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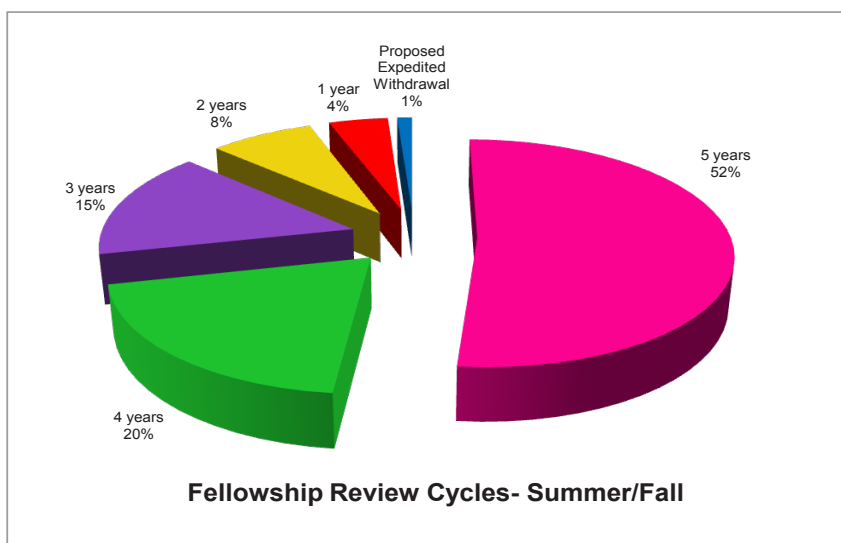
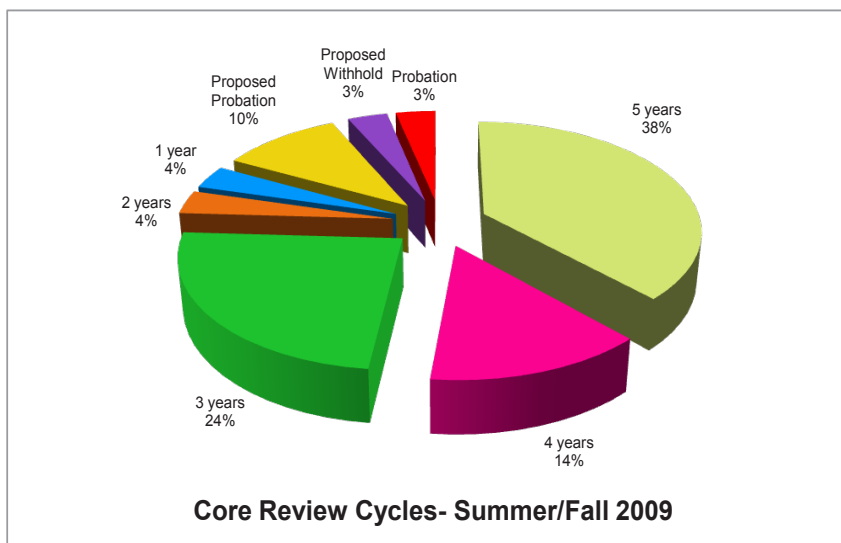
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Summary of Actions Taken at Summer and Fall Meetings

The Review Committee reviewed 29 core programs, 91 fellowships, and 23 Internal Medicine-Pediatrics programs at its July and October meetings. The charts below provide a summary of the actions taken.



MEETING AND AGENDA CLOSING DATES

MEETING: APRIL 11-14, 2010
AGENDA CLOSING: FEBRUARY 15, 2010

MEETING: JULY 26-27, 2010
AGENDA CLOSING: MAY 31, 2010

2010 Award Recipients

In late September, the ACGME announced its Courage to Teach, David C Leach, MD, and GME Program Coordinator Excellence award recipients.

The Courage to Teach award is named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote *The Courage to Teach* and other books on teaching and vocation. Courage to Teach awards are given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to educating. The RRC congratulates John Frohna, MD, of the University of Wisconsin Hospitals & Clinics, Madison, WI, one of the recipients of this award. He will receive \$1,000 and a plaque, and will be invited to a retreat with other awardees in May, 2010. Award recipients are also honored at an awards luncheon during the ACGME Annual Educational Conference, which will take place March 4-7, 2010, in Nashville, Tennessee.

