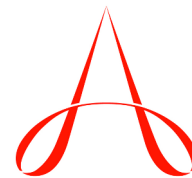


# RRC NEWS

## SURGERY



ACGME

Accreditation Council for Graduate Medical Education

NOVEMBER 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: MJOHNSTON@ACGME.ORG.

### RRC Welcomes New Member

The RRC welcomed Marshall Z. Schwartz, MD on July 1, 2009. Dr. Schwartz will serve a six-year term on the Committee.

The RRC wishes to congratulate Bradley M. Rodgers, MD, whose six-year term concluded on June 30, 2009. The Committee extends its thanks to Dr. Rodgers for his dedication and service to the RRC over the last six years.

### Scholarly Activity Revised Program Information Forms

The RRC has provided a white paper on Scholarly Activity which can be found at: [http://www.acgme.org/acWebsite/navPages/nav\\_440.asp](http://www.acgme.org/acWebsite/navPages/nav_440.asp)

The white paper provides a clear description of the Committee's expectation of a program's Faculty and Resident Scholarly Activity. Revised Program Information Forms have been posted with additional sections that request information on Scholarly Activity for residents and faculty.

### Case Log Information & Updates

The RRC expects that residents will enter **all** cases performed during their residency education into the ACGME Case Log System. Program directors are expected to ensure that complete and accurate information is entered in the Case Logs. The RRC relies on Case Log information when considering a request for an increase in complement (**permanent and temporary**). Additionally, more and more hospitals are using Case Log data to determine privileges for new attending physicians.

### Year-End Case Logs

General Surgery, Pediatric Surgery, and Vascular Surgery programs must submit final summary reports for residents completing training during the 2008-2009 academic year. The instructions to complete this process, as well as the list of required specialties, can be found at:

<http://www.acgme.org/residentdatacollection/documentation/20082009yearendinstructions.pdf>

The ACGME no longer requires hard copy signed final summary reports to be mailed. Instructions for submitting year-end Case Logs electronically can be found at the link listed above.

#### MEETING AND AGENDA CLOSING DATES

MEETING:	OCTOBER 23-24, 2009
AGENDA CLOSING:	AUGUST 14, 2009
MEETING:	FEBRUARY 18-19, 2010
AGENDA CLOSING:	DECEMBER 10, 2010
MEETING:	JUNE 24-25, 2010
AGENDA CLOSING:	APRIL 15, 2010

## Pediatric Surgery Operative Log Update

Updates for the defined categories and mappings were implemented during the last week of July. Programs now will be able to submit their year-end reports.

## General Surgery Operative Log Update

The pediatric sub-categories of Pediatric Hernia and Pediatric Appendectomy have been eliminated from Case Log Reports. Pediatric hernia and pediatric appendectomy cases are included in the total for general surgery pediatric cases. Programs are expected to provide residents with an operative experience in the defined category of Pediatrics that satisfies the minimum number of cases (20).

## Residency Program Faculty Members

Only physician faculty members who devote at least 20 hours per week to resident education should be included in a program's Annual Update and included in the Program Information Form.

## Resident Complement Changes

Resident Complement changes must be requested through the Accreditation Data System (ADS). The RRC for Surgery approves resident complement in total, by PGY and by type. Should a program wish to make any type of change to its resident complement, it must first be approved by the RRC. ACGME staff is available if you have questions about this process.

**Save the Date:**  
**2010 ACGME Annual Educational Conference**  
*Transitions in GME*  
Gaylord Opryland Resort Hotel  
and Convention Center  
Nashville, Tennessee  
March 4-7, 2010  
For more Information:  
[www.acgme.org/acWebsite/meetings/2010Conf/me\\_EducConf\\_10.asp](http://www.acgme.org/acWebsite/meetings/2010Conf/me_EducConf_10.asp)

## Accreditation Decisions June 2009

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Surgery	
246 Accredited Programs	
33 Agenda Items	
Proposed Probation	1
Proposed Expedited Withdraw	1
Proposed Withhold	2
Probation	1
Continued Accreditation	17
Other Administrative Decisions	9
Deferrals	2
Voluntary Withdrawal	1

