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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.

FAQs and Reminders

What are the seven parts of a full autopsy?

As stated in the Pathology program requirements (IV.A.5.a)(4)), residents will perform at least 50 autopsies during the program. Autopsies may be shared, but no more than two residents may count a shared case toward this standard. Programs must ensure that residents participate fully in all aspects of an autopsy as appropriate to the case. In a complete autopsy, this includes:

- (a) review of history and circumstances of death;
- (b) external examination of the body;
- (c) gross dissection;
- (d) review of microscopic and laboratory findings;
- (e) preparation of written description of gross and microscopic findings;
- (f) development of opinion on cause of death;
- (g) review of autopsy report with teaching staff

Resident education must include exposure to forensic, pediatric, perinatal and stillborn autopsies.

As a reminder from the Common Requirements regarding Faculty Evaluation by Residents:

Faculty Evaluation

1. At least annually, the program must evaluate faculty performance, as it relates to the educational program.
2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
3. This evaluation must include at least annual written confidential evaluations by the residents.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities,

MEETING AND AGENDA CLOSING DATES

Meeting: October 2-3, 2009

Agenda Closing: August 24, 2009

Meeting: April 16-17, 2010

Agenda Closing: March 8, 2010

such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

More Duty Hours FAQs and answers are available at the following link:

http://www.acgme.org/acWebsite/dutyHours/dh_faqs.pdf

Average Cycle Length by Specialty (Based on Academic Year 2008 - 2009)

Specialty Code	Specialty Name	No. Programs	Avg. Cycle Length *	No. Residents/ Fellows
300	Pathology- anatomic and clinical	149	4.18	2405
301	Selective pathology	58	4.06	133
305	Blood banking/transfusion medicine	47	4.48	50
306	Chemical pathology	2	4.50	2
307	Cytopathology	85	4.55	137
310	Forensic pathology	38	3.83	39
311	Hematology	78	4.33	120
314	Medical microbiology	13	3.89	11
315	Neuropathology	35	4.54	46
316	Pediatric pathology	24	3.94	27

Common Citations for AP/CP

During the academic year 2007-2008, the following were the most common citation areas.

Procedural Experience	24%
Didactic Components	10.34%
Evaluation of Residents	10.34%
Evaluation of Program	10.34%
Performance on Board Scores	10.34%
Curricular Development	9.1%
Supervision	8%
Goals and Objectives	7%
Institutional Support Facilities- Educational Space, including library	5.75%
Institutional Support Facilities- Clinical Space	5.75%
Program Personnel and Resources/Responsibilities of Faculty	5.75%

Sub-Specialty, Number of Citations (7/1/2005-5/1/2009)

Selective Pathology	
Evaluation of Faculty	3
Blood Banking/Transfusion	
Evaluation of Residents	5
Evaluation of Program	4
Forensic Pathology	
Evaluation of Residents	6
Evaluation of Program	4
Scholarly Activities	17
Cytopathology	
Evaluation of Residents	24
Evaluation of Program	29
Neuropathology	
Goals and Objectives	7
Educational Program-	7
Evaluation of Residents	7

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergoes 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.

Pathology Program Requirements Revision

In order to alleviate the burden on behalf of programs and increase transparency of the accreditation process, the Pathology program requirements will be revised in 2009, ahead of schedule. The date for review and comment on program requirement changes will be made available on the online "weekly update", ACGME e-Communications.

During a very successful May 1 retreat, the RRC completed the initial requirements revisions for Pathology subspecialties; the committee will now focus on the core Pathology requirements and eventually will look at the PIF(s) for both subspecialties and core to align with program requirements.

A tentative schedule for Pathology program

requirement revision is as follows:

May 2009-February 2010

Ongoing input, revision

March 2010

Post for public comment

September 2010

Committee on Requirements meets, discusses, and approves the revisions.

Revisions to the PIF

At the April 11, 2008 meeting, the RRC reviewed, revised, and reorganized the Program Information Form (PIF) for both core and subspecialties of pathology. The impetus for redesigning the PIF was to decrease burden on institutions and faculty, reclassify various components under different headings, and to further quantify and operationally define the RRC criteria for minimum residency education standards.

New PIFs Available on the Pathology Website

New program information forms (PIFs) are now available on the Pathology website. All programs undergoing a site visit on or after July 1, 2009 should complete the new PIF. If a site visit is prior to the July 1 2009 date a program may use the older version of the PIF that a program has already begun to complete. As part of the new accreditation model for one-year subspecialty programs, the ACGME has developed a streamlined common PIF. ACGME staff have begun incorporating the streamlined Common PIF for one-year subspecialties into the one-year pathology subspecialty PIFs.

Accreditation Data System (ADS)

The ACGME's online 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)
- 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 Pathology, Timothy Goldberg,

at webADS@acgme.org.

