

RRC NEWS

OTOLARYNGOLOGY



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 2011

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Review Committee Status Decisions August 2011 Meeting of the Review Committee for Otolaryngology

Accreditation Status	Cycle Length	Number of Programs
Continued Accreditation	5 years	5
Continued Accreditation	4 years	6
Continued Accreditation	3 years	4
Continued Accreditation	2 years	2
Continued Accreditation	1 year	1
Non-Status Decisions		
Progress Report Reviewed		9
Progress Report Requested		8
Increase Requests Approved		1
Increase Requests Denied		2

CHANGE IN KEY INDICATOR PROCEDURES

The Review Committee for Otolaryngology has made a change to one of the Key Indicator Procedures. The **Laryngectomy** key indicator procedure category will be replaced with **Glossectomy [Oral Cavity Resection]**. This change will be incorporated into the summary data provided for the upcoming 2011–2012 otolaryngology residency graduates.

The procedures that will constitute the new key indicator procedure category are:

(cont'd. on p.2)

MEETING AND AGENDA CLOSING DATES

MEETING: FEBRUARY 10, 2012
AGENDA CLOSING: DECEMBER 3, 2011

MEETING: AUGUST 10, 2012
AGENDA CLOSING: MAY 26, 2012

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.

Glossectomy; less than one-half tongue: **41120**
 Glossectomy; hemiglossectomy: **41130**
 Glossectomy; partial, with unilateral radical neck dissection: **41135**
 Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection: **41140**
 Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection: **41145**
 Excision of lesion of tongue with closure; posterior one-third: **41113**
 Excision of lesion of tongue with closure; with local tongue flap: **41114**
 Excision of malignant tumor of mandible: **21044**
 Excision of malignant tumor of mandible; radical resection: **21045**
 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s)): **21047**
 Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection: **41150** Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection: **41153**
 Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type): **41155**

CASE LOG CODING RECOMMENDATIONS FOR RESIDENTS

At its recent meeting, the Review Committee recommended a guide for coding procedures that can be used by residents and faculty members. The *Comprehensive Case Log Coding Recommendations* will be posted to the "Program Resources" section of the [Committee's page](#) on the ACGME website. The guide lists all the CPT codes and the classifications of procedures. The Committee thanks the Harvard Otolaryngology Residency Program for sharing this document with the community. Look for an announcement of the guide's availability online in an upcoming edition of the ACGME's weekly *e-Communication*.

REVISED CASE LOGS FOR NEUROTOLOGY FELLOWSHIP SURGICAL CASE REPORTING

The Neurotology Case Log Report in the ACGME Case Log System is being revised to capture and delineate both otology and neurotology data, which is important for the credentialing of fellows by the American Board of Otolaryngology. The Case Log System revision is occurring in October 2011, and incorporates the following nine categories for reporting: 1) Approaches for Neurotologic Surgery; 2) Resection of Neurotologic Tumors; 3) Reconstruction after Resection of Neurotologic Tumors; 4) Vestibular Surgery; 5) Facial Nerve Surgery; 6) Rehabilitative Surgery; 7) Other Skull Based Surgery; 8) Stereotactic Radiation for Skull Base Lesion; and 9) Other Relevant Non-Neurotologic Cases. This fundamental change to the Case Log System for Neurotology clearly indicates which surgical cases are *neurotology* cases and which are "*Relevant Non-Neurotology*" (i.e., otology) cases. *Neurotology* cases are defined as those procedures which interface the dura. Such neurotology cases constitute the basis of the experiences critical to neurotology fellowship education. The "*Relevant Non-Neurotology*" cases are required for otolaryngology residency education, for which a neurotology fellow may be the assistant surgeon or serve as a resident supervisor. This reorganization will help to clarify the boundary between otolaryngology residency and neurotology fellowship education. It is important to recognize that these changes will track and categorize cases within the current Case Log System for neurotology, and will make use of codes which were part of the previous system. As such, the case entry process for fellows will remain unchanged.

ACCEPTABLE QUALIFICATIONS FOR FACULTY MEMBERS NOT ABOto-CERTIFIED

The Review Committee, on occasion, will review credentials of a faculty member who is not American Board of Otolaryngology (ABOto)-certified. Before it will consider any faculty member's alternative qualifications for acceptability, the Committee must review (1) the complete curriculum vitae of the individual; (2) letters of support from the chair of the department and the designated institutional official (DIO) of the sponsoring

institution; (3) the individual's efforts to become accredited via the alternative pathway identified by the ABOto; and (4) any other relevant information, such as certification from other organizations.

NOTABLE PRACTICES FOR OTOLARYNGOLOGY

A notable practice is a process or practice that the Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is an accreditation standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have identified notable practices within their specialties, and these are available to programs in the specialty, as well as to other interested parties, through the "All Review Committees Notable Practices" resource on the ACGME website, a link to which can also be found on each Committee's web page. Potential notable practices may be identified in several ways: a comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available on the [All Review Committees Notable Practices web page](#).

At its last meeting, the [Review Committee for Otolaryngology](#) identified several notable practices that will be added to the ACGME resource referenced above. An announcement of their availability online will be made via the ACGME's weekly *e-Communication* in the future.

