

RRC NEWS

NEUROLOGY



ACGME

Accreditation Council for Graduate Medical Education

JUNE 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.

Committee Staff Changes

Beginning early this summer, the Executive Director for the Review Committee for Neurology will be Louise King, MS. Ms. King will be supported by Ms. Sandra Benitez, Accreditation Administrator, and Ms. Debra Martin, Accreditation Assistant.

Currently, Ms. King serves as the Executive Director for the Review Committees for Colon and Rectal Surgery and Urology. Before this appointment, she was a Senior Accreditation Administrator and then Associate Executive Director for the Review Committees for Surgery, Plastic Surgery and Thoracic Surgery. Ms. King originally joined the ACGME in December 1997. During the past two years, Ms. King also assisted Dr. Lynne Meyer, Ms. Susan Mansker and Ms. Jennifer Luna with the activities of the Review Committee for Neurology in her role as Associate Executive Director. Ms. Mansker and Ms. Luna are now working with the Review Committees for Psychiatry, Neurosurgery and Medical Genetics.

Dr. Meyer will provide support for the Review Committees for Emergency Medicine, Family Medicine, Neurology and Psychiatry until early summer, when she will formally transition to serving as Executive Director for Emergency Medicine and Family Medicine.

Save the Date:
**2011 ACGME Annual
Educational Conference**

**Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011**

****more information to follow****

Committee Membership Changes

The Committee wishes to thank Dr. Ronald Kanner for his service, dedication, and wisdom. Dr. Kanner first joined the Review Committee for Neurology in January 2003, and served as Chair from January 2007-June 2009. He completes his term of service in June 2010.

The Committee welcomes Dr. Shannon Kilgore and Dr. Lori Schuh, who will join the Committee beginning July 1.

MEETING AND AGENDA CLOSING DATES

MEETING:	NOVEMBER 11-12, 2010
AGENDA CLOSING:	SEPTEMBER 2, 2010
MEETING:	MAY 12-13, 2011
AGENDA CLOSING:	MARCH 3, 2011

Recent Review Committee Activities

At its November 2009 meeting, the Review Committee reviewed the following agenda items:

Approved Applications – (8/9)	
General	0/1
Clinical Neurophysiology	2/2
Vascular	5/5
Sleep	1/1
Continued Accreditation – (29/30)	
General Neurology	10/11
Neuromuscular	3/3
Child	4/4
Clinical Neurophysiology	10/10
Vascular	1/1
Sleep	1/1
Approved Complement Increases	18/18
Adverse Actions	2
Voluntary Withdrawals	3

At its May 2010 meeting, the Committee reviewed the following agenda items:

Approved Applications – (6/6)	
Endovascular Surgical Neuroradiology	1/1
Clinical Neurophysiology	1/1
Neuromuscular Medicine	1/1
Vascular	3/3
Continued Accreditation – (51/51)	
General Neurology	11/11
Neuromuscular	4/4
Neurodevelopmental Disabilities	2/2
Child	7/7
Clinical Neurophysiology	8/8
Vascular	17/17
Sleep	2/2
Approved Complement Increases	2/2
Adverse Actions	1
Voluntary Withdrawals	0
Progress or Duty Hour Reports	5

Requests for Voluntary Withdrawal Must be Done through ADS

ACGME policy permits a program or sponsoring institution to request voluntary withdrawal of accreditation when a decision has been made by that program or institution to discontinue participation in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted

using the Accreditation Data System (ADS). Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, including: the proposed effective date which should coincide with the end of the current academic year; the reason for program closure; and a plan to place all active residents in other programs. Once submitted, ADS automatically generates an e-mail to the Designated Institutional Official (DIO) requesting approval. Once the DIO approves the request, ADS notifies the Review Committee staff. After a staff member processes the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.

DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, which means the program:

1. may not accept new residents/fellows
2. may not request “reversal” of the action (regardless of the proposed effective date)

The program or institution *may seek* accreditation at a future date by undergoing the application process pursuant to ACGME policy. See “How to Apply for Accreditation in Seven Easy Steps” on the Program Director & Program Coordinator area of the ACGME website (click [here](#)) for an overview.

Summary of 2009 Resident Survey Results

The annual resident survey for Neurology residents was administered in early 2009. The results for Neurology indicate highly engaged learning between faculty and residents. (Collated annual 2010 data will be available this fall for comparison purposes.)

