

Spring 2008

## ACGME Resident Survey Results: How Are They Used?

The ACGME Resident Survey asks residents to respond to questions about their clinical and educational experiences, duty hours, and their program. Initially, the resident survey results are only seen by the site visitor. The site visitor verifies the information at the time of the site visit, and forwards the information to the RRC. The comments by the residents are seen only by the site visitor.

The RRC uses these results, along with other data, to help make fully informed accreditation decisions. Residents are required to participate in this online survey developed and administered by the ACGME. The survey is completed every other year, and a 70 percent compliance rate is expected before the results are available to the program director. For questions about the survey please contact the ACGME staff.

## Otolaryngology Case Logs and Key Indicator List

A subcommittee comprised of Stephen Park, MD, Chair, Esther Cheung, MD, and Richard Miyamoto, MD will review and compare the current otolaryngology key indicator list. Changes will come into effect for the 2008 academic year. After the data is collected for academic year 2007-2008, the ACGME will provide a report of the national data for every level of resident

education with the exception of the PGY-1 year.

### Neurotology Operative Numbers

Neurotology fellows must now enter their cases on the ACGME resident case log system (effective July 1, 2008). The case log and program data will be used by the RRC to determine the scope of the educational program as well as the volume and variety of procedures available for resident education in the program.

## Institutional Data

The RRC is asking that all new applications and all requests for increases in the resident complement be accompanied by institutional data. The institutional data gives the RRC information on the availability of the current volume and variety of procedures available for resident education.

### Pediatric Operative Numbers

Pediatric otolaryngology fellows should be entering their procedures into the ACGME resident case log system. For every case that fellows enter into the 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.

## Innovation and Experimentation at the Program Level

Program directors wishing to implement an innovative project, experimenting to improve resident education or the learning environment, or implementation of the competencies should complete the [Program Experimentation and Innovative Projects Proposal Form](#) located on the Otolaryngology website. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed five pages in length. Attach additional documents as numbered appendices. One copy of the proposal should be sent via standard mail to the Executive Director of the appropriate ACGME RRC.

## ABOto Update for RRC

During the RRC meeting, Robert Miller, MD, Ex Officio reported that the American Board of Otolaryngology (ABOto) created a curriculum that is posted to the ABOto website. The RRC will review the curriculum at its next meeting in August 2008.

## 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). The guide has been very helpful to both new program directors and those who are more experienced. Please email comments and suggestions to: [Guide@acgme.org](mailto:Guide@acgme.org).

## Accreditation Data System

The ACGME's online Accreditation Data System (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 Otolaryngology, Emilio Villatoro at 312/755-7117, [evillatoro@acgme.org](mailto:evillatoro@acgme.org).

## Description of a DIO

DIO refers to the Designated Institutional Official. This individual, usually a senior physician on the medical school faculty or hospital staff (depending on which is the sponsoring institution), 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.

## Frequently Asked Questions

Posted below are a few frequently asked questions about the accreditation process.

Q. What is the length of time it takes to receive the results of your surveys after the site visit occurs?

A. Due to RRC timelines, reviewing your program for accreditation may take eight or nine months to complete. The Committee meets twice a year, usually in the summer and in the winter to review programs. Before each meeting, two RRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the RRC meeting. All reviews are returned to the ACGME about eight weeks prior to the meeting to allow incorporation into the reviewers' books. The book of program reviews is sent to the Committee members a week before the meeting to allow time to read all the reviews, and especially to allow comparison of the two reviews for each program.

Q. What happens at the meeting?

A. Two reviewers (first and second) present their review of the program to the Committee members. Each reviewer indicates any citations, best practices and commendation if indicated. The Committee, led by the two reviewers, reaches a decision regarding the number of citations, the accreditation status, the length of cycle, and if any accolades are indicated.

Q. What happens after the meeting?

A. After the meeting, the ACGME staff prepares responses for the program directors regarding the accreditation decisions reached by the RRC. An email is sent to the program director indicating the accreditation status and cycle. This communication occurs within a day or so of the meeting. A telephone call is made to a program director in the event of a proposed or confirmed adverse action. A notification letter is sent usually within six weeks of the meeting. Before the letters are sent, the chair of the RRC reviews each letter of communication and compares it with a worksheet generated during the RRC meeting, make corrections as necessary,

and then certifies the entire process with his/her signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect the decisions of the RRC.

Q. Why are some program reviews delayed?

A. Some site visits that occur within the month or so just before an RRC meeting are too late to be reviewed at that meeting. These programs will be delayed until the next RRC meeting six months later.

### 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.

### ACGME Educational Conference 2008 Recap

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours. This year's conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Conference information is available at:

[http://www.acgme.org/acWebsite/meetings/me\\_EducConf\\_08.asp](http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp)

## 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 for submissions for future RRC meetings; the dates and deadlines are as follows:

Meeting: August 2&3, 2008  
Agenda Closing: June 30, 2008

Meeting: February 4 & 6 2009  
Agenda Closing: December 20, 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.

Mailing Address:  
RRC for Otolaryngology  
ACGME  
515 North State St., Suite 2000  
Chicago, IL 60610

We invite your comments:  
[plevenberg@acgme.org](mailto:plevenberg@acgme.org)

## RRC Welcomes New Chair and Vice Chair

Brian Burkey, MD was unanimously voted to serve as Chair for a one-year term (effective July 1, 2008) consistent with his RRC term of appointment. In a second vote, Bradley Marple, MD was selected as Vice Chair to serve a two-year term (effective July 1, 2008). Dr. Burkey serves as the program director from Vanderbilt University and Dr. Marple is at University of Texas Southwest.

## RRC Welcomes New Members

Esther Cheung, MD is the new resident member of the Committee. Dr. Cheng is a

third year resident at Penn State Milton S. Hershey Medical Center. She replaces Dr. Jason Haack. Gerald Berke, MD is another new member the RRC and a program director at the University of California, Los Angeles.

## Residency Review Committee

Patrice Blair, MPH *Ex-officio*  
Patrick Brookhouser, MD *RRC Chair*  
Brian Burkey, MD *RRC Vice-Chair*  
David W. Eisele, MD  
Ellen M. Friedman, MD  
Jason Haack, MD *Resident Member*  
Donald Leopold, MD  
Bradley Marple, MD  
Jesus Medina, MD  
Robert H. Miller, MD *Ex-officio*  
Richard T. Miyamoto, MD  
Stephen Park, MD

## RRC Staff

Patricia B. Levenberg, PhD  
Executive Director  
312.755.5048  
[plevenberg@acgme.org](mailto:plevenberg@acgme.org)

Eileen Anthony M.J  
Associate Executive Director  
312.755.5047  
[eanthony@acgme.org](mailto:eanthony@acgme.org)

Linda Roquet  
Accreditation Assistant  
312.755.5494  
[lroquet@acgme.org](mailto:lroquet@acgme.org)