The David C. Leach, MD, Award is named for former ACGME Chief Executive Officer David C. Leach, MD, who retired in 2007. This new annual award recognizes residents and resident teams for improving graduate medical education. Three of the five award recipients were pediatric residents/fellows. The RRC congratulates the following residents/fellows on this achievement: Omar Bhutta, MD, pediatrics resident at University of Washington, Seattle, WA; David Turner, MD, pediatrics resident at Duke University, Durham, NC; and Christopher Young, MD, neonatal-perinatal medicine fellow at the University of Florida, Gainesville, FL. Winners will receive \$2500 and a plaque, and will be invited to the awards luncheon at the 2010 ACGME Annual Educational Conference.

This year, the ACGME also acknowledged the important contributions coordinators provide to the success of a residency/fellowship program by establishing the Coordinator Excellence Award. Congratulations to Jeri Whitten, of West Virginia University, Charleston, WV, for being one of the recipients of this award.

Milestones Project

Carol Carraccio, MD, Chair of Milestones Committee

The Milestones Project, an initiative spearheaded by the ACGME in partnership with the American Board of Pediatrics, aims to further define the ACGME competencies in the context of the specialty, and to set standards for performance over the course of

of residency education. A Working Group established in March of 2009 is comprised of program directors and associate program directors, along with a resident representative, the executive director of the RRC for Pediatrics, and the project manager of the ACGME Learning Portfolio. A broader representation of the pediatric community, along with ACGME and ABP leadership, forms the Advisory Board. In addition, representation from the Association of American Medical Colleges, the National Board of Medical Examiners, the Council on Medical Student Education in Pediatrics, and the Council of Pediatric Subspecialties helps to ensure we frame graduate medical education (GME) in the context of a continuum of education and practice.

The Milestones Project leadership introduced information about the project at the Association of Pediatric Program Directors (APPD) spring meeting and solicited input from the membership about areas of the ACGME competencies that should be made more explicit. The Working Group collated and reviewed suggestions. In response to the feedback, elements of personal and professional development are now more explicit in the language of the competencies. The document containing this new language has been vetted on the APPD discussion board and thoughtful comments have been received and incorporated.

The Working Group reviews the literature on each of the sub-competencies, or elements embedded within the six ACGME competencies, to understand the developmental nature of the skill or behavior. We are synthesizing the literature and identifying a few key references for program directors. Based on our reviews, we are creating narrative anchors describing the development of the skill along the continuum of education and practice. This approach will allow the milestones to provide both a learning roadmap for residents/fellows which will help in guided self-assessment of where they fall on the developmental continuum, and narrative descriptions of sub-competencies with behavioral anchors that can be used to populate a global assessment tool.

The hope is to be able to test the first complete iteration of the milestones through a collaborative effort of the pediatric community. It will be critical to observe and assess residents/fellows to determine at which points in their education most residents reach various skill-developmental stages, information that will be key moving forward with replacing process requirements with outcome requirements.

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This is an exciting opportunity for the pediatric community, and particularly clerkship, residency and fellowship directors, to begin conversations about expected skill levels at different points of the education and practice continuum.

Changes made to the Pediatrics PIF

The RRC has updated several sections of the pediatrics Program Information Form (PIF). It is now available on the Pediatrics homepage:

http://www.acgme.org/acWebsite/RRC_320/320_pifIndex.asp.

The RRC made modifications to the community and normal newborn sections to better align the PIF questions with the requirements. These minor changes will provide the RRC with more information to better judge compliance with the requirements. Additionally, the RRC modified the question related to procedural competence such that program directors no longer need to submit procedures/Case Logs as an appendix to the PIF. Logs should not be appended to the PIF as documentation for either procedures or the continuity clinic experience. However, on the day of the site visit, the program director will need to provide the site visitor documentation of the system used to track and monitor procedures and continuity.

Points of Clarification

Based on the RRC's review of program directors' responses to the competency questions in PIFs, here are a few general comments/pointers to consider when answering these questions:

- The RRC expects programs to use multiple methods and evaluators to assess the abilities of residents/fellows with the competencies. Multiple evaluation methods provide more comprehensive and accurate assessment of skills. The RRC has cited programs for using only one type of method (e.g., only global evaluations).
- The RRC has noticed that more programs are using proprietary patient satisfaction surveys to assess residents'/fellows' abilities with the competencies. Proprietary surveys generally do not provide feedback specific to a particular resident/fellow. The RRC has cited programs who use only such instruments to assess the competencies because (1) there is no documentation that multiple evaluation methods are being used; and (2) the survey data is not

useful, meaningful, or actionable information because it is not resident/fellow-specific.

