

# RRC NEWS

## SURGERY RESIDENTS' UPDATE



Accreditation Council for Graduate Medical Education

FALL 2011

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### REVIEW COMMITTEE UPDATES

#### Chair and Vice Chair Changes

James C. Hebert, MD, became chair and Charles W. Van Way III, MD, became vice chair of the Review Committee on July 1, 2010.

The Committee extends its gratitude and appreciation to Dr. Thomas V. Whalen (chair), Dr. J. Patrick O'Leary, and Dr. G. Patrick Clagett, for their dedication, commitment, and service over the last six years. Their terms concluded June 30, 2011.

#### New Members

The Review Committee welcomes three incoming members, Dr. John Armstrong, Dr. John J. Ricotta, and Dr. Steven C. Stain, whose six-year terms began July 1, 2011.

### SPECIALTY-SPECIFIC DUTY HOUR FAQs

Frequently Asked Questions (FAQs) regarding the specialty-specific duty hour program requirements are posted on the ACGME website at: [http://www.acgme.org/acWebsite/downloads/RRC\\_FAQ/440\\_Surgery\\_FAQs.pdf](http://www.acgme.org/acWebsite/downloads/RRC_FAQ/440_Surgery_FAQs.pdf).

The Committee reminds residents and programs that: 1) PGY-1 residents are those *assigned* to the PGY-1 level. Residents with previous GME experience who are assigned to a PGY-1 level are considered PGY-1 residents; 2) Residents who begin fellowships after completing a surgery residency program are considered to be in their "final years of education"; 3) No more than four months of night float/shifts are permitted in any given PGY level; and 4) No more than 15 months of night float/shifts are permitted in total during the five-year general surgery residency.

### MONOGRAPH ON DUTY HOURS TASK FORCE

The ACGME has published a monograph, entitled "The ACGME 2011 Duty Hour Standard Enhancing Quality of Care, Supervision and Resident Professional Development," to which all members of the ACGME Task Force on Quality Care and Professionalism contributed. The monograph can be viewed at the following link: <http://www.acgme-2010standards.org/pdf/monographs/jgme-monograph.pdf>.

### FORMAL COMPLAINTS AND THE ACGME OFFICE OF RESIDENT SERVICES

In 2009, the ACGME established the Office of Resident Services to help physicians in graduate medical education (GME) receive fair solutions to residency-related concerns and formal complaints. When a *concern*, which is different than a *formal complaint* (see "Procedures for Addressing Complaints against Residency Programs and Sponsoring Institutions" in the [ACGME Manual of Policies and Procedures](#)), is submitted, it has no impact on accreditation; complaints, however *may impact* accreditation

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status. The Office of Resident Services confidentially investigates specific concerns brought to its attention by physicians in GME (residents, fellows, and faculty members) when the existing channels of communication or dispute resolution have proven unsatisfactory.

ACGME-accredited programs and their sponsoring institutions are expected to comply with the ACGME's Program and Institutional Requirements. Anyone having evidence of non-compliance with these standards by a program or institution may submit a formal complaint to the ACGME. Such complaints must be submitted in writing and bear the signature and mailing address of the complainant(s). Anonymous complaints or complaints submitted solely by e-mail will not be considered. Complaints addressing any events or matters that occurred during the residency year preceding the current residency year, are discouraged.

ACGME Review Committees only address matters regarding compliance with the published standards and do not adjudicate individual disputes between persons and residency programs or sponsoring institutions. Nevertheless, sponsoring institutions and programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation.

Additional information is available at [http://www.acgme.org/acWebsite/resInfo/ri\\_welcome.asp](http://www.acgme.org/acWebsite/resInfo/ri_welcome.asp).

## **CASE LOGS REMINDER**

The Review Committee 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 logs. The Review Committee relies on Case Log information when considering requests for complement increases (both permanent and temporary). Further, more hospitals are increasingly using Case Log data to determine privileges for new attending physicians.

Programs must provide residents with operative experiences in the defined categories to satisfy the required minimum number of cases. Residents and program directors are reminded that the minimum for GI endoscopy is 85 cases. At least 35 of the minimum 85 cases must be upper-endoscopic, and 50 of the 85 cases must be colonoscopic. The minimum case requirement prior to completion of general surgery residency remains at 750 major cases, with 150 of those as a chief resident (during the last 12 months of residency).

