

RRC NEWS

THORACIC SURGERY



ACGME

Accreditation Council for Graduate Medical Education

SEPTEMBER 2011

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Accreditation Decisions July 15-16, 2011 meeting of the Review Committee for Thoracic Surgery

THORACIC SURGERY—INDEPENDENT

Initial Accreditation	1
Continued Accreditation	7
Propose Withhold Accreditation	1
Proposed Probation	2
Confirmed Probation	1
Other Administrative Decisions	8

THORACIC SURGERY—INTEGRATED

Initial Accreditation	2
Continued Accreditation	1
Defer Accreditation	1
Propose Withhold Accreditation	3
Confirmed Withhold Accreditation	1
Other Administrative Decisions	2

CONGENITAL CARDIAC SURGERY

Initial Accreditation	1
Propose Withhold Accreditation	2
Other Administrative Decisions	1

PARTICIPATING SITES AND PLAS

The Review Committee asks that programs provide information via the Accreditation Data System (ADS) for all participating sites used for resident education in the program. In addition to the primary site, this includes sites that provide either required or elective experiences or assignments for any length of time. A program letter of agreement (PLAs) is required between the program and each site to which residents rotate for required education or assignments.

When a program sponsored by a university hospital requires a rotation or assignment at another

MEETING AND AGENDA CLOSING DATES

MEETING:	JANUARY 6-7, 2012
AGENDA CLOSING:	OCTOBER 28, 2011
MEETING:	JULY 13-14, 2012
AGENDA CLOSING:	MAY 18, 2012
MEETING:	JANUARY 13-14, 2013
AGENDA CLOSING:	NOVEMBER 2, 2012
MEETING:	JULY 12-13, 2013
AGENDA CLOSING:	MAY 4, 2013

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.

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site, such as a children's hospital, and both hospitals are governed by one governing body (e.g., a board of directors), then a PLA is not needed. PLAs are not necessary if the following on-campus or off-campus site is under the governance of the same sponsoring institution or is an office of a physician who is a member of the sponsoring institution's teaching faculty/medical staff: nursing and assisted-living homes; hospice facilities; faculty patient care offices; private physicians' offices (volunteer faculty); ambulatory surgical centers; diagnostic centers, e.g., an imaging laboratory; treatment centers for dialysis, rehabilitation, chemotherapy, etc.; other similar sites.

Rotations to sites that are *not* governed by the sponsoring institution or that occur in offices of physicians who are *not* members of the sponsoring institution's teaching faculty/medical staff require a PLA. The PLA must include the signatures of the program director and the local director at the participating site. Signature by administrative staff members is not acceptable.

Occasionally, it is not clear from the information provided whether the participating site is or is not governed by the sponsoring institution. Programs are advised to include this information when adding a participating site to ADS, and to be prepared to provide documentation at the time of the site visit (either a current PLA or evidence of same governance). Additional information can be found on the Review Committee's [web page](#), or at [this direct link](#).

INTEGRATED RESIDENCY APPLICATION

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

1. An institution applying for an integrated program format must sponsor an existing independent program, and must have "Continued Accreditation" status and a cycle length of at least three years in order for the Review Committee to consider the request.
2. The institution must maintain both program formats after an integrated program is approved, **at least until the integrated program has matured to have residents filling the advanced education years (years 4, 5, and 6)**.
3. While the independent program must be maintained until the integrated program matures to fill senior-level positions, it may continue in parallel with the integrated program, but the total number of graduating positions (for both programs) **must not exceed** the maximum complement without Review Committee approval.

4. A completed Thoracic Surgery New Application Program Information Form (PIF) (in hard copy) must be sent to the Review Committee administrative staff at the ACGME offices.
5. Institutions whose independent programs have a targeted site visit date within 24 months of the dated signatures on the Initial Accreditation PIF for the integrated program will receive a site visit as part of the application process.
6. When integrated programs are approved, they receive a separate program number, distinct from their institution's independent program number.
7. All requests for integrated program accreditation must include letters of support from program directors/chiefs of service/department heads for the services that will support rotations.

