

RRC NEWS

UROLOGY



ACGME

Accreditation Council for Graduate Medical Education

JANUARY 2009

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

RRC Accreditation Decisions: December 2008 Meeting

During the December 3, 2008 meeting, the RRC reviewed a total of 37 programs. The accreditation decisions are noted below:

Total Urology Accredited Programs:	119
Probation (with a reduction resident complement)	01
Proposed Reduction Resident Complement rescinded	01
Initial Accreditation	01
Continued Accreditation	12
Deferral	01
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	15
Total Pediatric Urology Accredited Programs:	22
Continued Accreditation	04
Voluntary Withdrawal	01
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	01

New Program Requirements

Urology Program Requirements

At the September 2008 ACGME Board meeting, the ACGME Board of Directors approved the major revisions to the Urology residency program requirements. The program requirements will be effective July 1, 2009. The updated program requirements are located on the Urology RRC webpage: http://www.acgme.org/acWebsite/RRC_480/480_prindex.asp.

Pediatric Urology Program Requirements

At the September 2008 ACGME Board meeting, the ACGME Board of Directors approved minor revisions to the Pediatric Urology residency program requirements. The minor revisions include the incorporation of the common program requirements for one-year fellowships. The program requirements will be effective July 1, 2009. The updated program requirements are located on the Urology RRC webpage:

http://www.acgme.org/acWebsite/RRC_480/480_prindex.asp

MEETING AND AGENDA CLOSING DATES

MEETING: JUNE 4-5, 2009

AGENDA CLOSING: MARCH 20, 2009

MEETING: DECEMBER 3-4, 2009

AGENDA CLOSING: OCTOBER 2, 2009

PLEASE NOTE THAT REQUESTS RECEIVED AFTER THE CLOSING AGENDA DATES WILL BE CONSIDERED AT THE NEXT RRC MEETING.

Revised List of Urology Resident Case Numbers

In the Summer 2008 Newsletter, the RRC announced the development of minimum numbers for various cases effective July 1, 2009. This information is easily accessible on the Review Committee webpage. (http://www.acgme.org/acWebsite/RRC_480_News/Urology_Summer_Newsletter_08AS_EDT_8_22_08.pdf)

At the December 3, 2008 RRC meeting, the Committee revised the list of the minimum number guidelines for index categories and procedures of major operations. In particular, the Pediatric Urology Endoscopy minimum number was changed from 10 to 5. There will be additional details posted to the Review Committee webpage regarding the minimum number guidelines as they are available.

Notification of RRC Accreditation Decisions

About one week following the meeting, the program director/DIO receives an email informing him/her of the accreditation status. However, an e-mail notification is not sent for a proposed adverse action or adverse action. The "status" e-mail is sent to the following individuals:

1. For the results of a specialty program review, notification is sent to the program director with a copy to the DIO of the sponsoring institution;
2. For the results of the review of a dependent subspecialty (e.g., pediatric urology), notification is sent to its program director, and copies are sent to the core specialty program director and the DIO;

After the Review Committee meeting, the program director and DIO will receive e-mail notification that the letter of notification (LON), with the complete accreditation information, has been posted in ADS. Beginning with meetings in July 2008, Review Committees have adhered to the following deadlines for these notifications:

1. Status e-mails will be sent to the program director five business days after the review committee meeting.
2. Letters of notification will be posted within 60 days of the review committee meeting.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME

Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, RRC Newsletters, ACGME e-Bulletin, and the RRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the education and general competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format. Ultimately, program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

New Zip Code for ACGME

ACGME's zip code changed on July 1, 2008. Anything that is mailed or sent by Fed-Ex must now reference zip code 60654. Please note that our PO Box zip code, 60610, has not changed.

Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency and fellowship program under its purview at approximately the midpoint of the accreditation cycle (the time between the date of the most recent accreditation action and the next scheduled site visit). The institution assembles an internal review committee, which must include at least one faculty member and at least one resident, who cannot be from the program that is being reviewed. The process involves interviews with the program director, key faculty members, peer-selected residents from each level of training, and other individuals as appropriate. Frequently it includes review of data, such as how the program has addressed the citations from the last accreditation survey.

The goal of the internal review is a thorough and candid review that identifies the program's strengths and opportunities for improvement, and allows resolution of any concerns or problems before the program's next accreditation site visit. The responsibility for timing and conduct of the internal review lies with the sponsoring institution. At the same time, program

directors and residents should be familiar with the process as they may be asked to participate in internal reviews.

