

# RRC NEWS

## OTOLARYNGOLOGY



ACGME

Accreditation Council for Graduate Medical Education

APRIL 2011

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RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: [MSCHWAB@ACGME.ORG](mailto:MSCHWAB@ACGME.ORG).

### Review Committee Thanks Departing Members and Welcomes New Members

Drs. David Eisele and Richard Miyamoto will end their Review Committee terms on June 30, 2011. Both have served for six years and have contributed greatly to the Committee's work. During their tenure, the Committee has revised and vetted the program requirements, improved its use of case logs in the accreditation process, and implemented the competencies. The Committee thanks Drs. Eisele and Miyamoto for their many contributions.

Two new members, Drs. Sukgi Choi and D. Bradley Welling, will join the Committee in July 2011.

Dr. Choi is professor of otolaryngology and pediatrics, and vice-chief of pediatric otolaryngology at the George Washington University School of Medicine and the Children's National Medical Center in Washington, DC. She completed her residency in general surgery and otolaryngology at the Mount Sinai School of Medicine, and pursued fellowship education in pediatric otolaryngology at the Cincinnati Children's Hospital Medical Center. After her fellowship, she joined the faculty at the Children's National Medical Center and, until recently, served as the program director of its pediatric otolaryngology fellowship program. Dr. Choi is a member of many scientific societies, including the Triological Society, the American Bronchoesophagological Society, the Society of University Otolaryngologists, and the American College of Surgeons. She is the immediate past-president of the American Society of Pediatric Otolaryngology, and continues to serve on its Board of Directors. She has also served as a member of the Executive Committee of the American Academy of Pediatrics and as a guest examiner for the American Board of Otolaryngology. She currently chairs the Pediatric Otolaryngology Education Committee, and is a member of the Instructional Advisory, Program Advisory, Education Steering and Home Study Committees of the American Academy of Otolaryngology Head and Neck Surgery. She was nominated for membership on the Review Committee by the American College of Surgeons.

Dr. Welling chairs the department of otolaryngology-head and neck surgery at The Ohio State University, where he has been a faculty member since 1989. He is

#### MEETING AND AGENDA CLOSING DATES

MEETING:	AUGUST 4-5, 2011
AGENDA CLOSING:	JUNE 3, 2011
MEETING:	FEBRUARY 11-12, 2012
AGENDA CLOSING:	DECEMBER 3, 2011

#### NOTIFICATION DEADLINES

##### 5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/  
CYCLE LENGTH AUTOMATICALLY SENT TO  
PROGRAM DIRECTOR AND DIO.

##### 60 DAYS AFTER MEETING:

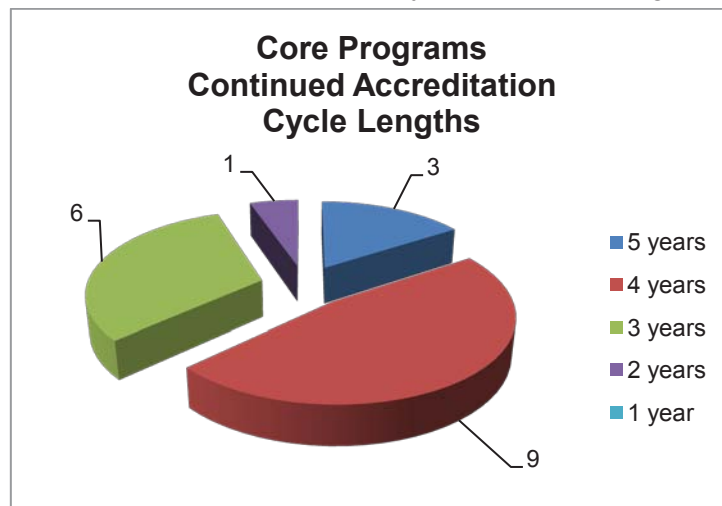
E-MAIL ALERT SENT STATING THAT LETTER  
OF NOTIFICATION IS POSTED IN ADS.

