

Summer 2008

Review Committee Members

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Farewell to Steven L. Giannotta, MD

Dr. Steven L. Giannotta completed his six year term on the Committee serving as Chairperson from July 1, 2005 – June 30, 2008. Under Dr. Giannotta's chairmanship, neurosurgery was represented, along with other specialties, in the development of a strategic plan aimed at providing greater input into the ACGME policy and practice that impacts residency programs. In collaboration with Dr. Arthur Day, Dr. Giannotta was also instrumental in guiding the specialty's adoption of the ACGME case-log system, which is required of all residency programs.

The committee welcomed Dr. A. John Popp, Dr. Giannotta's replacement.

Neurological Surgery Program Requirement Revisions

On the behalf of the neurosurgery community, Dr. Giannotta presented the revised program requirements for residency

education in Neurological Surgery to the ACGME. Dr. Giannotta explained the importance of incorporating the initial year of training in neurosurgery education under the direction and control of neurosurgery program directors. The requirements were approved by the ACGME Board of Directors effective July 1, 2009.

The new program requirements contain two educational formats: PGY 1-6 and PGY 1-7. Both formats include the year of acquisition of fundamental clinical skills. The PGY 1-7 format is specifically available to programs organized to provide a research year (which can occur at specified times during the residency). This will correct the problem of programs not being able to enter residents into the ACGME Accreditation Data System (ADS), a problem programs faced when residents were assigned to research and/or the lab.

A brief program letter of agreement (PLA) is required for all rotations, including rotations to Surgery. The PLA must be renewed at least every five years and address the following criteria: identify the faculty who will assume direct educational and supervisory responsibilities for residents; specify their responsibilities for teaching, supervision, and formal evaluation of residents, specify the duration and content of the educational experience; and, state the policies and procedures that will govern resident education during the assignment. An FAQ on this topic, which includes sample PLAs is available at: http://www.acgme.org/acWebsite/about/ab_FA

[QAgreement.pdf](#)

Neurological Surgery Program Information Form (PIF)

As part of an improvement project sponsored by the ACGME, Neurosurgery is participating in an initiative designed to increase efficiency. The paper-based program information form is being developed into an online, electronic PIF, or e-PIF. The e-PIF will still be parallel to the program requirements, and will allow for updates rather than data re-entry; additionally, the e-PIF will focus questions on outcomes rather than process. Development of the e-PIF is a collaborative effort between ACGME staff and members of the Review Committee. The work of the e-PIF team will be completed by July 1, 2009 and the e-PIF will be available to programs scheduled for site visits late next year.

RRC Decisions:

January/June 2008

Two neurosurgery residencies were accredited this year:

- University of California (Irvine)/ Orange, CA
- University of Texas at Houston/Houston, TX

17 programs were granted continued accreditation. Thirty-two programs function with 88-hour work week exceptions.

Improvement Areas Frequently Cited

Procedural Experience, Responsibilities of the Program Director (e.g., development of competency based goals and objectives, accuracy and completeness of the PIF), Curricular Development (e.g., development of competency based goals and objectives), and scholarly productivity of faculty and residents are the major areas frequently

cited for improvement. In preparation for site visits, and as part of the institutional internal review process and annual review of program effectiveness, program directors should use the program requirements as guidelines to self-assess, and to identify and implement compliance plans prior to the ACGME site visit.

Update: ACGME Web-Based Operative Log System (Case Log)

All programs are using the ACGME case log system and program directors are encouraged to monitor resident input of data to ensure that data are entered accurately and in a timely manner. The operative experience of program residents must be documented using the ACGME case-log system for site visits. Accuracy and completeness of data are essential components of a successful accreditation review. Program coordinators and residents are encouraged to contact the Helpdesk Line for Case Logs at 312/755-7464, email Oplog@acgme.org.

ACGME Resident Survey Results

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 education for residents. 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.

Accreditation Data System

The online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update the ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement)
- Submit the academic year “Annual Update”
- (ADS staff will e-mail the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is now the ACGME’s major form of communication. Please ensure that e-mail addresses in the ADS are correct. Address questions or concerns about ADS to the ADS representative for Neurosurgery,

Emilio Villatoro at 312/755-7117, email webADS@acgme.org.

Request for Complement Increase

All requests for changes in resident complement must be made through the ADS. The DIO must approve all requests, a step that is required before ACGME staff can make a submission to the RRC.

Accreditation Decision Letters

Program directors are able to access and print accreditation notification letters dated after July 1, 2004 through ADS. Copies of letters prior to this date are available upon request to RRC staff.

Innovation and Experimentation at the Program Level

Program directors wishing to implement an innovative project, experimenting to improve resident education or the learning environment, or implementation of the competencies should complete the [Program Experimentation and Innovative Projects Proposal](#) form located on the Neurological Surgery 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. One copy of the proposal should be sent via standard mail to the Executive Director, RRC for Neurological Surgery.

ACGME Learning Portfolio:

Experience, Reflect, and Learn

Richard Schlenk, MD, from Case Western Reserve met with the RRC to discuss opportunities of a Portfolio for Neurosurgery. One concern that needs to be addressed for neurosurgery programs is the time needed for residents to populate a portfolio and for program faculty to review and provide follow-up. Dr. Schlenk was asked to continue his work within the neurosurgery community to address these issues, interact with the major

organizations of neurosurgery to ensure that the interests of neurosurgery are represented; Dr. Schlenk will also provide an update on portfolio elements that are essential and efficient for neurosurgery programs.

The portfolio system, as conceived by the ACGME and others, is an interactive web-based professional development tool that residents can use throughout their residencies to record and organize their learning to reflect and receive feedback on their skills as physicians, building evidence that allows them to chart their own progress over time.

The Cleveland Clinic Foundation, Penn State University /Milton S. Hershey Medical Center, University of California (San Diego) and the University of Florida programs are participating in the development of the ACGME Learning Portfolio.

For additional information regarding the ACGME Learning Portfolio, please visit the ACGME website. The link to a pdf of FAQs is:

http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf.

Future RRC Meeting and Agenda Closing Dates

Meeting Date: November 13-14, 2008
Agenda Closing Date: September 22, 2008

Meeting Date: May 21-22, 2009
Agenda Closing Date: March 12, 2009

Meeting Date: November 19-20, 2009
Agenda Closing Date: September 10, 2009

Courage to Teach and Courage to Lead Awards

The ACGME is accepting nominations for the 2008-09 Courage to Teach and Courage to Lead awards. Information on the

Courage to Teach Award is available at:
http://www.acgme.org/acWebsite/palmerAward/pa_leachMemo.asp

Information on the Courage to Lead award is posted at:

http://www.acgme.org/acWebsite/courageLeadAward/co_memo.asp.

Former recipients in the neurosurgery community include: John Jane, MD (2007-2008), Robert C. Heros, MD (2006-2007), Volker K. H. Sonntag, MD (2004-2005).

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