“Program Director Guide to the Common Program Requirements”

To help clarify the meaning and expectations of the common program requirements, the “Program Director Guide to the Common Program Requirements” is available on www.acgme.org. RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: Guide@acgme.org.

Evaluating Fellow Complements of One: Keeping Responses Anonymous and Confidential

The ACGME requirement that fellows be evaluated confidentially can be a challenge for programs with fewer than two fellows. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of fellows, if not always anonymity. For example, institutions with more than one fellowship program may combine fellow evaluations across all specialties and report results as averages, inclusive of all fellows. In instances where combining is not possible, fellow surveys may be collected over a period of a few years and grouped data is reported every two to three years. The program director’s challenge is to balance the program’s need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, a faculty member of another specialty or the DIO, (not directly involved in fellow education), may review and report findings of fellow surveys across all specialties to respective program directors.

Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program’s history upon review of a (requested) progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review

of accreditation materials.

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.

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.

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.

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

Farewell Remarks from Exiting Pathology RRC Chair, Rebecca L. Johnson, MD

Reflecting on her tenure on the RRC, Dr. Johnson remarked, “It has been a privilege to serve on the Pathology RRC for these past six years and as Chair

for the past two years. We have made great progress in implementing the competencies and the Outcomes Project and have seen significant improvements in the accreditation process. The RRC has many challenges and much work to do with Program Requirements, PIFs, and duty hours revisions and the exciting Milestones Project. I am confident that our RRC, under the leadership of Drs. Suzanne Powell, Chair and Mark Brissette, Vice-Chair will enthusiastically meet these challenges and get the job done efficiently and effectively. I would like to thank the RRC members and ACGME staff for their incredible hard work and dedication. I would also like to thank our Pathology Program Directors (PRODS) for their thoughtful feedback and suggestions for improvement, for they are the heart and soul of pathology graduate medical education.”

Effective July 1, 2009, Suzanne Powell, MD will be the RRC Chair. Mark Brissette, MD will serve as Vice-Chair. Dr. Powell is the Director of the Pathology Residency Program at the Methodist Hospital, and Dr. Brissette is an associate professor at the University of Colorado-Denver, Department of Pathology. We also welcome new resident member Michael G. Swaby, MD and returning RRC member Sharon W. Weiss, MD. Our gratitude and appreciation to Dr. Rebecca Johnson, exiting Chair and to Dr. Miriam Post, exiting resident member.



Pictured above (from Left to Right) Standing: Diane Davey, MD, Wesley Naritoku, MD, Miriam Post, MD; Georgia Andrianopoulos, PhD (RRC Executive Director); Julia Iezsoni, MD; Michael Swaby, MD; Patrick Lantz, MD; Sitting: Suzanne Powell, MD, Rebecca Johnson, MD, Mark Brissette, MD.

2010 Parker J. Palmer *Courage to Teach* Award, *Courage to Lead* Award, and *David C. Leach, MD* Award

The ACGME is accepting nominations for the 2010 Parker J. Palmer *Courage to Teach* and *Courage to Lead* Awards, and the *David C. Leach, MD* Award.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote the *Courage to Teach* and other books on teaching and vocation – is given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching.

The *Courage to Lead Award*, also named after Dr. Palmer, is presented yearly to three designated institutional officials who have created an optimal environment for resident education. One award is given to a designated institutional official in each of the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs). Each nomination must include a completed application form, three letters of recommendation and the nominee’s curriculum vitae. Each winner will receive \$1,000 and a plaque, and will also be invited to a retreat in May. In addition, awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

More information about these awards is available in these FAQs: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>.

The *David C. Leach, MD, Award* is named in honor of the ACGME’s former chief executive officer, David C. Leach, MD, who retired in 2007. This new annual award will recognize residents and resident teams for improving graduate medical education. The award will be given to residents or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education in one or more of the following areas:

- fostering innovation and improvement in the learning environment
- increasing the program’s emphasis on educational outcomes
- increasing efficiency and reducing non-educational burden
- improving communication and collaboration in education and patient care within the program or institution
- advancing humanism in patient care and among health care professionals

Five awards will be given to residents or resident teams. Residents and teams may be nominated by program directors, designated institutional officials, program coordinators, ACGME Review Committees, or chief executive officers of teaching hospitals. Nominations must include a completed application form and three recommendation letters.

Winners will receive \$2500 and a plaque. Awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

For more information, FAQs are available here: http://www.acgme.org/acWebsite/dcl_award/DCLaward-FAQs.pdf

The ACGME Awards Committee will choose the 2010 *Courage to Teach*, *Courage to Lead*, and *David C. Leach, MD* award recipients in September, 2009. Nominations for all three awards are due July 1, 2009. The application is located on the ACGME website (www.acgme.org). Completed applications and supporting materials should be sent to Emily Vasiliou at evasiliou@acgme.org.