

# RRC NEWS

## PLASTIC SURGERY



Accreditation Council for Graduate Medical Education

FALL 2008

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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](mailto:KREINHOLD@ACGME.ORG).

### Updates on Program Requirements Implementation “Early Adopters—Streamlined Request Process”

The RRC will hold a special meeting for programs interested in an “early adoption” of the program requirements. If your current 2-year independent or 5-year integrated program wishes to begin recruiting residents for the 3-year independent or the 6-year integrated format, respectively, beginning July 1, 2009, you will need to submit the following information to the ACGME Offices no later than December 10, 2008. Requests received after December 10, 2008 will be reviewed at the RRC’s May 2009 meeting.

Programs seeking “early adoption” will need to make two requests:

1. Request to Increase Program Length (see below)
2. Request to Increase Complement (made using webADS)

The following information may also be reviewed at:

[http://www.acgme.org/acWebsite/RRC\\_sharedDocs/sh\\_Program.asp](http://www.acgme.org/acWebsite/RRC_sharedDocs/sh_Program.asp)

### Guidelines to Increase Program Length

The following information must be submitted:

1. A statement describing the proposal including the proposed date of implementation;
2. The educational rationale and the goals and objectives for each proposed assignment for the proposed additional year;
3. A current block diagram and a proposed block diagram of a typical resident’s assignments;
4. Comment on issues identified at the last site visit;
5. A letter of support from the DIO;
6. Institutional operative statistics and faculty CVs, if the proposal includes adding another clinical site.

The RRC expects to receive information for the Goals & Objectives (#2 above) for each new site that will be included as part of a request to increase program length. Likewise, faculty CVs are expected for any new/ additional faculty members only.

The RRC will meet during the last week in December 2008 to review any “early adopter” requests. Programs will be notified the first week in January 2009, prior to interviewing potential residents.

### Changes in Resident Complement

In addition to determining a program’s accreditation status and cycle, the also determines the resident complement for each program, by PG Year.

If your request for an increase in program length will include an increase in resident complement (e.g., a current complement of [3-3] is being requested to permanently increase to a [3-3-3]) programs will also need to submit a request for a change in resident complement through the Accreditation Data System. Complete requests (including DIO approval) must be received no later than the following dates:

Early Adopters Requests      December 10, 2008  
 May 2009 RRC Agenda      February 13, 2009  
 October 2009 RRC Agenda      July 30, 2009

Honoring Previous Commitments to Current Residents

Residents who began their education prior to July 1, 2010 will complete their program according to the terms and conditions of their appointment letters. The RRC neither expects nor condones lengthening resident program length after the start of an educational program.

A number of programs provide resident education in a “combined” format, where the resident enters the institution’s surgery program for three years before beginning the plastic surgery residency. The RRC understands that residents in the surgery portion of their education at such institutions have been informed of the total years of education. In order to ensure that these residents have their previous commitments honored, the RRC is requiring that all “Combined” programs provide the following information to the RRC:

- Resident Name
- PGY position (specify Surgery or Plastic Surgery)
- Expected date of graduation (from Plastic Surgery)

Exceptions to the three-year plastic surgery residency education will be considered for the individuals named. An administrative letter will be sent to the program director with the RRC decision and will be entered into the program’s history. Additionally, the RRC will inform the American Board of Plastic Surgery about the exceptions granted.

Distinct Program Numbers for Independent and Integrated Programs

At the October 2008 RRC meeting, it was determined that distinct program numbers would be instituted for the independent and integrated program formats. As a result, programs that conduct residency education in

an integrated program format only will be assigned a new program number beginning with “362.” All information about the program remains the same, including the program’s history, accreditation status, and cycle length.

Programs that conduct residency education in an independent program format only will retain the “360” program number.

Those institutions that conduct residency education in both the independent and integrated program formats will be assigned an additional program number beginning with “362” to designate the integrated program. The “362” program’s current accreditation status and cycle length will be identical to the “360” program accreditation status and cycle length. In institutions with both “360” and “362” programs, coordinated site visits will be assigned when the targeted site visit date is identical. As programs participate in the “Annual Update” Information process (beginning November 3, 2008), it is extremely important to accurately confirm that each resident has been assigned to the correct program number. For assistance in filling out the annual update, please contact the ADS representative for Plastic Surgery, Emilio Villatoro at 312-755-7117.

Teleconference Information

With support from AACPS, Robert J. Havlik, MD, Chair and Peggy Simpson, EdD, Executive Director for the Plastic Surgery RRC conducted webinar teleconferences on September 29 and 30, 2008 for program directors and program coordinators. A recorded webinar and accompanying power point presentation is available at the AACPS website in the Members’ Only section.

Drs. Havlik and Simpson will present additional information at the AACPS meeting in Chicago on Saturday, November 1, 2008.

| <b>RRC DECISIONS: October 2008</b>   |           |
|--|-----------|
| <i>Continued Accreditation</i>   | <b>13</b> |
| <i>Deferals</i>  | <b>2</b>  |
| <i>Other Requests:</i><br>(Progress reports, increases in complement, changes in program format) | <b>12</b> |

## Meeting Dates and Agenda Closing Dates

Meeting: May 7-8, 2009  
Agenda Closing: February 26, 2009

Meeting: October 8-9, 2009  
Agenda Closing: July 30, 2009

### New Zip Code for ACGME

ACGME's zip code changed on July 1, 2008. Anything that is mailed or sent by Fed-Ex must now reference zip code 60654. Please note that our PO Box zip code is not changing.