SUO MEETING – WASHINGTON, DC, NOVEMBER 2011

Review Committee Chair Bradley Marple, MD and Executive Director Patricia Levenberg, PhD will attend the Society of University Otolaryngologists (SUO) meeting in Washington D.C. on November 11 and 12, 2011. There will be an update from the Review Committee, as well as time scheduled for individual program directors to have face-to-face meetings with Dr. Levenberg, to discuss specific matters of importance or questions, which may range from preparing for an upcoming site visit, getting a

clarification of a program requirement, or reviewing a recent letter of notification. Appointments will be held Saturday, November 12, 2011. Program directors should contact Anna Messner, MD (amessner@ohns.stanford.edu) for an appointment. The deadline for appointments is November 1, 2011. Please note that the program director meetings will be held on November 11, 2011 from 8:00 a.m. to 5:30 p.m.

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities

Site Visits after July 1, 2011

Site visits under the 2011 Common Program Requirements began July 12, 2011. No new questions were added to the program information forms (PIFs); assessment of programs' compliance with the new standards for resident duty hours, supervision, and other elements of the learning and working environment will be done through a set of questions in the Accreditation Data System (ADS). The information collected via ADS will print with the demographic and general information section of the PIF that is entered into ADS. A number of questions in the current PIF also provide information about compliance with the new common standards.

In addition to the PIF and the data collected via ADS, responses to the 2011 ACGME Resident/Fellow Survey, documentation such as resident files, rotation and call schedules, and program and institutional duty hour tracking data, among others, constitute the data elements assessed during program site visits. The members of the field staff interview program and departmental leaders, the DIO, faculty members, and residents/fellows. Field staff members also use a variation of the Tracer Method familiar to many DIOs from other accrediting bodies.

Use of the Tracer Method

The Tracer Method is used by several accrediting organizations to increase the focus on operational processes that benefit patients. The ACGME uses it to assess a program's response to particular situations, such as remediation of a resident with low academic performance, excess duty hours or inadequate supervision, or implementation of the new requirement that means residents may remain beyond duty hour limits to care for an individual patient out of a compassionate or educational justification. As these processes are examined, the surveyor may confirm high performance or detect problems in the implementation of policies, elements of the process, or aspects of the interface between processes.

Use of the Tracer Method during program site visits will entail document review and interviews with program directors, residents/fellows, faculty members, coordinators, and potentially others. This will be done during the regularly scheduled interview sessions. In rare cases, such as evaluating the merits of a complaint against the program, application of the Tracer Method may necessitate some added time for interviews or more extensive review of documentation. This added time and relevant documents generally will be requested in advance through the list sent with a program's site visit announcement letter.

Increasing Resident/Fellow Input during Program Site Visits

Between 2010 and June 2011, the ACGME Department of Field Activities conducted a pilot to explore whether textual comments from residents/fellows could be introduced into the site visit interview process. In this pilot the field staff representatives requested that residents/fellows compile a single, program-level list of up to five strengths and up to five opportunities for improvement for further discussion during the resident/fellow interview. The request was made through a note to the program director. These lists were considered confidential, and residents/fellows were asked to e-mail it directly to the field staff representative, or to bring it with them to the resident/fellow interview. The collection of resident-perceived strengths and opportunities for improvement was done only for program site visits, not for institutional reviews.

Residents'/Fellows' Responses and Perceptions of the Pilot

A benefit of obtaining this consensus list is that it has provided the ACGME field staff with a sense of the *learners'* perceptions of their program's strengths and opportunities for improvement. This is useful to begin the conversation during the resident/fellow interview. When aggregated across programs, the information also offers the ACGME insight into residents'/fellows' unique perspectives on their programs and the accreditation standards. The information in the lists affirms the value of many of the questions currently asked in the Resident/Fellow Survey, and may also serve to highlight additional areas of high relevance for possible inclusion in future iterations of the Survey.

Resident/fellow comments have also included questions and feedback about changes to program requirements, such as the new common duty hour requirements. Residents/fellows and program directors alike have commented favorably on the way the pilot has increased their engagement in the site visit process, including those in larger programs who

do not participate in the site visit interview.

The Department of Field Activities evaluated the pilot in June 2011, and implemented it for all program site visits after July 2011. The department will continue to explore this and other mechanisms to increase resident and fellow input.

Other Site Visit Pilots

One pilot in early evaluation entails a simple change in the sequence of the site visit process to have the resident/fellow interview completed earlier in the site visit day, after a brief introductory meeting with the program director. All other interviews, review of data, and if conducted, the tour of facilities, will be used to verify and clarify the information obtained during the resident/fellow interview. Currently, eight members of the field staff are using this approach for a more in-depth assessment of benefits and potential drawbacks.

2012 ACGME Annual Educational Conference

Encouraging Excellence

March 1-4, 2012
Walt Disney World Swan and Dolphin
Orlando, Florida

Click [here](#) for more information

RRC NEWS PROVIDES TIMELY AND CURRENT REVIEW COMMITTEE AND SPECIALTY UPDATES, AS WELL AS GENERAL ACGME INFORMATION AND EXPLANATIONS OF ITS SYSTEMS, POLICIES, AND PROCEDURES. IT ALSO SERVES AS A VEHICLE FOR COMMUNICATION BETWEEN THE REVIEW COMMITTEE AND ITS CONSTITUENTS.

PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

NEWSLETTERS ARE TYPICALLY AVAILABLE FOLLOWING A REVIEW COMMITTEE MEETING, BETWEEN ONCE AND THREE TIMES PER YEAR.