

Spring/Summer 2008

ACGME Resident Survey

Every two years, all programs with four or more residents complete the ACGME Resident Survey. Results of this survey are made available to the program and the DIO for programs with a 70% or greater response rate. Programs with less than 70% response rates are resurveyed the following year.

The Resident Survey is used by the site visitor to spotlight key areas of concern as well as program strengths that the residents identified; the site visitor also uses the Resident Survey to help determine serious non-compliance with duty hour standards. Increasingly, compliance with duty hours, adequate supervision, and limiting excessive service are noted as key factors that contribute to a high-quality learning environment for residents.

The RRC has requested that site visitors provide more detailed information regarding the verification of negative comments made in the numerical or comment sections of the Resident Survey, specifically, when the site visitor records that a concern is “not an issue” or “could not be verified.”

Results of resident surveys can be used as heuristic tools by program directors to improve the quality of education for residents. National averages of resident surveys can be viewed on the ACGME website, www.acgme.org within the ADS

section, and should be reviewed by individual programs during annual and mid-cycle internal reviews so that resident issues are identified and addressed in a timely manner.

Post Pediatric Portal Project Announcement

The ACGME is pleased to announce that during the Fall RRC meeting, three Child and Adolescent programs were granted approval to participate in the Post Pediatric Portal Project.

- Creighton University/University of Nebraska
Omaha, NE
Jamie Snyder, MD
- Case Western Reserve University/University
Hospitals of Cleveland
Cleveland, OH
Maryellen Davis, MD
- Children’s Hospital of Philadelphia
Philadelphia, PA
Tami Benton, MD

The RRC is still accepting applications for this innovative project. Please visit the ACGME website www.acgme.org for additional information.

RRC Decisions:

April 2008

At their April 2008 meeting, the RRC reviewed and approved the following:

- *General Psychiatry*
Initial Accreditation

01

Continued Accreditation	11
Proposed Probation	01
Proposed Withhold	01
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	12
• <i>Child and Adolescent Psychiatry</i>	
Initial Accreditation	01
Continued Accreditation	13
Proposed Withhold	01
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	03
• <i>Addiction Psychiatry</i>	
Continued Accreditation	05
Proposed Withhold	01
• <i>Geriatric Psychiatry</i>	
Initial Accreditation	01
Continued Accreditation	02
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	02
• <i>Forensic Psychiatry</i>	
Initial Accreditation	01
Continued Accreditation	02
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	03
• <i>Psychosomatic Psychiatry</i>	
Initial Accreditation	01
Continued Accreditation	02
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	01
• <i>Sleep Medicine</i>	
Initial Accreditation	01
Continued Accreditation	02

Child Abuse Certification

The RRC for Pediatrics will develop program requirements for subspecialty training in Child Abuse. The Committee anticipates accrediting programs in this area in 2010. Please forward any comments to the RRC Chair, Victor Reus, MD at

psychiatry@acgme.org.

Request for Complement Changes

All requests for changes in resident complement, whether permanent or temporary, must be made through the Accreditation Data System (ADS). Please keep in mind as part of the process, the ACGME staff does not receive the resident complement request until the DIO has approved the request.

A temporary increase in resident complement should only be submitted if an institution is closing and residents need to be placed; or for resident remediation; or special circumstances – which will be reviewed on an individual basis. Temporary increases should be limited to one position per year unless unique circumstances occur.

Voluntary Withdrawal Request

Programs must now enter requests to voluntarily withdraw accreditation (VW) using the ADS only.

Programs may initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the ADS report.

“Program Director Guide to the Common Program Requirements”

To help clarify the meaning and expectations of the common program requirements, the “Program Director Guide to the Common Program Requirements” is available on www.acgme.org. RRC members, RRC staff,

ACGME field staff, and program directors across specialties all provided review and input into developing the document. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: Guide@acgme.org.

Frequent Citations of Psychiatry Residencies

The RRC noted the following as the most common psychiatry program citations.

Responsibilities for PD	10% (15)
Scholarly Activities	8% (12)
Resources	7% (10)
Resident Supervision	7% (10)
Performance on Board Scores	7% (10)
Curricular Development	6% (9)

Minor Revision of Psychiatry Program Requirements

The minor revision of the Psychiatry Program Requirements is now posted on the ACGME website:

http://www.acgme.org/acWebsite/download/s/RRC_progReq/400_psychiatry_07012007_u_04122008.pdf.

Accreditation Data System

The online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors must update the 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)

- 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)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is the ACGME's major form of communication. Please ensure that email addresses in the ADS are correct.

Address questions or concerns about ADS to the ADS representative for Psychiatry, Timothy Goldberg at 312/755-7111, or tgoldberg@acgme.org

Accreditation Notification Letters

ADS enables users to access RRC accreditation notification letters retrospective to meetings after July 1, 2004. Copies of letters prior to that date must be requested through RRC staff.

