

RRC NEWS

UROLOGY



ACGME

Accreditation Council for Graduate Medical Education

SEPTEMBER 2011

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ACCREDITATION DECISIONS: MAY 2011

During its May 26-27, 2011 meeting, the Committee reviewed a total of 33 programs. The accreditation decisions from those reviews are noted here:

Accreditation Decisions May 26-27, 2011 Meeting of the Review Committee for Urology	
Total Urology programs – 124 Total Programs Reviewed – 29	
Continued Accreditation	9
Other Requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	20
Total Pediatric Urology programs – 26 Total Programs Reviewed – 4	
Continued Accreditation	3
Other Requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	1

COMMITTEE MEMBERSHIP CHANGES

At its May meeting, the Review Committee elected Barry A. Kogan, MD, from Albany Medical Center as its incoming vice chair. His two-year term began July 1, 2011. Previous vice chair, Dr. Michael Coburn assumed the chair position effective July 1, 2011; his chair term will last through June 30, 2014.

The Review Committee wishes to thank Dr. Michael O. Koch for his service and dedication during his membership. Dr. Koch first joined the Review Committee for Urology in January 2005, and served as chair from July 2008-June 2011. He completed his term of service on June 30, 2011.

The Review Committee also recognizes Anthony Atala, MD, and Allen F. Morey, MD, at the conclusion of their six-year terms, and Charles D. Scales, Jr., MD, at the conclusion of his two-year term as the Committee's resident member. The Committee thanks Drs. Atala,

MEETING AND AGENDA CLOSING DATES

MEETING: DECEMBER 1-2, 2011
AGENDA: SEPTEMBER 21, 2011

MEETING: JUNE 7-8, 2012
AGENDA CLOSING: MARCH 28, 2012

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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Morey and Scales for their contributions to both the Committee's work and the specialty.

The Review Committee welcomes its newest members: Timothy J. Daskivich, MD, from UCLA David Geffen School of Medicine; Randall B. Meacham, MD, from the University of Colorado School of Medicine; Stephen Y. Nakada, MD, from the University of Wisconsin; and James B. Thrasher, MD, from the University of Kansas Medical Center. Their terms began July 1, 2011.

PEDIATRIC UROLOGY CASE LOG SYSTEM UPDATE

During its spring meeting, the Review Committee made the following revisions to the recommended minimum numbers and core domains for pediatric urology cases. As a reminder, these recommended minimum numbers apply to pediatric urology *subspecialty* programs and not core urology programs.

Category	Required Minimum # of Index Cases
Penile Surgery Epispadias	Minimum number (2) deleted and category noted as "no minimum defined"
Bladder/Ureteral Surgery Cysto with subureteric injection	New minimum number is 5 (changed from 10 to 5)
Major Abd/Reconstructive Procedures Appendicovesicostomy Enterocystoplasty Exstrophy closure	Categories Appendicovesicostomy and Enterocystoplasty deleted; replaced with Bowel Reconstruction – minimum number is 8 Minimum number (2) deleted and category noted as "no minimum defined"

The revised document will be posted on the Review Committee's web page on the ACGME website. The announcement of the posting will be communicated in an upcoming ACGME's *e-Communication* message.

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.

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, ACGME, 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 program information forms (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 the Accreditation Data System (ADS). The information collected via ADS will print with the demographic and general information section of the program information form (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.

DUALITY OF INTEREST TAKEN SERIOUSLY BY THE 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 Urology 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.

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](#)

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 answering a series of questions, 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.

NOTABLE PRACTICES

A notable practice is a process or practice that a Review Committee 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 an accreditation 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 identified notable practices within their specialties, and these are available to programs in the specialty through the Review Committee web page, as well as to other interested parties through the “All Review Committees Notable Practices” link. Potential notable practices may be identified in several ways: a comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available through both the Review Committee

web page and the All Review Committees Notable Practices web page.

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](#)" web page can be accessed through the [Review Committee's web page](#) and is a collection of all the notable practices from all of the Review Committees' pages, organized by topic.

2012 ACGME Annual Educational Conference

Encouraging Excellence

March 1-4, 2012
Walt Disney World Swan and Dolphin
Orlando, Florida

Click [here](#) for more information

We'd Like to Know How We're Doing...

The ACGME's Department of Accreditation Committees has been working to improve newsletter content.

Please e-mail the Editor (mschwab@acgme.org) with feedback on articles in recent issues. Were they useful? Interesting? Informative? What are we missing? What would make them better?

Thank you for your input!

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.