- The RRC expects that families and patients are involved in assessing residents'/fellows' professionalism and interpersonal and communication skills. Including patients and families in the evaluation process provides more comprehensive and meaningful feedback since their interactions with residents/fellows are different from those of the faculty. It also documents that programs are complying with the requirement for multiple evaluation methods to assess competence.
- These items will be inserted in the FAQ document on the Pediatrics homepage: http://www.acgme.org/acWebsite/RRC_320/320_PedsFAQ.pdf.

Pediatric Transplant Hepatology: In the patient data section of the PIF, program directors are asked to provide the number of pediatric liver transplants within the institution over the previous three years. The RRC asks that program directors report the number of transplants listed on the United Network of Organ Sharing (UNOS) website for their institution.

Notable Practices

A notable practice is a process or practice that a Review Committee deems worthy of notice. Potential notable practices may be identified in several ways: comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or an RRC member based on his/her knowledge of the program, or an unsolicited submission sent to the executive director.

The RRC for Pediatrics identified the following notable practices from its reviews and commends the program director:

- Dr. Robert Voigt, Mayo Clinic (Rochester), on the responses he provided related to the competencies.
- Dr. Yolanda Wimberly, MD, MSC, FAAP, FSAM, Morehouse School of Medicine, on the creative way of ensuring compliance with the minimum requirements in community medicine.

Additional details on the notable practices mentioned above can be found on the ACGME website:

<http://www.acgme.org/acWebsite/notablepractices/default.asp>.

New Format for Citations

“Citations” – areas of non-compliance that the Committee identifies during its review of a program -- will have a new format. Citations will now have the following five parts:

Structure for Citations

- (1) Citation Heading -- Summary of issue being cited
- (2) Program Requirement Reference
- (3) Program Requirement
- (4) Citation
- (5) Source of citation (PIF, Site Visitor Report (if proposed adverse action), and Board Reference)

Example of Citation

Board Scores/Poor Performance on Exam
Program Requirement V.C.3

In its evaluation of residency programs, the Review Committee will take into consideration the information provided by the American Board of Pediatrics regarding resident performance on the certifying examinations. A program will be judged deficient if, during the most recent five years, the rate of those passing the examination on their first attempt is less than 60% and/or if less than 80% of those completing the program take the certifying examination.

Information provided to the Committee by the American Board of Pediatrics indicates that graduates of the program had performed poorly on the certifying examination. Although 31 of 33 graduates took the exam only 28% passed the exam on their first attempt over the most recent five year timeframe. (Information provided to the Committee by the American Board of Pediatrics)

Congratulations to Dr. Robert Adler

Committee member Robert Adler, MD was listed among the Los Angeles Times Magazine’s “Best Doctors in Southern California”. According to Los Angeles Times Magazine, “Best Doctors” is the largest continuous peer-to-peer survey of the medical profession ever conducted. The RRC congratulates Dr. Adler on this acknowledgement and honor.

Useful ACGME Online Resources

- Virtual Program Director Handbook: <http://www.acgme.org/acWebsite/home/PDVVirtualHandbook.asp>
- ACGME Data Book: https://www.acgme.org/acWebsite/dataBook/dat_index.asp
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: <http://www.acgme.org/adspublic/> -- click ‘Search Programs and Sponsors’
- Resident Survey National Data Report - available in ADS for Program Directors:
 1. Log into ADS
 2. Click ‘Resident/Fellow Survey’
 3. Click ‘National Data’
 4. DIOs select ‘Reporting Tools’
 5. Click ‘Resident Survey National Data Overall’

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- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution’s programs:
 1. Log into ADS
 2. Select ‘Reporting Tools’
 3. Click ‘Institution Level Resident Survey Results’
- Faculty Development Resources for Competency-based Education -- a series of four PowerPoint presentations with facilitator’s manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, developing a competency-based curriculum): <http://www.acgme.org/outcome/e-learn/e-powerpoint.asp>

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We welcome your comments and suggestions about this newsletter. E-mail dbraun@acgme.org.