

# RRC NEWS

## OTOLARYNGOLOGY



ACGME

Accreditation Council for Graduate Medical Education

MARCH 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: [KREINHOLD@ACGME.ORG](mailto:KREINHOLD@ACGME.ORG).

### Coding of Procedures

The Committee asks that all program directors review the [definitions](#) of surgeon, assistant surgeon, and resident supervisor that are defined in the case log system in ADS. The Committee agreed that the program director should understand that all levels of activity are important, including that of assistant surgeon. This entry, assistant, is a measure of the progression of learning, and will be evaluated just as carefully as the role of surgeon. All attending faculty and residents should have a clear understanding of these roles, and the roles should be reviewed frequently so that coding will be consistent and accurate.

### Extending the Term of Chair

At its February 2009 meeting, the ACGME Board of Directors approved revisions to the *Manual of Policies and Procedures* that included changing the name of the ACGME Council of Review Committee Chairs to the ACGME Council of Review Committees (CRC) and extending the term length of Review Committee Chairs from two years to three years (*Manual*, pg 36) including endorsement of the implementation of the transition plan. Dr. Burkey's term has been extended to 2010.

The primary rationale for these changes is to facilitate greater interaction and improved communication with the ACGME Board of Directors by helping ensure institutional memory as the Council undertakes its initiatives through the coming years. Under the scope of its redesign, the CRC also structured three subcommittees: Standardization, Innovation, and Common Program Requirements, and identified three specialty groups – Surgical, Medical, Hospital-based and Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work. Dr. Burkey is the Chair of the Standardization Committee for the CRC.

### Notable Practices

The RRC has identified examples of educational materials and activities at programs and institutions that might be useful to other programs. These are listed on the RRC Webpage under "[Notable Practices](#)". The Committee will continue to identify and post notable practices to its website. Please note that though the

### MEETING AND AGENDA CLOSING DATES

Meeting: Aug 13-14, 2009  
Agenda Closing: June 15, 2009

Meeting: Feb 11-12, 2010  
Agenda Closing: Nov 30, 2009

RRC has reviewed and approved a notable practice, and posted it to the website, the RRC is not endorsing the practice. Instead, the RRC is offering the practice as a shared resource. In the future, all notable practices will be housed in a special section of the ACGME website and categorized by topic and specialty.

## Evaluation Systems

The Committee encourages the use of the Residency Competency Evaluation System for Otolaryngology ([http://www.acgme.org/acWebsite/resEvalSystem/reval\\_otolaryngology.asp](http://www.acgme.org/acWebsite/resEvalSystem/reval_otolaryngology.asp)). This competency-based resident evaluation system has been available to all otolaryngology residency programs as a web-based application on the ACGME website for the past three years. These multiple evaluation tools were developed by urologists, Christopher Amling, MD and Curtis Powell, MD at the Naval Medical Center-San Diego. Early versions of this system were used there, and tools were adapted to otolaryngology. The evaluation system is provided to you **free**. This evaluation system is **confidential**, and only those with passwords will be able to use your program's evaluation tools. Please note that the RRC does not require otolaryngology residency programs to use this evaluation system.

Another evaluation system, the Global Rating for Technical Skills (GRITS), is now on the ACGME website. We thank Barbara Heywood, MD, program director at the University of Nebraska Medical Center for modifying the form. The creator of GRITS is Ravi Sidhu, MD from St. Paul's Hospital in Vancouver, British Columbia in Canada.

## Program Requirements

The Committee has begun to work on a revision of the program requirements for otolaryngology and neurotology. Revising the requirements is an iterative process calling for both concentrated effort and patience. All program directors will have an opportunity to review any proposals before the requirements go for posting to the general medical community for review and comment. If, in the meantime, program directors have ideas of how the program requirements should be revised, please email Patricia Levenberg at [plevenberg@acgme.org](mailto:plevenberg@acgme.org).

## 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 Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also 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 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 Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments and the Review Committee's response to these comments must accompany the requirements when they are submitted to the Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

## 2009 Resident Survey

The 2009 ACGME Resident Survey started in January and will conclude in June 2009. Programs can review the results of the survey two days after the closing date of the reporting window, and if 70 percent of the residents complete the survey.

## 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, designated institutional officials, and others involved in graduate medical education attended the sold-out conference.

Dr. Ericsson, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Fla., presented his 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 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 challenge themselves by putting themselves in progressively 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 they allow residents to train when they are ready to stretch themselves.

The 2010 ACGME Annual Educational Conference will be held March 4-7 at the Gaylord Opryland in Nashville, Tenn.

### **2010 Parker J. Palmer Courage to Teach Award**

The ACGME recognizes that program directors face many challenges in administering a residency program. Those finding innovative ways to teach residents and to provide quality health care while remaining connected to the initial impulse to care for others in this environment should be celebrated. The ACGME recognizes program directors through this annual award.

The application form may be downloaded from the ACGME website and emailed along with support letters and curriculum vitae to: Emily Vasiliou at [evasiliou@acgme.org](mailto:evasiliou@acgme.org). The deadline is Wednesday, July 1, 2009, by 5:00 p.m. CST. Nominations received after that date will not be accepted.

A total of ten program directors will be selected, and each program director will receive a check for \$1,000 and a plaque. Selections will be made by the ACGME Awards Committee at its September 2009 meeting; afterwards, the ACGME CEO will notify the recipients. Travel expenses will be paid by the ACGME for each

recipient and a guest to travel to the ACGME Annual Educational Conference in Nashville, Tenn. to receive their award. Award recipients will also be invited to attend a special physician formation retreat in May 2010. Award announcements will be published in a press release and the ACGME Bulletin, as well as posted on the ACGME website.