

RRC NEWS

NEUROLOGICAL SURGERY



Accreditation Council for Graduate Medical Education

JULY 2009

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Summary of Recent RRC Actions

A total of 58 programs were reviewed during the January and June 2009 meetings of the Review Committee. The following program decisions reflect the work of the committee.

Total Accredited Programs	99
Programs Approved for Continued Accreditation	26
Programs Approved for an increase in Resident number:	5
Other requests (e.g., participating sites, fellowships)	24
Proposed Probation	1
Confirmed Probation	1
Proposed Withhold	1

Meeting and Agenda Closing Dates

The Review Committee can no longer accept requests received after an agenda closing date. It is important to note the following agenda closing dates for future meetings and to contact the committee office before the agenda closing date to confirm that an item will be scheduled for committee review.

Meeting Date
January 22-23, 2010
July 9-10, 2010

Agenda Closing Date
November 13, 2009
April 30, 2010

ACGME Resident Survey Results

From March through June 2008, residents from 71 programs were surveyed, and 568 of 628 residents completed the survey for a 90% response rate. The survey results indicate highly engaged learning between faculty and residents. An average of 92% of the residents indicated that faculty provide sufficient supervision and participation in conferences. An average of 96% of the residents reported opportunities to participate in research or scholarly activities, as well as opportunities to assess the residency program for the purposes of program improvement. Of the residents who responded, an average of 98% reported having met ACGME duty hour requirements for the work week, one day free from all program responsibilities, in-house call, and working within the 24+6 hour continuous on-duty limit. The survey results do suggest one area for program improvement. Twenty-three percent of the residents reported that they could not speak freely about issues and problems in their residency program without fear of intimidation or retaliation.

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In a complex learning environment, it is possible that structures may not necessarily be in place to elicit resident input. Successful programs, however, value resident input and gather resident opinions in many different ways. One example is a resident led forum that focuses on what works well and what can be improved. Programs then incorporate this input into the annual review of program effectiveness and improvement, which is a required accreditation process. Programs with other innovative ways of engaging residents and minimizing fear of intimidation are invited to share their ideas. The committee will review the concepts received and share selected strategies on the “Notable Practices” section of the neurosurgery ACGME webpage. Submissions can be made to the ACGME office at lds@acgme.org.

Neurosurgery Programs and Duty Hour Violations

Resident responses to the ACGME Resident Survey provide critical data to gauge the level of not only individual program compliance with resident duty hours, but the specialty as a whole. The Review Committee is dedicated to excellence in neurosurgery education and the provision of a duty hour structure that ensures development of competent neurosurgeons. This dedication also extends to the public and the patients. An essential component of program accreditation is the residents’ safety and wellness, and their ability to work with prescribed duty hour limits, without fatigue and excessive services obligations. To monitor program compliance with duty hour standards, the committee has adopted the following guidelines to identify potential duty hour violations.

What happens if the resident survey indicates duty hour concerns for first time (isolated non-compliant)?

A letter of warning is sent to the program and DIO, and the Resident Survey is automatically scheduled to be repeated for the next year.

What happens if the second resident survey shows a second duty hours concern?

A program site visit will be scheduled within nine months of the concern with an expedited review and decision by the committee. The ACGME Institutional Review Committee (IRC), which is responsible for accrediting Sponsoring Institutions, will be notified and the results from the site visit and committee action (as well as actions taken on all other programs that were site visited for duty hours) will be acted upon (e.g., change

in Institutional accreditation status).

What happens if there is a third non compliant survey response?

A program will be scheduled within six months of the concern with an expedited full accreditation review and decision by the Review Committee. Simultaneously, a focused institutional site visit will be scheduled to examine the Sponsoring Institution’s oversight of duty hours compliance and other aspects of the educational and work environment in response to repetitive non-compliant resident survey responses. At that time, the IRC may act to change the Institutional accreditation cycle length based upon findings from the results of the Review Committee’s actions, as well as actions taken on all other programs that were reviewed for duty hours compliance.

Recognizing a Notable Program Practice

A notable practice is a process or a practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. Notable practices do not create additional requirements for programs or institutions.

More specifically, a notable practice is a unique approach or practical tool (e.g., sample schedule, evaluation form [resident, faculty, program, multi-source, etc.]), set of goals and objectives, (e.g., workshop agenda/tools, model curricula, process guidelines, policy, survey, etc.) rather than just a description of a practice. In other words, the notable practice should be something that is usable as is or can be adapted by programs to fit their needs.

Look for these in the future on the Neurosurgery website.

