

Fall 2007

## ACGME Welcomes New CEO



Thomas J. Nasca, MD, MACP, has been named chief executive officer of the Accreditation Council for Graduate Medical Education.

Dr. Nasca comes to the ACGME from Thomas Jefferson University in Philadelphia where he was dean of the Jefferson Medical College, senior vice president for academic affairs, and president of Jefferson University Physicians. Dr. Nasca is a board-certified internist and nephrologist, and brings 26 years of graduate medical education experience to the ACGME.

"I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years, David C. Leach, MD," said Dr. Nasca in an ACGME news release announcing his appointment. "I hope to

enhance the ACGME's legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States."

He succeeds Dr. Leach, who retires this Fall.

## New "Program Director Guide to the Common Program Requirements"

To help clarify the meaning and expectations of the common program requirements, there is a "Program Director Guide to the Common Program Requirements" available on [www.acgme.org](http://www.acgme.org). RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: [Guide@acgme.org](mailto:Guide@acgme.org).

## CILE Pilot Projects

The Committee on Innovation in the Learning Environment (CILE) recently announced a set of duty hour and competency pilots. Ingrid Philibert, Senior Vice President, Department of Field Activities, quoted from the first formal report of the committee, which was approved at the September meeting of the ACGME Board of Directors: "The ultimate aim of these pilots is to test proposed revisions to the common duty hour standards and refinements to the approaches for teaching and assessing the general competencies to ensure they are based

on valid and ‘actionable’ evidence of their effectiveness.”

A listing of the pilots was sent to the Review Committee Chairs and Executive Directors (ED) in early August. Chairs are being asked to confer with their EDs to discuss which pilots would be of interest to the RRC.

Among the incentives for pilot participation are:

- waiver of selected program requirements;
- exempting programs from a site visit during the period of the pilot (unless the program requests a site visit for a specific reason such as a request for a complement increase); and,
- contributing to improving the evidence base for the accreditation standards and process.

More information regarding the pilot projects will be available from the ACGME web site in early October. For questions, contact Mary Joyce Johnston in the Department of Field Activities at 312/755-5013.

## Accreditation Data System (ADS)

By now, all program directors should be familiar with the ACGME’s online Accreditation Data System (ADS). This system alerts the RRC of changes in your program. You should update the ADS:

1. When you are notifying the RRC of a change in your program (i.e. new program director or adding or deleting a site);
2. When you are requesting a change which needs RRC approval (i.e. an increase in resident complement);
3. At the beginning of the academic year for your “Annual Update” (ADS staff will e-mail you with your deadline for updating your

faculty and resident rosters); and,

4. When preparing for an upcoming site visit (the ADS will populate many sections of the PIF with the data you enter).

The ADS is also a historical resource for programs, as their recent notification letters and previous citations are stored there.

Note that e-mail is now the ACGME’s prevalent form of communication. Please ensure that your e-mail address in the ADS is correct.

To reset your password, for instructions on submitting data, or for help with completing Part 1 of the program information form, please contact the ADS representative for Otolaryngology, who is Emilio Villatoro at 312/755-7117 .

## ADS CV Form Change

An abbreviated CV can be submitted in lieu of a full CV for new program directors. This form can be found in ADS.

## General Competencies

Programs should begin to use resident performance data as a basis for improvement and to provide evidence for accreditation review. As outlined in the Outcomes project, programs should begin to use external measures (e.g. clinical quality indicators, patient surveys, employer evaluation of graduates, national and specialty standardized measures) to verify resident and program performance levels.

## Institutional Data

When submitting an application for continued accreditation, it is no longer necessary to include the institutional data. However, all new applications must be accompanied by institutional data. The presentation of the institutional data with a new program application provides the Committee with information relative to the volume and variety of procedures available for resident education. In

addition, programs will be asked to provide institutional data with the addition of a major participating site.

## Evaluation Form for Operative Performance

A competency-based resident evaluation system for operative performance is available for use by otolaryngology residency programs. This program was developed by urologists Drs. Christopher Amling and Curtis Powell at the Naval Medical Center San Diego, and early versions of this system were used there. With this online system, faculty may have a mechanism to rate operative performance in the following areas:

- (1) Knowledge of Operative Steps;
- (2) Instrument Handling;
- (3) Knowledge of Instruments;
- (4) Flow of the Operation; and,
- (5) Respect for Tissue.

This tool has been tested and used by urology programs for the past three years. A manual to use the form is available under the Data Collection form on ADS.

## ACGME Operative Logs

Residents must record every operative procedure into the procedure log system. (PGY-1 should record only otolaryngology cases into the database). The system permits the RRC to assess compliance with program requirements for breadth and depth of education experiences and adequacy of education in required procedures. The RRC recently initiated changes to simplify the process for residents.

If you have any problems, the ACGME staff will provide assistance to get your program

into compliance. All program directors should be able to use the system to orient residents. In addition, the operative logs should be monitored on a regular basis.

At the time of a site visit, the field staff will ask the program director questions related to compilation, verification and consistency of the resident data collected in the program. In addition, field staff will ask the program director, faculty, residents and coordinators how they keep the records. The operative logs will be reviewed by the RRC with the PIF and site visitor report.

## Resident Surveys

The ACGME has started to survey programs every other year. Programs with greater than four active residents are required to participate. The questions are refined based on feedback and changing common program requirements. Please note that the survey is not linked with a program's site visit. However, the site visitor will have access to the last resident survey at the time of the site visit and verify its results. Program directors can access the responses as well. For questions related to the resident survey, contact us at [ResSurvey@acgme.org](mailto:ResSurvey@acgme.org)

## Pediatric Otolaryngology

For every case that fellows enter into ACGME case log system, they must enter the ASA status of the patient. This additional entry became available on June 6, 2007. The field is labeled "status" and is a drop down box that requires fellows to select the most appropriate status. The system will not save the entry if the ASA status is not indicated.

The RRC is interested in the morbidities and co-morbidities or the complexity of care associated with the pediatric otolaryngology patients available for resident education. If you have any questions related to the system, please call Pat Levenberg, Executive Director at 312/755-5048.

## PGY-1 Year

Programs that accept residents for academic year 2007-2008, and who have completed a PGY-1 year in general surgery and not otolaryngology, should be certain that the resident comes into compliance with the rotations identified in the program requirements for PGY-1 year. In addition, the program should not have more residents in any one year than the number approved.

## Notable Practices

In support of the ACGME's initiative for increased and timely communication with program directors and Designated Institutional Officials, the RRC for Otolaryngology is posting on its web site the notable practices of programs that have been identified at the time of a program review. These notable practices include goals and objectives, curricula, and lectures.

## ACGME Educational Conference 2008

Save the date for the ACGME Annual Educational Conference. It will be held February 28 through March 1, 2008 in Grapevine, Texas. This conference is extremely helpful for new program directors and residency coordinators and anyone new to the accreditation process.

## RRC Meeting and Agenda Closing Date

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines if you have submissions for future RRC meetings; the dates and deadlines are as follows:

Meeting: February 2008  
Agenda Closing: December 14, 2007

Meeting: August 2008  
Agenda Closing: June 30, 2008

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

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We invite your comments:

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## Residency Review Committee

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Brian Burkey, MD *RRC Vice-Chair*

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Ellen M. Friedman, MD

Jason Haack, MD *Resident Member*

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