

# RRC NEWS

## ORTHOPAEDIC SURGERY



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 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: MJOHNSTON@ACGME.ORG.

### Change in Procedure for Orthopaedic Residency Applications

Beginning January 1, 2010 all new applications for orthopaedic surgery residency programs will require a site visit prior to a program's evaluation by the Residency Review Committee (RRC). This change supports our efforts to ensure the program's potential to provide adequate resident education prior to resident enrollment. The program will not be accredited until after a site visit and decision to award accreditation by the RRC. The process from application, site visit, and RRC review and decision requires approximately one year. Perspective program directors may access the program requirements and application Program information form on the Orthopaedic RRC webpage at [www.acgme.org](http://www.acgme.org).

**Note:** The ACGME requires that PDs submit these materials for all applications regardless of specialty. This information must be available for the site visitor and also included in the PIF. Fellowship applications will continue to be considered for approval with out a site visit.

### Progress Reports to the Residency Review Committee (RRC)

The RRC reminds program directors that progress reports should only be submitted for review upon request as noted specifically in the accreditation notification letter. The RRC will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of an official progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the RRC's request for the report. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

### Orthopaedic Surgery Program Requirements Timeline

Currently, the Orthopaedic Surgery Program Requirements are undergoing a major revision. Following ACGME policy, the revised program requirements will be posted for public comment approximately in early December. This is an opportunity for you to be engaged in the program requirement revision process. Comments should be submitted to: [orthopaedicsurgery@acgme.org](mailto:orthopaedicsurgery@acgme.org). Please look for an announcement, as well as a link to the posting for public comment, in the ACGME e-Communication. All feedback will be carefully reviewed and, when warranted, may trigger changes to the proposed requirements. Once public comments are considered, the Program Requirements will be submitted for review during the ACGME Committee on Requirements' June 2010 meeting. The revised Program Requirements will go into effect no earlier than July 2010.

## 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 RRC regarding potential areas for improvement. The RRC considers the RDC's suggestions and 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 Designated Institutional Officials (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 RRC goes over any comments submitted, considers whether additional changes to the requirements are needed in response, and prepares a final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments and the RRC's response to these comments must accompany the requirements when they are submitted to the Board. Upon Board approval, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified via the ACGME e-Communication.

## Recertification

The Orthopaedic Surgery RRC urges all program directors and faculty to re-certify according to appropriate Board requirements, even if you have received a time-unlimited certification, in order to set an appropriate example for residents and fellows, and to ensure that all educators are current with new developments in the field.

## Last Spring's 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, DIOs, and others involved in graduate medical education attended the sold-out conference.

Dr. K. Anders Ericsson, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Florida, presented the 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 medical 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 self-challenge, 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 enable residents to train when they are ready to stretch themselves.

**Save the Date:**  
**2010 ACGME Annual Educational Conference**  
Gaylord Opryland Resort  
Hotel and Convention Center  
Nashville, Tennessee  
March 4-7, 2010

## Most Common Citations

From the period between July 1, 2007 through June 30, 2009, the most frequent citations in Orthopaedic Surgery were:

1. Educational Program-61%
  - a. Patient care (procedural experience deficiencies (spine, foot, pediatric, etc.)
  - b. Competencies
  - c. Duty hours (1 day in 7 free, 80 hours per week, etc.)
2. Program Personnel and Resources-16%
  - a. Qualifications of faculty (with required expertise)
  - b. Responsibilities of Program Director (ensure residents use Case Log System)
3. Institutional Support-11%
  - a. Facilities (educational space including library)
  - b. Sponsoring institution deficiencies (time, funding, facilities)
4. Evaluation-10%
  - a. Resident evaluation (Summative evaluations not provided)
  - b. Program evaluation (confidentiality, must be done annually)
  - c. Board score performance

## National Level Case Log Reports for Orthopaedic Surgery Reminder:

It is the responsibility of the program director to ensure that resident Case Logs are based on CPT codes, and to monitor that residents enter cases in an accurate and timely manner. It is recommended that Case Logs be reviewed at least bimonthly.

## Procedure for Requesting a Temporary-Increase in Resident/Fellow Complement

1. Login to WebADS via the ACGME webpage: [www.acgme.org](http://www.acgme.org); Data Collection Systems
2. Click "Request Changes"
3. Click "Request Approved Complement Change"

### You will see the following information:

List of documents/information that will be required to complete a permanent Complement change request (Temporary increases require less documentation):

- Educational Rationale for Change. Describe the specific circumstances for the change and the provisions that will be taken to ensure adequacy of support (funding) and educational resources. The rationale must be exclusively educational and not based on specialty demands.
- Current Block Diagram
- Proposed Block Diagram
- Address Major Changes Since Last ACGME Review
- Responses to Previous Citations

All Complement change requests will be electronically sent to the DIO for approval as required by the Institutional Requirements except during site visit preparation. The RRC staff will not receive or process the request until the DIO approves it within ADS.

If preparing for a scheduled site visit, the DIO must approve and sign the PIF prior to submission. DIO approval does not mean the Complement request is RRC-approved. The RRC provides the final decision.

Throughout this process, information is saved when you move from screen to screen. You can exit the request at any time without losing your work by clicking "continue" and return to complete the request by selecting "Request Change in Approved Positions" from the left-hand menu.

Follow the prompts to complete the request. Please note that the RRC must review and approve permanent increases, usually at its next scheduled meeting, whereas requests for temporary increases do not require this step, and therefore are usually considered more expeditiously.

**Words from the Departing  
Orthopaedic Surgery RRC Chair, Dr. Peter Stern**



I've had the privilege of serving as the Chairman of the RRC for the last three years and wish to extend thanks to my RRC colleagues as well as to the staff at the ACGME. I owe a special debt of gratitude to Steve Nestler, PhD, for his always sage advice and friendship. Our Committee's diversity has led to lively discussions with the focus directed towards improving our specialty through maintenance of rigorous accreditation standards.

Finally, and perhaps most importantly, I found our Committee's decision making to be non-partisan with personal agendas left at the door. Decisions, particularly those that are adverse, are aimed at constructively improving programs, which indirectly impact higher quality patient care.

**The Orthopaedic Surgery RRC Welcomes its  
New Chair, Dr. Stephen Albanese**



Stephen A. Albanese, MD, is Professor and Chair of Orthopedic Surgery at SUNY Upstate Medical University in Syracuse, New York. He received his MD in 1980, from SUNY at Buffalo, and his clinical specialty is Orthopedic Surgery, with special clinical interest in pediatric orthopedics and spine deformities; scoliosis; pediatric fractures; clubfeet; developmental hip dislocation; spina bifida; slipped capital femoral epiphysis; lower extremity malalignment; cerebral palsy; leg length inequality; Legg Perthes disease, and special research interest in scoliosis, pediatric fractures, and clubfeet.

Dr. Albanese has served on the ACGME RRC for Orthopaedic Surgery since 2005. Prior to being elected Chair, he served as the Vice Chair of the Committee.