Resident Case Log Changes for Neurological Surgery

The Committee has determined that the reports of resident operative experience should reflect the total number of operations performed, not the number of individual CPT codes. Individual cases can be entered into the ACGME Case Log system through two mechanisms:

1. by CPT code
2. by using the search button to select the

general category of operation

Either entry will allow the resident to appropriately code an individual case. Many neurosurgical procedures, however, require multiple CPT codes to clarify the total procedure as performed. Beginning with the 2009-2010 academic year, the residents will have to select the “credit” procedure or primary operation CPT code for the procedure performed. On some occasions, questions arise as to which single CPT code best describes the operative procedure for the categories that the RRC monitors. The procedure search mechanism built in the case log system is intended to help residents identify the most appropriate “credit” CPT code, which is then selected by checking the “credit” box on the data entry screen. The total number of operations will then be reported on summary reports used by the RRC. The residents will still be able to enter all other CPT codes performed, but will only get primary credit for one.

In order to ease the transition to this change, the ACGME will update any existing data. For the previously entered data, the first CPT code entered on a case will be selected as the “credit” procedure. The only exception is for cases involving disc disease and/or spondylosis or trauma with instrumentation. Since these are index cases, any trauma or degenerative disease operation in “instrumentation” must be selected from a menu of CPT codes. The instrumentation code will be selected as the “credit” procedure to ensure the resident gets credit for a spine index case. In addition to these changes, a new reporting option has been added to the Case Log System, “Resident Index Cases.” This will enable a program and/or resident the opportunity to generate one at any time and see exactly how many index cases have been entered into the system.

The Case Log System has been updated with current CPT codes, a process which occurs annually. Residents should receive instruction with CPT coding to ensure accurate entry of operative cases. Programs should have a mechanism to monitor and confirm accuracy of reported information. This validation of accuracy is particularly important, as aggregate data from the system is used for multiple purposes, including setting benchmarks for program performance. Accordingly, the following question has been added to the Program Information Form and site visitors will add this to their faculty and resident interviews:

Program Requirement - Program Director Responsibilities II.A.4.f:

Briefly describe the method to ensure complete and accurate entry of resident operative cases in the ACGME case log system.

There is a tutorial about how to use the system located at: <http://www.acgme.org/residentdatacollection/documentation/tutorials.asp>.

Neurosurgery Criteria for Resident Complement Increase

A program’s request to increase resident complement must include the following documentation:

1. Presence of a faculty of national stature (faculty roster and abbreviated curriculum vitae from the Neurosurgery PIF)
2. Quality of the educational program (accreditation status and response to immediate prior citations)
3. Quality of clinical care (brief description of the clinical program)
4. Total number and distribution of cases (institutional and resident operative reports from the most recent, complete academic year)
5. Quality of clinical and basic research (brief description of research program)
6. Quality of residents (ABNS report of resident board performance)
7. Facilities (brief description of diagnostic and operative facilities and resources)

More information is available here: http://www.acgme.org/acWebsite/RRC_160/160_resComp.pdf.

Neurosurgery Fellowship Criteria

Although fellowships are not approved by the Review Committee, the committee must review and determine that the presence of a fellow does not adversely impact the residents. Specific criteria must be submitted for this review, and is listed here: http://www.acgme.org/acWebsite/RRC_160/160_fellowCrit.asp. The committee’s review will focus on the following question from the PIF:

“Briefly describe how the operative experience of each Fellow is monitored to ensure that residents are not adversely impacted. Specifically address Fellow cases and the number of cases in the fellowship area completed by the most recent finishing resident.”

Learners, other than fellows, such as pre-residency fellows, must be identified to the committee. In addition, the scope of pre-residency fellows' work must be reported, along with a description of the impact on the program's residents.

Frequently Asked Questions (FAQ)

An FAQ section will be added to the neurosurgery webpage (http://www.acgme.org/acWebsite/navPages/nav_160.asp). This section highlights key questions and answers associated with major program requirements and committee processes.

Office of Resident Services

Resident Services was established by the Accreditation Council for Graduate Medical Education (ACGME) to help physicians in graduate medical education (GME) receive fair solutions to residency training-related concerns and formal complaints. Program directors should make every effort to resolve resident issues before a complaint is escalated to the ACGME. Additional information can be found on the ACGME website (www.acgme.org). For assistance, please contact us at residentservices@acgme.org.

