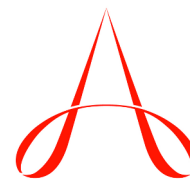


RRC NEWS

OBSTETRICS AND GYNECOLOGY



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 2011

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ACCREDITATION DECISIONS

The Review Committee made a total of 49 accreditation status decisions based on program reviews at the October 2010, January 2011, and May 2011 meetings. The following chart illustrates the review cycles for those programs. Decisions related to progress reports, permanent complement increase requests, and proposed adverse actions are not included in this chart.

Review Committee Status Decisions for 2011 Academic Year			
October 2010, January 2011, May 2011 Meetings of the Review Committee for Obstetrics and Gynecology			
Accreditation Status	Cycle Length	Number	Percentage of Total Status Decisions
Continued Accreditation	5 years	8 programs	16%
Continued Accreditation	4 years	11 programs	22%
Continued Accreditation	3 years	17 programs	35%
Continued Accreditation	2 years	11 programs	22%
Probation	2 years	1 program	2%
Voluntary Withdrawal		1 program	2%

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

MEETING AND AGENDA CLOSING DATES

MEETING: JANUARY 26-27, 2012
 AGENDA CLOSING: NOVEMBER 18, 2011

MEETING: OCTOBER 11-12, 2012
 AGENDA CLOSING: AUGUST 2, 2012

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.

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

RESIDENT SURVEY

A new version of the Resident Survey was made available on January 12, 2011 for participation by all programs with four or more residents. There are now 34 questions, and the duty hour questions appear first. All forced yes/no questions were eliminated, and every question has been re-worded by the survey research team at the University of Wisconsin. There are two new questions related to teamwork. Any areas identified by residents as potentially non-compliant with program requirements are specifically addressed by the site visitor. If the site visitor confirms a pre-identified area of concern, the Review Committee will cite that as an area of non-compliance with the ACGME standards in a program's Letter of Notification following the formal review. If the site visitor cannot verify a potential area of non-compliance per the survey results, the Review Committee will consider all of the program's accreditation materials, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for non-compliance are established based on this information. Programs across specialties that are identified as having a series of non-compliant responses (either annually or in consecutive program reviews) may be required to submit a Duty Hour or Progress Report to their Review Committee or undergo an accreditation site visit at an earlier date than stated in the program's most recent Letter of Notification.

A FREQUENT CITATION THAT REQUIRES CONSIDERATION

Rebecca P. McAlister, MD, Vice Chair, Review Committee for Obstetrics and Gynecology

The Review Committee wishes to clarify its expectations compliance with Program Requirement II.A.6 which states:

For the purpose of program review, accurate and complete documentation of each individual resident's experience for each year of the program is mandatory. These records should indicate the level of participation of the resident and skills achieved. The program director must review the record of operative experience with individual residents at least semiannually for breadth and depth of experience as well as for evidence of continuing growth in technical achievements. These cumulative data will be reviewed in detail at the time of survey for program approval or continued program approval. For the purposes of these records, there is no distinction between private and service patients.

The Committee determines compliance with this requirement through the Site Visitor Report, which verifies that written documentation of these meetings was available for review during the site visit. Additionally, the Committee analyses the case log data for the most recent graduates to determine the adequacy of each graduate's surgical experience. At the time of each six-month review, the program director is to ascertain that

each resident is logging an appropriate volume of cases in all categories to ultimately achieve technical proficiency upon graduation. If need be, the program director must craft a plan to allow a resident to “catch up” to expected volumes that will generate adequate surgical volumes by graduation. If a significant number of graduates logged inadequate surgical experience in several categories of cases, the Committee’s determination is that the six-month reviews were inadequately performed by the program director, as these deficiencies were not corrected before residents’ completion of the program. Should this determination be made, the program in question would receive a citation for non-compliance with PR II.A.6 at the time of its accreditation review.

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities

Site Visits after July 1, 2011

Site visits under the 2011 Common Program Requirements began July 12, 2011. No new questions were added to the PIFs; assessment of programs’ compliance with the new standards for resident duty hours, supervision, and other elements of the learning and working environment will be done through a set of questions in the Accreditation Data System (ADS). The information collected via ADS will print with the demographic and general information section of the PIF that is entered into ADS. A number of questions in the current PIF also provide information about compliance with the new common standards.

