

RRC NEWS

SURGERY RESIDENTS UPDATE



Accreditation Council for Graduate Medical Education

FALL 2008

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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: KREINHOLD@ACGME.ORG.

Update on Case logs

General Surgery

The laparoscopic minimum requirements have increased. The new requirements include 60 laparoscopic-basic cases and 25 laparoscopic-complex cases. These standards are for residents graduating in June 2009 and beyond.

The minimum for GI endoscopy has been raised from 29 to 85 (35 endoscopic and 50 colonoscopic). The revised guidelines for endoscopy are effective for all residents completing their education in June 2009. The minimum case requirement has been raised to 750 cases. These standards are for residents graduating in June 2009 and beyond.

Pediatric Surgery

The Pediatric Surgery case logs have been updated for the 2008-2009 academic year.

Vascular Surgery

Case log changes include:

- An increase in the required minimum number of endovascular-diagnostic cases from 50 to 100.
- An increase in the required minimum number of endovascular-therapeutic cases from 50 to 80.
- A change in the "endovascular-graft" category to "endovascular aneurysm repair", and an increase in the required minimum number of cases from 5 to 20.
- Counting all endovascular therapeutic cases towards the required major case minimum.

Credit Roles for Surgery Residents

On a particular patient, on a given day, in the same operation situation, a senior resident may take credit as surgeon while another resident takes 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.

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; a PGY-4 or PGY-5 resident working with junior resident who takes credit as surgeon.

FA = First Assistant; any instance in which a resident assists in an operation with another surgeon (an attending or more senior resident) responsible for the operation.

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 to 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.

Complaint Procedures

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 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.

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.

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).

Scholarly Activity: An opportunity for residents/fellows and faculty to participate in research, as well as organized clinical discussions, rounds, journal clubs, and conferences. In addition, some members of the faculty should also demonstrate scholarship through one or more of the following: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations.

The RRC will provide additional information on Scholarly Activity after its October 2009 meeting.

RRC Welcomes New Chair and Vice-Chair

The Committee elected Thomas V. Whalen, MD as Chair and J.Patrick O'Leary, MD as Vice Chair for the term July 1, 2008 through June 30, 2010.

In addition, the Committee re-appointed Adeline M. Deladisma, MD to serve a second one-year term as the resident member of the Review Committee for Surgery.