- Questions pertaining to faculty (Q1-6) had an average compliant response rate of 93.65%, and ranged from 86.3% (Q5) to 98.4%.
- Questions pertaining to evaluation (Q7-8, Q11-12, Q15) averaged 95.78% compliance, and ranged from 93.5% to 98.0%.
- Questions pertaining to the educational program (Q9-10) had compliant responses of 97.9% and 94.6%, respectively.
- The question relating to fatigue and sleep deprivation (Q13) had a compliant response rate of 92.1%.
- The question relating to scholarly activity (Q14) had a compliant response rate of 98.5%.
- The questions regarding institutional resources

(Q17-18) had response rates of 75.9% and 98.7%.

- Compliant responses for questions 20-25 on duty hours ranged from 95.6% to 98.4%.
- Compliant response rates for questions 26-28 on duty hours were approximately 75.6% (approximately 22.3% not applicable).
- On Question 29 – “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 (5.4%), Within My Specialty (17.4%), Both (2.8%), N/A (74.4%).

Potentially noncompliant responses for questions on duty hours (Q20-Q28) ranged from 0.9% to 3.6%. **Table 1** (below) highlights select resident survey questions where potentially non-compliant responses from Neurology are greater than the average of all specialty programs combined, or potentially non-compliant Neurology responses are greater than 10%.

Table 1: Potentially Non-Compliant Data from the 2009 Resident Survey

	Neurology Normative Data	National Normative Data
Responses to Survey	1654 (91%)	95,793 (91%)
Q7 - Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?	3.4%	2.7%
Q8 - Do you have the opportunity to confidentially evaluate your overall PROGRAM, in writing or electronically, at least once a year?	6.5%	4.6%
Q9 - Has your program provided you access to, either by hard copy or electronically, written goals and objectives for the program overall?	2.1%	1.7%
Q10 - Has your program provided you access to, either by hard copy or electronically, written goals and objectives for each rotation and major assignment?	5.4%	4.3%
Q11 - Do you receive written or electronic feedback on your performance for each rotation and major assignment?	5.8%	4.1%
Q12 - Are you able to review your current and previous performance evaluations upon request?	2.0%	1.3%
Q18 - How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?	10.3%	9.4%
Q19 - Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?	42.2%	40.7%
Q20 - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.	2.8%	2.1%
Q21 - Residents and fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.	1.5%	1.3%
Q23 - In-house call must occur no more frequently than every third night, averaged over a four week period.	0.9%	0.5%
Q24 - Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents/fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.	3.3%	2.6%
Q25 - No new patients may be accepted after 24 hours of continuous duty.	3.6%	2.6%
Q26 - At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident/fellow.	3.4%	1.7%
Q27 - Residents / fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.	1.4%	0.8%
Q28 - When residents and fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80-hour limit.	1.3%	1.0%

Common Citations for Core Programs

Listed here are the most common citations between July 2007 and December 2009:

- PD Responsibilities (e.g., complete and accurate PIF, transferring resident verification)
- Qualifications of Faculty (e.g. Board certification)
- Curricular Development/Goals and Objectives (competency-based, specific to clinical experience and level of education)
- Required Patient Care Experiences
- Program Evaluation (e.g., annual documentation, confidential & written, Education Policy Committee, Board Examination data, written and documented plan of action)

Did You Know? Neurology Program Statistics

In academic year 2009-2010 there are:

- 126 Core Neurology programs
- 91 Clinical Neurophysiology programs
- 69 Child Neurology programs
- 65 Vascular Neurology programs
- 23 Neuromuscular Medicine programs
- 9 Neurodevelopmental Disabilities programs
- 1 Neurology sponsored Endovascular Surgical Neuroradiology program

Core Neurology Programs in Academic Year 2009-2010 Facts:

- 77 programs have a 3-year format; 49 programs have a 4-year format
- Of the 2108 approved resident positions, 1914 are filled
- The average program cycle length is 4.08 years
- 120 programs currently have continuing accreditation
- 1 program currently has accreditation with warning
- 4 programs have initial accreditation status
- 1 program has probationary accreditation status

Program Requirement Notes:

- A new Program Information Form (PIF) and related FAQ document for the Program Requirements for Neurology will go into effect July 1, 2010. If you have a site visit scheduled on or after July 1, 2010, you are required to use the new PIF and Program Requirements. The new FAQs are meant to be a useful resource to further clarify the Program Requirements and complete the PIF.
- The Program Requirements for Subspecialties in Neurology are currently in the revision process. These include:
 - Child Neurology
 - Neuromuscular Medicine