In addition to the PIF and the data collected via ADS, responses to the 2011 ACGME Resident/Fellow Survey, documentation such as resident files, rotation and call schedules, and program and institutional duty hour tracking data, among others, constitute the data elements assessed during program site visits. The members of the field staff interview program and departmental leaders, the designated institutional official (DIO), faculty members, and residents/fellows. Field staff members also use a variation of the Tracer Method familiar to many DIOs from other accrediting bodies.

Use of the Tracer Method

The Tracer Method is used by several accrediting organizations to increase the focus on operational processes that benefit patients. The ACGME uses it to assess a program’s response to particular situations, such as remediation of a resident with low academic performance, excess duty hours or inadequate supervision, or implementation of the new requirement

that means residents may remain beyond duty hour limits to care for an individual patient out of a compassionate or educational justification. As these processes are examined, the surveyor may confirm high performance or detect problems in the implementation of policies, elements of the process, or aspects of the interface between processes.

Use of the Tracer Method during program site visits will entail document review and interviews with program directors, residents/fellows, faculty members, coordinators, and potentially others. This will be done during the regularly scheduled interview sessions. In rare cases, such as evaluating the merits of a complaint against the program, application of the Tracer Method may necessitate some added time for interviews or more extensive review of documentation. This added time and relevant documents generally will be requested in advance through the list sent with a program’s site visit announcement letter.

Increasing Resident/Fellow Input during Program Site Visits

Between 2010 and June 2011, the ACGME Department of Field Activities conducted a pilot to explore whether textual comments from residents/fellows could be introduced into the site visit interview process. In this pilot the field staff representatives requested that residents/fellows compile a single, program-level list of up to five strengths and up to five opportunities for improvement for further discussion during the resident/fellow interview. The request was made through a note to the program director. These lists were considered confidential, and residents/fellows were asked to e-mail it directly to the field staff representative, or to bring it with them to the resident/fellow interview. The collection of resident-perceived strengths and opportunities for improvement was done only for program site visits, not for institutional reviews.

Residents’/Fellows’ Responses and Perceptions of the Pilot

A benefit of obtaining this consensus list is that it has provided the ACGME field staff with a sense of the *learners’* perceptions of their program’s strengths and opportunities for improvement. This is useful to begin the conversation during the resident/fellow interview. When aggregated across programs, the information also offers the ACGME insight into residents’/fellows’ unique perspectives on their programs and the accreditation standards. The information in the lists affirms the value of many of the questions currently asked in the Resident/Fellow Survey, and may also serve to highlight additional areas of high relevance for possible inclusion in future iterations of the Survey.

Resident/fellow comments have also included questions and feedback about changes to program requirements, such as the new common duty hour requirements. Residents/fellows and program directors alike have commented favorably on the way the pilot has increased their engagement in the site visit process, including those in larger programs who do not participate in the site visit interview.

The Department of Field Activities evaluated the pilot in June 2011, and implemented it for all program site visits after July 2011. The department will continue to explore this and other mechanisms to increase resident and fellow input.

Other Site Visit Pilots

One pilot in early evaluation entails a simple change in the sequence of the site visit process to have the resident/fellow interview completed earlier in the site visit day, after a brief introductory meeting with the program director. All other interviews, review of data, and if conducted, the tour of facilities, will be used to verify and clarify the information obtained during the resident/fellow interview. Currently, eight members of the field staff are using this approach for a more in-depth assessment of benefits and potential drawbacks.

CHANGING A DEPENDENT SUBSPECIALTY RELATIONSHIP FROM ONE SPECIALTY/CORE PROGRAM TO A NEW SPECIALTY/CORE PROGRAM REQUIRES REVIEW COMMITTEE APPROVAL FOR MULTI-DISCIPLINARY SUBSPECIALTY PROGRAMS

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 hospice and palliative medicine, the Review Committee for Family Medicine has the authority to review and accredit such programs, regardless of the specialty program with which the subspecialty program is aligned (anesthesiology, emergency medicine, family medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology, or surgery).

