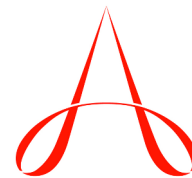


RRC NEWS

PHYSICAL MEDICINE AND REHABILITATION



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 2011

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SUGGESTIONS FOR ADDRESSING CITATIONS

In this new section of the newsletter, one or more frequent citations will be featured and suggestions will be made as to how avoid them. This month, we offer two important citation notes.

The Review Committee noted that some programs received the following citations:

“At the time of the site visit, it was reported that summative evaluations had not been completed for all residents who have completed the program.”

The major reason for this citation is that the cited programs did not specifically verify through documentation in the summative evaluation, “...that the resident has demonstrated sufficient competency to enter practice without direct supervision” (PR V.A.2.b.). The Committee would like to remind programs that having the completed, signed copy of the American Board of Physical Medicine and Rehabilitation’s (ABPMR) application form on-hand for review at the time of a site visit will satisfy the requirement. There is a link to the ABPMR website on the [Review Committee’s web page](#) on the [ACGME website](#), or program directors may contact the Board directly with questions.

“The information provided did not demonstrate compliance with the requirement and the site visitor was not able to verify that the pediatric rehabilitation experience is adequate.”

The Committee recently noted (and will create a companion FAQ to clarify) that programs may satisfy the requirement that “Residents must attain competence in pediatric rehabilitation (PR IV.A.5.a).(6). (j)) with documented evidence of pediatric education for the resident, including a minimum of two months of dedicated pediatric experience that may include: inpatient rehabilitation, inpatient consultations, and/or outpatient experience. Residents should also have relevant pediatric didactic instruction. Core physician faculty members, or community faculty members with relevant pediatric experience, should supervise residents on these pediatric rotations.

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.

MEETING AND AGENDA CLOSING DATES

MEETING: FEBRUARY 23-24, 2012
AGENDA CLOSING: JANUARY 2, 2012
MEETING: AUGUST 23-24, 2012
AGENDA CLOSING: JUNE 25, 2012

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RESIDENCY PROGRAM DIRECTOR'S MANUAL

The Committee would like to announce that a revised version of the Physical Medicine and Rehabilitation Program Director's Manual is posted on the Review Committee's [web page](#) on the ACGME website. The Committee encourages program directors to review this manual as it contains helpful hints on how to successfully navigate the accreditation process.

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 designated institutional official (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.

RESIDENT SURVEY

A new version of the Resident Survey was made available on January 12, 2011 for participation by all programs with four or more residents. There are now 34 questions, and the duty hour questions appear first. All forced *yes/no* questions were eliminated, and every question has been re-worded by the survey research team at the University of Wisconsin. There are two new questions related to teamwork. Any areas identified by residents as potentially non-compliant with program requirements are specifically addressed by the site visitor. If the site visitor confirms a pre-identified area of concern, the Review Committee will cite that as an area of non-compliance with the ACGME standards in a program's Letter of Notification following the formal review. If the site visitor cannot verify a potential area of non-compliance per the survey results, the Review Committee will consider all of the program's accreditation materials, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for non-compliance are established based on this information. Programs across specialties that are identified as having a series of non-compliant responses (either annually or in consecutive program reviews) may be required to submit a Duty Hour or Progress Report to their Review Committee or undergo an accreditation site visit at an earlier date than stated in the program's most recent Letter of Notification.

NOTABLE PRACTICE - EVALUATION TOOLS

The Review Committee has identified five notable practices, categorized as Evaluation Tools, in the competency domains of Practice-Based Learning and Improvement (3), Systems-based Practice (1) and Professionalism (1). These were identified, based upon feedback from the [November 2010 newsletter](#) "call for notable practices," as tools that would meet the requirements and would be easily transferable for other programs to use. These newly identified tools are currently posted on the [Notable Practices page](#) on ACGME website, a direct link to which can also be found on the [Review Committee's web page](#). The Review Committee welcomes submissions for additional notable practices from any program.

THE RESIDENT PERSPECTIVE: KEEP YOUR EYES OPEN

Anna Gaines, MD, Resident member, Review Committee for Physical Medicine and Rehabilitation

Much is being studied and written about the need for increased physician leadership within medical practices, institutions, and larger health care systems. The intriguing question of how best to expose young physicians to both education in leadership skills and ample leadership opportunities is one that the GME community is particularly well-equipped to address. You, after all, have your eyes on the future pioneers and potential leaders of medicine every day.

My own personal path to this role on the Review Committee was initiated not by myself, but rather by an observant and experienced assistant program director who took the time to notice some skills that I possessed, identify opportunities to foster those skills, and trigger nomination for a leadership role. Through this intervention, I have been granted the ability to work with some of the most gifted educational leaders and resident advocates in our field, to be inspired by their examples, and to be exposed to a whole new level of understanding about the critical need to teach young doctors to lead.

Some young physicians actively seek leadership opportunities early in their education. Many prospective leaders, however, may never realize that potential without being identified and encouraged by a mentor or supervisor. Developing leaders within a residency program can foster innovation, idea sharing, positive momentum for needed change, and improved communication between residents and other groups within an institution. Visibility in these positive ways enhances a program's reputation and helps in recruitment of needed supports. In a much larger picture, the process of seeding and fostering

leadership skills in residents has the potential to transform the physician's role in health care reform and patient advocacy.

What can you do?

1. **Keep your eyes open** – Be observant and active in identifying the leadership traits in your residents.
2. **Maintain a list** – Invest time in identifying committees and organizations—within your institution, region, state, professional organizations, and nationally—where your residents can have a role.
3. **Approach your residents** – Encourage involvement in leadership opportunities and establish a culture in which involvement in leadership roles is the norm, not just something reserved for chiefs.
4. **Nominate!!!** – Do not miss opportunities to promote your residents. Develop a system by which you know the term lengths on committees – when they start, when the current tenures end, and when nominations are due.
5. **Facilitate resident involvement** – Consider how to support residents in their leadership roles. This may involve finding logistical and financial support for non-vacation, non-conference time away to attend meetings and conferences.
6. **Request reinvestment** – If your residents are supported in a leadership role, ask them to share this experience with other residents. Through their own involvement they will develop the abilities to assist, mentor, and possibly inspire younger residents.

The broad-visioned, compassionate individuals typically drawn to our field and who are further developed by the heavily interdisciplinary education that is championed through our specific competencies create a pool of young physicians uniquely equipped to become leaders. As a beneficiary of a mentor who 'kept her eyes open' and promoted me into leadership roles, I am grateful to have been exposed to this process early in my education. I am hopeful that we can raise a new generation of physician leaders – and all benefit as a result.

Dr. Gaines' term on the Review Committee runs through June 2013. Information about soliciting nominations for the next resident member of the Committee will be announced via future editions of this newsletter, as well as the ACGME's weekly e-Communication.

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.