

Fall 2006

ACGME Operative Logs

As you know it is mandatory that all residents 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.

If you have any problems, the ACGME staff would like to offer its 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, by the program director, 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 Committee with the PIF and site visitor report.

National Data on ACGME Web Site

Program directors can access the national data for academic year 2005-2006 by logging into WebADS and going to "report tools." Access to the national data as well as the data for your program can be captured by going to www.acgme.org/ads/default.org. The

information related to how any one program compares to all other programs is available.

Changes in the PIF

Programs will no longer have to enter the residents' data, in particular the Key Indicator Cases or the operative procedures as those can be extracted from the ADS system and attached to the PIF.

Administrative Updates

ACGME is transitioning from a paper based to web based system through greater use of the ADS in order to decrease the burden of paper submissions, increase in the consistency of the process across the RRCs and support the role of the DIO and GME Committees in complying with the Institutional Requirements. (1) All administrative changes should first be initiated in WebADS; (2) Program director changes are approved by the RRC for Otolaryngology and notification of a change must be accompanied by a current C.V.; (3) all requests for either a temporary or permanent increase in the resident complement must contain all of the items that can be found in ADS. The submission is through ADS.

Resident Surveys

The ACGME resident survey will be administered every other year to all programs with the exception of programs with four or fewer residents. The questionnaire as well as its design will be changed for the calendar year 2007.

Night Float

It has come to the attention of the Committee that "night float" in the surgical service is being

substituted for a structured surgical experience. All residents must have a structured surgical experience during the PGY-1 year.

PGY-1 Year

All Otolaryngology programs must contain a structured educational experience in the PGY-1 year that includes the content identified in the program requirements for Otolaryngology and a set of goals and objectives that are in agreement with those listed on the ACGME website. The program director in Otolaryngology is responsible for the oversight of the education and evaluation of resident education. All residents must be entered into the otolaryngology program in WebADS and not general surgery. Programs that accepted residents for academic year 2006-2007, 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 year than the number for which it has been approved.

“Good” Practices

The ACGME website contains stellar examples of goals and objectives for resident education. The latest additions to the website are the goals and objectives from the University of Kansas with program director Terry Tsue, MD and those from the U.S. Naval Medical Center Program in San Diego with Craig Cupp, MD, ED., program director. While a program should not copy these objectives, they provide excellent examples for the organization of a curriculum and measurable objectives.

Board Scores

If a program's graduates fail the American Board of Otolaryngology examination, the RRC may request a progress report that discusses the failure and the status of the

first-time failures.

Sleep Medicine Programs

The Medical College of Wisconsin program was accredited for a one year fellowship in sleep medicine by the RRC for Otolaryngology. The sponsoring core program is otolaryngology.

Progress Reports

Progress reports should provide evidence that the citation(s) have been addressed. A progress report that indicates that the citation(s) have gone unaddressed or where there is no change or improvement noted could result in change in the site visit date for the program or a change in the resident complement. In other words, the RRC can shorten a cycle or propose a reduction in the resident complement, depending on the nature of the citation.

New Coding Procedures

Slight revisions to the list of procedures in the Case Log System have been made. The changes are based on reviewing the 2004-2005 data submitted for the graduating residents. Most of the changes are simply adding additional CPT codes to a procedure category. Included are a number of codes in the tympanoplasty and mastoidectomy procedures. However, keep in mind that the RRC wants the residents to enter a CPT code to reflect each separate component of the procedure. Even if there is a bundled code, they should enter the code twice to get appropriate credit for each procedure.

The RRC has also finalized the “Key Indicator” list. For the 2005-2006 graduating residents, there are “Key Indicator” reports available in ADS. The capability to generate a “Key Indicator” report in the Case Log System has been added. This should be welcome news to all programs since the program director and each resident will be able to generate a “Key Indicator” list at any time so the resident's progress can be monitored.

Remember, a surgical procedure may only be credited to one resident as resident surgeon per case. However, one resident could be the resident surgeon and another resident could be

the assistant surgeon on the same patient. Any procedure can be entered into the system with a CPT code. Please note however, that the RRC is only interested in those procedures that are associated with the specialty of Otolaryngology.

Frequent Citations

The Committee frequently cites programs for noncompliance with the equivalency of education and lack of progressive experience requirements. It is critical that the operative logs be carefully monitored to avoid these areas of noncompliance.

New ACGME Education Conference

The ACGME invites you to its annual educational conference that is being held in Kissimmee Florida March 2-4, 2007. The conference is jam packed with information related to the accreditation process, the competencies, portfolios, site visits and opportunities to meet with the ACGME staff. It is an extraordinary occasion for new program directors, coordinators and others to learn more about the accreditation process and graduate medical education. There is an opportunity to submit abstracts (see the front page of the website at www.acgme.org) and awards for exemplary scholarly projects.

Competencies

“Educating Physicians for the 21st Century,” a series of five PowerPoint modules with a Facilitator’s Manual, is a new educational resource from the Research and Education Department. The Facilitator’s Manual provides program directors with speaker notes and discussion questions. There are three lectures- Introduction to Competency Based Education, “Practical Implementation of the Competencies” and Developing an Assessment System. The series describes skill sets for each competency and identifies practical ways to implement the competencies into your educational program. The module is designed to be given as a PowerPoint lecture to faculty to familiarize them with the above topics. The

module is approximately ½ hour long in order to respect the time demands experienced by program directors and faculty. This presentation is linked to the Outcome Project Page under Faculty Development. Please go to:

http://www.acgme.org/outcome/e-learn/e_powerpoint.asp

The ACGME is shifting its focus from a structure and process system of graduate medical education to one that is outcomes based, requiring fellows in training to achieve competence in six broad domains. Programs should begin using resident performance data as a basis for improvement and use external measures (i.e. patient surveys, clinical quality measures) to verify fellow and program performance.

Letters of Agreement

Beginning **August 1, 2006**, program directors should not attach the program letters of agreement to the PIF for a continued accreditation review. All of these letters must be available on-site at the program. During the site visit the surveyor will ‘spot check’ several of the letters for the required elements.

However, program letters of agreement must be included in the documents submitted for an application for a new specialty or subspecialty program.

Standard Notification Letters

The ACGME is developing a standard format and standard language for accreditation notification letters across specialties. These changes will be in effect before the end of the calendar year. In addition, the method for distribution of these letters has changed. The ACGME will no longer mail hard copies of accreditation notification letters. Instead, letters will be posted to the ACGME Accreditation Data System as a PDF and will be accessible to the program director by entering the program’s user ID and password. DIOs will also be able to access notification letters for programs via the same user ID and password.

RRC Elections

Patrick Brookhouser, MD has been re-elected as Chair of the Committee and Brian Burkey, MD was elected Vice Chair. These are two year terms that begin January 1, 2007.

Evaluation Form for Operative Performance.

A competency-based resident evaluation system for operative performance will be piloted for its use by otolaryngology residency programs. Pilots will be conducted with five otolaryngology 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 two years.

Residency Review Committee

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In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines in the event you have submissions for future RRC meetings; February 2007 meeting deadline for materials is **December 15, 2006** and **June 4, 2006** for the August 2006 meeting.

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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