

Spring/Summer 2008

ACGME Resident Survey

Every two years, all programs with four or more residents complete the ACGME Resident Survey. Results of this survey are made available to the program and the DIO for programs with a 70% or greater response rate. Programs with less than 70% response rates are resurveyed the following year.

The Resident Survey is used by the site visitor to spotlight key areas of concern as well as program strengths that the residents identified. The site visitor also uses the Resident Survey to help determine serious non-compliance with duty hour standards. Increasingly, the residents' learning environment is noted as one of many key factors, along with duty hours, supervision, and limiting excessive service, that contribute to a high-quality learning environment.

The RRC has requested that site visitors provide more detailed information regarding the verification of negative comments made in the numerical or comment sections of the Resident Survey, specifically, when the site visitor records that a concern is "not an issue" or "could not be verified."

Results of resident surveys can be used as heuristic tools by program directors to improve the quality of training for residents. National averages of resident surveys can be viewed on the ACGME website,

www.acgme.org within the ADS section, and should be reviewed by individual programs during annual and mid-cycle internal reviews so that resident issues are identified and addressed in a timely manner.

Program Citations: 2002-2007

Over the recent 5-year period (2002-2007), the RRC noted the most commonly cited pathology requirements. The list below provides the percentage of citations, as well as further citation details.

AP-CP

Educational Program (20%)

- Excessive turnaround time for autopsy case sign-out
- Lack of opportunity to preview slides before sign-out on cases that the resident grossed (lack of continuity)
- Insufficient training in urinalysis and medical microscopy
- Insufficient molecular laboratory and molecular pathology experience
- Inadequate numbers of specific surgical specimen types; gynecologic cytology; and coagulation studies experience

Educational Program- Didactic Components (11%)

- Inadequate weekly didactic conferences; inadequate teaching of research design

Evaluation- Performance on ABP Examination (10.2%)

- Below average pass rate on the American Board of Pathology examination

Institutional Support- Sponsoring Institution (8.8%)

- Failure to complete internal review at mid point between site visits
- Insufficient clerical and program coordinator support, funds for books, low resident salaries
- Outdated program letters of agreement
- The PLA did not contain essential elements

Cytopathology

Evaluation of Residents (16.1%)

- No final written evaluation verifying that the resident has demonstrated sufficient professional ability to practice competently and independently

Evaluation of Program (16.1%)

- Program does not document formal, systematic evaluation of the curriculum at least annually by faculty and residents

Educational Program- Procedural experience (9.2%)

- Insufficient fine needle aspiration biopsy experience
- Inadequate experience in liquid-based cytology

Educational program- Goals and Objectives- (8.1%)

- Competency based goals and objectives must be prepared for each major assignment.

Pathology Program Requirements Revision

Each time there is a major revision to the

program requirements, the document is vetted and posted for comment by all stakeholders. Every comment that is received must be considered and addressed by the RRC.

In order to alleviate the burden on 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” for pathology.

Revisions to the PIF

At the April 11th 2008 meeting, the RRC reviewed, revised, and reorganized the Program Information Form (PIF). The impetus for redesigning the PIF was to decrease the burden on training programs and faculty, re-classify various training components under different headings, and to further quantify and operationally define the RRC criteria for minimum residency training standards.

During the interim period of summer and fall 2008, it is expected that some programs will be transitioning to the new form sooner than others. Either PIF version is valid until the old version is fully phased out. The RRC hopes that this doesn't cause confusion. Please contact the ACGME staff with any concerns or questions.

Program Evaluation by Fellows: Keeping Responses Confidential When There is Only One Fellow

The ACGME requirement that fellows provide confidential evaluations of the program 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. 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 training), may review and report findings of fellow surveys across all specialties to respective program directors.

Case Logs: Future Directions

Pathology is one of few specialties that has not required nor fully implemented the ACGME Case Log Reporting system for recording resident procedures. The number of autopsies, fine needle aspirations, and bone marrows should be recorded in the Resident Case Log. The RRC aims to reach full compliance for these procedures; all programs must participate and provide complete and accurate data. The RRC will be citing programs with incomplete Case Log Entries.