When a program has no residents/fellows enrolled at the mid-point of the review cycle, the institution must provide a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the institutional, common and specialty-specific program requirements. After enrolling a resident/fellow, an internal review must be completed within the second six-month period of the resident's/fellow's first year in the program.

Neither the site visitor nor the RRC reviewer sees the data from the internal review, which is not included with the program information form (PIF). Verification of the internal review during the site visit covers the date, the participants, and then the review presented to the institution's graduate medical education committee (GMEC). This information is obtained verbally or in writing. The site visitor does not look at the results of the internal review, to ensure that a review honestly assesses the program's strengths and opportunities for improvement.

Measuring Competencies Outcomes

The addition of the competencies as an integral part of resident education has been an evolutionary process. Initially, program directors and faculty were expected to be aware of the six competencies; then, the competencies were integrated into the goals and objectives, and resident evaluations.

Now, programs must measure the outcomes of competency-based education. The RRC has developed some sample measures and these are posted on the ACGME website: http://www.acgme.org/acWebsite/resEvalSystem/eval_list.asp. However, the RRC encourages programs to be innovative in developing and using their own outcome measures.

ACGME Offers 2007-2008 Issue of ACGME Data Resource Book as Free Online Publication

The Accreditation Council for Graduate Medical Education is proud to announce that the wealth of statistical data in the annual ACGME Data Resource Book will now be available without charge to everyone.

The 2007-2008 ACGME Data Resource Book, the sixth annual edition of the book, will be posted on the

ACGME website, and can also be downloaded as a PDF file.

The online data book includes nearly 100 pages of tables and charts with aggregate statistics on residents, programs, and institutions for academic year 2007-2008 (July 1, 2007 to June 30, 2008).

The statistical highlights in the data book include:

- There are 695 institutions that sponsor residency programs. Of those, 56% sponsor multiple residency programs and are reviewed by the Institutional Review Committee.
- There are 8,490 residency programs accredited by the ACGME that educate 107,851 physicians. During academic year 2007-2008, 89% of programs had full accreditation, 8% had initial accreditation, and 2% had probationary accreditation or accreditation with warning, and 1% had withdrawn accreditation.
- Two hundred forty-six (246) newly accredited programs began operation in academic year 2007-2008.
- Residency programs in the following core specialties enrolled the largest percentages of residents: internal medicine (24.6%), family medicine (10.6%), pediatrics (9%) and surgery (8.2%).
- Women comprised 41% of all residents. Core specialties with the largest percentage of female physicians in residency programs are obstetrics and gynecology (74%), pediatrics (61%) and dermatology (60%).

The 2007-2008 ACGME Data Resource Book can be viewed online at www.acgme.org/databook. A set of the five previous hard copy issues of the data book can be purchased for \$150 at http://www.acgme.org/acWebsite/dataBook/dat_index.asp.

ACGME Resident Survey

Beginning in January 2009, all core programs with four or more residents will complete the ACGME Resident Survey annually. Results of this survey are made available to the program and the DIO for programs with a 70% or greater response rate. Programs with less than 70% response rates are resurveyed the following year. Program directors can review the resident survey immediately after the closure of the survey date.

The Resident Survey is used by the site visitor to spotlight key areas of concern as well as program strengths that the residents identified; the site visitor also uses the Resident Survey to help determine serious non-compliance with duty hour standards. Increasingly, compliance with duty hours, adequate

supervision, and limiting excessive service are noted as key factors that contribute to a high-quality learning environment for residents.

The RRC has requested that site visitors provide more detailed information regarding the verification of negative comments made in the numerical or comment sections of the Resident Survey, specifically, when the site visitor records that a concern is “not an issue” or “could not be verified.”

Results of resident surveys can be used as heuristic tools by program directors to improve the quality of residency education. National averages of resident surveys can be viewed on the ACGME website www.acgme.org, within the ADS section, and should be reviewed by individual programs during annual and mid-cycle internal reviews so that resident issues are identified and addressed in a timely manner.

Innovation and Experimentation at the Program Level

Program directors may wish to implement an innovative project. The [Program Experimentation and Innovative Projects Proposal Form](#) is located on the Urology website. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed five pages in length; attach additional documents as numbered appendices.

Program Review

The RRC meets twice a year, usually in the spring and in the fall to review programs. These meetings are about six months apart. Before each meeting, two RRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the RRC meeting, and RRC members are expected to complete their reviews within 30 days of receiving a program. The reviewer book is sent to the RRC members before the meeting so that RRC members may read all the reviews, and compare the two reviews for each program.