\*UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.\*

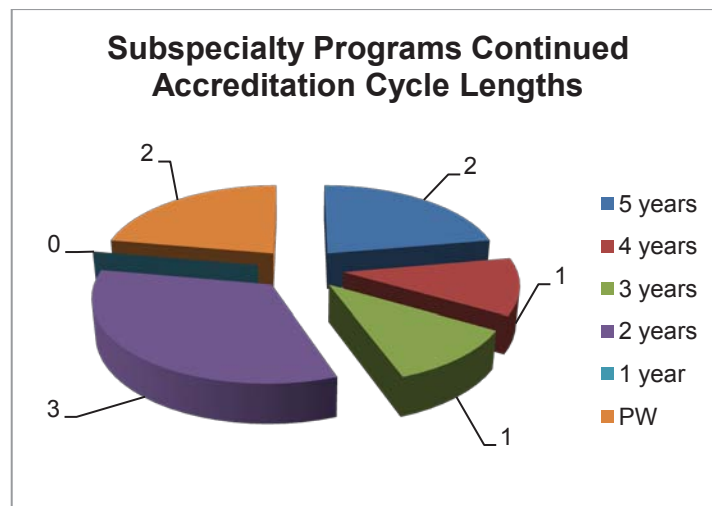
the program director of the department's accredited neurotology fellowship, and is currently serving as vice president for the Middle Section of the Triological Society. Dr. Welling is a native of Utah, and received his medical education at the University of Utah. He did his specialty education at the University of Iowa Hospitals and Clinics, and continued his subspecialty education in otology, neurotology, and skull base surgery at The Ear Foundation in Nashville, Tennessee. In 1996, Dr. Welling was awarded a K23 grant from the National Institutes of Health (NIH) to identify new mutations in the NF2 gene. Continuing the educational component of the K23 grant, Dr. Welling received his doctoral degree in pathobiology in 2003 from The Ohio State University. Dr. Welling's research continues to focus on the underlying molecular mechanisms of vestibular schwannoma tumorigenesis and development of new treatment modalities for these tumors, especially in patients with NF2. He is the principal investigator of an R01 grant funded by the NIH to study the phenotypic determinants of vestibular schwannomas. Recently, he was awarded a Presidential Citation from the American Otological Society for research in Understanding the Molecular Mechanism of Vestibular Schwannoma. Dr. Welling was nominated for membership on the Review committee by the American Board of Otolaryngology.

**Accreditation Decisions**

The February 11-12, 2011 Review Committee meeting agenda included the accreditation status review of 19 core programs. The pie chart below illustrates the review cycles for those programs.



The meeting agenda also included the accreditation status review of nine subspecialty programs. The pie chart below illustrates the review cycles for those programs.



## **Pediatric Otolaryngology Procedure Domains**

Michael Cunningham, MD, member, Review Committee for Otolaryngology

The Review Committee has established the following pediatric otolaryngology procedure domains to enhance the comparative assessment of pediatric otolaryngology fellowship programs. These domains purposely include infrequently performed tertiary procedures, such as laryngotracheoplasty and choanal atresia repair, as well as more common procedures performed in complicated patients as defined by age or ASA classification. These domains will be populated from data entered into the core otolaryngology Resident Case Log System. The Committee requires all fellows in accredited programs to use this system to record their operative cases. Information entered will include operative procedure(s), patient age, and ASA classification. *This information will also be available on the Review Committee web page later this spring.*

### **Age criteria are as follows:**

- neonate, <28 days
- infant, 28 days–2 years
- child, 3–12 years
- adolescent, 13–18 years
- adult, >18 years

### **ASA criteria are as follows:**

I = healthy without co-morbidities

II = co-morbidity not limiting activity

III = co-morbidity affects activity

IV = severely impacted by co-morbidity

V = moribund/comatose

VI = deceased (organ donation)

### **Congenital Anomalies Domain**

- Branchial Cleft Anomaly Excision (CPT# 42810, 42815)
- Thyroglossal Duct Cyst Excision (CPT# 60280, 60281)
- Dermoid Cyst/Glioma/Encephalocele Excision (CPT# 11420, 30118, 30540, 30545)
- Hemangioma, Lymphatic or Vascular Malformation Excision (CPT# 11440-11449, 38550, 38555)
- Ranula Excision (CPT# 42408, 42409 and CPT code for cervical ranula excision)

### **Head and Neck Surgery Domain**

- Drainage deep neck abscess (age <2 years or ASA >II) (All CPT codes currently listed under this category)
- Excision angiofibroma or other nasopharyngeal tumor (CPT# 30118, 31040, 31299, 42880)
- Parotidectomy (All CPT codes currently listed under this category)
- Submandibular gland excision (CPT# 42440)

- Thyroidectomy (All CPT codes currently listed under this category)

### **Otology Domain**

- Mastoidectomy (age <2 years or ASA >II) (All CPT codes currently listed under this category)
- Ossicular reconstruction (All CPT codes currently listed under this category)
- Cochlear implant (CPT# 69930)
- Osseo-integrated implant (CPT# 69710, 69714)