Unlike other specialties, pathology requires resident training in gross and microscopic diagnosis of several thousand specimens and recording all of these would be an undue burden to residents. The RRC is considering the option of identifying key, index specimen types to be monitored via the Case Log system. Once these Index specimen types have been identified, the RRC may consider establishing minimum numbers for adequate resident and fellow training.

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs in an institution. The DIO signs PIFs and also receives copies of accreditation results. The DIO is required to co-sign correspondence between the Program or Institution and the ACGME.

“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.

Accreditation Data System (ADS)

In order to decrease the burden of paper submissions and increase efficiency of communications between the ACGME and constituents of Graduate Medical Education, the ACGME has transitioned from a paper-based system to a web-based system through greater use of the ADS or Web Ads, <https://www.acgme.org/ads>

The following changes must be entered in web ADS:

- Request for a temporary or permanent complement increase or decrease
- Change of chair, DIO or program director
- Voluntary Withdrawal
- Adding or deleting participating sites
- Updated Program Information Form
- Updated Resident Information
- Case Log Reporting

ACGME Educational Conference 2008 Recap

Each year the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance

residency program quality related to ACGME initiatives such as competency evaluation instruments and exemplary implementation of ACGME initiatives. This year's conference theme, "building community, improving quality" emphasized how education and patient care can improve when individuals in diverse roles synergize toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp

ACGME Learning Portfolio

One Pathology program is an Alpha-2 participant in the Learning Portfolio Project. ACGME staff have developed a number of resources for programs that want to become more familiar with the ACGME Learning Portfolio (ALP).

http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf: The Frequently Asked

Questions (FAQs) (updated April 2008) include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases.

http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf. A narrated

demonstration of the portfolio can be found at

<http://www.acgme.org/acWebsite/portfolio/AlphaDemonstration.wmv>.

More information is available on the ACGME Learning Portfolio website:

http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

CI Pilot Projects

The Committee on Innovation (CI) announced a set of duty hour and competency pilots in Fall 2007. Ingrid Philibert, Senior Vice President, Department of Field Activities, quoted from the first

formal report of the committee, which was approved at the September 2007 meeting of the ACGME Board of Directors: "The ultimate aim of these pilots is to test proposed revisions to the common duty hour standards and refinements to the approaches for teaching and assessing the general competencies to ensure they are based on valid and 'actionable' evidence of their effectiveness."

More information regarding the pilot projects is available from the ACGME website under Innovation/CI. For questions, contact Mary Joyce Johnston in the Department of Field Activities at 312/755-5013.

Breakdown of Residents/Fellows and Programs

2006-2007	Total Number	Average Length of Cycle	Number of Programs	Number of New Programs	Female/Male %
Residents/Residencies	2,316	3.76	150	1	49/47
Fellows/Fellowships	523	3.96	379	20	51/42

RRC Meeting and Agenda Closing Dates

Meeting: October 4th – 5th, 2008
 Agenda Closing: August 1st, 2008

Meeting: April 17-18th, 2009
 Agenda Closing: February 20th, 2009

Mailing Address:
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We invite your comments: gda@acgme.org

ACGME Welcomes New Executive Director

Georgia D. Andrianopoulos, PhD, has been named Executive Director of the review committees for Dermatology, Medical Genetics,

and Pathology.

Dr. Andrianopoulos was an assistant professor in the Department of Surgery and Psychiatry at the University of Illinois College of Medicine where she was involved in undergraduate and graduate medical education and research.

Dr. Andrianopoulos is a neuroscientist and earned her PhD in neurophysiologic psychology from Case Western Reserve University. In addition, Dr. Andrianopoulos is the author of *Retrain Your Brain, Reshape Your Body.* (McGraw-Hill, 2008).

She is particularly focused on generating and implementing ACGME innovations that promote the quality of graduate medical education and public health.



Residency Review Committee

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Diane Davey, MD
Julia C. Iezzoni, MD
Rebecca L. Johnson, MD, *Chair*
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