

RRC NEWS

OPHTHALMOLOGY



ACGME

Accreditation Council for Graduate Medical Education

JANUARY 2009

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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: KREINHOLD@ACGME.ORG.

ADS Updates

•The ACGME Resident/Fellow survey will resume January through June of 2009. All core specialty programs and subspecialty programs with four or more residents/fellows will be surveyed.

•Programs may now access a FAQ and Video Tutorials within their ADS accounts, under the Resident/Fellow Survey menu. These tutorials and FAQ thoroughly cover the Resident Survey Introduction, Administration, Monitoring, Helpful Hints, and Troubleshooting. A Reporting Schedule will be available within the next week. Designated Institutional Officials (DIOs) will soon be able to access the Reporting Schedule under the Program and Resident Information menu within their ADS accounts by selecting View and Update Sponsored Programs and clicking the Resident/Fellow Survey Report link. Video tutorials are located under the Tools/Reference menu. An official notification e-mail will be sent to the programs on their start date for completion of the survey and will contain detailed information. Please review the e-mail address for your DIO, institutional coordinator, program director and program coordinator within ADS. This information is vital to ensure proper delivery of correspondence sent by ACGME Resident Survey staff. If you have questions about this survey or its administration, please e-mail Ressurvey@acgme.org.

•The aggregate 2007 and 2008 national resident survey reports for the core specialties can now be available in ADS under the Resident Survey Section. The DIO can find the reports under Reporting Tools.

•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 DIO under the link "initiate PD change."

•ADS Login Page: <https://www.acgme.org/ads>

•Please e-mail WebADS@acgme.org with questions or concerns.

FAQs—Minimum Operative Numbers

Question: How were the minimum operative numbers determined?

Answer: In 2006, the RRC revisited the minimum operative numbers. As a surgical subspecialty, ophthalmology requires the development of competence in key

MEETING AND AGENDA CLOSING DATES

MEETING: MAY 29-30, 2009
AGENDA CLOSING: APRIL 1, 2009

surgical procedures and at least familiarity in others. While the RRC recognizes that achievement of minimum operative numbers does not assure individual competency, the minimums serve as a surrogate for measuring the adequacy of surgical volume offered by a program to its residents. The new minimums were set at the 20th percentile of procedures performed nationwide by residents. Having reviewed these minimums over the past two years, the RRC has decided not to change the minimums, even though the numbers of surgeries nationwide has increased according to the Resident Case Log System.

Question: Why are there surgical categories with a very low minimum (e.g., one or three)?

Answer: The RRC recognizes that residents will not achieve competency after only performing a handful of procedures in a particular discipline, but it requires that residents do have familiarity with the procedures in each subspecialty. Familiarity can be defined as the ability to perform a procedure with assistance. The program director and faculty are the final arbiters for the assessment of a resident's competency for a procedure.

Question: Why are there a "total surgeon plus assistant" minimum number of procedures?

Answer: Instead of requiring a certain number of procedures as an assistant, the RRC decided to use this measure as a surrogate for overall surgical volume for a program.

Question: Does each resident have to meet the minimum operative numbers to graduate?

Answer: No. The program's per resident average should meet each minimum operative number. However, each resident must demonstrate sufficient competence to enter practice without direct supervision. In addition, the program director should ensure that residents have equivalent educational experiences; in general, there should not be wide variations in residents' surgical numbers. The program should also have a broad range of surgical experience, a progressive, graduated surgical experience (residents should assist on most procedures before acting as primary surgeon), and have appropriate supervision in surgery. A program may be cited for non-equivalent experience, lack of breadth of surgical experience, lack of a progressive, graduated experience, and inappropriate supervision despite meeting the minimum operative numbers. There must also be an assess-

ment of surgical competency.

Question: What is the definition of a resident acting as primary surgeon? How do I count multiple procedures on a single patient?

Answer: See "Definition of a Surgeon" under the Program Resources tab of the Ophthalmology Review Committee page [here](#).

Question: What cases should residents enter in their Resident Case Log?

Answer: The general rule is to have residents enter any case they perform in the operating room, the minor surgery room, or the laser room. Procedures done at the slit lamp (corneal foreign body removal, punctal plug insertion, etc.) do not count towards the minimum operative numbers.

Accreditation Site Visit—PIFs

The Department of Field Activities has a very useful FAQ on the ACGME website under Site Visit, FAQ-Site Visit (http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp).

Question: Can I make changes to the PIF after it has been sent to the site visitor?

