Committees

A common topic facing Review Committees is the disposition of results of the Resident Survey and how the results in particular may impact a program's accreditation status. The ACGME and its Review Committees take residents' engaged participation in this annual survey very seriously. In response to numerous recent inquiries regarding this topic, the ACGME wanted to provide clarification on how it utilizes the information gleaned from survey responses.

Use in Program Evaluation:

Review Committees, programs, and sponsoring institutions consider residents' evaluations of their programs important sources of information about program quality (CPR V.C.). Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts, and as one method of gathering resident input. After the survey window closes, the program director and DIO can assess an aggregate summary of the results for their individual program or sponsoring institution, and implement an action plan to address issues of concern. In addition, many programs and institutions use their own survey to assess programs that are not eligible to complete the ACGME survey (i.e., fellowship programs with fewer than four fellows) or to explore topics of local or institutional relevance.

Use during Accreditation Site Visits:

During site visits, the ACGME site visitors use the results of the ACGME Resident Survey, along with other information provided by the program or institution, to verify and clarify issues during this part of a program's accreditation assessment. Information from the site visit, along with all other accreditation documents, is considered by the Review Committee to determine accreditation outcomes.

Use by the ACGME and Review Committees:

Beginning in 2007, the ACGME and its Review Committees initiated standardized follow-up with programs and institutions when the results of the Resident Survey exceeded an established ACGME compliance threshold for duty hours (these plans were communicated to the GME community in a special message from Dr. Thomas Nasca in September 2008 - www.acgme.org/acWebsite/home/SpecialMessage-CEO2008Sept22.pdf - as well as through individual Review Committee newsletters). Then, in 2009, the Council of Review Committees and ACGME senior leadership discussed methods for aggregating data

from multiple areas of the survey as a way for Review Committees to review interim (between site visits) information about programs and sponsoring institutions. Additionally, the aggregation of individual survey questions into domains of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of noncompliance that may be present in a program.

This year, the ACGME Board of Directors recommended that Review Committees follow-up with programs that had significant noncompliance with the aggregated duty hour domain, as well as significant non-compliance in two or more other domains (faculty, evaluation, educational content, resources). Of the 5703 programs that participated in the 2010 ACGME Resident Survey, 274 (4.8%) required follow-up. Follow-up methods included letters sent to program directors and DIOs requesting that they implement improvement plans to address the problem areas, and, for 34 programs, scheduling early site visits. The ACGME sent a copy of any letter sent to a program to the chief executive officer of that program's sponsoring institution in order to involve him or her in supporting program improvements.

Results Available in the ACGME Accreditation Data System (ADS):

DIOs and program directors are encouraged to continue using the results of the ACGME Resident Survey as an ongoing quality improvement tool. Multiple reports are available to provide this resource to programs and institutions via ADS:

- Programs can view the **2010 Resident Survey National Data Overall** report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "National Data." DIOs can view this same report selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," and then clicking on "Resident Survey National Data Overall."
- DIOs can view the **Aggregate 2009-2010 Institution Level Resident Survey** report for each sponsoring institution by selecting "Reports" from the left-hand menu, clicking "Reporting Tools," and then clicking the "Institution Level Resident Survey Results" link and selecting the 2009-2010 academic year.
- **2009-2010 Resident Survey individual** reports have been reposted with a *new* column that displays the "National Noncompliance Rate." Programs can view the report by selecting "Resident/Fellow Survey" from the left-hand menu,

and then clicking on “Aggregate Report.” DIOs can view this report by selecting “Program & Resident Info” from the left-hand menu, clicking “View and Update Sponsored Programs,” and then selecting the report link for each program under the “Resident/Fellow Survey Report” column.