AADPRT Curbside Sessions

The ACGME staff and RRC members would like to thank all of the program directors who participated in the AADPRT Curbside sessions. These sessions allowed us to meet and answer any questions that the program directors had on an individual basis. In addition, these sessions proved to be beneficial to the program directors as well as the ACGME staff and RC members.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, DIO News, ACGME Bulletin, and the RRC/IRC Executive Director are good resources for the most current information.

Program directors should also ensure that an internal review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the education and training competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format.

Ultimately, program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs in an institution. The DIO signs PIFs and also receives copies of accreditation results. The DIO is required to co-sign most correspondence between the institution and the ACGME.

ACGME Welcomes New CEO

Thomas J. Nasca, MD, MACP, was named chief executive officer of the Accreditation Council for Graduate Medical Education in September 2007.

Dr. Nasca comes to the ACGME from Thomas Jefferson University in Philadelphia where he was dean of the Jefferson Medical College, senior vice president for academic affairs, and president of Jefferson University Physicians. Dr. Nasca is a board-certified internist and nephrologist, and brings 26 years of graduate medical education

experience to the ACGME.

"I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years, David C. Leach, MD," said Dr.

Nasca in an ACGME news release announcing his appointment. "I hope

to enhance the ACGME's legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States."



He succeeds Dr. Leach, who retired in Fall 2007.

Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency program under its purview at approximately the midpoint of the accreditation cycle (the time between the date of the most recent accreditation action and the next scheduled site visit). The institution assembles an internal review committee, which must include at least one faculty member and at least one resident, who cannot be from the program that is being reviewed. The process involves interviews with the program director, key faculty members, peer-selected residents from each level of training, and other individuals as appropriate. Frequently it includes review of data, such as how the program has addressed the citations from the last accreditation survey.

The goal of the internal review is a thorough and candid review that identifies the program's strengths and opportunities for improvement, and allows resolution of any concerns or problems before the program's next accreditation site visit. The responsibility for timing and conduct of the internal review lies with the sponsoring institution. At the same time, program directors and residents should be familiar with the process as they may be asked

to participate in internal reviews.

Neither the site visitor nor the RRC reviewer sees the data from the internal review, which is not included with the program information form (PIF). Verification of the internal review during the site visit covers the date, the participants, and then the review presented to the institution's graduate medical education committee (GMEC). This information is obtained verbally or in writing. The site visitor does not look at the results of the internal review, to ensure a review that honestly assesses the program's strengths and opportunities for improvement.

ACGME Learning Portfolio

ACGME staff have developed a number of resources for programs that want to become more familiar with the ACGME Learning Portfolio (ALP).

http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf: The Frequently Asked

Questions (FAQs) (updated April 2008) include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases.

http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf. A narrated demonstration of the portfolio can be found at

<http://www.acgme.org/acWebsite/portfolio/AlphaDemonstration.wmv>.

More information is available on the ACGME Learning Portfolio website:

http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

ACGME Educational Conference 2008 Recap

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. This year's 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.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/meEducConf_08.asp

Save the date for the 2009 ACGME Annual Educational Conference, March 5-8, in Grapevine, TX.

Award Nominations

The ACGME is accepting nominations for the 2008-09 Courage to Teach and Courage to Lead awards. More information on the Courage to Teach Award is available at

http://www.acgme.org/acWebsite/palmerAward/pa_leachMemo.asp. More information on the

Courage to Lead award is posted at http://www.acgme.org/acWebsite/courageLeadAward/co_memo.asp.

Future RRC Meeting and Agenda Closing Dates

Meeting Date: October 17-18, 2008
Agenda Closing Date: August 28, 2008

Meeting Date: April 24-25, 2009
Agenda Closing Date: February 13, 2009

Meeting Date: October 16-17, 2009
Agenda Closing Date: August 7, 2009

We invite your comments: lmeyer@acgme.org

Residency Review Committee

Elizabeth L. Auchincloss, MD
Jonathan F. Borus, MD
Larry Faulkner, MD, *Ex-Officio*
Marshall Forstein, MD

Deborah J. Hales, MD, *Ex-Officio*
James J. Hudziak, MD
Gail H. Manos, MD
Jonathan E. Morris, MD
David Mrazek, MD, *Vice Chair*
Kayla Pope, MD, *Resident*
Burton V. Reifler, MD
Victor I. Reus, MD, *Chair*
Cynthia W. Santos, MD
Barbara Schneidman, MD, *Ex-Officio*
Kailie Shaw, MD
Aradhana A. Sood, MD
Christopher R. Thomas, MD
Michael J. Vergare, MD

RRC Staff

Larry D. Sulton, PhD
Senior Executive Director
312-755-5027
lds@acgme.org

Lynne Meyer, PhD, MPH
Executive Director
312-755-5006
lmeyer@acgme.org

Susan Mansker
Associate Executive Director
312-755-5028
smansker@acgme.org

Louise King, MS
Associate Executive Director
312-755-5498
lking@acgme.org

Jennifer Luna
Accreditation Administrator
312-755-5036
jluna@acgme.org

Sandra Benitez
Accreditation Administrator
312-755-7472
sbenitez@acgme.org