

# RRC NEWS

## THORACIC SURGERY



ACGME

Accreditation Council for Graduate Medical Education

August 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE  
AND ACGME UPDATES. PLEASE  
CONTACT THE EDITOR WITH QUESTIONS  
OR COMMENTS ABOUT THIS NEWSLETTER:  
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### New Chair Begins Term and Other Review Committee Membership Changes

Douglas E. Wood, MD, began a three-year term as Chair of the Review Committee on July 1, 2010.

Also on July 1, the Committee welcomed its newest member, Carolyn Reed, MD.

The Committee congratulates Irving Kron, MD for his six years of service to the Review Committee, including three years as Chair.

Accreditation Decisions July 16-17, 2010 Meeting of the Review Committee for Thoracic Surgery	
<b>THORACIC SURGERY—INDEPENDENT</b>	
Initial Accreditation	2
Continued Accreditation	10
Deferred Accreditation	1
Proposed Expedited Withdrawal	1
Proposed Withdrawal	1
Duty Hour Exception	1
Other Administrative Decisions	6
<b>THORACIC SURGERY—INTEGRATED</b>	
Initial Accreditation	1
Deferred Accreditation	1
Other Administrative Decisions	2
<b>CONGENITAL CARDIAC SURGERY</b>	
Continued Accreditation	3
Other Administrative Decisions	1

### 2010 Activity of the Review Committee for Thoracic Surgery

At its 2010 meetings, the Review Committee considered 54 programs, including 34 accreditation reviews, and 23 administrative requests (review of progress reports, increases in resident complement, participating site changes, etc.). The Executive Committee reviewed 25 interim requests

### MEETING AND AGENDA CLOSING DATES

MEETING:	JANUARY 7, 2011
AGENDA CLOSING:	OCTOBER 29, 2010
MEETING:	JULY 15, 2011
AGENDA CLOSING:	MAY 6, 2011

### NOTIFICATION DEADLINES

#### 5 DAYS AFTER MEETING:

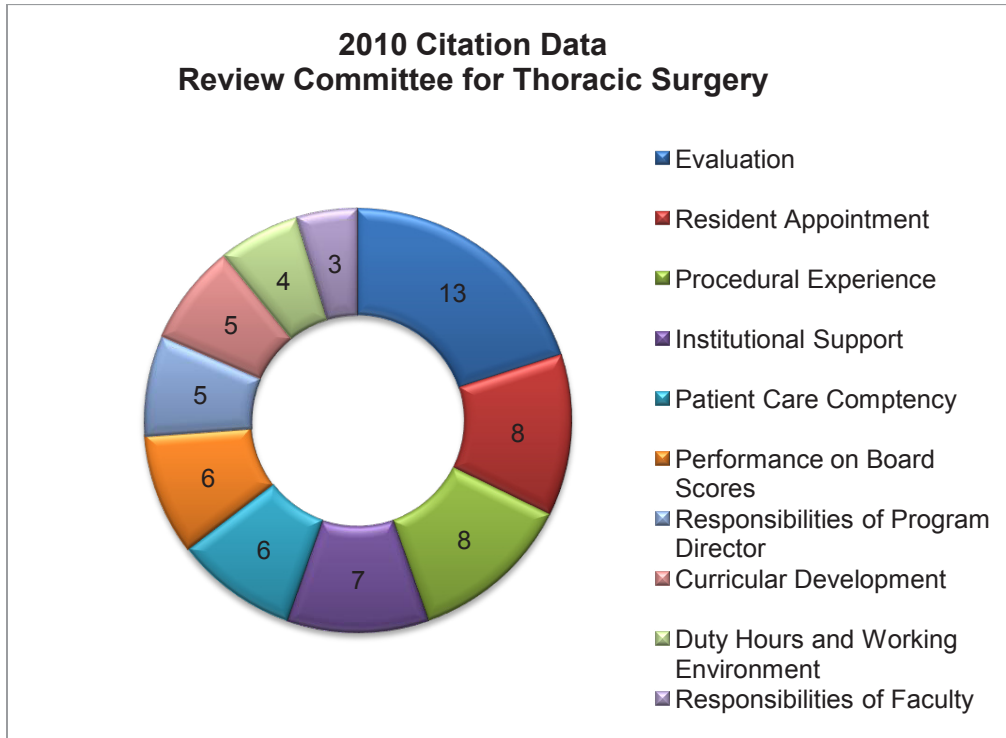
E-MAIL NOTIFICATION OF REVIEW STATUS/  
CYCLE LENGTH AUTOMATICALLY SENT TO  
PROGRAM DIRECTOR AND DIO.

