

RRC NEWS

OPHTHALMOLOGY



Accreditation Council for Graduate Medical Education

JULY 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: KREINOLD@ACGME.ORG.

Peer Review of Procedural Competence

RRCs use peer review to determine whether programs provide appropriate and effective educational experiences for residents to achieve competence in their specialties.

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. And, each surgical RRC has established minimum standards in important areas. At the present time, in the absence of more uniform ways to determine competence, these thresholds are used as proxies by the RRCs and may result in program citations for inadequate, marginal, or variable clinical experience. On occasion, the Committee may ask for the case logs only as part of a progress report. Obtaining the most recent case log information will be the responsibility of the Ophthalmology RRC staff. The case logs will be reviewed at the time of a Committee meeting.

For the past year, the RRC for Ophthalmology has consistently used the 20th percentile from the annual data collection as the point below which it considers a program's average resident experience to be insufficient. 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).

Most Common Citations

The most common citations identified in the past year are as follows:

- Institutional Support
- Responsibilities of the Program Director
- Procedural Experience
- Evaluation of the Program

These citations were generated by issues with the program, the faculty, and the residents. These citations resulted from the RRC's review of program information, as well as information obtained through interviews with the faculty and residents.

MEETING AND AGENDA CLOSING DATES

MEETING: NOVEMBER 22, 23, 2009
AGENDA CLOSING: OCTOBER 1, 2009

MEETING: MAY 20-21 2010
AGENDA CLOSING: MARCH 1, 2010

Board Certification of Faculty Members

The common program requirements indicate that physician faculty “must” have current certification in the specialty by the American Board of Ophthalmology or possess qualifications acceptable to the RRC (II.B.2). The RRC understands if one or two faculty members are in the process of completing ABO certification; the RRC also recognizes that international medical graduates on the faculty may be in the process of completing four years in an academic program before becoming board eligible. However, non-board-certified faculty members in a program cause concern because this may indicate the inability to attract appropriately qualified ophthalmologists to educate the residents. Programs are urged to recruit board certified ophthalmologists.

“Red Flags” Help Programs Recognize Potential Issues

In the [February 2008](#) issue of the ACGME e-Bulletin, an article entitled “Nine ‘Red Flags’ in Accreditation Site Visits and Reviews” by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This may be of particular interest to programs preparing for upcoming site visits.

Duty Hour Report and Message from the CEO

In a message to all program directors, designated institutional officials, and residents, ACGME CEO Thomas J. Nasca, MD, MACP discusses issues pertaining to the ACGME Monitoring Committee and Resident Duty Hours. The message may be accessed through the following link: <http://www.acgme.org/acWebsite/home/SpecialMessageCEO2008Sept22.pdf>. The RRC is pleased to announce that Ophthalmology programs did not require site visits due to duty hours this calendar year.

ACGME e-Communication

In late June 2008, the first weekly ACGME e-Communication was sent to ACGME staff, program directors, coordinators, DIOs, Review Committee members, and ACGME Board members (about 10,000 people). This email announces the week’s revised or new program requirements, new PIFs, RRC newsletters, ADS and Case Log updates, as well as other news, such as requests for nominations of residents to the RRC. The information is contained in short sections, with direct links to specific RRC webpages, and other parts of the ACGME website. This is a valuable weekly resource for program directors, and messages specific to Ophthalmology program directors will appear

periodically and be clearly marked. It is essential that program personnel scan the email each week in order to stay informed about important information from the RRC and ACGME.

Program Experimentation and Innovative Projects Proposal Form

Program directors interested in having the Committee review an experimental or innovative proposal are encouraged to complete the ACGME’s form for experimentation and innovative projects proposal and submit it to the Executive Director for review by the Committee. The form can be found here: http://www.acgme.org/acWebsite/navpages/nav_program_experimentation.asp

Resident Services

The ACGME has created a new Office of Resident Services that will help residents resolve concerns about their residency programs. Marsha Miller is the associate vice president of resident services. More details about the new office can be viewed here: http://www.acgme.org/acWebsite/newsReleases/newsRel_11_19_08.asp

Program Requirements for Ophthalmology

The ACGME requires that each set of program requirements undergoes 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 ophthalmology medical community. The Committee has begun to make changes in the program requirements and will ask for program directors’ input at the AUPO meeting in January 2010.

Recently, the ACGME approved the following “focused” change to the program requirements, which becomes effective July 1, 2009.

In its evaluation of residency programs, the Review Committee will take into consideration the information provided by the American Board of Ophthalmology (ABO) regarding the resident performance on the certifying examination. The program should:

(a) maintain a pass rate on both the written and oral examination of the American Board of Ophthalmology

for first-time examinees from the program that is equal to or greater than 60% averaged over the past five years, and (b) have 80% or more of those eligible to take the examination over the past five years actually take the examination.

Coordinator's Workshop October 19, 2009

There will be a one-day workshop for new program coordinators in Ophthalmology. This one-day intensive conference will help new program coordinators understand the basics concerning ACGME accreditation of residency programs in the specialties listed above. This interactive workshop is designed for individuals who assist the program director in the administration of the residency program and are new to the accreditation process. Participants must have less than two years of experience in their position. Please contact Karla Wheeler at kwheeler@acgme.org for more details.

Institute of Medicine Duty Hour Recommendations

The IOM recommendations to change the current duty hour standards are probably familiar to most of our newsletter readers. While the total of 80 hours per week remains intact, there are multiple changes regarding how those hours can be apportioned. The IOM has given the ACGME two years to implement most of these changes. The ACGME takes this responsibility seriously and has assigned a task force including members of its Board of Directors and several RRC chairs to study the IOM report and recommend a course of action. An interactive conference on duty hour standards was held on March 4-5, 2009 in conjunction with the ACGME Educational Conference. And, a Duty Hour Congress was held June 11, 12, 2009 in Chicago. The conference was attended by representatives of specialty organizations, boards and others in the community. Reactions to the IOM recommendations from the ophthalmology community were submitted to the ACGME for consideration. Recommendations from all specialties were made available to the ACGME and were published and reviewed by the Duty Hour Task Force. More information will be provided as it is available.

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 initiatives 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 and Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work. Mark S. Juzych MD, began his term of office on July 1, 2009 and his term will end on June 30, 2012.

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.

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.

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

New Coordinators Award

To honor and recognize the very crucial role that program coordinators play in the success of residency programs, the ACGME is proud to announce its newest award, the *GME Program Coordinator Excellence Award*. As most residents, fellows, program directors, faculty and ancillary staff know, the program coordinator has a pivotal position within the residency. Everyone depends on the program coordinator for information. The ACGME is equally dependent on these individuals to wear the many hats of administrator, counselor, enforcer, coordinator, organizer, scheduler, and program information form (PIF) maven. Nominations are due August 3, 2009. Application forms and

FAQs can be found under “ACGME Awards” on our website.

The ACGME Awards Committee will choose the 2010 award recipients in September. 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. Each winner will receive \$1,000 and a plaque, and will also be invited to attend a retreat in May.

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/DCLawardFAQs.pdf

Save The Date: 2010 ACGME Annual Educational Conference

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