Should any hospice and palliative medicine programs need to realign and establish a new dependent

relationship with a new specialty/core program, the program director of the hospice and palliative medicine program must first request voluntary withdrawal of accreditation through ADS, and then formally submit a new application to the Review Committee for Family Medicine, per that Committee's process. The sponsoring institution's GMEC and DIO must approve both the voluntary withdrawal and the new application.

ACGME staff members (contact information for the staff of the Review Committee for Obstetrics and Gynecology can be found on p.1 of this newsletter; contact information for staff of the Review Committee for Family Medicine can be found [here](#)) can respond to any questions about dependent subspecialty programs.

PROGRESS REPORTS TO THE REVIEW COMMITTEE

The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The Committee will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the Review Committee does not rescind (remove) citations from a program's history upon review of a (requested) progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the Committee's request for the report. Citations can only be identified as corrected at the time of a full program review when they are thoroughly evaluated through the site visit and review of accreditation materials.

REVIEW COMMITTEE MEMBERSHIP CHANGES

DEPARTING MEMBERS

Andrew J. Satin, MD, Johns Hopkins' Bayview Medical Center, Vice President/Chair/Deputy Director for Obstetrics and Gynecology at Johns Hopkins University School of Medicine, completed his six-year Review Committee term on June 30, 2011. In addition to his American Board of Obstetrics and Gynecology (ABOG) certification, Dr. Satin holds a certificate in maternal and fetal medicine. As an active member of the Review Committee, Dr. Satin chaired the Subcommittee on Program Requirements that was charged with revising the current core requirements in addition to serving on the Milestone Working Group. The Review Committee will miss Dr. Satin and wishes to thank him for his participation throughout the past six years.

Ronald C. Strickler, MD, MBA has been the program director for Henry Ford Hospital's obstetrics and gynecology residency program since July 1, 2009. As a reproductive endocrinology and infertility (REI) specialist, Dr. Strickler addresses reproductive disorders and hormone function. For the past six years, Dr. Strickler's perspective as a current program director and REI professional expertise when contributing to accreditation decisions and in his oversight role for the Committee's corporate memory. The Review Committee recognizes Dr. Strickler's many contributions, including his membership on the Milestone Working Group, and wants to thank him for his tenure which ended June 30, 2011.

NEW MEMBERS

Jessica L. Bienstock, MD, MPH joined the Review Committee on July 1, 2011. Dr. Bienstock is an associate professor in the Department of Obstetrics and Gynecology at Johns Hopkins University and has been the program director for the residency program there since August of 2000. She has ABOG certification in both general obstetrics and gynecology and in maternal and fetal medicine. Dr. Bienstock's energy and expertise is welcomed by the Review Committee.

Lee A. Learman, MD, PhD also joined the Review Committee on July 1, 2011. Dr. Learman is the Clarence E. Ehrlich Professor and Chair in the Department of Obstetrics and Gynecology at the Indiana University School of Medicine. Dr. Learman is the Council on Resident Education in Obstetrics and Gynecology (CREOG) Chair, and is a member of the Milestone Working Group. The Review Committee welcomes Dr. Learman and looks forward to working with him in the upcoming six years.

2012 ACGME Annual Educational Conference *Encouraging Excellence*

March 1-4, 2012
Walt Disney World Swan and Dolphin
Orlando, Florida

Click [here](#) for more information

We'd Like to Know How We're Doing...

The ACGME's Department of Accreditation Committees has been working to improve newsletter content.

Please e-mail the editor (mschwab@acgme.org) with feedback on articles in recent issues. Were they useful? Interesting? Informative? What are we missing? What would make them better?

Thank you for your input!

RRC NEWS PROVIDES TIMELY AND CURRENT REVIEW COMMITTEE AND SPECIALTY UPDATES, AS WELL AS GENERAL ACGME INFORMATION AND EXPLANATIONS OF ITS SYSTEMS, POLICIES, AND PROCEDURES. IT ALSO SERVES AS A VEHICLE FOR COMMUNICATION BETWEEN THE REVIEW COMMITTEE AND ITS CONSTITUENTS.

PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

NEWSLETTERS ARE TYPICALLY AVAILABLE FOLLOWING A REVIEW COMMITTEE MEETING, BETWEEN ONCE AND THREE TIMES PER YEAR.