#### 60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER  
OF NOTIFICATION IS POSTED IN ADS.

\*UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.\*

(program director change reviews, temporary increases in complement, etc.). The average cycle length granted following accreditation reviews was 3.1 years. Finally, the Committee issued 71 citations. The chart that follows identifies the top 10 citation areas for 2010.



### Pathways to Residency Education in Thoracic Surgery

In addition to the traditional, “independent” residency pathway, the Review Committee for Thoracic Surgery has approved the following institutions to offer residency education in an *integrated format*, in which residents match into the program out of medical school and spend six years in a thoracic surgery program:

1. Medical University of South Carolina
2. Medical College of Wisconsin
3. Mount Sinai School of Medicine
4. New York Presbyterian Hospital (Columbia Campus)
5. Stanford University
6. University of Maryland
7. University of North Carolina at Chapel Hill
8. University of Pennsylvania
9. University of Texas Health Science Center at San Antonio
10. University of Washington

An additional pathway is the *Joint General Surgery/Thoracic Surgery Track*, in which residents spend four years in a general surgery residency and then complete their education in a three-year thoracic surgery residency at the same institution. Residents successfully completing their education in the joint program are eligible for both ABS and ABTS certification. The list of approved institutions with this pathway is:

1. Brigham & Women’s Hospital/Children’s Hospital
2. Duke University
3. Massachusetts General Hospital
4. Mayo School of Graduate Medical Education (Rochester)
5. New York University School of Medicine
6. University of Maryland
7. University of Rochester
8. University of Virginia
9. University of Washington
10. Washington University School of Medicine

## Thinking About Applying for an Integrated Program?

The Review Committee reminds institutions that may be considering submitting an application for an integrated program format of the following:

1. An institution must sponsor an existing independent program and it must have a "Continued Accreditation" status and a cycle length of at least three years in order for the Review Committee to consider an institution's request for an integrated program. The institution must maintain both program formats after an integrated program is approved.
2. A completed application for initial application must be sent to the Review Committee administrative staff at the ACGME offices.
3. Institutions whose independent programs have a targeted site visit date within 24 months of the dated signatures on the Initial Accreditation Program Information Form for the integrated program will receive a site visit as part of the application process.
4. Integrated programs, when approved, receive a separate program number, distinct from their institution's independent program number.

## Congenital Cardiac Surgery Fellowships Growing

The number of approved one-year fellowships in congenital cardiac surgery continues to grow. If your institution is interested in applying for initial accreditation for a one-year fellowship in congenital cardiac surgery, please contact the Review Committee administrative staff at the ACGME offices.

Currently, the following programs have received accreditation:

1. Children's Hospital/Massachusetts General Hospital
2. Emory University
3. McGaw Medical Center of Northwestern University/Children's Memorial Hospital
4. Nationwide Children's Hospital/Ohio State University
5. Texas Heart Institute/Baylor College of Medicine
6. University of Colorado Denver
7. University of Michigan
8. University of Pennsylvania/Children's Hospital of Philadelphia
9. University of Southern California/Children's Hospital Los Angeles
10. University of Washington

## Site Visit Evaluation

After the conclusion of an accreditation site visit for programs or sponsoring institutions, the ACGME site visitor completes his or her report and submits it to the ACGME's Department of Field Activities (DFA). The report is logged, and then, along with the program information form (PIF) sent by the program or institution, transmitted to the Review Committee team for assignment to reviewers.

Once the Site Visit Report has been received and logged into the DFA database, the system that manages site visit scheduling generates an e-mail to the program director, indicating that s/he has an opportunity to complete an evaluation of the site visitor's knowledge, preparation, interpersonal conduct and other relevant elements of the visit. The evaluation is completed online, and programs are provided with instructions for how to access and complete it. The form is made available to program directors only after the Site Visit Report has been filed and cannot be altered. One of the reasons for this is to ensure that programs may candidly comment on all aspects of their site visit, without concerns that this may influence the Site Visit Report or the Review Committee's subsequent review. Completed site visit evaluations are aggregated; members of the field staff periodically are provided with an aggregate report that compares their performance to that of their 30 colleagues.

The e-mail notice asking for a program's evaluation of the site visit may arrive up to several weeks following the actual site visit. Consequently, program directors may not recognize or appreciate that the e-mail received is soliciting their comments on both their site visit and the performance of their assigned field representative. However, this feedback is extremely valuable to the ACGME and the members of the field staff in improving the site visit process. The ACGME relies on programs' honest responses, and strongly encourages program directors to look for these messages, and to take advantage of this opportunity to provide input on the accreditation process.

## Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, designated institutional officials (DIOs), faculty,

residents and others with interest in graduate medical education, and makes it available in an easily accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to remain up-to-date about new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* Web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the [ACGME website](http://www.acgme.org), or via this direct link: [www.acgme.org/acwebsite/gmefocus/default.asp](http://www.acgme.org/acwebsite/gmefocus/default.asp).