## Program Review

The RRC meets twice a year, usually in the spring and in the fall to review programs. These meetings are about six months apart. Before each meeting, two RRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the RRC meeting, and RRC members are expected to complete their reviews within 30 days of receiving a program. The reviewer book is sent to the RRC members before the meeting so that RRC members may read all the reviews, and compare the two reviews for each program.

After the RRC meeting, the ACGME staff prepares the notification letters for the program directors regarding the accreditation decisions reached by the RRC. Before these are posted on ADS, however, the chair of the RRC has to review each communication and compare it with a worksheet generated during the RRC meeting, make corrections as necessary, and then certify the entire process by signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect the decisions of the RRC.

Because of this process, some survey results completed in the month or so just before an RRC meeting will likely not be reviewed at that meeting, but will be delayed until the next RRC meeting six months later. The RRC asks program directors to be mindful of this somewhat lengthy interval between a site visit and the receipt of a final accreditation decision.

## 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

fellows. Fellow evaluations may be collected over a period of a few years and grouped data is then 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, the coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

## Accreditation Data System

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). The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.
- 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 Plastic Surgery, Emilio Villatoro at 312-755-7117.

## Council of Review Committee Residents

The Council of Review Committee Residents (CRCR) is comprised of physicians in-training, and their unique perspective makes them invaluable members of the twenty-eight residency review committees to which they belong.

The CRCR meets in February and September, and provides advice and feedback to the ACGME Board through its chair, Karen Hsu Blatman, MD. Dr. Hsu Blatman is one of two resident directors (the AMA appoints a resident director from its Resident and Fellow Section), and she also serves on the ACGME Strategic Initiatives Committee. Adeline Deladisma, MD, vice chair, serves on the ACGME Monitoring Committee.

In recent years, the CRCR has provided feedback on the redesign of the ACGME resident questionnaire; they have recommended a change in the institutional requirements to allow for a fairer grievance process when the designated institutional official is also the program director. And, the CRCR has voiced concerns with the Federation of State Medical Boards about its “unusual circumstance” question on the verification credentialing form.



*Pictured above: From Back Row (left to right): Miriam D. Post, MD, Pathology; Meredith Riebschleger, MD, Pediatrics; Monica E. Rho, MD, Physical Medicine and Rehabilitation; Jeffrey H. Kozlow, MD, Plastic Surgery; Samuel Seiden, MD, Anesthesiology; Kayla Pope, MD, Psychiatry; Todd J. Mondzelewski, MD, Ophthalmology.*

*From Middle Row: Matthew M. Poppe, MD, Radiation Oncology; Ruth Ann Vleugels, MD, Dermatology; Brian Lane, MD, PhD, Urology; Michael L. DiLuna, MD, Neurological Surgery; Adeline Deladisma, MD, Surgery; Joanna R. Fair, MD, Nuclear Medicine.*

*Front Row (l to r): Esther J. Cheung, MD, Otolaryngology; Rupa J. Dainer, MD, Institutional Review Committee; Karen Hsu Blatman, MD, Internal Medicine (and baby Penelope); Jaime Lynn Bohl, MD, Colon and Rectal Surgery; Gretchen Glaser, MD, Obstetrics and Gynecology.*

*Not pictured: Jose A. Carillo, MD, Neurology, Molly Cohen-Osher, Family Medicine, Brian P. Freeman, MD, Internal Medicine, James Huang, MD, Thoracic Surgery, Shauna Lawless, MD, Preventive Medicine, Keri A. Reese, MD, Orthopaedic Surgery, Jessica B. Robbins, MD, Diagnostic Radiology, Benjamin P. Soule, MD, Allergy and Immunology, Sarah Taylor, MD, Transitional Year, Michael J. Tocci, MD, Emergency Medicine, Audrey C. Woerner, MD, Medical Genetics.*

## **2009 ACGME Educational Conference**

*March 5-8, 2009 in Grapevine, Texas*

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 general competencies, educational outcome assessment, and duty hours.

The 2008 conference theme “Building Community, Improving Quality” emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

The 2009 conference theme, “Shaping the Future,” will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled “Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME’s Common Duty Hour Standards,” as well as an introductory pre-course for new program directors and coordinators.

Attendees and speakers can register here:

[http://www.acgme.org/acWebsite/meetings/me\\_EducConf\\_09\\_Speakers.asp](http://www.acgme.org/acWebsite/meetings/me_EducConf_09_Speakers.asp)

## **ACGME Staff Changes**

The RRC for Plastic Surgery is very appreciative of all of the support that Louise King has provided over the past ten years. As Louise moves on to other responsibilities within the ACGME, Sara Thomas, Senior Accreditation Administrator has joined the RRC support team. Sara, along with Allean Morrow-Young (who began working for RRCs before there was an ACGME), look forward to providing excellent service to the Plastic Surgery community.