- Programs can view the **Aggregate 2007-2010 Combined Resident Survey Results** report for programs with fewer than four active residents: by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “Aggregate Report.” DIOs can view this report by selecting “Program & Resident Info” from the left-hand menu, clicking on “View and Update Sponsored Programs,” and selecting the report link for each program under the “Resident/Fellow Survey Report” column.
- The **2010 Resident Survey National Data for Specialty-Specific Questions** report is **only** available for specialties that have a specialty-specific survey section. Programs can view the report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data—Specialty-Specific Questions.” DIOs can view this report by selecting “Reports” from the left-hand menu, clicking on “Reporting Tools,” selecting “Resident Survey National Data—Specialty-Specific Questions,” and then selecting the 2009-2010 academic year.
- Programs can view the **2010 Resident Survey National Data by Core Specialty** report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data by Core Specialty.” DIOs can view this report by selecting “Reporting Tools” from the left-hand menu, clicking on “Reporting Tools,” and then selecting “Resident Survey National Data by Core Specialty.”

ACGME Resident Survey Results

The 2010 Resident Survey results for neurological surgery indicate highly engaged learning between faculty and residents.

- Questions pertaining to faculty (Q1-6) had an average compliant response rate of 96% and ranged from 93.5% (Q4) to 98.6%.
- Questions pertaining to evaluation (Q7-8, Q11-12, Q15) averaged 97.3% compliance and ranged from 96% (Q11) to 98.9%.
- Questions pertaining to the educational goals and objectives (Q9-10) had compliant responses of 99.4% and 97.3%, respectively.
- The question relating to fatigue and sleep deprivation (Q13) had a compliant response rate of 96.9%.
- The question relating to scholarly activity (Q14) had a compliant response rate of 99%.
- The questions regarding institutional resources (Q16-18) had an average compliant response rate of 88.2% and ranged from 81.7% (Q16) to 94.5%.
- The questions relating to the service-education balance (Q19a-19b) had compliant responses of 88.7% and 77.4%, respectively.
- Compliant responses for questions 20a-20i on duty hours ranged from 96.3% (Q20c) to 99.5%.
- On Question 21 – “If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty? – responses were: Other Services (4.7%), Within My Specialty (9.9%), Both (1.3%), N/A (84.1%).

The table that follows highlights select resident survey questions where potential non-compliant responses from neurological surgery residents are greater than all specialty programs combined, or potential non-compliant neurological surgery responses are greater than 10%.

(continued on p.6)

Table 2: Resident Survey Non-Compliant Data, 2010

| | Neurological Surgery Data | National Data |
|--|--|--------------------------|
| Responses to Survey | 1052 (95%) | 97,771 (92%) |
| Q4 - Do your faculty members regularly participate in rounds? | 6.5% | 2.75% |
| Q7 – Do you have the opportunity to confidentially evaluate your faculty, in writing or electronically, at least once a year? | 2.9% | 2.11% |
| Q16 – Has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners? | 18.3% | 17.5% |
| Q17b – How satisfied are you with your program’s process to deal confidentially with problems or concerns you might have? | 14.4% | 20.62% |
| Q19a – How often do your rotations and other major assignments provide an appropriate balance between clinical education and other demands, such as service obligations? | 11.3% | 16.78% |
| Q19b – How often has your clinical education been compromised by excessive service obligations? | 22.6% | 29.11% |

Next Accreditation System Focus of CEO’s Speech at 2010 ACGME Annual Conference

The ACGME is continuing its transition to a system of accreditation that encourages and recognizes innovation, improvement, and excellence, Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME, said at the 2010 Annual Conference.

Dr. Nasca discussed the ACGME’s shift to the next accreditation system in his March 6 welcoming address, “Transitions in the Learning Environment: Milestones, the Next Accreditation System, and Other Factors Influencing Graduate Medical Education,” to attendees of the 2010 ACGME Annual Educational Conference. The Conference, which was held March 4-7 at the Gaylord Opryland in Nashville, Tennessee, attracted a record crowd of approximately 1,600 program directors, program coordinators, designated institutional officials, and other people involved in graduate medical education.

The shift to the next accreditation system began in the early 1990s when the ACGME introduced the Outcome Project, which requires residents to master six general competencies: interpersonal skills and communication, medical knowledge, patient care, practice-based learning and improvement, professionalism, and systems-based practice.