ADS Updates

- A new video tutorial titled "Navigating the Preview/Edit PIF" has been released that covers how the Preview/Edit PIF functions. Program coordinators and directors with an upcoming site visit are encouraged to view this tutorial.
- Also, the "Navigating the New Physician CV" video tutorial has been released in an additional video format for Windows Media Player.
- A link to ADS video tutorials is located within ADS under the menu "Tools/Reference."
- If programs or sponsoring institutions determine that e-mail, or mailing, addresses are incorrect, please make the changes directly in ADS to ensure proper delivery of correspondence. Additionally, any change in program directors must be initiated in ADS by the sponsoring institution's designated institutional official (DIO) under the link "initiate PD change."
- The ADS System is accessible by going to the ACGME homepage, www.acgme.org, selecting "Data Collections Systems > ADS" from the left-hand menu and clicking the "Login" link.
- Please e-mail WebADS@acgme.org with questions or concerns.

Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of 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 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.

ACGME Announces Publication of the Journal of Graduate Medical Education

The ACGME is proud to announce the publication of a new peer-reviewed journal, the *Journal of Graduate Medical Education* (the *Journal*). The inaugural issues of the *Journal* will be published in August 2009. The mission of this journal is to contribute in a meaningful way to the knowledge about graduate medical education and the environment in which residents and fellows learn and participate in care.

The content of the *Journal* will encompass original works related to all aspects of graduate medical education and the environment in which it occurs, along with policy articles, reviews, commentaries, and letters to the editor and invited editorials. Each issue will include a limited number of pages with important updates from the ACGME and its review committees, with these pages clearly distinguished from the peer-reviewed sections.

Initial circulation of the *Journal* will be approximately 10,500 copies, with copies provided to directors of accredited residency programs and designated institutional officials (DIO) as part of their participation in the accreditation process. The *Journal* will be published quarterly (February, May, August and November). The ACGME will grant the Editorial Board and the Editor-in-Chief editorial freedom to establish that the views expressed in the *Journal* are exclusively those of the authors and may not represent ACGME policies and views, in keeping with guidelines for editorial independence. [Call for Papers: The Journal of Graduate Medical Education Inaugural Issues \(August and November 2009\)](#)

The Basics of Accreditation for New Program Coordinators Workshop

The new program coordinators workshop for neurosurgery coordinators will be held on August 10, 2009 at the ACGME Headquarters in Chicago, IL. Please refer to the ACGME website (www.acgme.org) for additional information.

Save The Date: 2010 ACGME Annual Educational Conference

The ACGME sponsors an annual educational conference covering graduate medical education topics relevant to program directors, DIOs, and residency coordinators. The preliminary conference schedule will be published on the ACGME website in the Fall. The March 4-7, 2010 conference will be at the Gaylord Opryland Resort Hotel and Convention Center, Nashville, TN.

GME Program Coordinator Excellence Award

To honor and recognize the very crucial role that program coordinators play in the success of residency programs, the ACGME is proud to announce its newest award, the GME Program Coordinator Excellence Award. As most residents, fellows, program directors, faculty and ancillary staff know, the program coordinator has a pivotal position within the residency. Everyone depends on the program coordinator for information. The ACGME is equally dependent on these individuals to wear the many hats of administrator, counselor, enforcer, coordinator, organizer, scheduler, and program information form (PIF) maven. For additional information please refer to the ACGME website (www.acgme.org).

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 environ-

ment 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/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.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/dcl_award/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.

Review Committee Members Effective July 1, 2009

The Review Committee is composed of nominees from the American College of Surgeons, American Board of Neurological Surgery, and the American Medical Association. The ACGME Board of Directors appoints committee members from a pool identified and nominated from each organization. Members are appointed for six years. Ralph G. Dacey, Jr., chairs the committee and Volker K.H. Sonntag, MD, FACS, is the Vice-Chair. Other committee members are Hunt H. Batjer, MD, Arthur L. Day, MD, Alexander A. Khalessi, MD, MS, A. John Popp, MD, and Robert Ratcheson, MD. Daniel Barrow, MD serves as Ex-Officio from ABNS.

The committee is grateful for the outstanding work and contributions of Dennis D. Spencer, MD and Michael L. DiLuna, MD who recently completed terms of service on the RRC.

Review Committee Staff

The Review Committee has dedicated staff to assist them in their work. Staff are also available to assist program directors in navigating the ACGME process. Contact staff to resolve issues as needed, or to obtain information to support residency education accreditation. Primary staff are Larry D. Sulton, PhD, Senior Executive Director (312-755-5027 – lds@acgme.org), Susan Mansker, Associate Executive Director (312-755-5028 – smansker@acgme.org) and Sandra Benitez, Accreditation Administrator (312-755-7472 – sbenitez@acgme.org).