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Pediatric Surgery	
38 Accredited Programs	
6 Agenda Items	
Initial Accreditation	1
Continued Accreditation	4
Deferrals	1

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Surgical Critical Care	
95 Accredited Programs	
10 Agenda Items	
Continued Accreditation	4
Other Administrative Decisions	6

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Vascular Surgery-Independent	
100 Accredited Programs	
12 Agenda Items	
Proposed Probation	1
Probation	1
Initial Accreditation	2
Continued Accreditation	7

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Vascular Surgery –Integrated	
19 Accredited Programs	
3 Agenda Items	
Initial Accreditation	2
Other Administrative Decisions	1

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Hand Surgery	
1 Accredited Programs	
0 Agenda Items	

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## Institute of Medicine (IOM) Duty Hour Recommendations

The IOM recommendations to change the current duty hour standards are probably familiar to most of our newsletter readers. While the total of 80 hours per week remains intact, multiple changes regarding how those hours can be apportioned are being recommended. The IOM recommended that the ACGME take two years to address these suggested changes. The ACGME takes this responsibility seriously and has established a Joint Duty Hour Task Force that includes members of its Board of Directors and several RRC chairs to study the IOM report and recommend a course of action. An interactive conference on duty hour standards was held March 4-5, 2009, in conjunction with the ACGME Educational Conference. In addition, a Duty Hour Congress was held June 11-12, 2009 in Chicago. Representatives of specialty organizations, boards, and others in the community attended. Reactions to the IOM recommendations from the general surgery community were submitted to the ACGME for consideration. Recommendations from many other specialties were also submitted to the ACGME and the Duty Hour Task Force for review. More information will be provided as it becomes available.

## ACGME Resident Survey Results

From March through June 2008, residents from 71 programs were surveyed, and 568 of 628 residents completed the survey for a 90% response rate. The survey results indicate highly engaged learning between faculty and residents. An average of 92% of the residents indicated that faculty provides sufficient supervision and participation in conferences. An average of 96% of residents reported opportunities to participate in research or scholarly activities, as well as to assess the residency program for the purpose of program improvement. Of the residents who responded, an average of 98% reported having met ACGME duty hour requirements for the workweek, one day free from all program responsibilities, in-house call, and working within the 24+6 hour continuous on-duty limit. The survey results do suggest one area for program improvement. 23% of the residents reported they could not speak freely about issues and problems in their residency program without fear of intimidation or retaliation.

## Progress Reports to the Residency Review Committee (RRC)

The RRC reminds program directors that progress reports should only be submitted for review upon request as noted specifically 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. 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.

## Useful ACGME Online Resources

- **Virtual PD handbook:**  
<http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>
- **ACGME Data book:**  
[https://www.acgme.org/acWebsite/dataBook/dat\\_index.asp](https://www.acgme.org/acWebsite/dataBook/dat_index.asp)
- **Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by specialty:** <http://www.acgme.org/adspublic/>; click 'Search Programs and Sponsors'
- **Resident Survey National Data Report -** available in ADS for program directors: log into ADS; click 'Resident/Fellow Survey'; click 'National Data'; DIOs select 'Reporting Tools'; click 'Resident Survey NationalData Overall'.
- **Resident Survey Institutional Data Report** for each sponsoring institution's programs – available in ADS for DIOs: log into ADS; select 'Reporting Tools'; click 'Institution Level Resident Survey Results'
- **Faculty development resources for competency-based education**, a series of four PowerPoint presentations with facilitator's manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, a competency-based curriculum): [http://www.acgme.org/outcome/e-learn/e\\_powerpoint.asp](http://www.acgme.org/outcome/e-learn/e_powerpoint.asp)

## 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 programs (i.e., new program director or adding or deleting a site)
- Request a change that needs RRC approval (i.e., 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)

Address your questions or concerns about ADS to the ADS representative for surgery, Quinn White; [webads@acgme.org](mailto:webads@acgme.org). Be sure to include your program number in the subject line when contacting Quinn for assistance with ADS.

## Duty Hour Exceptions Reminder

As a reminder, since February 2008 the RRC no longer will approve duty hour exception requests, nor will it renew exceptions currently in effect.