The ACGME is working with Review Committees, and specialty medical organizations and boards to develop specific benchmarks of skills and knowledge that residents in every specialty must achieve at certain identified points or stages during their residency education. These benchmarks, or milestones, not only will help to demonstrate that all graduates meet the core competencies, but will enable both programs and the ACGME to certify that the residents meet them.

“We have entered an era of zero tolerance for medical errors and the public has very high expectations for the quality of care that they will receive,” said Dr. Nasca. “The profession, and those of us involved in the education of the next generation of physicians, must enhance the public’s trust in the profession and the quality of care provided by our residents in the teaching setting.

The next accreditation system will have longer accreditation cycles for strong programs, an emphasis on innovation and excellence, and more frequent collection and review of data between site visits. It will require more accountability from institutions that sponsor residency programs, more sharing of aggregate graduate medical education data, and less frequent revisions of standards.

Dr. Nasca noted that three principles underscore everything the ACGME does: the safety of patients under the care of residents and faculty in teaching institutions; the safety of patients that will receive care in later years when residents practice independently; and the assurance that residents are being educated in a safe,

humanistic environment that nurtures professionalism and the effacement of self-interest.

The ACGME Board of Directors discussed next steps for this new accreditation system at a strategic retreat in February. The Board appointed a task force to develop recommendations for the next accreditation system, which will be presented to the Board in February 2011.

Save the Date:
**2011 ACGME Annual
Educational Conference**
Beyond Boundaries
Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011
[click here](#) for more information; [registration](#) now open

Leadership Skills Training Program for Chief Residents

The 2011 dates for the ACGME's Leadership Skills Training Program for Chief Residents have been announced. These three-day workshops provide a transitional experience into the role of chief resident by enhancing self-awareness and understanding of personal leadership styles, strengths, and weaknesses as leaders as well as by developing knowledge and appreciation of group and interpersonal behavior. Participants also have the opportunity to learn additional skills, like managing conflict resolution and negotiation, providing feedback, managing stress, and collaborating with non-physician managers. Complete information, including dates, locations, and registration, is available [online](#).

Useful Resources for New Program Directors

Institutional Requirement III.B.10.e specifies that the Graduate Medical Education Committee (GMEC) approves a new program director prior to his/her confirmation with the ACGME. Once approved, the program director's name is entered into ADS, which automatically generates a welcome letter to the new program director, with copies sent to the DIO and program coordinator. The welcome letter provides useful information about the ACGME website, as noted below, and refers the new program director to the [ACGME Virtual Handbook](#). The welcome letter also informs the new program director that the DIO

and GMEC of the sponsoring institution and the specialty-specific Program Directors Association are other important resources, and encourages the new program director to contact these groups for more information.

Some Review Committees approve new program director appointments; in such cases, the Committee reviews the information at its next meeting, and the Committee's executive director provides a final letter of approval to the program director, sending a copy to the DIO.

Other useful resources and information include:

- The [Review Committee web page](#) contains periodic updates from the Review Committee, FAQs, staff members' contact information by subject, program requirements, PIFs, and a Program Director Guide to the Common Program Requirements.
- The [Program Directors & Coordinators link](#) (click on the header option from the ACGME [homepage](#)) contains information about Case Logs, Resident Duty Hours, the Resident Survey, and policies.
- The [ACGME Manual of Policies and Procedures](#), Section II, Accreditation Policies and Procedures, contains a complete explanation of accreditation statuses awarded to programs and the policies to which program directors must adhere. (The link can be found in the drop-down menu under "About ACGME" on the homepage)
- The [About ACGME-->Staff Listings menu](#) (on the homepage) provides access to contact information by department for staff at the ACGME, including the Department of Accreditation Committees—which houses all Review Committee staff—and phone and e-mail contacts for all ACGME staff.
- The [Key to the Standard Notification Letter](#) (which can be found on the Review Committee web page under "Program Resources") provides explanations for the common sections of accreditation letters.
- The [Outcome Project web page](#) provides comprehensive information about the general competencies.
- Please Note: You will need an ID and password to access ADS and the Resident Case Log System (if applicable).