

RRC NEWS

PSYCHIATRY



Accreditation Council for Graduate Medical Education

JUNE 2009

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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: KREINOLD@ACGME.ORG.

Summary of Actions at April 2009 RRC Meeting

The Committee reviewed 74 programs: 28 core programs, 7 addiction programs, 8 child and adolescent, 11 forensic, 10 geriatric, 10 psychosomatic medicine.

Applications (11 out of 12 approved) – Congratulations and Welcome!

Addiction (1 out of 1 initial approval)

UCLA Medical Center Program, Los Angeles, CA
Program Director: Timothy Fong, MD

Forensic (3 out of 4 initial approval)

University of Alabama Medical Center, Tuscaloosa, AL
Program Director: James F. Hooper, MD

Medical College of Georgia Program, Atlanta, GA
Program Director: Elena Carmen Nichita, MD

UMDNJ-Robert Wood Johnson Medical School Program, Piscataway, NJ
Program Director: Donald R. Reeves Jr, MD

Geriatric (1 out of 1 initial approval)

University of Alabama Medical Center, Birmingham, AL
Program Director: Teri S. Steele, MD

Psychosomatic Medicine (5 out of 5 initial approval)

University of California, San Francisco/Fresno Program, Fresno, CA
Program Director: Hoyle Leigh, MD

Johns Hopkins University Program, Baltimore, MD
Program Director: Andrew F. Angelino, MD

University of Texas at Houston Program, Houston, TX
Program Director:
Alan D. Valentine, MD

National Capital Consortium
Program, Washington, DC
Program Director:
Charles S. Milliken, MD

MEETING AND AGENDA CLOSING DATES

MEETING: OCTOBER 16-17, 2009
AGENDA CLOSING: AUGUST 7, 2009

MEETING: APRIL 23 - 24, 2010
AGENDA CLOSING: FEBRUARY 12, 2010

UCLA-San Fernando Valley/VA Greater Los Angeles Program, Sylmar, CA
 Program Director: Saba Syed, MD

General Psychiatry Continued Accreditation (17 out of 19 granted)

1 year (n=0), 2 years (4), 3 years (3), 4years (3), 5 years (7)

Addiction Continued Accreditation (5 out of 5 granted)

1 year (n=0), 2 years (0), 3 years (2), 4years (0), 5 years (3)

Child and Adolescent Continued Accreditation (13 out of 14 granted)

1 year (n=0), 2 years (4), 3 years (3), 4years (3), 5 years (7)

Forensic Continued Accreditation (6 out of 6 granted)

1 year (n=0), 2 years (0), 3 years (0), 4years (1), 5 years (5)

Geriatric Continued Accreditation (7 out of 7 granted)

1 year (n=0), 2 years (1), 3 years (1), 4 years (0), 5 years (5)

Psychosomatic Medicine Continued Accreditation (5 out of 5 granted)

1 year (n=0), 2 years (0), 3 years (1), 4years (2), 5 years (2)

Adverse Actions: 1 Confirmed Probation, 1 Proposed Probation, 1 Proposed Withhold

Approved Complement Change Requests (Non-status Request) (7 requests out of 7 approved)

Other Non-status Items such as Progress Reports, Duty Hour Reports, Complaints and Voluntary Withdrawals Reviewed (11)

Post Pediatrics Portal Project (PPPP) Updates

The Review Committee just approved the addition of a new PPPP program this spring. We now have four approved PPPP programs. They are:

Case Western Reserve University/University Hospitals of Cleveland
 Program Director: Maryellen Davis, MD

Children's Hospital of Philadelphia

Program Director: Tami Benton, MD

Creighton University/University of Nebraska
 Program Director: Jamie Snyder, MD

Maine Medical Center Program
 Program Director: Sandra Fritsch, MD

The purpose of the PPPP project is to facilitate innovations in graduate medical education (GME) that:

- 1) offer abbreviated education to pediatricians who have completed an ACGME residency program in pediatrics, and who wish to have residency education in child and adolescent psychiatry;
- 2) advance competency-based education and outcomes-based assessment ("The "Out comes Agenda").