Answer: The PIF sent to the site visitor and the three copies provided on the day of the visit must be identical and in final form. Changing the PIF after a copy has been sent to the site visitor and before the day of the visit should be avoided at all cost. Minor discrepancies can be cleared up on the day of the visit. The rare exception is a major error or omission in the PIF that profoundly affects the review. In this case, do not send a new PIF. Send the site visitor only the pages that were changed, with the changes clearly highlighted. Notify the site visitor via phone or e-mail that revised PIF pages are being sent. No revisions may be sent any later than five to seven days before the date of the visit. The three copies of the PIF provided to the site visitor on the day of the visit for mailing to the ACGME must be in the revised form. If errors are discovered on the day of the site visit, it is acceptable to make minor changes to selected PIF pages, provided that it can be done before the site visitor departs. Site Visitors are not able to delay their departure while you make extensive changes. Once pages have been changed, a copy of the revised pages should be given to the site visitor with the changes highlighted, and the pages with revisions should be inserted in the three copies to be sent to the ACGME before they are

packaged for mailing.

New Post for RRC Chair, Louis Cantor, MD

Dr. Louis Cantor has been appointed Chair of the Ophthalmology Department at Indiana University. Dr. Cantor has been Chair of the RRC for four years. In addition, he is Chair of the ACGME Council of Review Committee Chairs. Dr. Cantor's term on the RRC and the Council will end in June 2009. Congratulations, Dr. Cantor!

New Electronic Ophthalmology Program Information Form (PIF)

Working with RRC member Maria Aaron, MD, the ACGME IT staff developed an electronic PIF, available on the ACGME website. This interactive document can be found on the RRC webpage: http://www.acgme.org/acWebsite/navPages/nav_240.asp, under Program Information Forms, and then Accreditation Data System (ADS). To maintain security, the e-PIF is accessed using the program director's unique login and password. The goal of this project was to make the form more user-friendly than the paper process that was used in the past.

The e-PIF has two distinct sections. The first is the "Common PIF". This section asks for responses to prior citations, major program changes, participating sites, faculty roster and CVs, resident complement, and evaluations and duty hours. This section is common to ALL programs regardless of specialty.

The next section is specialty (Ophthalmology) specific. This section asks ophthalmology related questions concerning the six General Competencies, program equipment, resident educational experiences and rotations, and scholarly activities. Each section has text boxes, some of which work like mini-word processors, check boxes, charts to type in information and statistics, and drop down menus. Some information is prepopulated by the ACGME using the data that programs have previously entered during the ADS annual update. This new process of completing the PIF online permits program directors to log in at their leisure, answer a few questions, and enter answers in any order that is desired. It is extremely easy to make changes, save responses, assign questions to others and share the answers.

ACGME Offers 2007-2008 Issue of ACGME Data Resource Book as Free Online Publication

The Accreditation Council for Graduate Medical Education is proud to announce that the wealth of statisti-

cal data in the annual ACGME Data Resource Book will now be available without charge to everyone. The 2007-2008 ACGME Data Resource Book, the sixth annual edition of the book, will be posted on the ACGME website, and can also be downloaded as a PDF file.

The online data book includes nearly 100 pages of tables and charts with aggregate statistics on residents, programs, and institutions for academic year 2007-2008 (July 1, 2007 to June 30, 2008). The 2007-2008 ACGME Data Resource Book can be viewed online at www.acgme.org/databook. A set of the five previous hard copy issues of the data book can be purchased for \$150 at http://www.acgme.org/acWebsite/dataBook/dat_index.asp.

2009 ACGME Educational Conference March 5-8, 2009 in Grapevine, Texas

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours. The Ophthalmology specific-section is Friday, March 6 at 3:45pm-4:30 PM.

The 2009 conference theme, "Shaping the Future," will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled "Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards," as well as an introductory pre-course for new program directors and coordinators.

Attendees can register here: http://www.acgme.org/acWebsite/meetings/me_EducConf_09_Speakers.asp.

New Zip Code for ACGME

ACGME's zip code changed on July 1, 2008. Anything that is mailed or sent by Fed-Ex must now reference zip code 60654. Please note that the PO Box zip code, 60610, remains unchanged.

Focused Revision of the Program Requirements

The RRC for Ophthalmology is inviting comments for a focused revision of the Program Requirements for Ophthalmology. The change to the program require-

ments relates to board pass rates. The memo can be viewed here: http://www.acgme.org/acWebsite/review-Comment/rev_programReq_Index.asp

The Impact Statement can be viewed here: http://www.acgme.org/acWebsite/reviewComment/Dec2008/240_Ophthalmology_Impact_Statement_122008.pdf

The Program Requirements for Ophthalmology can be viewed here: http://www.acgme.org/acWebsite/reviewComment/Dec2008/240_ophthalmology_07012007_Focused_R&C.pdf

Election of Chair and Vice-Chair

Effective July 1, 2009, Mark Juzych, MD will be Chair of the RRC for Ophthalmology. Maria Aaron, MD will serve as Vice-Chair. Each will have a two-year term. Dr. Juzych is currently a program director at Wayne State/Detroit Medical Center and DIO of the Detroit Medical Center. Dr. Aaron is the program director for ophthalmology at Emory University.