

RRC NEWS

ORTHOPAEDIC SURGERY



Accreditation Council for Graduate Medical Education

FALL 2008

REVIEW COMMITTEE MEMBERS

STEPHEN A. ALBANESE, MD, VICE-CHAIR
JEFFREY O. ANGLIN, MD
SHEPARD R. HURWITZ, MD, EX-OFFICIO
MICHELLE A. JAMES, MD
DAVID M. LICHTMAN, MD
TERRANCE D. PEABODY, MD
VINCENT D. PELLEGRINI, MD
KERI A. REESE, MD, RESIDENT
CRAIG S. ROBERTS, MD
PETER J. STERN, MD, CHAIR
LISA A. TAITSMAN, MD

RRC STAFF

STEVEN P. NESTLER
EXECUTIVE DIRECTOR
SPN@ACGME.ORG
312.755.5025

BILLY HART
ACCREDITATION ADMINISTRATOR
BHART@ACGME.ORG
312.755.5026

ACGME
515 N STATE ST
STE 2000
CHICAGO, IL 60654
WWW.ACGME.ORG

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.

ACGME Case Log System

The RRC has been requiring the use of ACGME's online operative experience system since 2001, and the vast majority of programs are in compliance with RRC expectations. As a reminder of the Committee's requirements in this area, Case Log System reports must be available for:

Site Visit and Annual Reports

-Programs preparing for site visits are required to provide reports generated by the Case Log System. The RRC will be unable to grant Full Accreditation to programs that cannot document a satisfactory depth and breadth of experience with system reports.

-Each Fall, reports will be generated so that national statistics may be published. Programs whose reports are at significant variance from national norms will be asked to provide a special report to the RRC and be subject to an early site visit.

Formative Evaluation

-System reports should be utilized during end-of-rotation evaluations as well as in the semiannual evaluations that are mandated by accreditation requirements.

-Requiring residents to enter all their data for one rotation before they begin the next is an effective way to ensure that system data will be entered in a timely manner.

Summative Evaluation

-System reports must be reviewed as program directors complete the final evaluations that are required of all accredited programs. These evaluations must confirm that the resident has demonstrated sufficient ability to care for patients without direct supervision.

-Similarly, system reports should be reviewed when program directors complete final Record of Resident Assignment forms for the American Board of Orthopaedic Surgery. This report is to confirm that a resident is prepared for the independent practice of operative orthopaedics.

Additional information regarding what procedures should be reported and how CPT codes should be selected is provided in the Case Log section of www.acgme.org.

Committee Membership

Since the beginning of 2008, there have been a number of changes in RRC membership. Jeff Anglen, MD, (Indiana University), Michelle James, MD, (Shriners, Sacramento), Craig Roberts, MD (University of Louisville), and Vincent Pellegrini, MD (University of Maryland) have begun six-year appointments. They succeed Dempsey Springfield, MD, Richard Grant, MD, Michael Goldberg, MD, and Richard Haynes, MD.

The Committee also has a new ex-officio member from the American Board of Orthopaedic Surgery, Shep Hurwitz, MD. Dr. Hurwitz succeeds G. Paul DeRosa, MD, who served the RRC for 18 years. Dr. DeRosa was an appointed member from 1990-1996, chaired the Committee in 1997-98, and was the Board's ex-officio from 1998-2008.

Finally, the Committee has selected its next resident member, Thomas Christensen, MD, from the University of Utah. Dr. Christensen will begin his two-year term on July 1, 2009 when the current resident member, Keri Reese, MD, (UC-Irvine) completes her appointment.

Accreditation Data System

The ACGME's online 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). The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.
- 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 (the ADS will populate many sections of the PIF with the data entered).

Address your questions or concerns about ADS to the ADS representative for Orthopaedic Surgery at webADS@acgme.org.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only.

Programs initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the report.

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs. The DIO signs the PIF and also receives a copy of the program's accreditation status. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Program Evaluation by Fellows: Keeping Responses Confidential When There is Only One Fellow

The ACGME requirement that fellows provide confidential evaluations of the program can be a challenge for programs with fewer than two fellows. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of fellows. Fellow evaluations may be collected over a period of a few years and grouped data is then reported every two to three years. The program director's challenge is to balance the program's need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, DIO News, ACGME Bulletin, and the RRC/IRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal

review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the curriculum and educational competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format.

Ultimately, program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

Committee Meetings in 2009

The RRC will meet January 16-17 and June 26-27 next year. Materials to be included on meeting agendas must be in the ACGME office two months prior to a meeting date.

The Committee will also provide an Instructional Course Lecture during the American Academy of Orthopaedic Surgeons' annual meeting in Las Vegas next February. Additional information will be provided by the Academy and in the RRC's January newsletter.