

# RRC NEWS

## THORACIC SURGERY



ACGME

Accreditation Council for Graduate Medical Education

SEPTEMBER 2009

### REVIEW COMMITTEE MEMBERS

PATRICE BLAIR, MPH, ACS, EX-OFFICIO  
R. MORTON BOLMAN, III, MD  
WILLIAM GAY, MD, ABTS, EX-OFFICIO  
TOM C. NGUYEN, MD, RESIDENT  
IRVING L. KRON, MD, CHAIR  
WALTER H. MERRILL, MD  
MICHAEL R. MILL, MD  
MARK B. ORRINGER, MD  
DOUGLAS E. WOOD, MD, VICE CHAIR

### RRC STAFF

312/755-5038

PEGGY SIMPSON, EdD  
EXECUTIVE DIRECTOR  
PSIMPSON@ACGME.ORG

CATHY RUIZ  
SENIOR ACCREDITATION ADMINISTRATOR  
CRUIZ@ACGME.ORG

ALLEAN MORROW-YOUNG  
ACCREDITATION ASSISTANT  
AMH@ACGME.ORG

**RRC NEWS IS A BIENNIAL PUBLICATION THAT PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR FOR SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MJOHNSTON@ACGME.ORG.**

### MEETING AND AGENDA CLOSING DATES

**Meeting:** January 8-9, 2010  
**Agenda Closing:** October 30, 2009

**Meeting:** July 16-17, 2010  
**Agenda Closing:** May 7, 2010

### New Chair-Elect

The Committee elected Dr. Douglas E. Wood as Chair-Elect of the RRC. Dr. Wood will begin his term on July 1, 2010, and conclude on June 30, 2013. He will continue to serve as Vice-Chair until June 30, 2010.

### Committee Welcomes New Resident Member

The RRC welcomed Dr. Tom C. Nguyen to the Committee. Dr. Nguyen will serve a two-year term (July 1, 2009 through June 30, 2011) as the Committee's resident member. The Committee is grateful to all of the residents who participated in the resident nomination process and for their willingness to serve on the RRC.

The RRC wishes to congratulate Dr. Jim Huang, resident member, whose term concluded on June 30, 2009. The Committee is very grateful to Dr. Huang for his dedication and service to the RRC over the last three years.

### Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon explicit request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of a (requested) progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

## **Extending the Term of Chair**

At its February 2009 meeting, the ACGME Board of Directors approved revisions to the Manual of Policies and Procedures that included changing the name of the ACGME Council of Review Committee Chairs to the ACGME Council of Review Committees (CRC) and extending the term length of Review Committee Chairs from two years to three years (Manual, pg 36), including endorsement of the implementation of the transition plan.

## **Useful ACGME Website Links**

- Virtual PD Handbook: <http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>.
- ACGME Data book: [https://www.acgme.org/acWebsite/dataBook/dat\\_index.asp](https://www.acgme.org/acWebsite/dataBook/dat_index.asp).
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by specialty: <http://www.acgme.org/ads-public/>. Click on Search Programs and Sponsors.
- Resident Survey National Data Report-- available in ADS for Program Directors: log into ADS, click Resident/Fellow Survey, click National Data; DIOs select Reporting Tools, click Resident Survey National Data Overall.
- Resident Survey Institutional Data Report for each sponsoring institution's programs-- available in ADS for DIOs: log into ADS, select Reporting Tools, click Institution Level Resident Survey Results.
- Faculty development resources for competency-based education, a series of four PowerPoint presentations with facilitator's manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, developing a competency-based curriculum): [http://www.acgme.org/outcome/e-learn/e\\_powerpoint.asp](http://www.acgme.org/outcome/e-learn/e_powerpoint.asp).

