

RRC NEWS

UROLOGY



ACGME

Accreditation Council for Graduate Medical Education

JUNE 2009

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RRC Accreditation Decisions: June 2009 Meeting

During the June 4-5, 2009 meeting, the RRC reviewed a total of 29 programs. The accreditation decisions are noted below.

<i>Total Urology Accredited Programs</i>	119
Propose Probation	01
Initial Accreditation	01
Continued Accreditation	09
Deferrals	04
Other requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	12

<i>Total Pediatric Urology Accredited Programs</i>	22
Continued Accreditation	02

New Program Requirements for Urology and Pediatric Urology

As a reminder, at the September 2008 ACGME board meeting, the ACGME Board of Directors approved major revisions to the Urology residency program requirements and minor revisions to the Pediatric Urology residency program requirements both effective July 1, 2009.

The updated program requirements for Urology and Pediatric Urology are located on the Urology RRC webpage: http://www.acgme.org/acWebsite/RRC_480/480_prindex.asp.

The updated Program Information Forms for Urology and Pediatric Urology will be forthcoming this summer.

Important Changes to the Council of Review Committees

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.

The primary rationale for these changes is to facilitate greater interaction and improved

MEETING AND AGENDA CLOSING DATES

MEETING:	DECEMBER 1, 2009
AGENDA CLOSING:	OCTOBER 2, 2009

MEETING:	JUNE 9-10, 2010
AGENDA CLOSING:	MARCH 26, 2010

MEETING:	DECEMBER 2, 2010
AGENDA CLOSING:	OCTOBER 1, 2010

communication with the ACGME Board of Directors by helping ensure institutional memory as the Council undertakes its initiatives through the coming years. Under the scope of its redesign, the CRC also structured three subcommittees: Standardization, Innovation, and Common Program Requirements and identified three specialty groups – Surgical, Medical, Hospital-based and Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work.

As a result of these changes, at the June 4-5, 2009 Review Committee for Urology meeting, the Committee elected Michael O. Koch, MD to serve as Chair for a three-year term. The RRC also elected Michael Coburn, MD as Vice Chair and Chair Elect to succeed Dr. Koch as Chair beginning July 1, 2011.

RRC Membership Changes

The RRC expressed its gratitude to three departing members, Linda M. Dairiki-Shortliffe, MD, from Stanford University Medical Center, and Peter C. Albertsen, MD from University of Connecticut School of Medicine, for their six years of service to the RRC. The RRC also recognized Brian R. Lane, MD, from Cleveland Clinic, for his two-year term as the resident member to the RRC.

The RRC welcomed three new members: Margaret S. Pearle, MD, University of Texas Southwestern; Barry A. Kogan, MD, Urologic Institute of Northeastern New York; and Charles D. Scales, Jr., MD, resident member, from Duke University Medical Center. Their terms on the RRC will begin July 1, 2009.

Guidelines for Permanent Increase in Resident Complement

Now that Required Minimums are being utilized to track resident surgical logs, the RRC suggests that the following guidelines should be met prior to a program being considered for permanent increases in resident complement.

1. All residents in the program should have surgical case logs which demonstrate robust experience in all domains and procedure numbers should be well above the required minimums for specific procedures.
2. Program faculty should be stable and/or increasing in number.
3. Programs should be fully accredited and on either a four- or five-year review cycle for the program's site visit.

4. A sound educational rationale for the increase must be submitted along with an updated block diagram.

Notable Practices

A notable practice is a process or practice that an RRC or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is a minimum standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have begun to identify notable practices and are making these available to programs in the specialty through the RC webpage. Potential notable practices may be identified in several ways: comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or RC member based on their knowledge of the program, or an unsolicited submission sent to the executive director or RC member. The potential notable practice is viewed and discussed by all RC members and if approved, will be made available through both the RC webpage and the All RC Notable Practices website.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The "All Review Committees Notable Practices" webpage is now available through the RRC webpage (specific link) and is a collection of all the notable practices from all RC webpages, organized by topic.

2010 ACGME Annual Educational Conference

The 2010 ACGME Annual Educational Conference will be held March 4-7 at the Gaylord Opryland in Nashville, Tenn.

2010 Parker J. Palmer *Courage to Teach Award, Courage to Lead Award, and David C. Leach, MD Award*

The ACGME is accepting nominations for the 2010 Parker J. Palmer *Courage to Teach* and *Courage to Lead Awards*, and the *David C. Leach, MD Award*.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote the *Courage to Teach* and other books on teaching and vocation – is given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment

to teaching.

The *Courage to Lead Award*, also named after Dr. Palmer, is presented yearly to three designated institutional officials who have created an optimal environment for resident education. One award is given to a designated institutional official in each of the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs). Each nomination must include a completed application form, three letters of recommendation and the nominee's curriculum vitae. Each winner will receive \$1,000 and a plaque, and will also be invited to a retreat in May. In addition, awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

More information about these awards is available in these FAQs: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>.

The *David C. Leach, MD, Award* is named in honor of the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This new annual award will recognize residents and resident teams for improving graduate medical education. The award will be given to residents or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education in one or more of the following areas:

- fostering innovation and improvement in the learning environment
- increasing the program's emphasis on educational outcomes
- increasing efficiency and reducing non-educational burden
- improving communication and collaboration in education and patient care within the program or institution
- advancing humanism in patient care and among health care professionals

Five awards will be given to residents or resident teams. Residents and teams may be nominated by program directors, designated institutional officials, program coordinators, ACGME Review Committees, or chief executive officers of teaching hospitals. Nomi-

nations must include a completed application form and three recommendation letters.

Winners will receive \$2500 and a plaque. Awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn. For more information, FAQs are available here:

<http://www.acgme.org/acWebsite/dclaward/DCLawardFAQs.pdf>

The ACGME Awards Committee will choose the 2010 *Courage to Teach*, *Courage to Lead*, and *David C. Leach, MD* award recipients in September, 2009. Nominations for all three awards are due July 1, 2009. The application is located on the ACGME website (www.acgme.org). Completed applications and supporting materials should be sent to Emily Vasiliou at evasiliou@acgme.org.

Useful resources for new program directors

Institutional Requirement III.B.10.e specifies that the 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 institutional 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>

Some Review Committees approve 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 webpages and information are:

Residency Review Committee (RRC) webpage 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, Sec-

tion II, Accreditation Policies and Procedures contains 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.

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.

•Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: <http://www.acgme.org/adspublic/>. Click on Search programs and sponsors.

•Resident Survey National Data Report is 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 is available in ADS for DIOs: log into ADS, select Reporting Tools, click Institution Level Resident Survey Results.

•Faculty development resources for competency-based education contains 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>