Currently-Approved Integrated Programs

1. College of Medicine, Mayo
2. McGaw Medical Center of Northwestern
3. Medical College of Wisconsin Affiliated Hospitals
4. Medical University of South Carolina
5. Mount Sinai School of Medicine
6. New York Presbyterian Hospital (Columbia)
7. Stanford University
8. University of Maryland
9. University of North Carolina at Chapel Hill
10. University of Pennsylvania
11. University of Rochester
12. University of Southern California/LAC+USC Medical Center
13. University of Texas Health Science Center at San Antonio
14. University of Virginia
15. University of Washington

APPROVED JOINT GS/TS TRAINING PROGRAMS (4+3 FORMAT)

The following institutions have approval to offer thoracic surgery residency education in the Joint General Surgery/Thoracic Surgery format ("4+3"):

1. Brigham and Women's Hospital/Children's Hospital
2. Duke University
3. Indiana University
4. Mayo School of Graduate Medical Education
5. Massachusetts General Hospital
6. New York University School of Medicine
7. University of Maryland
8. University of Rochester
9. University of Texas Southwestern Medical School
10. University of Virginia
11. University of Washington
12. Washington University School of Medicine

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities

Site Visits after July 1, 2011

Site visits under the 2011 Common Program Requirements began July 12, 2011. No new questions were added to the PIFs; assessment of programs' compliance with the new standards for resident duty hours, supervision, and other elements of the learning and working environment will be done through a set of questions in ADS. The information collected via ADS will print with the demographic and general information section of the PIF that is entered into ADS. A number of questions in the current PIF also provide information about compliance with the new common standards.

In addition to the PIF and the data collected via ADS, responses to the 2011 ACGME Resident/Fellow Survey, documentation such as resident files, rotation and call schedules, and program and institutional duty hour tracking data, among others, constitute the data elements assessed during program site visits. The members of the field staff interview program and departmental leaders, the designated institutional official (DIO), faculty members, and residents/fellows. Field staff members also use a variation of the Tracer Method familiar to many DIOs from other accrediting bodies.

Use of the Tracer Method

The Tracer Method is used by several accrediting organizations to increase the focus on operational processes that benefit patients. The ACGME uses it to assess a program's response to particular situations, such as remediation of a resident with low academic performance, excess duty hours or inadequate supervision, or implementation of the new requirement that means residents may remain beyond duty hour limits to care for an individual patient out of a compassionate or educational justification. As these processes are examined, the surveyor may confirm high performance or detect problems in the implementation of policies, elements of the process, or aspects of the interface between processes.

Use of the Tracer Method during program site visits will entail document review and interviews with program directors, residents/fellows, faculty members, coordinators, and potentially others. This will be done during the regularly scheduled interview sessions. In rare cases, such as evaluating the merits of a complaint against the program, application of the Tracer Method may necessitate some added time for interviews or more extensive review of documentation.

This added time and relevant documents generally will be requested in advance through the list sent with a program's site visit announcement letter.

Increasing Resident/Fellow Input during Program Site Visits

Between 2010 and June 2011, the ACGME Department of Field Activities conducted a pilot to explore whether textual comments from residents/fellows could be introduced into the site visit interview process. In this pilot the field staff representatives requested that residents/fellows compile a single, program-level list of up to five strengths and up to five opportunities for improvement for further discussion during the resident/fellow interview. The request was made through a note to the program director. These lists were considered confidential, and residents/fellows were asked to e-mail it directly to the field staff representative, or to bring it with them to the resident/fellow interview. The collection of resident-perceived strengths and opportunities for improvement was done only for program site visits, not for institutional reviews.

Residents'/Fellows' Responses and Perceptions of the Pilot

A benefit of obtaining this consensus list is that it has provided the ACGME field staff with a sense of the *learners'* perceptions of their program's strengths and opportunities for improvement. This is useful to begin the conversation during the resident/fellow interview. When aggregated across programs, the information also offers the ACGME insight into residents'/fellows' unique perspectives on their programs and the accreditation standards. The information in the lists affirms the value of many of the questions currently asked in the Resident/Fellow Survey, and may also serve to highlight additional areas of high relevance for possible inclusion in future iterations of the Survey.

Resident/fellow comments have also included questions and feedback about changes to program requirements, such as the new common duty hour requirements. Residents/fellows and program directors alike have commented favorably on the way the pilot has increased their engagement in the site visit process, including those in larger programs who do not participate in the site visit interview.

The Department of Field Activities evaluated the pilot in June 2011, and implemented it for all program site visits after July 2011. The department will continue to explore this and other mechanisms to increase resident and fellow input.

Other Site Visit Pilots

One pilot in early evaluation entails a simple change in the sequence of the site visit process to have the

resident/fellow interview completed earlier in the site visit day, after a brief introductory meeting with the program director. All other interviews, review of data, and if conducted, the tour of facilities, will be used to verify and clarify the information obtained during the resident/fellow interview. Currently, eight members of the field staff are using this approach for a more in-depth assessment of benefits and potential drawbacks.