### **Closed Airway Procedures Domain**

- Tracheotomy (age <2 years) (CPT# 31601)

### **Open Airway Procedures Domain**

- Thyrotomy (Laryngofissure) (CPT# 31300, 31320)
- Laryngoplasty/Laryngotracheoplasty (CPT# 31580, 31582, 31584, 31587, 31588)
- Cricotracheal/Tracheal resection and repair (CPT# 31780)

### **Endoscopy Domain**

- Laryngoscopy and intervention (age <2 years or ASA >II) (All CPT codes currently listed under this category)
- Bronchoscopy and intervention (age <2 years or ASA >II) (All CPT codes currently listed under this category)
- Esophagoscopy and intervention (age <2 years or ASA >II) (All CPT codes currently listed under this category)

### **Rhinology Domain**

- Sinonasal endoscopic (age <13 years or ASA >II) (CPT# 31237, 31240, 31254, 31255, 31256, 31267, 31276, 31287, 31288)
- Endoscopic sinonasal, extended (CPT# 31290-31294)
- Repair choanal atresia (CPT# 30540, 30545)

### **Facial Plastics Domain**

- Otoplasty (CPT# 69300)
- Cleft repair – lip (All CPT codes currently listed under this category)
- Cleft repair – palate (All CPT codes currently listed under this category)
- Pharyngoplasty/Pharyngeal flap (CPT# 42225, 42950)

### **Facial Trauma Domain**

- Reduction of facial fractures – midface (All CPT codes currently listed under this category)
- Repair complex lacerations (all sites, including intraoral) (All CPT codes currently listed under this category)

## Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revisions include several sections that necessitated further specialty-specific requirements or definitions be developed by the Review Committees. Several of these areas, as denoted by an asterisk below, required immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

### Areas that Require(d) Specialty-Specific Requirements or Definitions be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).\*
6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1)\*"
7. Review Committees may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).\*

\* needed to be defined or specified by the Review Committees for review at the February 2011 ACGME Board meeting.

The specialty-specific requirements/definitions for otolaryngology can be found on the ACGME website [here](#).

### **ACGME Resident Survey Aggregate Reports are Useful to Programs, Sponsoring Institutions, and ACGME Review Committees**

A common topic facing Review Committees is the disposition of results of the Resident Survey and how the results in particular may impact a program's

accreditation status. The ACGME and its Review Committees take residents' engaged participation in this annual survey very seriously. In response to numerous recent inquiries regarding this topic, the ACGME wanted to provide clarification on how it utilizes the information gleaned from survey responses.

Use in Program Evaluation: Review Committees, programs, and sponsoring institutions consider residents' evaluations of their programs important sources of information about program quality (CPR V.C.). Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts, and as one method of gathering resident input. After the survey window closes, the program director and designated institutional official (DIO) can assess an aggregate summary of the results for their individual program or sponsoring institution, and implement an action plan to address issues of concern. In addition, many programs and institutions use their own survey to assess programs that are not eligible to complete the ACGME survey (i.e., fellowship programs with fewer than four fellows) or to explore topics of local or institutional relevance.

Use during Accreditation Site Visits: During site visits, the ACGME field staff representatives use the results of the ACGME Resident Survey, along with other information provided by the program or institution, to verify and clarify issues during this part of a program's accreditation assessment. Information from the site visit, along with all other accreditation documents, is considered by the Review Committee to determine accreditation outcomes.

Use by the ACGME and Review Committees: Beginning in 2007, the ACGME and its Review Committees initiated standardized follow-up with programs and institutions when the results of the Resident Survey exceeded an established ACGME compliance threshold for duty hours (these plans were communicated to the GME community in [a special message from Dr. Thomas Nasca in September 2008](#), as well as through individual Review Committee newsletters). Then, in 2009, the Council of Review Committees and ACGME senior leadership discussed methods for aggregating data from multiple areas of the survey as a way for Review Committees to review interim (between site visits) information about programs and sponsoring institutions. Additionally, the aggregation of individual survey questions into domains of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of

noncompliance that may be present in a program.

This year, the ACGME Board of Directors recommended that Review Committees follow-up with programs that had significant noncompliance with the aggregated duty hour domain, as well as significant non-compliance in two or more other domains (faculty, evaluation, educational content, resources). Of the 5703 programs that participated in the 2010 ACGME Resident Survey, 274 (4.8%) required follow-up. Follow-up methods included letters sent to program directors and DIOs requesting that they implement improvement plans to address the problem areas, and, for 34 programs, scheduling early site visits. The ACGME sent a copy of any letter sent to a program to the chief executive officer of that program's sponsoring institution in order to involve him or her in supporting program improvements.

