

RRC NEWS

UROLOGY



ACGME

Accreditation Council for Graduate Medical Education

MARCH 2011

REVIEW COMMITTEE MEMBERS

CHRISTOPHER L. AMLING, MD
ANTHONY ATALA, MD
PATRICE BLAIR, MPH, EX-OFFICIO
MICHAEL COBURN, MD, VICE CHAIR
STUART HOWARDS, MD, EX-OFFICIO
MICHAEL O. KOCH, MD, CHAIR
BARRY A. KOGAN, MD
ALLEN F. MOREY, MD
MARGARET S. PEARLE, MD
CHARLES D. SCALES, JR., MD, RESIDENT
MARTHA K. TERRIS, MD
WILLIE UNDERWOOD, III, MD

REVIEW COMMITTEE STAFF

LOUISE KING, MS
EXECUTIVE DIRECTOR
312.755.5498
LKING@ACGME.ORG

SANDRA BENITEZ
ACCREDITATION ADMINISTRATOR
312.755.7472
SBENITEZ@ACGME.ORG

DEBRA MARTIN
ACCREDITATION ASSISTANT
312.755.7471
DMARTIN@ACGME.ORG

ACGME
515 NORTH STATE STREET
SUITE 2000
CHICAGO, ILLINOIS 60654
WWW.ACGME.ORG

RRC NEWS PROVIDES REVIEW
COMMITTEE AND ACGME UPDATES.
PLEASE CONTACT THE EDITOR WITH
SUGGESTIONS OR COMMENTS ABOUT THIS
NEWSLETTER: MSCHWAB@ACGME.ORG.

Review Committee Updates -- December 2010 Meeting

At its December 2, 2010 meeting, the Committee reviewed a total of 29 programs. The accreditation decisions are noted here:

ACCREDITATION DECISIONS December 2010 Meeting of the Review Committee for Urology	
Total Urology programs – 122 Total Programs Reviewed – 27	
Continued Accreditation	17
Other requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	10
Total Pediatric Urology programs – 26 Total Programs Reviewed – 2	
Continued Accreditation	2

Urology Milestone Project

In the May 2008 issue of the ACGME Bulletin, ACGME Chief Executive Officer Thomas J. Nasca, MD, MACP, announced milestone development as the next step in the ACGME Outcome Project. Milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six general competency domains. Milestones will lay out a framework of observable behaviors and other attributes associated with progressive levels of a resident's development as a physician. Identification of assessment methods that will be effective in evaluating performance on the milestones is a part of this effort. This work is being undertaken as a joint initiative of the ACGME and specialty certification boards and with the involvement of the specialty community. Each specialty has or will have its own Milestone Working Group. These groups are composed of prominent physician educators who are active in a given specialty's professional organizations.

(continued p.2)

MEETING AND AGENDA CLOSING DATES

MEETING: MAY 26-27, 2011
AGENDA: CLOSED
MEETING: DECEMBER 1, 2011
AGENDA CLOSING: SEPTEMBER 21, 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.*

The Review Committee for Urology, in collaboration with the American Board of Urology (ABU), has formed both a Working Group and an Advisory Group to develop milestones for the specialty. The Working Group consists of prominent clinician educators from the ABU and the Review Committee, as well as program directors, members of other specialty organizations, and ACGME staff members. This group does the hands-on work of developing the milestones. The Advisory Group consists of individuals in leadership positions in the aforementioned groups, and its primary functions are providing feedback on the milestones, and developing strategies for communicating and disseminating updates and information related to this effort.

The Urology Milestone Working Group will present an update on the ACGME Milestone Project for Urology at the Society for Urology Chairpersons and Program Directors (SUCPD) Annual Meeting at the American Urological Association (AUA) in Washington, DC on May 13, 2011.

Pediatric Urology Case Log System Update

In the July 2010 issue of this newsletter, the Review Committee announced that the Pediatric Urology Case Log System had undergone updates to support efficient and effective use reflective of the approved requirements. During its December 2, 2010 meeting, the Committee finalized the development of minimum numbers for various pediatric urology cases. More details regarding the system and its use, as well as the development of these minima, will be posted on the Review Committee web page on the ACGME website in a forthcoming memo later this spring. Once posted, the memo will be announced in the ACGME's weekly *e-Communication*.

ACGME Awards

At the 2011 ACGME Annual Educational Conference March 3-6 in Nashville, TN, recipients of the ACGME's *Courage to Teach*, *Courage to Lead*, *David C. Leach*, and *GME Coordinator* awards were honored and recognized at a formal luncheon. 2011 marked the tenth year that the ACGME's honored outstanding program directors with the *Courage to Teach* award. The awardees came from across medical specialties, and from numerous roles in the field of graduate medical education. Awardees represent the best of their positions, having been nominated by their peers, their colleagues, their educators. The ACGME solicits nominations for these annual awards each year, between April and June, and recipients are selected by the ACGME's Awards Committee, the members of which carefully review and consider each nomination.

The ACGME will begin soliciting nominations for the 2012 Awards this spring. Look for an announcement regarding the opening of the nomination period in an upcoming *e-Communication*. Additional information about each of the ACGME's annual awards can be found online at www.acgme.org. Click on the "ACGME Awards" menu item on the left-hand side of the home page, and select any of the awards listed on the pop-out menu to read more details.

The Review Committee congratulates **Byron Joyner, MD, MPA**, a urologist at the University of Washington in Seattle, who was a *Courage to Teach* award recipient for 2011.

