

## Accreditation Council for Graduate Medical Education

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### Newsletter

#### Residency Review Committee for Pathology August, 2000

##### **APCP PROGRAM REQUIREMENT CHANGES**

The proposed revisions to the APCP program requirements are available for review on our website ([www.acgme.org](http://www.acgme.org)) under the heading "Review and Comment." Since initial distribution of the proposed revisions, the RRC has decided not to proceed with plans to initiate accreditation of a fifth year of APCP training. Any comments you may have regarding the proposed changes should be submitted to the RRC office at the address below. Comments submitted in response to the proposed changes will be reviewed by the RRC at its October meeting. It is anticipated that the document will be submitted for ACGME review and approval in February, 2001.

##### **PROGRAM DIRECTOR CREDENTIALS**

The ACGME recently initiated a change in the language regarding program director qualifications in the program requirements for all specialties, including pathology and each of its subspecialties. The new language specifies that program directors must be certified by the appropriate specialty board or possess appropriate educational qualifications as judged by the RRC. To allow the RRC to evaluate the qualifications of new program directors based on these criteria, notification of program director changes must be accompanied by a copy of the new director's curriculum vitae.

##### **RESIDENT MEMBER NOMINATIONS**

The deadline for submission of nominations for the position of resident member of the RRC for Pathology is September 1. The RRC will review the nominations and select the next resident member at its October meeting. The RRC will announce their decision in the next edition of the newsletter.

##### **WEB-BASED ACCREDITATION DATA SYSTEM**

The ACGME is currently developing a web-based accreditation data system, which will allow for ongoing collection and analysis of program data, rather than data collection only at the time of a site visit. Programs will be required to update information annually and the Residency Review Committee will receive reports based on the data provided. The first phase of the new system to be implemented will be moving a portion of the program information form (PIF) to a user-friendly web-based system. The data requested will be common to all disciplines and will consist of the institutional and program demographic sections of the PIF. Updates on the implementation of this system will be provided in this newsletter and the ACGME Bulletin. In addition, watch our website for the latest information on this project and other activities of the ACGME and RRC.

##### **MASTERING THE ACCREDITATION PROCESS WORKSHOP**

The next Mastering the Accreditation Process Workshop will be held on March 8-9, 2001 in Chicago. The workshop will feature general sessions on the accreditation process and site visit preparation as well as sessions on topics such as the ACGME Outcomes Project. Please watch our website and the ACGME Bulletin for further details and registration information.

##### **ACGME & RRC ON THE WEB**

The fastest route to current accreditation requirements and program information forms is the internet. We encourage you to stop by [www.acgme.org](http://www.acgme.org) to find out what else you can learn about the RRC, ACGME, and the accreditation process.

##### **KEEP THE RRC INFORMED**

The RRC must be informed in writing of major program changes, including program director changes. Changes in resident complement require prior approval of the RRC.

##### **NEW RRC MEMBERS**

Since the beginning of the year, the Committee has welcomed two new members: Joseph C. Fantone, M.D., director of the University of Michigan APCP residency, and Margaret Grimes, M.D., director of the Medical College of Virginia APCP residency.

##### **RRC MEMBERS**

C. Bruce Alexander, M.D.  
 Stephen D. Allen, M.D.  
 M. Desmond Burke, M.D.  
 Joseph C. Fantone, M.D.  
 Margaret Grimes, M.D.  
 William H. Hartmann, M.D., ex-officio  
 E. Tessa Hedley-Whyte, M.D., Vice-Chair  
 Jennifer L. Hunt, M.D., Resident Member  
 Deborah E. Powell, M.D., Chair  
 Ross E. Zumwalt, M.D.

##### **COMMITTEE OFFICE & STAFF**

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Steven P. Nestler, Ph.D.  
 Executive Director

**ACGME GENERAL COMPETENCIES**

The ACGME has developed a list of general competencies for residents in all specialties and mandated that each RRC incorporate these general competencies into their program requirements before July 1, 2001. The current draft of the APCP requirements now available for review on our website includes the competencies. In addition a **copy of the competencies is linked** for your review. Please watch ACGME and RRC newsletters as well as our website for further information regarding the implementation and evaluation of the competencies.

**RRC MEETING DATES**

October 6-7, 2000  
 March 30-31, 2001  
 September 14-15, 2001

To ensure sufficient time for distribution and review of materials prior to an RRC meeting, the deadline for submission of applications, requests, etc., to be considered by the RRC is two months prior to the meeting date.

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## General Competencies Minimum Program Requirements Language 9/28/99

**IV. Educational Program**

The residency program must require its residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- b. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

**V. Evaluation****A. Evaluation of Residents**

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
2. mechanisms for providing regular and timely performance feedback to residents
3. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

**B. Program Evaluation**

1. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
2. The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

[www.ACGME.org](http://www.ACGME.org)

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