RESIDENT SURVEY

A new version of the Resident Survey was made available on January 12, 2011 for participation by all programs with four or more residents. There are now 34 questions, and the duty hour questions appear first. All forced *yes/no* questions were eliminated, and every question has been re-worded by the survey research team at the University of Wisconsin. There are two new questions related to teamwork. Any areas identified by residents as potentially non-compliant with program requirements are specifically addressed by the site visitor. If the site visitor confirms a pre-identified area of concern, the Review Committee will cite that as an area of non-compliance with the ACGME standards in a program's Letter of Notification following the formal review. If the site visitor cannot verify a potential area of non-compliance per the survey results, the Review Committee will consider all of the program's accreditation materials, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for non-compliance are established based on this information. Programs across specialties that are identified as having a series of non-compliant responses (either annually or in consecutive program reviews) may be required to submit a Duty Hour or Progress Report to their Review Committee or undergo an accreditation site visit at an earlier date than stated in the program's most recent Letter of Notification.

DUALITY OF INTEREST TAKEN SERIOUSLY BY REVIEW COMMITTEE

While *'conflict of interest'* implies a financial situation which can improperly influence the decision of the member of an organization, *'duality of interest'* implies any other situation which can influence a decision. Examples of duality of interest for a Review Committee member can include being from the same state in which a program under review is located,

having worked in an institution housing a program under review, or having a close relationship with the department chair or program director of a program under review. When reviewing programs, members of the Review Committee for Thoracic Surgery recuse themselves when there is a duality of interest that might influence their decisions regarding a program's accreditation status. Recusals always occur for those Committee members from the same state as the program under review to avoid any conflicts of interest. ACGME staff members provide periodic education on and monitoring of conflict and duality of interest for all Review Committees to ensure the policy on this issue is constantly in mind, and always governs the way in which business is conducted during meetings.

THE RESIDENT REVIEW

Periodically, you may see a link in the weekly *e-Communication* to the *Resident Review*, the ACGME's online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces, and 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 Council of Review Committee Residents (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.

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 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. We hope that you forward the link to *Resident Review* from the *e-Communication* to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed [here](#).

Article ideas and comments are welcome. Send ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, juliej@acgme.org, or Marsha Miller, associate vice president of resident services, mmiller@acgme.org.

REQUESTS FOR VOLUNTARY WITHDRAWAL MUST BE SUBMITTED THROUGH ADS

ACGME policy permits a program or sponsoring institution to request voluntary withdrawal of accreditation when a decision has been made by that program or institution to discontinue participation in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted using ADS. Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by providing information, including: the proposed effective date which should coincide with the end of the current academic year; the reason for program closure; and a plan to place all active residents in other programs. Once submitted, ADS automatically generates an e-mail to the DIO requesting approval. Once the DIO approves the request, ADS notifies the Review Committee staff. After a staff member processes the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.

DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, which means the program:

1. may *not* accept new residents/fellows
2. may *not* request “reversal” of the action (*regardless of the proposed effective date*)

The program or institution *may seek* accreditation at a future date by undergoing the application process pursuant to ACGME policy. See [“How to Apply for Accreditation in Eight Steps”](#) on the Program Director & Program Coordinator area of the [ACGME website](#) for an overview.

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. It provides no information to these entities other than that which is publicly available on the website (from www.acgme.org; click “Search Programs/Sponsors”; click “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.

ACGME.ORG QUICK LINKS

- [ACGME Duty Hour Standards](#) information and resources
- [Virtual Program Director Handbook](#)
- [FAQs on Master Affiliation Agreements and Program Letters of Agreement](#)
- [How to Apply for Accreditation in Eight Steps](#)
- [Case Log Tutorials](#), or follow these steps from the [ACGME home page](#):
 1. Click “Data Collection Systems” from the left-hand main menu
 2. Click “Resident Case Log System” from the next drop-out menu
 3. Click “Case Log Information” from the next drop-out menu
 4. Select the top link on the next page (“New - Resident Case Log System Tutorials Web page”)
- [ACGME Data Book](#)

**2011 WORKSHOP:
BASICS OF ACCREDITATION FOR NEW
PROGRAM COORDINATORS**

Date: November 14, 2011

Location: ACGME Headquarters,
515 North State Street, Suite 2000
Chicago, Illinois 60654

This one-day intensive workshop is designed to help new program coordinators understand the basics of ACGME accreditation of residency programs. The workshop is designed for individuals who assist the program director in the administration of the residency program and are new to the accreditation process. Participants must have less than two years of experience as a program coordinator. More information, including links to the workshop brochure and registration, can be found [here](#). Online registration is open. E-mail questions about the workshops to: Coordinatorworkshops@acgme.org.

**2012 ACGME
Annual Educational Conference**

Encouraging Excellence

March 1-4, 2012

Walt Disney World Swan and Dolphin
Orlando, Florida

more information:

http://acgme.org/acWebsite/meetings/2012Conf/me_EducConf_12.asp

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.

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