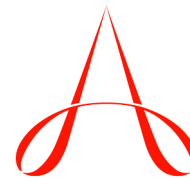


RRC NEWS

SURGERY RESIDENTS' UPDATE



ACGME

Accreditation Council for Graduate Medical Education

FALL/WINTER 2009

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RRC STAFF

PEGGY SIMPSON, EdD
EXECUTIVE DIRECTOR
312.755.5499
PSIMPSON@ACGME.ORG

CATHY RUIZ
SENIOR ACCREDITATION ADMINISTRATOR
312.755.5495
CRUIZ@ACGME.ORG

ALLEAN MORROW-YOUNG
ACCREDITATION ASSISTANT
312.755.5038
AMH@ACGME.ORG

ACGME
515 NORTH STATE STREET
SUITE 2000
CHICAGO, IL 60654
WWW.ACGME.ORG

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AND ACGME UPDATES. PLEASE CONTACT
THE EDITOR WITH QUESTIONS OR
COMMENTS ABOUT THIS NEWSLETTER:
MSCHWAB@ACGME.ORG.

Update on Case Logs

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). Increasingly, more hospitals are using Case Log data to determine privileges for new attending physicians.

General Surgery

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).

Pediatric Surgery

Updates for the defined categories and mappings were implemented during the last week of July.

Vascular Surgery

Updates for the defined categories and mappings have been implemented.

Links to documents describing the defined category minimums are listed below:

General Surgery:

<http://www.acgme.org/acWebsite/downloads/oplog/440CatMin.pdf>

Pediatric Surgery:

http://www.acgme.org/acWebsite/RRC_440/440_pedMinNumbers.pdf

Vascular Surgery:

<http://www.acgme.org/acWebsite/downloads/oplog/VSCatMins.pdf>

Credit Roles for Surgery Residents

Only one resident may take credit as surgeon for each operation. For multi-procedure operations, residents must indicate which procedure is to count for the primary procedure. On same patient/same day/same operation, 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 a more junior resident takes credit as a surgeon. (continued on p.2)

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.

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.

ACGME Resident Survey

What is the Resident/Fellow Survey?

Each year from mid-January through early June, the ACGME requires residents and fellows to complete an online survey. This general survey, which takes residents about 10 minutes to complete, contains questions about their clinical and educational experience, as well as duty hours worked.

How will I know when I should participate in the survey?

The ACGME will notify programs directly when their participation is required. This notification will include

detailed information on accessing the survey and a deadline for completion. The ACGME will not contact residents and fellows directly. It is the program's responsibility to ensure their residents/fellows complete the survey.

Please note that this survey is not directly linked to the site visit; residents/fellows in your program may be required to complete the survey regardless of whether your program has an upcoming site visit.

ACGME Resident Survey Results 2009

From April through May 2009, 6,623 surgery residents completed the survey. The survey results indicate highly engaged learning between faculty and residents. An average of 96% of the residents indicated that faculty provides sufficient supervision and participation in conferences. An average of 98% 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 93% 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. 27% of the residents reported they could not speak freely about issues and problems in their residency program without fear of intimidation or retaliation.

Office of Resident Services

In 2009, the Accreditation Council for Graduate Medical Education (ACGME) established the Office of Resident Services to help physicians in graduate medical education (GME) receive fair solutions to residency training-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), is submitted, it has no impact on accreditation. While *concerns* submitted **do not affect** an institution's and/or program's accreditation status, **complaints may impact** accreditation status. Resident Services investigates, in a **confidential** manner, 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 Institutional and Program 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 subject matter, the entirety of which occurred during the residency year preceding the current residency year, are discouraged.

ACGME Review Committees address only 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

Scholarly Activity for Residents

As part of the program requirements, each program must define the structure that provides residents with exposure to scholarly activity; it is expected that residents will be routinely present at case conferences, journal club and morbidity & mortality conferences. The activities of the following list have been identified as a higher level of scholarly activity; and at a minimum each Categorical Surgery Resident in the program must participate in at least one of the following scholarly/educational activities per year:

- Abstracts and/or Publications Presentations:
 - o National
 - o Regional
 - o Local
- Grand Rounds
- Basic Science
- Multidisciplinary Institutional Educational Conferences
- Dedicated Research Experiences (Protected Time)
- Teaching Awards
- Teaching Skills Lab Sessions
- Formal Medical Student Teaching (i.e., Anatomy Courses, Scientific and/or Clinical Lectures)

Glossary of Selected Accreditation Terms

Accreditation: A voluntary process of evaluation and review based on published, standards and following a prescribed process, performed by a non-governmental agency of peers.

Citation: A finding of a Review Committee that a program or an institution is failing to comply substantially with a particular accreditation standard or ACGME policy or procedure.

Common Program Requirements: The set of ACGME requirements that apply to all specialties and subspecialties.

Competencies: Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.

Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.

Institutional Review: The process undertaken by the ACGME to determine whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Program Information Form (PIF): The PIF is the document completed by the program director in preparation for a site visit. The document is a compilation of requested information that reflects the current status of the educational program. The PIF is organized in two parts: the Common PIF, which addresses the program's compliance with the Common Program Requirements, and the specialty- or subspecialty-specific PIF, which addresses compliance with the specialty- or subspecialty-specific program requirements. The Common PIF is electronically generated through the Accreditation Data System (ADS).

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.