

RRC NEWS

PREVENTIVE MEDICINE



ACGME

Accreditation Council for Graduate Medical Education

DECEMBER 2009

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RRC STAFF

PATRICIA LEVENBERG, PHD
EXECUTIVE DIRECTOR
312.755.5048
PLEVENBERG@ACGME.ORG

STEPHEN MOORE
ACCREDITATION ASSISTANT
312.755.5045
SMOORE@ACGME.ORG

LINDA ROQUET
ACCREDITATION ASSISTANT
312.755.5494
LROQUET@ACGME.ORG

MEETING AND AGENDA CLOSING DATES

MEETING: MARCH 17-20, 2010
AGENDA CLOSING: JANUARY 1, 2010

MEETING: OCTOBER 7-8, 2010
AGENDA CLOSING: AUGUST 1, 2010

ACGME

515 NORTH STATE STREET
SUITE 2000

CHICAGO, ILLINOIS 60654

WWW.ACGME.ORG

RRC NEWS PROVIDES REVIEW COMMITTEE AND
ACGME UPDATES. PLEASE CONTACT THE
EDITOR WITH QUESTIONS OR COMMENTS ABOUT
THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Report of Citations: Preventive Medicine, 2004-2009

Over the most recent five-year period (6/2004-6/2009), the most common citations for preventive medicine residency programs are those related to:

(1 & 2) Sponsoring and Participating Institutions

Both the sponsoring or participating institutions—

- involvement by the institutions is insufficient for resident education; and
- support by the institutions is insufficient for resident education

(3) Responsibilities of the Program Director

- The PIF is not accurate or is incomplete
- Oversight of the program
- Other

(4) Goals and Objectives

- Absence of goals and objectives for learning
- Absence of goals and objectives that are competency-based

(5) Didactic Components

- Absence of a didactic component

(6) Evaluation of Residents

- Not confidential
- Not completed in a timely fashion
- Not provided or documented
- Not incorporating competency language

Changing Program Requirements

The Residency Review Committee (RRC) for Preventive Medicine is in the process of revising and updating the program requirements for all areas of interest: preventive medicine, public health, occupational medicine, and aerospace. The Committee is seeking to revise the requirements, which have not been revised since 2001, to reflect the changing medical education environment. During this revision process, the Program Information Form (PIF) will also be revised to more closely align with the requirements and thereby reduce the burden on program directors and coordinators in completing and maintaining forms (Note: the program requirements drive the development of the PIF). A revised version of requirements will be available for review and comment in January 2010.

Progress Reports to the RRC

The RRC reminds program directors that progress reports should only be submitted for review upon specific request as noted in the accreditation notification letter). The RRC will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of an official progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the RRC's request for the report and in some cases should provide evidence of the changes. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

Resident Survey

The national report for the resident survey that summarizes all Preventive Medicine responses is currently available in ADS. Each program director can view and compare his/her program's responses to those of all Preventive Medicine programs. For the first time, program directors will see the results of specialty-specific Preventive Medicine questions. To view this information: (1) Login into ADS (using your username and password); (2) On the left-hand side of the screen, you will see a list of report options. Select 'Resident Survey'; (3) Select 'National Data by Core Specialty'; (4) Select '2008-2009' (or another range). In addition, the ACGME has posted a blank copy of the survey on its website:

http://www.acgme.org/acWebsite/Fellow_Survey/fellow_survey_general_questions_20072008.pdf

as well as FAQs for the survey:

http://www.acgme.org/acWebsite/Fellow_Survey/res_FAQ.asp

Many program directors download the survey and FAQs for discussions with residents about the survey contents (questions as well as requirements). This exposes residents to the survey items, reduces the possibility of confusion with items, and better informs program directors of residents' perceptions.

ACGME Announces Publication of the Journal of Graduate Medical Education

The ACGME is proud to announce the publication of a new peer-reviewed journal, the Journal of Graduate Medical Education (the Journal). The inaugural issue was published in August 2009. The mission of this journal is to contribute in a meaningful way to the knowledge about graduate medical education and the environment in which fellows learn and participate in care. The Journal's content will encompass original works related to all aspects of graduate medical education and the environment in which it occurs, along with policy articles, reviews, commentaries, letters to the editor, and invited editorials. Each issue will include a limited number of pages with important updates from the ACGME and its review committees, with these pages clearly distinguished from the peer-reviewed sections. Initial circulation will be approximately 10,500 copies, with copies provided to directors of accredited residency programs and designated institutional officials (DIOs). The ACGME will grant the Editorial Board and the Editor-in-Chief editorial freedom to establish that the views expressed in the Journal are exclusively those of the authors and may not represent ACGME policies and views, in keeping with guidelines for editorial independence.

Resident Complement Change

The RRC must review all requests for a permanent increase in resident complement, and the DIO of each sponsoring institution must sign off on all requests. The RRC asks for the DIO's signature as this provides the RRC with confirmation that there are sufficient resources to add another resident. All requests for a permanent increase are reviewed at the RRC meetings in October and March. Any request for a temporary increase is reviewed within two weeks of receipt of the request.

Recognizing a Notable Program Practice

A notable practice is a process or practice that a Review Committee or other ACGME committee deems worthy of notice. More specifically, a notable practice is a unique approach or practical tool (e.g., sample schedule, evaluation form [resident, faculty, program, multi-source, etc.]), or a set of goals and objectives (e.g., workshop agenda/tools, model curricula, process guidelines, policy, survey, etc.), rather than just a description of a practice. In other words, the notable practice should be something that is usable as-is, or can be adapted by programs to fit their needs. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education, but do not create additional requirements for programs or institutions.

At its last meeting, the RRC for Preventive Medicine identified a practice by Dr. Dorothy Lane that describes the interface between ACGME competencies and those particular to Preventive Medicine. This notable practice is posted on the RRC's web page. Go to www.acgme.org, click 'Review Committees', then select 'Preventive Medicine'. Click on the 'Notable Practices' link and choose "Competency Goals and Objectives" from the drop-down menu.

2010 ACGME

Annual Educational Conference

Transitions in GME

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee

March 4-7, 2010

REGISTRATION NOW OPEN

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