

RRC NEWS

PREVENTIVE MEDICINE



ACGME

Accreditation Council for Graduate Medical Education

APRIL 2009

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RRC STAFF

PATRICIA B. LEVENBERG, PHD
EXECUTIVE DIRECTOR
312/755-5048
PLEVENBERG@ACGME.ORG

EILEEN ANTHONY, MJ
ASSOCIATE EXECUTIVE DIRECTOR
312/755-5047
EANTHONY@ACGME.ORG

LINDA ROQUET
ADMINISTRATIVE ASSISTANT
312/755-5494
LROQUET@ACGME.ORG

ACGME
515 N STATE ST
STE 2000
CHICAGO, IL 60654

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.

Most Common Citations for Preventive Medicine

Over the past year, the most common RRC citations of noncompliance with the program requirements are the following:

- Institutional Support for the Program
- Responsibilities of the Program Director
- Educational Program—Didactics
- Evaluation of Residents
- Evaluation of the Program

Board Certification of Faculty Members

The common program requirements indicate that physician faculty “must” have current certification in the specialty by the American Board of Preventive Medicine, or possess qualifications acceptable to the RRC (II.B.2). The RRC understands if one or two faculty members are in the process of completing ABPM certification. However, several non-board-certified faculty members in a program causes concern because this may indicate the inability to attract appropriately qualified preventive medicine specialists to educate the residents.

Keeping Responses Confidential When There is Only One Resident

The ACGME requirement that residents provide confidential evaluations of the program can be a challenge for programs with fewer than two residents. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of residents. Resident evaluations may be collected over a period of a few years and grouped data are 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 resident confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the coordinator or DIO, (not directly involved in resident education), may solicit feedback from the residents, and collate and report the general findings to the program director.

Resident Services

The ACGME has created a new Office of Resident Services that will help residents resolve concerns about their residency programs. Marsha Miller is the associate vice president of resident services, and Emily Vasiliou is the resident services associate.

MEETING AND AGENDA CLOSING DATES

MEETING:	OCTOBER 8-9, 2009
AGENDA CLOSING:	AUGUST 1, 2009
MEETING:	MARCH 18-19, 2010
AGENDA CLOSING:	JANUARY 1, 2010

The news release with more details about the new office can be viewed here:

http://www.acgme.org/acWebsite/newsReleases/newsRel_11_19_08.asp.

“Red Flags” Help Programs Recognize Potential Issues

In the [February 2008](#) issue of the ACGME e-Bulletin, an article entitled “Nine ‘Red Flags’ in Accreditation Site Visits and Reviews” by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This may be of particular interest to programs preparing for upcoming site visits. In that same issue, program directors may be interested in innovative approaches to program evaluation.

Duty Hour Report and Message from the CEO

In a message to all program directors, designated institutional officials, and residents, ACGME CEO Thomas J. Nasca, MD, MACP discusses issues pertaining to the ACGME Monitoring Committee and Resident Duty Hours. The message may be accessed through the following link:

<http://www.acgme.org/acWebsite/home/SpecialMessageCEO2008Sept22.pdf>. The RRC is pleased to announce that Preventive Medicine programs did not require site visits due to duty hours this calendar year.

ACGME e-Communication

In late June 2008, the first weekly ACGME e-Communication was sent to ACGME staff, program directors, coordinators, DIOs, Review Committee members, and ACGME Board members (about 10,000 people). This email announces the week’s revised or new program requirements, new PIFs, RRC newsletters, ADS and Case Log updates, as well as other news. The information is contained in short sections, with direct links to specific RRC webpages, and other parts of the ACGME website. This is a valuable weekly resource for program directors; messages specific to Preventive Medicine program directors will appear periodically and be clearly marked.

Experimentation and Innovation

Per the common program requirement VII, program directors may submit proposals for experimental or innovative projects that deviate from accreditation standards. These require approval by the RRC and ACGME. Interested program directors are encouraged to complete the ACGME’s form for such proposals, and submit it to the Executive Director for review

by the Committee. The form can be found at the following location on the ACGME’s website:

http://www.acgme.org/acWebsite/navpages/nav_program_experimentation.asp.

Preventive Medicine Program Requirements Revision

The revisions for the program requirements for Preventive Medicine are still in the formative stage and not yet ready for public review. While the Committee has spent many hours revising current language and developing new requirements, there are still many issues to consider before they are released. The Committee is sensitive to the needs of the preventive medicine community and will provide ample notice when the new set of program requirements will go into effect.

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergo 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.

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.

Dr. Ericsson noted that excellence in a certain field requires solid fundamentals and that excellence is a result of deliberate practice. He described deliberate practice as "individualized training activities designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement." This sort of training has a dramatic effect on performance.

It's also important for individuals to challenge themselves by putting themselves in harder and harder situations. Dr. Ericsson observed that "Elite athletes

always are trying to do the things they cannot yet do, which means they will fall and fail more. Failure is linked to stretching one self's to do what you cannot yet do."

In medicine, simulators are a good way for physicians to challenge themselves by trying out new procedures and techniques. Simulators allow residents to try things they couldn't do with real patients, and they allow residents to train when they are ready to stretch themselves.

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

2010 Parker J. Palmer Courage to Teach Award

The ACGME recognizes that program directors face many challenges in administering a residency program. Those finding innovative ways to teach residents and to provide quality health care while remaining connected to the initial impulse to care for others in this environment should be celebrated. ACGME recognized program directors through this annual award.

The application form may be downloaded from the ACGME website and emailed along with support letters and curriculum vitae to: Emily Vasiliou at evasiliou@acgme.org. The deadline is Wednesday, July 1, 2009, by 5:00 p.m. CST. Nominations received after that date will not be accepted.

A total of ten program directors will be selected, and each program director will receive a check for \$1,000 and a plaque. Selections will be made by the ACGME Awards Committee at its September 2009 meeting; afterwards, the ACGME CEO will notify the recipients. Travel expenses will be paid by the ACGME for each recipient and a guest to travel to the ACGME Annual Educational Conference in Nashville, Tennessee to receive their award. Award recipients will also be invited to attend a special physician formation retreat in May 2010. Award announcements will be published in a press release and the ACGME Bulletin, as well as posted on the ACGME website.

If you have any questions, please contact Emily at evasiliou@acgme.org or by phone at 312/755-7486.