

RRC NEWS

OBSTETRICS AND GYNECOLOGY



Accreditation Council for Graduate Medical Education

MAY 2009

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Peer Review of Procedural Competence

RRCs use peer review to determine whether programs provide appropriate and effective educational experience for residents to achieve competence in their specialties according to published program requirements. As part of this accreditation process for surgical specialties, RRCs must determine whether programs report sufficient operative experience for their graduates through the ACGME Case Log system.

The surgical RRCs have each established minimum standards in important areas. At the present time, in the absence of more uniform ways by which to determine competence, these thresholds are used as proxies by the RRCs and may result in citations to programs for inadequate, marginal, or variable clinical experience.

For the past year, the RRC for Ob-Gyn has consistently used the 10th percentile from the annual data collection as the point below which it considers an individual resident's experience and/or a program's average resident experience to be inadequate. At present, the RRC has determined that resident or program procedural experience in a category that falls between the 10th and 20th percentiles is marginal.

Development of procedural milestones will extend the ACGME Outcomes Project to help determine an individual resident's clinical competence, instead of relying on number of surgical procedures. (For more information on milestones, see "Where Will the Milestones Take Us? The Next Accreditation System" by Thomas J. Nasca, MD, MACP, ACGME Bulletin, September 2008 available at http://www.acgme.org/acWebsite/bulletin/ACG11_BulletinSep08_F.PDF)

Revised Case Log Reports for 2008-2009

The RRC recently introduced revisions and a new format to be implemented for Resident Case Logs in Ob-Gyn. Larry Gilstrap, MD, Chair of the RRC, speaking at the Ob-Gyn session during ACGME's Annual Education Conference, and George Wendel, MD, RRC Vice Chair along with Tom Richter, ACGME Director of Data Systems and Data Analysis, speaking at the CREOG annual meeting, provided participants with an overview of the new reports which will feature:

MEETING AND AGENDA CLOSING DATES

MEETING:	OCTOBER 15, 2009
AGENDA CLOSING:	AUGUST 14, 2009
MEETING:	JANUARY 21, 2010
AGENDA CLOSING:	DECEMBER 18, 2009

- more accurate means of combining various procedural categories such as operative deliveries and uro-gynecologic procedures;
- display of the median instead of the mean number of procedures to identify national trends;
- use of bar graphs for display of resident and program experience against the mean; and,
- color-coding for providing at-a-glance views of residents who may be outliers in performing various procedures.

The 2008-2009 case log data will be provided in the revised format. More information about the revised case logs will appear in the Fall 2009 RRC Newsletter. By that time, program directors will have had the opportunity to review national and program data for the first time in the revised format. To review the changes in reporting categories and procedures, read the RRC's webpage at http://www.acgme.org/acWebsite/RRC_220/CaseLogChanges10142008.pdf and http://www.acgme.org/acWebsite/RRC_220/DataMemo_OB_ED_7-08.pdf.

A tutorial regarding Resident Case Logs is available on the ACGME website at <http://www.acgme.org/residentdatacollection/documentation/tutorials.asp>. Frequently-Asked Questions about case logs can also be found on the website at <http://www.acgme.org/residentdatacollection/documentation/faq.asp>.

Accreditation Data System

The ACGME's online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update 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 (ADS will populate many sections of the PIF with the data entered)

Send your questions or concerns to the ADS representative for Obstetrics-Gynecology, Emilio Villatoro at evillatoro@acgme.org.

Ob-Gyn Represented on Duty Hours Task Force

George Wendel, MD, chair-elect of the RRC, will represent Ob-Gyn on the ACGME Joint Task Force on Duty Hours. This Task Force was announced by Thomas J. Nasca, MD, MACP, ACGME's Chief Executive Officer, in his February 9, 2009 letter to the GME community (http://www.acgme.org/acWebsite/home/nascaletter_feb2009.pdf). The Joint Task Force will include chairs of various RRCs, residents, and members of the ACGME Board of Directors. The Joint Task Force is charged with drafting revised duty hours standards.

RRC Staffing Changes

After 28 years of service to the RRC, Sheila Hart, Senior Accreditation Administrator, retired on March 31, 2009. Sheila has played an invaluable role to RRC members and program directors in the program accreditation process. Her dedication to excellence in residency education and her ever present smile and kind words will be missed.

While Sheila looks forward to full-time duties as a die-hard Cubs fan, another Cub faithful has taken her place on the RRC staff team. Billy Hart (no relation) officially assumed responsibility as Senior Accreditation Administrator for Ob-Gyn RRC on April 1, 2009. Billy has provided administrative support for the RRCs for Orthopedic Surgery, Pathology, Dermatology, and Medical Genetics for the past ten years. In addition, Gloria Rouse-LaRue takes over as administrative secretary for the RRC. Gloria has been with the ACGME for 16 years, most recently supporting the Institutional Review Committee.

Extending the Term of Chair

At its February 2009 meeting, the ACGME Board of Directors approved revisions to the Manual of Policies and Procedures that included changing the name of the ACGME Council of Review Committee Chairs to the ACGME Council of Review Committees (CRC) and extending the term length of Review Committee Chairs from two years to three years (Manual, pg 36) including endorsement of the implementation of the transition plan.

The primary rationale for these changes is to facilitate greater interaction and improved communication with the ACGME Board of Directors by helping ensure institutional memory as the Council undertakes its ini-

tatives through the coming years. Under the scope of its redesign, the CRC also structured three subcommittees: Standardization, Innovation, and Common Program Requirements and identified three specialty groups – Surgical, Medical, Hospital-based/Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work.

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergo major revision at least once every five years. Approximately 18 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and program information form (PIF) and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration.

Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs are notified through the ACGME weekly e-Communication that the proposed requirements are available for review and comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments and the Review Committee's response to these comments must accompany the requirements when they are submitted to the Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

2009 ACGME Annual Educational Conference: Keynote speaker K. Anders Ericsson, PhD

The 2009 ACGME Annual Educational Conference took place March 5-8 at the Gaylord Texan Resort and Convention Center in Grapevine, Texas. About 1,400 program directors, program coordinators, designated institutional officials, and others involved in graduate

medical education attended the sold-out conference.

Dr. Ericsson, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Fla., presented his keynote address, "The Making of Superior Doctors through Deliberate Practice: What Can We Learn from the Training of Chess Masters, Elite Athletes and Musicians" on March 7. He discussed how the study of optimal training techniques for chess players, athletes, and musicians can be applied to the education of residents.

Dr. Ericsson noted that excellence in a certain field requires solid fundamentals and that excellence is a result of deliberate practice. He described deliberate practice as "individualized training activities designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement." This sort of training has a dramatic effect on performance.

It's also important for individuals to challenge themselves by putting themselves in increasingly more difficult situations. Dr. Ericsson observed that "Elite athletes always are trying to do the things they cannot yet do, which means they will fall and fail more. Failure is linked to stretching yourself to do what you cannot yet do."

In medicine, simulators are a good way for physicians to challenge themselves by trying out new procedures and techniques. Simulators allow residents to try things they couldn't do with real patients, and they allow residents to train when they are ready to stretch themselves.

The 2010 ACGME Annual Educational Conference will be held March 4-7 at the Gaylord Opryland in Nashville, Tenn.

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
- 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/DCLaward-FAQs.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.