The impetus for this innovation is a request from the American Academy of Child and Adolescent Psychiatry (AACAP) seeking to explore the development of a pathway for individuals with ACGME-accredited education in Pediatrics to complete an abbreviated fellowship in Child and Adolescent Psychiatry. This project proposes a structured abbreviated model that would provide an efficient ACGME-accredited education for pediatricians who wish to acquire education in child and adolescent psychiatry. The benefit to medicine and society is a cadre of physicians who will have expertise in pediatrics, psychiatry, and child and adolescent psychiatry to enable health care improvement among children with special medical and psychiatric

Number and Average Cycle Length by Program Type for all Currently Accredited Programs in Academic Year 2009*

Program	Number	Average Cycle Length
Psychiatry	182	4.18
Addiction psychiatry	43	4.26
Child and adolescent psychiatry	122	4.55
Forensic psychiatry	42	4.29
Geriatric psychiatry	58	4.40
Psychosomatic medicine	45	3.40

**Note: Total average cycle length excludes withdrawn programs and undetermined cycle lengths. Average cycle length includes new programs that are granted a three-year maximum cycle length.*

needs. A major outcome expected is a set of program requirements that build on core skills from pediatrics without compromising the integrity of traditional resident education in psychiatry and child and adolescent psychiatry, resulting in demonstrated competencies in both psychiatry and child and adolescent psychiatry.

If you are interested in finding out more about the PPPP project or participating in the project, additional information can be found at: http://www.acgme.org/acWebsite/navPages/nav_400.asp or contact Susan Mansker: http://www.acgme.org/acWebsite/RRC_400/400_staff.asp

Most Common Citations for Adult Psychiatry Programs by Frequency

Academic Year 2007-2008

- Responsibilities of PD (13)
- Resources (6)
- Supervision (6)
- Scholarly Activity (5)

July 2008-December 2009

- Responsibilities of PD (7)
- Faculty Qualifications (7)
- Scholarly Activity (7)
- Program Evaluation (9)

Psychiatry Programs and Duty Hour Violations

First time/isolated survey responses

•If resident survey indicates duty hour concerns, a letter of warning is sent to the program and DIO, and the Resident Survey is repeated next year.

Second consecutive survey responses

•If repeat resident survey shows second duty hours concern, a program site visit will be scheduled within the next nine months with an expeditious RRC decision made based upon that review.

•The Institutional Review Committee (IRC) is notified and results of subsequent site visits and further action is taken at institutional level based on those findings.

Third or greater consecutive survey responses

•Program is scheduled for immediate full site visit to be accomplished and adjudicated within six months. Results are reported to the ACGME Monitoring Committee.

•A simultaneous, focused Institutional Review is scheduled to examine Institutional response to repeti-

tive noncompliant resident survey responses. The IRC will adjudicate results of the site visit and render an institutional decision within six months and report that decision to the Monitoring Committee.

FAQ on Site Visits

Our program currently has no residents. Will we be site visited? If a site visit is due, the ACGME may visit your program, even if there currently are no residents in the program. Please contact staff in the Department of Field Activities to discuss. It may be possible to delay the visit for a short period (less than six months) to allow the program to be visited once it has a resident. Any longer postponements are at the discretion of the RRC staff. The request for a postponement always should be made to the Department of Field Activities (http://www.acgme.org/acWebsite/fieldStaff/fs_staff.asp).

Office of Resident Services

Resident Services was established by the Accreditation Council for Graduate Medical Education (ACGME) to help physicians in graduate medical education (GME) receive fair solutions to residency training-related concerns and formal complaints. Additional information can be found on the ACGME website (www.acgme.org). For assistance, please contact us at residentservices@acgme.org.

ADS Updates

-A new video tutorial titled "Navigating the Preview/Edit PIF" has been released that covers how the Preview/Edit PIF functions. Program coordinators and directors with an upcoming site visit are encouraged to view this tutorial.

-The "Navigating the New Physician CV" video tutorial has been released in an additional video format for Windows Media Player. A link to ADS video tutorials is located within ADS under the menu "Tools/Reference."