Updates for the Defined Category Resident Summary reports in the Case Log System were implemented. The pediatrics sub-categories of pediatric hernia and pediatric appendectomy are no longer shown on the reports. Residents must perform a minimum of 20 cases in the defined category of pediatric surgery.

## **CREDIT ROLES FOR SURGERY RESIDENTS**

For multi-procedure operations, residents must record all procedures performed and indicate which procedure is primary. When more than one resident is involved in a same-day/same-operation/same-procedure situation, a senior resident may take credit as surgeon, while another resident may take credit as a First Assistant; or, a senior resident may take credit as a Teaching Assistant, while another resident takes credit as surgeon. If two residents perform two different procedures (different CPT codes) on the same patient, then each may take credit as surgeon.

### Definition of Credit Roles

SC = Surgeon Chief Year; only cases credited as surgeon during 12 months of Chief Year

SJ = Surgeon Junior Years; all cases credited as surgeon prior to Chief Year

TA = Teaching Assistant; more senior resident working with junior resident who takes credit as surgeon

FA = First Assistant; any instance in which a resident assists at an operation with another surgeon—an attending or more senior resident—responsible for the operation (not credited towards total number of major cases)

## **RESIDENT/FELLOW SURVEY**

The ACGME's Resident/Fellow Survey is one method used by the Review Committee to monitor graduate medical clinical education and to provide early warning of potential non-compliance with ACGME accreditation standards. Currently, all core specialty programs (regardless of size) and subspecialty programs (with four or more fellows) are surveyed every year between January and June. Aggregate reports will be made available to programs with four or more residents if a 70% response rate is reached.

The survey is administered annually, and the information gathered is used at the time of the program's site visit. The ACGME notifies programs directly when the new survey is ready for participation by program residents/fellows each year. This notification includes detailed information on accessing the survey, as well as a deadline for completion. Residents and fellows have four weeks to complete

the survey once programs have been alerted to its availability online. Additional information about the survey can be found on the ACGME website at [http://www.acgme.org/acWebsite/Resident\\_Survey/res\\_Index.asp](http://www.acgme.org/acWebsite/Resident_Survey/res_Index.asp).

## **COUNCIL OF REVIEW COMMITTEE RESIDENTS CREATES ITS OWN STANDING COMMITTEES**

The ACGME's Council of Review Committee Residents (CRCR), the committee made up of the resident members of each of the Review Committees, has come a long way in its early history; however, it was only this year that the CRCR defined itself as an expert panel of young physicians who bring resident issues to the forefront of important discussions. While CRCR members have previously served on the ACGME's standing committees, and the chair is a resident director serving on the ACGME Board, this year the CRCR additionally formed its own standing committees:

- the Data and Information Technology Committee will contribute ideas to the ACGME website and Case Log System;
- the Communications Committee will focus on increasing awareness among residents about the ACGME;
- the Leadership Committee will actively identify, recruit, cultivate and promote future leaders in graduate medical education; and,
- the Education Committee will address issues related to program and institutional requirements.

The call for nominations for next resident member of the Review Committee for Surgery will next be made in Spring 2013. Additional information as that time approaches will be available via the ACGME's weekly *e-Communication*, as well as in future issues of [RRC News for Surgery](#).

## **RESIDENT REVIEW**

Periodically, you may see a link in the ACGME's weekly *e-Communication* to the newest issue of *Resident Review*, the ACGME's online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces, lists of useful websites and upcoming meetings.

*Resident Review* was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the CRCR and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

Click [here](#) to see the most current issue of *Resident Review*.

In addition to the resident-written columns, *Resident Review* includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of designated institutional officials (DIOs), how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio. Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. If they don't already, please ask your program faculty members to forward you the links to new issues of *Resident Review* when they see them in the *e-Communication*, or to print copies and post them in an area where residents gather.

Article ideas and comments are welcome. Please send ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, [juliej@acgme.org](mailto:juliej@acgme.org), or to Marsha Miller, associate vice president of resident services, [mmiller@acgme.org](mailto:mmiller@acgme.org).

*RRC News provides timely and current Review Committee and specialty updates, as well as general ACGME information and explanations of its systems, policies, and procedures. It also serves as a vehicle for communication between the Review Committee and its constituents.*

*Please contact the editor with suggestions or comments about this newsletter: [mschwab@acgme.org](mailto:mschwab@acgme.org).*

*Newsletters are typically available following a Review Committee meeting, between once and three times per year.*