## **Useful Resources for New Program Directors**

Institutional Requirement III.B.10.e specifies that the sponsoring institution's GME Committee approves new program directors prior to submission to the ACGME. Once approved, the name of the program director is entered into the ADS, which automatically generates a welcome letter to the new program director with a copy to the designated information official (DIO) and program coordinator. The welcome letter provides useful information about the ACGME website, as noted below, and refers the new program director to the ACGME Virtual Handbook: <http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>

The RRC for Thoracic Surgery approves new program director appointments; in these cases, the RRC reviews the information at the next meeting, and the RRC Executive Director provides a final letter of approval to the program director with a copy to the DIO.

Other useful Web pages and information are:

- Residency Review Committee (RRC) web-page contains periodic updates from the Review Committee, FAQs, staff members' contact information by subject, program requirements, program information forms, a Program Directors' Guide to the common program requirements.
- Program Directors & Coordinators link contains information about Case logs, Resident Duty Hours, Resident Survey, policies.
- ACGME Manual of Policies and Procedures, Section II, Accreditation Policies, and Procedures contain a complete explanation of accreditation statuses awarded to programs and the policies to which program directors must adhere.
- About ACGME, Staff Listing, Staff listing by Department provides an overview of the four departments within ACGME, including the Department of Accreditation Committees, which houses all of the RRC staff, and the phone and email contact information for all ACGME staff.
- Key to the Standard Notification Letter provides explanations for the common sections of accreditation letters.
- Outcome Project webpage provides comprehensive information about the general competencies.
- ID and password to access the Accreditation Data System and Resident Case Log System (if applicable).

The welcome letter also informs the new program directors that the DIO and Graduate Medical Education Committee of the sponsoring institution and the specialty-specific Program Directors Association are other important resources, and encourages the new program directors to contact these groups for more information.

## **ACGME Resident Survey Results**

From March through June 2008, residents from 71 programs were surveyed, and 568 of 628 residents completed the survey for a 90% response rate. The survey results indicate highly engaged learning between faculty and residents. An average of 92% of the residents indicated that faculty provide sufficient supervision and participation in conferences. An average of 96% of the residents reported opportunities to participate in research or scholarly activities, as well as opportunities to assess the residency program for the purposes of program improvement. Of the residents who responded, an average of 98% reported having met ACGME duty hour requirements for the work week, 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. Twenty-three percent of the residents reported that they could not speak freely about issues and problems in their residency program without fear of intimidation or retaliation.

## **Institute of Medicine Duty Hour Recommendations**

The IOM recommendations to change the current ACGME/RRC duty hour standards are probably familiar to most of our newsletter readers. While the total of 80 hours per week remains intact, there are multiple changes regarding how those hours can be apportioned being recommended. The IOM recommended that the ACGME address these changes in the next two years. 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 on 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. The Thoracic Surgery community submitted recommendations to the Task Force. Testimony was given by Dr. William Gay, Executive Director for the American Board of Thoracic Surgery. More information will be provided as it is available.

## **Pathways to Residency Education in Thoracic Surgery**

In addition to the traditional, "independent" residency pathway, the RRC for Thoracic Surgery has approved the following institutions to offer residency education in an integrated format, where 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. Stanford University
3. University of Maryland
4. University of North Carolina at Chapel Hill
5. University of Pennsylvania
6. University of Texas Health Science Center at San Antonio

An additional pathway is the Joint General Surgery/Thoracic Surgery Track, where residents spend four years in a general surgery residency and then complete training in a three-year thoracic surgery residency at the same institution. Residents successfully completing their training 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 RRC reminds institutions who may be considering submitting an application for an integrated program format of the following:

1. An institution's independent program must have a "Continued Accreditation" status and a cycle length of at least three years to be considered.
2. A completed application for initial application must be sent to the ACGME offices.
3. Institution's 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 independent program number.

---

### **Accreditation Decisions, July 2009 Thoracic Surgery 82 Programs 23 Agenda Items**

Defer	2
Initial	2
Probation	0
Propose Probation	1
Withhold	1
Proposed Expedited	1
Withdraw	
Continued Accreditation	10
Other Administrative Decisions	6

---

---

### **Accreditation Decisions, July 2009 Congenital Cardiac Surgery (9 Programs)**

<b>Agenda Items</b>	<b>0</b>
---------------------	----------