-If programs or sponsoring institutions determine that e-mail, or mailing, addresses are incorrect, please make the changes directly in ADS to ensure proper delivery of correspondence. Additionally, any change in program directors must be initiated in ADS by the sponsoring institution's designated institutional official (DIO) under the link "initiate PD change."

-The ADS System is accessible by going to the ACGME homepage, www.acgme.org, selecting "Data Collections Systems > ADS" from the left-hand menu and clicking the "Login" link. Please e-mail We-

bADS@acgme.org with questions or concerns.

The Following One-Year Subspecialties will use the One-Year Common PIF for Site Visits Scheduled on or after July 1, 2009

- Addiction
- Forensic
- Geriatric
- Hospice and Palliative Medicine (Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology, or Surgery)
- Pain Medicine (Anesthesiology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)
- Psychosomatic Medicine
- Sleep Medicine (Internal Medicine, Neurology, Psychiatry, Pediatrics or Otolaryngology)

Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but 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 a (requested) progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. 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.

Notable Practices

What is a notable practice? A notable practice is a process or a practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. Notable practices do not create additional requirements for programs or institutions.

More specifically, a notable practice is a unique approach or practical tool (e.g., sample schedule, evaluation form [resident, faculty, program, multi-source, etc.]), 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. Look for these in the future on the Psychiatry website.

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 issues of the Journal will be 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 residents and fellows learn and participate in care.

The content of the Journal 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 of the Journal will be approximately 10,500 copies, with copies provided to directors of accredited residency programs and designated institutional officials (DIO) as part of their participation in the accreditation process. The Journal will be published quarterly (February, May, August and November).

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. [Call for Papers: The Journal of Graduate Medical Education Inaugural Issues \(August and November 2009\)](#)

Save The Date: 2010 ACGME Annual Educational Conference

Gaylord Opryland Resort
Hotel and Convention Center
Nashville, TN
March 4-7, 2010

2010 Parker J. Palmer *Courage to Teach Award, Courage to Lead Award, and David C. Leach, MD Award*

The ACGME is accepting nominations for the 2010 Parker J. Palmer *Courage to Teach* and *Courage to Lead Awards*, and the *David C. Leach, MD Award*.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote the *Courage to Teach* and other books on teaching and vocation – is given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching.

The *Courage to Lead Award*, also named after Dr. Palmer, is presented yearly to three designated institutional officials who have created an optimal environment for resident education. One award is given to a designated institutional official in each of the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs). Each nomination must include a completed application form, three letters of recommendation and the nominee's curriculum vitae. Each winner will receive \$1,000 and a plaque, and will also be invited to a retreat in May. In addition, awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

More information about these awards is available in these FAQs: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>.

The *David C. Leach, MD, Award* is named in honor of the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This new annual award will recognize residents and resident teams for improving graduate medical education. The award will be given to residents or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education in one or more of the following areas:

- fostering innovation and improvement in the learning environment
- increasing the program's emphasis on educational outcomes

- increasing efficiency and reducing non-educational burden
- improving communication and collaboration in education and patient care within the program or institution
- advancing humanism in patient care and among health care professionals

Five awards will be given to residents or resident teams. Residents and teams may be nominated by program directors, designated institutional officials, program coordinators, ACGME Review Committees, or chief executive officers of teaching hospitals. Nominations must include a completed application form and three recommendation letters.

Winners will receive \$2500 and a plaque. Awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn. For more information, FAQs are available here: http://www.acgme.org/acWebsite/dcl_award/DCLawardFAQs.pdf

The ACGME Awards Committee will choose the 2010 *Courage to Teach, Courage to Lead, and David C. Leach, MD* award recipients in September, 2009. Nominations for all three awards are due July 1, 2009. The application is located on the ACGME website (www.acgme.org). Completed applications and supporting materials should be sent to Emily Vasiliou at evasiliou@acgme.org.

Review Committee Member Composition

We would like to thank the following committee members for their dedication, thoughtfulness, reflection, advice and time as their terms on the Review Committee ended in June, 2009.

David Mrazek, MD
Kayla Pope, MD
Aradhana A. Sood, MD

Our new Review Committee members beginning in July, 2009 are:

Steven Cuffe, MD
Carla Marienfeld, MD