Results Available in the ACGME Accreditation Data System (ADS): DIOs and program directors are encouraged to continue using the results of the Resident Survey as an ongoing quality improvement tool. Multiple reports are available to provide this resource to programs and institutions via ADS:

- Programs can view the **2010 Resident Survey National Data Overall** report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "National Data." DIOs can view this same report selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," and then clicking on "Resident Survey National Data Overall."
- DIOs can view the **Aggregate 2009-2010 Institution Level Resident Survey** report for each sponsoring institution by selecting "Reports" from the left-hand menu, clicking "Reporting Tools," and then clicking the "Institution Level Resident Survey Results" link and selecting the 2009-2010 academic year.
- **2009-2010 Resident Survey individual** reports have been reposted with a *new* column that displays the "National Noncompliance Rate." Programs can view the report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "Aggregate Report." DIOs can view this report by selecting "Program & Resident Info" from the left-hand menu, clicking "View and Update Sponsored Programs," and then selecting the report link for each program under the "Resident/Fellow Survey Report" column.
- Programs can view the **Aggregate 2007-2010 Combined Resident Survey Results** report for programs with fewer than four active residents by

selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "Aggregate Report." DIOs can view this report by selecting "Program & Resident Info" from the left-hand menu, clicking on "View and Update Sponsored Programs," and selecting the report link for each program under the "Resident/Fellow Survey Report" column.

- The **2010 Resident Survey National Data for Specialty-Specific Questions** report is only available for specialties that have a specialty-specific survey section. Programs can view the report by selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "National Data—Specialty-Specific Questions." DIOs can view this report by selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," selecting "Resident Survey National Data—Specialty-Specific Questions," and then selecting the 2009-2010 academic year.
- Programs can view the **2010 Resident Survey National Data by Core Specialty** report by selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "National Data by Core Specialty." DIOs can view this report by selecting "Reporting Tools" from the left-hand menu, clicking on "Reporting Tools," and then selecting "Resident Survey National Data by Core Specialty."

### **New Programs Accredited in Pediatric Otolaryngology**

The following NEW pediatric otolaryngology programs were approved during the February 2011 Review Committee meeting. Congratulations to the following programs:

- University of California at San Diego Pediatric Otolaryngology
- McGaw Northwestern Pediatric Otolaryngology
- Nationwide Children's Pediatric Otolaryngology
- Vanderbilt Pediatric Otolaryngology

**Save the Date:**  
**2012 ACGME**  
**Annual Educational Conference**

**March 1-4, 2012**

Walt Disney World Swan and Dolphin  
Orlando, Florida

*\*\*more information to follow\*\**

## Like Conflicts of Interest, Duality of Interest Taken Seriously by the Review Committee

While 'conflict of interest' implies a financial situation which can improperly influence the decision of the member of an organization, 'duality of interest' implies any other situation which can influence a decision. Examples of duality of interest for a Review Committee member can include being from the same state in which a program under review is located, having worked in an institution housing a program under review, or having a close relationship with the department chair or program director of a program under review. When reviewing programs, members of the Review Committee for (Specialty) recuse themselves when there is a duality of interest that might influence their decisions regarding a program's accreditation status. Recusals always occur for those Committee members from the same state as the program under review to avoid any conflicts of interest. ACGME staff members provide periodic education on and monitoring of conflict and duality of interest for all Review Committees to ensure the policy on this issue is constantly in mind, and always governs the way in which business is conducted during meetings.

## New Application Instructions Updated

The ACGME has updated the instructions for new program applications. The PDF document, "How to Apply for Accreditation in Seven Easy Steps", can be found in the Program Resources section of the Review Committee web page, or by clicking [here](#). Call Accreditation Administrator Jenny Campbell (312.755.5026) with questions.

## ADS Notice

As of March 10, 2011 all physician faculty within core specialty programs who devote at least 15 hours per week to resident education and administration will automatically be designated as core faculty. This update has been made on the faculty roster and on the PIF within ADS. Please e-mail [WebADS@acgme.org](mailto:WebADS@acgme.org) with questions or concerns.

## Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, otolaryngology, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

**We'd like to know how we're doing.** The ACGME's Department of Accreditation Committees has been working to improve newsletter content. Please e-mail the editor ([mschwab@acgme.org](mailto:mschwab@acgme.org)) with feedback on articles in recent issues -- were they useful? interesting? informative? what are we missing? what would make them better? Thank you for your input!