- Neurodevelopment Disabilities
- Clinical Neurophysiology
- Vascular Neurology

New General Neurology PRs, PIF and FAQs

As a reminder, the revised Program Requirements for Neurology go into effect July 1, 2010. Any programs with a site visit scheduled for July 1 of this year or later will be evaluated according to the *new Program Requirements and must use the new PIF*. When preparing your PIF, or if you have questions regarding interpretation of the Program Requirements, be sure to reference the new FAQs, a link to which can be found on the Neurology Web page on the ACGME website (click [here](#)). Of course, you may contact the ACGME offices as well.

What follows is a new FAQ that is *not* included in the document currently posted online:

Program Requirement II.A.1.b)

The program director should attend one national program director meeting per year.

Questions:

Can the assistant program director attend a meeting in place of the program director?
What kind of meetings will fulfill this requirement?

Answer:

Having the program director attend one national program director meeting per year is part of the life-long learning process. The overall goal is to promote sharing of ideas and subsequent program changes to improve each program on a continual basis.

The purposes of attending a national program director meeting are to:

- have a forum for the exchange of views on the administration of neurology residency programs and the teaching of clinical neurology to neurology residents;
- discuss the importance of neurology residency training as an academic activity;
- facilitate the sharing of educational resources for residency education;
- foster the development of educational materials for residency education; and,
- find support for residency educational research.

The program director must comply with this requirement. In addition junior faculty members such as assistant program directors should also be encouraged to attend.

Examples of meetings that would fulfill this requirement include the biannual meeting of the Consortium of Neurology Program Directors that occurs concurrently with the American Academy of Neurology or the American Neurological Association meetings. Another example would be the ACGME's Annual Educational Conference.

New Format for Citations

"Citations" – areas of non-compliance that the Committee identified during its review of a program – have a new format. Citations will now include the following five components:

- (1) Citation Heading – Summary of issue being cited
- (2) Program Requirement
- (3) Program Requirement Reference
- (4) Citation
- (5) PIF, Site Visitor Report, of Board Reference (if proposed adverse action)

Here is an example of the new citation format:

Program Director/Responsibilities/ACGME Required Information/Accurate and Complete Common Program Requirement: II.A.4.f)

The program director must prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.

The information provided was incomplete. Most notably, was the inaccurate listing of individual faculty members' scholarly activities. Dr. X is listed as core faculty in the faculty section but is not included in the core faculty scholarly activities table in the PIF. A question which asked for verification of supervising physician qualifications was not answered.

(Program Information Form pages 10, 25, 42)

Complement Change and Program Format Change Requests

A request for any change in resident complement requires prior DIO-approval, and must be reported to the Committee through the Accreditation Data System (ADS). An educational rationale will be required. Both

permanent and temporary increases require additional documentation and DIO approval *prior* to the Committee's review.

If you are requesting a change to program format, follow the process for a complement change request and clarify by stating in your educational rationale that you are requesting a change in program format. For example, "This program requests a change from a PGY-2 – PGY-4 program format to a PGY-1 to PGY-4 program format."

Resident complement information is available on the ACGME website at www.acgme.org/acWebsite/RRC_180/180_resComp.pdf. Click on the "Resident Complement (PDF)" link under the "Program Resources" menu on the Neurology Web page.

Useful ACGME Online Resources

- Virtual Program Director Handbook: www.acgme.org/acWebsite/home/PDVirtualHandbook.asp
- ACGME Data Book: www.acgme.org/acWebsite/dataBook/dat_index.asp
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: www.acgme.org/adspublic/ – click "Search Programs and Sponsors"
- Resident Survey National Data Report – available in ADS for Program Directors:
 1. Log into ADS
 2. Click "Resident/Fellow Survey"
 3. Click "National Data"
 4. DIOs select "Reporting Tools"
 5. Click "Resident Survey National Data Overall"
- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution's programs:
 1. Log into ADS
 2. Select "Reporting Tools"
 3. Click "Institution Level Resident Survey Results"
- Faculty Development Resources for Competency-based Education – a series of four PowerPoint presentations with facilitator's manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, developing a competency-based curriculum): www.acgme.org/outcome/e-learn/e_powerpoint.asp