After the RRC meeting, the ACGME staff members prepare the notification letters for the program directors regarding the accreditation decisions reached by the RRC. Before these are posted on ADS, however, the chair of the RRC reviews each communication and compares it with a worksheet generated during the RRC meeting, makes corrections as necessary, and then certifies the entire process by signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect

the decisions of the RRC.

Because of this process, some accreditation site visit results completed in the month or so just before an RRC meeting will likely not be reviewed at that meeting, but will be delayed until the next RRC meeting six months later. The RRC asks program directors to be mindful of this somewhat lengthy interval between a site visit and the receipt of a final accreditation decision.

Program Evaluation by Fellows: Keeping Responses Confidential When There is Only One Fellow

The ACGME requirement that fellows provide confidential evaluations of the program can be a challenge for programs with fewer than two fellows. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of fellows. Fellow evaluations may be collected over a period of a few years and grouped data is then reported every two to three years. The program director's challenge is to balance the program's need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

Accreditation Data System

The ACGME's online ADS alerts the RRC to changes in programs. Program directors should update ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement. The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.)
- Submit the academic year “Annual Update” (ADS staff will e-mail the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

Address your questions or concerns about ADS to ADS@acgme.org.

ACGME Learning Portfolio

A number of resources are available for programs that want to become more familiar with the ACGME Learning Portfolio (ALP). http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf: The Frequently Asked Questions (FAQs) (updated April 2008) include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases. http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf. A narrated demonstration of the portfolio can be found at <http://www.acgme.org/acWebsite/portfolio/AlphaDemonstration.wmv>. This newsletter will feature additional information from the beta phase as it becomes available. More information is available on the ACGME Learning Portfolio website: http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs. The DIO signs the PIF and also receives a copy of the program's accreditation status. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only. Programs initiate the request by answering a series of questions, including the proposed effective date, which should coincide with the end of an academic year, the reason for program closure, and a plan to place any active residents in other programs. After submitting in ADS, the request is automatically emailed to the DIO for approval. After the DIO/GMEC approves the request in ADS, the system informs the RRC staff designee. The RRC considers the request at its next meeting and notifies the program director via an official letter that the accreditation status is changed to VW.

“Red Flags” Help Programs Recognize Potential Issues

In the [February 2008](#) issue of the ACGME e-Bulletin, an article entitled “Nine ‘Red Flags’ in Accreditation Site Visits and Reviews” by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This may be of particular interest to programs preparing for upcoming

site visits.

Council of Review Committee Residents

The Council of Review Committee Residents (CRCR) is composed of physicians in-training, and their unique perspective makes them invaluable members of the 28 residency review committees to which they belong. The CRCR meets in February and September, and provides advice and feedback to the ACGME Board through its chair, Karen Hsu Blatman, MD. Dr. Hsu Blatman is one of two ACGME resident directors of the ACGME Board of Directors (the AMA appoints a resident director from its Resident and Fellow Section), and she also serves on the ACGME Strategic Initiatives Committee. Adeline Deladisma, MD, vice chair, serves on the ACGME Monitoring Committee.

In recent years, the CRCR has provided feedback on the redesign of the ACGME resident questionnaire, and it has recommended a change in the institutional requirements to allow for a fairer grievance process when the designated institutional official is also the program director. The CRCR has also voiced concerns with the Federation of State Medical Boards about its “unusual circumstance” question on the verification credentialing form.



Pictured above: From Back Row (left to right): Miriam D. Post, MD, Pathology; Meredith Riebschleger, MD, Pediatrics; Monica E. Rho, MD, Physical Medicine and Rehabilitation; Jeffrey H. Kozlow, MD, Plastic Surgery; Samuel Seiden, MD, Anesthesiology; Kayla Pope, MD, Psychiatry; Todd J. Mondzelewski, MD, Ophthalmology.

Middle Row: Matthew M. Poppe, MD, Radiation Oncology; Ruth Ann Vleugels, MD, Dermatology; Brian Lane, MD, PhD, Urology; Michael L. DiLuna, MD, Neurological Surgery; Adeline Deladisma, MD, Surgery; Joanna R. Fair, MD, Nuclear Medicine.

Front Row: Esther J. Cheung, MD, Otolaryngology; Rupa J. Dainer, MD, Institutional Review Committee; Karen Hsu Blatman, MD, Internal Medicine (and baby Penelope); Jaime Lynn Bohl, MD, Colon and Rectal Surgery; Gretchen Glaser, MD; Obstetrics and Gynecology.

