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RRC NEWS IS A BIENNIAL PUBLICATION THAT PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR FOR SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: KREINOLD@ACGME.ORG.

Summary of Actions at May 2009 RRC Meeting

The Committee reviewed 61 programs: 23 core programs, 1 Endovascular Surgical Neuroradiology, 3 Neuromuscular Medicine, 7 Child Neurology, 14 Clinical Neurophysiology, 9 Vascular Neurology, 4 Sleep Medicine.

Applications (8 out of 9 approved) – Congratulations and Welcome!

Clinical Neurophysiology

Jackson Memorial Hospital/Jackson Health System, Miami, FL
Program Director: Cynthia Harden, MD

Oregon Health & Science University hospital, Portland, OR
Program Director: David Spencer, MD

Vascular Neurology

University of Florida, Gainesville, FL
Program Director: Michael F. Waters, PhD

NIH/National Capital Consortium, Bethesda, MD
Program Director: Steven Warach, MD

Albert Einstein College of Medicine, Bronx, NY
Program Director: Steven A. Sparr, MD

Wake Forest University School of Medicine, Winston-Salem, NC
Program Director: Patrick S. Reynolds, MD

Penn State University/Milton S. Hershey Medical Center, Hershey, PA
Program Director: Kerstin Bettermann, MD

Sleep Medicine

Strong Memorial Hospital of the University of Rochester, Rochester, NY
Program Director: Michael Yurcheshen, MD

General Neurology Continued Accreditation

(10 out of 11 granted)

1 year (n=0), 2 years (2), 3 years (3), 4 years (2), 5 years (3)

MEETING AND AGENDA CLOSING DATES

MEETING: NOVEMBER 19-20, 2009
AGENDA CLOSING: SEPTEMBER 10, 2009

MEETING: MAY 13-14, 2010
AGENDA CLOSING: MARCH 3, 2010

Neuromuscular Medicine Continued Accreditation (3 out of 3 granted)

1 year (n=0), 2 years (0), 3 years (0), 4years (0), 5 years (3)

Child Neurology Continued Accreditation (4 out of 4 granted)

1 year (n=0), 2 years (0), 3 years (0), 4years (0), 5 years (4)

Clinical Neurophysiology Continued Accreditation (8 out of 8 granted)

1 year (n=0), 2 years (2), 3 years (1), 4years (3), 5 years (4)

Vascular Neurology Continued Accreditation (1 out of 1 granted)

1 year (2), 2 years (0), 3 years (1), 4years (0), 5 years (0)

Sleep Medicine Continued Accreditation (2 out of 2 granted)

1 year (n=0), 2 years (0), 3 years (1), 4years (0), 5 years (1)

Adverse Actions: 1 Proposed Probation, 1 Proposed Withhold

Approved Complement Change Requests (Non-status Request) (18 requests out of 18 approved)

Other Non-status Items such as Progress Reports, Duty Hour Reports, Complaints, Formats, and Voluntary Withdrawals Reviewed (8)

Number and Average Cycle Length by Program Type for all Currently Accredited Programs in Academic Year 2009*

Program	Number	Cycle Length
Neurology	126	4.01
Endovascular surgical neuroradiology	1	2.00
Neuromuscular medicine	21	3.52
Child neurology	69	4.13
Neurodevelopmental disabilities	8	3.38
Clinical neurophysiology	91	3.40
Vascular neurology	65	2.99

*Note: Total average cycle length excludes withdrawn programs and undetermined cycle lengths. Average cycle length includes new programs that are granted a three-year maximum cycle length.

Most Common Citations for Adult Neurology Programs by Frequency

Academic Year 2007-2008

- Responsibilities of PD (15)
- Program Evaluation (7)
- Scholarly Activity (6)

July 2008-December 2009

- Responsibilities of PD (11)
- Faculty Qualifications (6)
- Curricular Development (6)
- Educational Program-Patient Care Experience (6)

ACGME/RRCs' Process for Handling Duty Hour Issues Noted on the Residnet Survey

First time/isolated noncompliant responses

- If resident survey indicates duty hour concerns, a letter of warning is sent to the program and DIO, and the Resident Survey is repeated next year.

Second consecutive noncompliant responses

- If repeat resident survey shows second duty hours concerns, a program site visit will be scheduled within the next nine months with an expeditious RRC decision made based upon that review.

- The Institutional Review Committee (IRC) is notified and results of subsequent site visits and further action is taken at institutional level based on those findings.

Third or greater consecutive noncompliant responses

- Program is scheduled for immediate full site visit to be accomplished and adjudicated within six months. Results are reported to the ACGME Monitoring Committee.

- A simultaneous, focused Institutional Review is scheduled to examine Institutional response to repetitive noncompliant resident survey responses. The IRC will adjudicate results of the site visit and render an institutional decision within six months and report that decision to the Monitoring Committee.

FAQ on Site Visits

Our program currently has no residents. Will we be site visited? If a site visit is due, the ACGME may visit your program, even if there currently are no residents in the program. Please contact staff in the Department of Field Activities to discuss. It may be possible to delay the visit for a short period (less than six months) to allow the program to be visited once it has a resident.

Any longer postponements are at the discretion of the RRC staff. The request for a postponement always should be made to the Department of Field Activities (http://www.acgme.org/acWebsite/fieldStaff/fs_staff.asp) within 21 days of the site visit announcement letter. For other frequently asked questions about the site visit, please go to: http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp

Office of Resident Services

Resident Services was established by the ACGME to help physicians in graduate medical education (GME) receive fair solutions to residency related concerns and formal complaints. Additional information can be found on the ACGME website (www.acgme.org). For assistance, please contact 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.

-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.

The Following One-Year Subspecialties will use the One-Year Common PIF for Site Visits Scheduled on or after July 1, 2009

- **Neuromuscular Medicine**
- **Clinical Neurophysiology**
- **Endovascular Surgical Neuroradiology** (Diagnostic Radiology, Neurological Surgery, Anesthesiology)

- **Vascular Neurology**
- **Hospice and Palliative Medicine** (Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology, or Surgery)
- **Pain Medicine** (Anesthesiology, Neurology, Physical Medicine & Rehabilitation, Psychiatry)
- **Psychosomatic Medicine**
- **Sleep Medicine** (Internal Medicine, Neurology, Psychiatry, Pediatrics and Otolaryngology)

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 only 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.

Notable Practices

What is a notable 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 Neurology website.

Neurology Program Requirements Update

The Neurology program requirements are now entering their final stage of the revision process. The Review Committee would like to thank all the individuals and organizations that provided feedback while they were posted online during this past April and May. We anticipate approval in the near future with an effective date during 2010. Look for a revised Program Information Form as well at that time.

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, 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 \(August and November 2009\)](#)

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 environment 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

Save The Date: 2010 ACGME Annual Educational Conference

Gaylord Opryland Resort
Hotel and Convention Center
Nashville, TN
March 4-7, 2010

- 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 Composition

We would like to thank the following committee members for their dedication, thoughtfulness, reflection, advice and time as their terms on the Review Committee ended in June, 2009.

Jose Carrillo, MD
Robert Pascuzzi, MD

Our new Review Committee members beginning in July, 2009 are:

Ralph Jozefowicz, MD
Meridith Runke, MD
Steven Lewis, MD
Phillip Pearl, MD