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: [cat@acgme.org](mailto:cat@acgme.org).

### **Patient Safety and Information Technology Take Center Stage in 2010 ACGME Educational Conference Keynote Address**

In her keynote address at the 2010 Annual Educational Conference, Director of the Agency for Healthcare Research and Quality (AHRQ) Carolyn M. Clancy, MD painted a picture of the future of medicine and physician education. The public will demand a greater voice in how resident physicians are

educated, she said, and physicians will focus even more on evidence-based medicine when treating patients with various health conditions. The speech, which she gave on the third day of the Conference, held March 4-7 at the Gaylord Opryland Hotel and Convention Center in Nashville, Tennessee, drew an audience of about 1,600 program directors, program coordinators, designated institutional officials, and others involved in graduate medical education.

In her address, "Building the 21st Century Learning Environment: Rules of the Road to Health Care Reform," Dr. Clancy discussed the mission and activities of the AHRQ and highlighted its work in the areas of patient safety and information technology (IT). She commended the ACGME for including public directors on its Board of Directors to provide the public's perspective on residency education.

The role of the AHRQ, an agency in the federal Department of Health and Human Services, is to improve the quality, safety, efficiency, and effectiveness of patient care in the United States. The agency gathers data and provides grants to health care institutions, researchers, and clinicians.

One of the agency's priorities, Dr. Clancy said, is "to see which treatments work best for which patients under which circumstances." That can be achieved, she said, by aggregating data on best practices in medicine and increasing the knowledge base from which clinicians can draw. "Most of the information that is culled is lost. If we can begin to collect that in a way patients trust, we can get a lot smarter, faster," said Dr. Clancy.

Dr. Clancy summarized the AHRQ's work in promoting the use of IT and electronic medical records in health care. The AHRQ has invested \$200 million in IT funding, she said, with another \$32 million in its 2011 budget; it has also sponsored grants for projects focusing on utilization of electronic medical records, electronic prescribing, and other health care IT tools.

However, health care information technology is not a panacea for improving health care quality, Dr. Clancy noted.

"Computers don't improve quality. People improve quality. Computers are a useful tool," she said.

In the area of patient safety, the AHRQ has launched several initiatives, including the creation of a Web-based Patient Safety Network, with patient safety tools and resources, as well as a Web-based morbidity and mortality journal called *AHRQ Web M&M*. In addition, the AHRQ has partnered with various patient safety organizations that collect and

analyze data and encourage a culture of safety at health care institutions.

The AHRQ has also awarded more than \$5 million in health care simulation training grants.

“A new world awaits,” said Dr. Clancy in conclusion, “one with the creative and intelligent use of technology. Enlightenment will win out in the end.”

### New Format for Citations

“Citations” – areas of non-compliance that a Review Committee identified during its review of a program – have a new format. Citations now have the following five components:

- (1) Citation Heading – summary of issue being cited
- (2) Program Requirement
- (3) Program Requirement Reference
- (4) Citation
- (5) PIF, Site Visitor Report, or Board Reference (if proposed adverse action)

Here is an example of new citation format using a Common Program Requirement:

Faculty/Qualifications/Specialty Certification  
Common Program Requirement: II.B.2.  
The physician faculty must have current certification in the specialty by the American Board of Thoracic Surgery, or possess qualifications acceptable to the Review Committee. The information provided was incomplete.  
No information was provided for two of the ten physician faculty listed.  
Program Information Form pp. 2,8

### ACGME Policy on Outside Vendors

Intermittently, the ACGME is made aware of an increased effort by software vendors, accreditation consultants, former employees, former Review Committee members, and other organizations, to solicit business from ACGME-accredited residency/fellowship programs and sponsoring institutions. The ACGME does not endorse any vendors of software, newsletters, educational services, consulting services or other products. We provide no information to these entities other than that which is publicly available on our website (accessed by going to: [www.acgme.org](http://www.acgme.org); clicking “Search Programs/Sponsors”; clicking “Accredited Programs”; selecting the specialty/

program; then click “View Details” to see the program’s contact information and general information about its accreditation, including accreditation status and approximate date of next site visit). Services provided by these outside vendors have no guarantee with regards to a program’s accreditation status.

### Progress Reports to the Review Committee

The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The Committee will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the Review Committee does not rescind (remove) citations from a program’s history upon review of a (requested) progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the Committee’s request for the report. Citations can only be identified as corrected at the time of a full program review when they are thoroughly evaluated through the site visit and review of accreditation materials.

**Save the Date:**  
**2011 ACGME Annual  
Educational Conference**

**Gaylord Opryland Resort Hotel  
and Convention Center  
Nashville, Tennessee  
March 3-6, 2011**

**\*\*more information to follow\*\***