Not pictured: Jose A. Carillo, MD, Neurology, Molly Cohen-Osher,

Family Medicine, Brian P. Freeman, MD, Internal Medicine, James Huang, MD, Thoracic Surgery, Shauna Lawless, MD, Preventive Medicine, Keri A. Reese, MD, Orthopaedic Surgery, Jessica B. Robbins, MD, Diagnostic Radiology, Benjamin P. Soule, MD, Allergy and Immunology, Sarah Taylor, MD, Transitional Year, Michael J. Tocci, MD, Emergency Medicine, Audrey C. Woerner, MD, Medical Genetics.

RRC Webpage Redesign

During this past year the RRC webpages have been redesigned. The new user-friendly format has a new look for each page, and allows users to quickly locate information on the RRC pages through new menus and navigation bars; content has been organized into specific categories, and keywords have been updated to improve search engine results. A link to your RRC staff listing, along with their contact information, is located at the top of the page. The contact list is organized by subject so that you may easily access the staff member who is responsible for key areas and get your questions answered in a timely manner. The new dermatology webpage is located here:

http://www.acgme.org/acWebsite/navPages/nav_480.asp

2009 ACGME Educational Conference

March 5-8, 2009 in Grapevine, Texas

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours.

The 2009 conference theme, "Shaping the Future," will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled "Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards," as well as an introductory pre-course for new program directors and coordinators. The Urology specialty session, provided by Dr. Michael Coburn and Mrs. Louise King, will occur on Friday, March 6.

Attendees can register here: http://www.acgme.org/acWebsite/meeting/me_EducConf_09_Speakers.asp

Courage to Teach, Courage to Lead, and John C. Gienapp Awardees

Eleven program directors and three designated institutional officials have been chosen to receive the Parker J. Palmer Courage to Teach and Courage to

Lead awards. These annual awards, selected from a large pool of nominees, honor outstanding teachers and leaders in graduate medical education.

The Courage to Teach Award is given to program directors, nominated by their peers and students, who have innovative residency program curricula, and who have improved graduate medical education and served as exemplary role models for residents. The award is named for Parker J. Palmer, PhD, a sociologist and teacher who wrote *The Courage to Teach*. The Parker J. Palmer Courage to Lead Award is given to designated institutional officials, who are responsible for all ACGME-accredited residency programs at an institution, for creating an optimum learning environment for residents; encouraging the ethical, professional, and personal development of residents; and ensuring safe and appropriate patient care.

The Parker J. Palmer Courage to Teach and Courage to Lead award recipients will receive plaques and checks for \$1,000 at a luncheon held during the ACGME's Annual Educational Conference, which will take place March 5-8 at the Gaylord Texan Resort and Convention Center in Dallas. The award recipients will also be invited to attend an educational retreat next May at the Fetzer Institute in Kalamazoo, Mich.

The 2008-09 Parker J. Palmer Courage to Teach and Courage to Lead recipients are:

Courage to Teach Awardees

- Michael S. Beeson, MD, emergency medicine, Summa Health System, Akron, Ohio
- James Burks, MD, internal medicine, Texas Tech University, Lubbock, Texas
- Peter Carek, MD, family medicine, Medical University of South Carolina, Charleston, South Carolina
- Edmund Cibas, MD, cytopathology, Brigham and Women's Hospital, Boston, Massachusetts
- Nancy Gaba, MD, obstetrics and gynecology, George Washington University, Washington, DC
- Sheela Kapre, MD, internal medicine, San Joaquin General Hospital, French Camp, California
- Gail Manos, MD, psychiatry, Naval Medical Center, Portsmouth, Virginia
- D. Karl Montague, MD, urology, Cleveland Clinic,

Cleveland, Ohio

(recently retired with 31 years experience as program director)

- Lori Schuh, MD, neurology, Henry Ford Hospital, Detroit, Michigan

- James Valentine, MD, surgery, University of Texas Southwestern Medical School, Dallas, Texas

- Richard Welling, MD, surgery, Good Samaritan Hospital, Cincinnati, Ohio.

Parker J. Palmer Courage to Lead Awardees

- Lois Bready, MD, University of Texas Health Science Center, San Antonio, Texas

- Diane Hartmann, MD, University of Rochester Medical Center, Rochester, New York

- Andrew Filak, MD, University of Cincinnati College of Medicine, Cincinnati, Ohio

John C. Gienapp Awardee

William H. Hartmann, MD was selected for the John C. Gienapp Award, which honors him for his significant lifetime contributions to the ACGME and graduate medical education. The award is named after the ACGME's first executive director, John C. Gienapp, PhD, who headed the ACGME from its inception in 1981 to 1997.