

RRC NEWS

OPHTHALMOLOGY



ACGME

Accreditation Council for Graduate Medical Education

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Retina and Refractive Surgery Minimum Numbers Change

In response to inquiries related to required retina experience during residency, the RRC concluded that residents should have familiarity (performing and assisting) with a total of at least 10 retina procedures during the three years of resident education. The goal is for residents to have an understanding of the pre- and post-operative evaluation, as well as risks and benefits of retinal surgical procedures. Therefore, the minimum for retina surgery will be changed so that the total number of surgeon + assistant cases must be greater than or equal to 10. Residents should have a basic understanding of the most common retinal procedures, and be able to counsel patients and their families about the risks and benefits. In addition, the refractive surgery minimum will also be changed so that the total number of cases (surgeon + assistant) must be greater than six.

Minimum Numbers Used for Program Review

The number of resident procedures will continue to be monitored for the broad range of surgical experience, equivalency of experience, and progressive/graduated responsibility. The RRC expects residents to assist on most procedures before becoming the primary surgeon. Operative minimums per class of procedures are now established only for cases where the resident is the primary surgeon. A definition of 'surgeon' is noted on the ACGME website (www.acgme.org) and in ADS. Class I and Class III delegations have not been used since 2007.

Residents are expected to enter into the ACGME Case Log System, surgeries on which they are first assistants as well as cases on which they are the primary surgeons. This is necessary for the program to demonstrate a progressive graduated and broad surgical experience.

MEETING AND AGENDA CLOSING DATES

MEETING: MAY 21-22, 2010
AGENDA CLOSING: MARCH 26, 2010

MEETING: NOVEMBER 19-20, 2010
AGENDA CLOSING: SEPTEMBER 24, 2010

RRC Notable Practices

Three new ophthalmology notable practices have been added to the ACGME Notable Practices webpage (accessible via the RRC webpage, as well as by clicking 'All RC Notable Practices' from the 'Review Committees' drop-down menu at www.acgme.org):

- Competency Assessment Tools – “Wake Forest Pre and Post Rotation Checklist,” submitted by Timothy J. Martin, MD, program director for ophthalmology at Wake Forest University
- Competency Assessment Tools/Portfolio – “Sample Resident Learning Portfolio,” submitted by Nicholas J. Volpe, MD, program director for ophthalmology at University of Pennsylvania
- Model Program Information Form – “Common PIF Competency Section,” submitted by Robert G. Voigt, MD, program director for pediatrics at the Mayo Clinic

Answering the Common Program Requirements Competency PIF Questions

The RRC has received comments related to completing PIF questions about implementation of the competencies. The Committee has prepared the following response:

Some program directors may have observed that some of their PIF listed competency-based teaching and learning activities that had previously “passed muster” in a prior program review, were then reviewed in the next cycle (four or five years later) in a second site visit, and the exact same project (e.g., practice-based learning project or systems-based practice activity) was no longer considered to be in compliance with the competency requirements.

The reason for this apparent discordance is that the ACGME and RRC process for determining compliance with the competency mandate is, by design, evolving.

The ACGME Outcome Project is a multi-year and multi-phased project with an expectation for programs to develop a more mature, graduated and complex response to the teaching and assessment of the ACGME competencies over time. Stated differently, all programs will need to move from simple structure and process activities to an outcomes-based learning activity.

Competency responses that may have been completely acceptable or even “notable practices” five years ago may no longer be in compliance with the expectations of the Outcome Project.

The ACGME website has specific guidance for program directors in this regard which represent the current thinking from the RRC for Ophthalmology. These include specifically recommended methods (e.g., direct observation, 360 degree evaluation, portfolio, and exams) and ophthalmology-specific tools (e.g., OCEX, ophthalmic 360 degree, ophthalmic portfolio, and the OKAP and ABO examinations) that the RRC feels should be used.

In addition, programs should consider the following checklist when striving to create an ideal assessment process for the competencies including:

1. The learning activities must be structured (not ad hoc)
2. Demonstrated faculty involvement (oversight, direct observation, participation, mentorship)
3. Evidence of both teaching (structure and process) and learning (outcomes)
4. Formative bi-directional feedback (not uni-directional)
5. Linkage to patient outcomes (i.e., patient satisfaction, reduction of medical error, patient safety, cost effectiveness, system efficiency, etc.)
6. Documentation and verification of compliance

Operative Data Considerations for the RRC

The RRC will use the most recent operative data available for its review of a program. For example, a hypothetical program had a site visit in May, 2009 and provided the operative data from academic year 2007-2008 in the PIF. However, the program was not reviewed until the November, 2009 RRC meeting, by which time the operative data from academic year 2008-2009 became available. In such a case, the RRC considers both sets of operative data at the time of the program review.

Ophthalmic Plastic and Reconstructive Surgery Subspecialty

The RRC has decided that it will not require a site visit for the initial accreditation of programs in the subspecialty of ophthalmic plastic and reconstructive surgery. Initial accreditation can be for a duration of one to three years. All applications should be sent to the executive director, Dr. Patricia Levenberg, at: ACGME, 515 North State Street, Suite 2000, Chicago, IL 60654.

Outstanding Members of the GME Community for Ophthalmology

In late September, the ACGME announced its Courage to Teach award recipients. The award is named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote *The Courage to Teach* and other books on teaching and vocation, and given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching. The RRC would like to formally congratulate Ramesh Ayyala, MD, of New Orleans, Louisiana, for being one of the recipients of the Parker J. Palmer Courage to Teach Award. Awardees receive \$1,000 and a plaque, and will be invited to a retreat in May, 2010. In addition, Dr. Ayyala will be invited to an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tennessee.

The Committee also congratulates Mark Juzych, MD, of Detroit, Michigan. Dr. Juzych is the recipient of a Courage to Lead award. The ACGME recognizes that designated institutional officials (DIOs) face many challenges in creating an environment for educational programs, facilitating residents' ethical, professional, and personal development, and ensuring safe and appropriate care of patients. Courage to Lead awards acknowledge the leadership and commitment of DIOs who foster an excellent environment for resident education. Each DIO will receive a check for \$1,000 and a plaque. Additionally, Dr. Juzych is this year's recipient of the prestigious Straatsma Award for Excellence in Resident Education, an annual award given by the Association of University Professors of Ophthalmology.

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<https://acgme.emettingsonline.com/emettings/websitev2.asp?mmnno=128&pagename=ATTENDEE>

The ACGME also offers workshops for new program directors and coordinators. RRC Chair Mark Juzych, MD, and RRC Executive Director Patricia Levenberg, PhD, will present an Ophthalmology update for program directors and coordinators at this year's conference in Nashville.