

# RRC NEWS

## NEUROLOGY



ACGME

Accreditation Council for Graduate Medical Education

FEBRUARY 2011

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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](mailto:MSCHWAB@ACGME.ORG).

### New Review Committee Chair and Vice Chair

At its November meeting, the Review Committee elected Dr. Patricia Crumrine and Dr. Steven L. Lewis as its incoming Chair and Vice Chair respectively. These terms will commence July 1, 2011. Dr. Lewis will assume the Chair position effective July 1, 2013.

Accreditation Decisions: November 11-12, 2010 meeting of the Review Committee for Neurology 72 total programs reviewed	
<b>Total Neurology programs – 126 Total Programs Reviewed – 22</b>	
Approved Application	1
Proposed Probation	1
Continued Accreditation	20
<b>Total Child Neurology programs – 68 Total Programs Reviewed – 11</b>	
Continued Accreditation	11
<b>Total Clinical Neurophysiology programs – 92 Total Programs Reviewed – 18</b>	
Approved Application	1
Continued Accreditation	17
<b>Total Endovascular Surgical Neuroradiology programs – 2 Total Programs Reviewed – 1</b>	
Continued Accreditation	1
<b>Total Neurodevelopment Disabilities programs – 9 Total Programs Reviewed – 1</b>	
Continued Accreditation	1
<b>Total Neuromuscular Medicine programs – 26 Total Programs Reviewed – 2</b>	
Approved Applications	2
<b>Total Pain programs – 2 Total Programs Reviewed – 1</b>	
Deferral	1
<b>Total Vascular Neurology programs – 67 Total Programs Reviewed – 16</b>	
Approved Applications	5
Propose Withhold	1
Continued Accreditation	10

### MEETING AND AGENDA CLOSING DATES

MEETING: MAY 13, 2011  
AGENDA CLOSING: MARCH 2, 2011  
\*NEW SUBSPECIALTY APPS: FEBRUARY 16, 2011

MEETING: NOVEMBER 17-18, 2011  
AGENDA CLOSING: SEPTEMBER 7, 2011  
\*NEW SUBSPECIALTY APPS: AUGUST 24, 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.\*

## Neurology Subspecialty Program Requirements

The subspecialty program requirements for child neurology, clinical neurophysiology, neurodevelopment disabilities, neuromuscular medicine, and vascular neurology are undergoing major revision by the Review Committee. This process will include the development of new program information forms (PIFs) and FAQ documents. Review Committees must revise existing requirements approximately every five years to reflect changes in the specialty. Working with program directors in the subspecialties, along with other stakeholders, the Review Committee and its staff solicit input to create preliminary recommendations regarding major revisions to the existing requirements. Updates on these pending revisions will be provided via this newsletter as soon as they become available.

### New Frequently Asked Question (FAQ) for Vascular Neurology

Currently there are no existing FAQs for the program requirements for subspecialties of neurology, but as these program requirement revisions continue, the Review Committee is working to develop such documents for each. Updates on these will be communicated via the *e-Communication* and this newsletter as they become available.

To that end, during its November 2010 meeting, the Committee developed the following new FAQ for vascular neurology, regarding part-time fellowship:

#### *Program Requirement I.B.*

#### *Duration and Scope of Training*

*Training in vascular neurology shall encompass a total of one year that must be preceded by the completion of a residency program in neurology or child neurology accredited by the ACGME or the Royal College of Physicians and Surgeons (Canada). Elective time must be available for residents to pursue individual interests. Training must (1) be separate and distinct from all training required for certification in neurology and child neurology, and (2) include significant didactic and clinical experience in the care of patients with stroke and/or who are at risk for stroke in both inpatient and outpatient settings as detailed in the Educational Programs section (IV).*

#### Question:

Can a vascular neurology fellow complete his or her one year of education over a time period of more than one year, working part-time for any variety of reasons, including medical leave, research, etc.?

#### Answer:

Yes. Fellowship education in vascular neurology requires 12 months or one full-time equivalent (FTE) year. Ideally, the fellowship will be completed on a full-time basis, but at the discretion of the program director, part-time education at no less than half time is permissible to accommodate fellows with personal commitments (i.e., child care), to achieve greater flexibility in the sequence of fellowship education (i.e. combining clinical and research education), or to assist in recruitment. The one-year FTE vascular neurology education experience may be initiated at any point in the vascular fellowship sequence. Be aware that any months that do not consist of clinical education cannot be supported by GME funding designated for the clinical training only. Check with your local GME office if you need further clarification. The 12 months of ACGME-sponsored clinical education should be completed within 24 consecutive months. Please be sure to contact the American Board of Psychiatry and Neurology (ABPN) prior to implementation.

### Faculty Qualifications

Over the past few months, the Review Committee has received interim requests to review faculty qualifications before a program's scheduled site visit. As a result, the Committee has implemented a guideline that faculty qualifications will only be reviewed at the time of a program's site visit. The Committee expects designated institutional officials (DIOs) and program directors to know the faculty qualification requirements, and to use this information when making faculty appointments. The ACGME site visitor will confirm compliance during the site visit, and the Committee will review the faculty roster from the PIF to obtain an assessment of the faculty's overall expertise.

### Guidelines to Increase/Decrease Program Length

The prerequisite for admission to a neurology residency program is one year of broad clinical experience in general internal medicine, either during the first year of a 48-month program, or through a year of graduate medical education accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC) prior to entering a 36-month program. A complete neurology residency requires 48 months of education. Approved residency programs in neurology must provide at least 36 months of this education.