ACGME Resident Survey Aggregate Reports are Useful to Programs, Sponsoring Institutions, and ACGME Review Committees

A common topic facing Review Committees is the disposition of results of the Resident Survey and how the results in particular may impact a program's accreditation status. The ACGME and its Review Committees take residents' engaged participation in this annual survey very seriously. In response to numerous recent inquiries regarding this topic, the ACGME wanted to provide clarification on how it utilizes the information gleaned from survey responses.

Use in Program Evaluation: Review Committees, programs, and sponsoring institutions consider residents' evaluations of their programs important sources of information about program quality (CPR V.C.). Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts, and as one method of gathering resident input. After the survey window closes, the program director and designated institutional official (DIO) can assess an aggregate summary of the results for their individual program or sponsoring institution, and implement an action plan to address issues of concern. In addition, many programs and institutions use their own survey to assess programs that are not eligible to complete the ACGME survey (i.e., fellowship programs with fewer than four fellows) or to explore topics of local or institutional relevance.

Use during Accreditation Site Visits: During site visits, the ACGME field staff representatives use the results of the ACGME Resident Survey, along with other information provided by the program or institution, to verify and clarify issues during this part of a program's accreditation assessment. Information from the site visit, along with all other accreditation documents, is

considered by the Review Committee to determine accreditation outcomes.

Use by the ACGME and Review Committees:

Beginning in 2007, the ACGME and its Review Committees initiated standardized follow-up with programs and institutions when the results of the Resident Survey exceeded an established ACGME compliance threshold for duty hours (these plans were communicated to the GME community in a [special message from Dr. Thomas Nasca in September 2008](#), as well as through individual Review Committee newsletters). Then, in 2009, the Council of Review Committees and ACGME senior leadership discussed methods for aggregating data from multiple areas of the survey as a way for Review Committees to review interim (between site visits) information about programs and sponsoring institutions. Additionally, the aggregation of individual survey questions into domains of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of noncompliance that may be present in a program.

This year, the ACGME Board of Directors recommended that Review Committees follow-up with programs that had significant noncompliance with the aggregated duty hour domain, as well as significant non-compliance in two or more other domains (faculty, evaluation, educational content, resources). Of the 5703 programs that participated in the 2010 ACGME Resident Survey, 274 (4.8%) required follow-up. Follow-up methods included letters sent to program directors and DIOs requesting that they implement improvement plans to address the problem areas, and, for 34 programs, scheduling early site visits. The ACGME sent a copy of any letter sent to a program to the chief executive officer of that program's sponsoring institution in order to involve him or her in supporting program improvements.

Results Available in the ACGME Accreditation Data System (ADS):

DIOs and program directors are encouraged to continue using the results of the ACGME Resident Survey as an ongoing quality improvement tool. Multiple reports are available to provide this resource to programs and institutions via ADS:

- Programs can view the **2010 Resident Survey National Data Overall** report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "National Data." DIOs can view this same report selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," and then clicking on "Resident Survey National Data Overall."

- DIOs can view the **Aggregate 2009-2010 Institution Level Resident Survey** report for each sponsoring institution by selecting "Reports" from the left-hand menu, clicking "Reporting Tools," and then clicking the "Institution Level Resident Survey Results" link and selecting the 2009-2010 academic year.
- **2009-2010 Resident Survey individual** reports have been reposted with a *new* column that displays the "National Noncompliance Rate." Programs can view the report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "Aggregate Report." DIOs can view this report by selecting "Program & Resident Info" from the left-hand menu, clicking "View and Update Sponsored Programs," and then selecting the report link for each program under the "Resident/Fellow Survey Report" column.
- Programs can view the **Aggregate 2007-2010 Combined Resident Survey Results** report for programs with fewer than four active residents: by selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "Aggregate Report." DIOs can view this report by selecting "Program & Resident Info" from the left-hand menu, clicking on "View and Update Sponsored Programs," and selecting the report link for each program under the "Resident/Fellow Survey Report" column.
- The **2010 Resident Survey National Data for Specialty-Specific Questions** report is only available for specialties that have a specialty-specific survey section. Programs can view the report by selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "National Data—Specialty-Specific Questions." DIOs can view this report by selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," selecting "Resident Survey National Data—Specialty-Specific Questions," and then selecting the 2009-2010 academic year.
- Programs can view the **2010 Resident Survey National Data by Core Specialty** report by selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "National Data by Core Specialty." DIOs can view this report by selecting "Reporting Tools" from the left-hand menu, clicking on "Reporting Tools," and then selecting "Resident Survey National Data by Core Specialty."

Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).*
6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).*
7. Review Committees may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).*

**needed to be defined or specified for review at the February 2011 ACGME Board meeting.*

Review Committees developed these definitions for review and approval at the February 2011 ACGME meeting. The approved definitions were posted on the ACGME website March 1, and, as already mentioned, will become effective July 1, 2011.

Site Visit Evaluations

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 and 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.

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The PIF for Urology already includes these areas, so no modification is necessary at this time. Do note that for each faculty physician listed in the PIF roster, the program must insert the hours for each category of

resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; 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; participation in national committees or educational organizations

How Are We Doing?

The ACGME's
Department of Accreditation Committees has been making a concerted effort to improve newsletter content.

Please e-mail Editor Maayan Schwab (mschwab@acgme.org) with feedback on articles in recent issues --

were they useful? interesting? informative?
 what are we missing?
 what would make them even better?

We thank you in advance for your interest and suggestions!