The following information must be provided to support a request to change program format:

1. a statement describing the proposal including the proposed date of implementation;
2. the educational rationale, and the goals and objectives for each proposed assignment for the proposed additional year;
3. a current curriculum for residents in block rotations or longitudinal experiences and a proposed curriculum for residents in block rotations or longitudinal experiences;
4. comments on citations and/or concerns identified at the last site visit;
5. a letter of support from the DIO; and
6. faculty CVs, if the proposal includes adding another participating site.

Please submit this documentation to the Review Committee for Neurology Executive Director Louise King: [lking@acgme.org](mailto:lking@acgme.org).

Note: the Review Committee only considers these requests during full Committee meetings.

### **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 field staff representatives 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](#)). 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 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.”

## 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, required 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).\*

*\* needed to be defined or specified by the Review Committees for review at the February 2011 ACGME Board meeting.*

Review Committees developed these definitions, and submitted them to the ACGME for review and approval at the February 2011 Board meeting. The approved definitions will soon be posted on the ACGME website; look for details in a forthcoming issue of the ACGME’s weekly *e-Communication*. As mentioned, these will become effective July 1, 2011.

## Site Visit Evaluations

After the conclusion of an accreditation site visit for programs or sponsoring institutions, the ACGME site visitor completes his or her report and submits it to the

ACGME's Department of Field Activities (DFA). The report is logged, and then, along with the PIF sent by the program or institution, transmitted to the Review Committee team for assignment to reviewers.

Once the Site Visit Report has been received and logged into the DFA database, the system that manages site visit scheduling generates an e-mail to the program director, indicating that s/he has an opportunity to complete an evaluation of the site visitor's knowledge, preparation, interpersonal conduct and other relevant elements of the visit. The evaluation is completed online, and programs are provided with instructions for how to access and complete it. The form is made available to program directors only after the Site Visit Report has been filed and cannot be altered. One of the reasons for this is to ensure that programs may candidly comment on all aspects of their site visit, without concerns that this may influence the Site Visit Report or the Review Committee's subsequent review. Completed site visit evaluations are aggregated; members of the field staff periodically are provided with an aggregate report that compares their performance to that of their 30 colleagues.

The e-mail notice asking for a program's evaluation of the site visit may arrive up to several weeks following the actual site visit. Consequently, program and directors may not recognize, or appreciate that the e-mail received is soliciting their comments on both their site visit and the performance of their assigned field representative. However, this feedback is extremely valuable to the ACGME and the members of the field staff in improving the site visit process. The ACGME relies on programs' honest responses, and strongly encourages program directors to look for these messages, and to take advantage of this opportunity to provide input on the accreditation process.

### **Introducing: *GME Focus***

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, DIOs, faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the

distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad of understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to maintain an ongoing sense of new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the [ACGME website](#), or via [this direct link](#).

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: [cat@acgme.org](mailto:cat@acgme.org).

### ***The Resident Review***

Periodically, you may see a link in the weekly *e-Communication* to the newest issue of *Resident Review*, the ACGME's online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces and lists of useful websites and upcoming meetings.

*Resident Review* was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the Council of Review Committee Residents (CRCR) and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, *Resident Review* includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of DIOs, how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. We hope that you forward the link to *Resident Review* from the *e-Communication* to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed at [www.acgme.org/acWebsite/resReview/RR\\_Winter\\_2011.pdf](http://www.acgme.org/acWebsite/resReview/RR_Winter_2011.pdf).

Article ideas and comments are welcome. Please send ideas and suggestions to the editor, Julie A. Jacob, manager of corporate communications, [juliej@acgme.org](mailto:juliej@acgme.org), or to Marsha Miller, associate vice president of resident services, [mmiller@acgme.org](mailto:mmiller@acgme.org).

### **Faculty Roster in Program Information Forms Includes Four Educational Activity Categories**

In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

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

### **Changing a Dependent Subspecialty Relationship from One Specialty/Core Program to a New Specialty/Core Program Requires Review Committee Approval for Subspecialty Programs in Hospice and Palliative Medicine, Neuromuscular Medicine, Sleep Medicine**

Dependent subspecialty programs are required to function in conjunction with an ACGME-accredited residency (also known as a specialty or core) program. The continued accreditation of the subspecialty is dependent on the specialty program's maintaining its accreditation. The dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution of the linked specialty program and should be geographically proximate to the specialty program. In the case of three multi-disciplinary subspecialty areas, one Review Committee has the authority to review and accredit such programs, regardless of the specialty program with which the subspecialty program is aligned. These subspecialties are:

- *Hospice and Palliative Medicine* – the Review Committee for Family Medicine accredits all of these programs, which may be aligned with specialty programs in anesthesiology, emergency medicine, family

medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology, or surgery.

- *Neuromuscular Medicine* – the Review Committee for Neurology accredits all of these programs, which may be aligned with specialty programs in neurology or physical medicine and rehabilitation.
- *Sleep Medicine* – the Review Committee for Internal Medicine accredits all of these programs, which may be aligned with specialty programs in internal medicine, neurology, psychiatry, otolaryngology, or pediatrics.

Should any programs in these subspecialty areas (hospice and palliative medicine, neuromuscular medicine, sleep medicine) need to realign and establish a new dependent relationship with a new specialty/core program, the program director of the subspecialty program must first request voluntary withdrawal of accreditation through ADS, and then formally submit a new application to the applicable Review Committee, per that Committee's process. The sponsoring institution's GMCE and DIO must approve both the voluntary withdrawal and the new application.

ACGME staff members of these Review Committees can answer questions and provide guidance about this process. Contact information for the staff of the Review Committee for Neurology can be found on p. 1 of this newsletter. Contact information for the staff of the Review Committee for Family Medicine and Internal Medicine can be found on those committees' web pages on the [ACGME website](#).

## 2011 ACGME Annual Educational Conference

### ***Beyond Boundaries***

Gaylord Opryland Resort Hotel  
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[click here](#) for more information