

TYRC NEWS

TRANSITIONAL YEAR



Accreditation Council for Graduate Medical Education

FEBRUARY 2011

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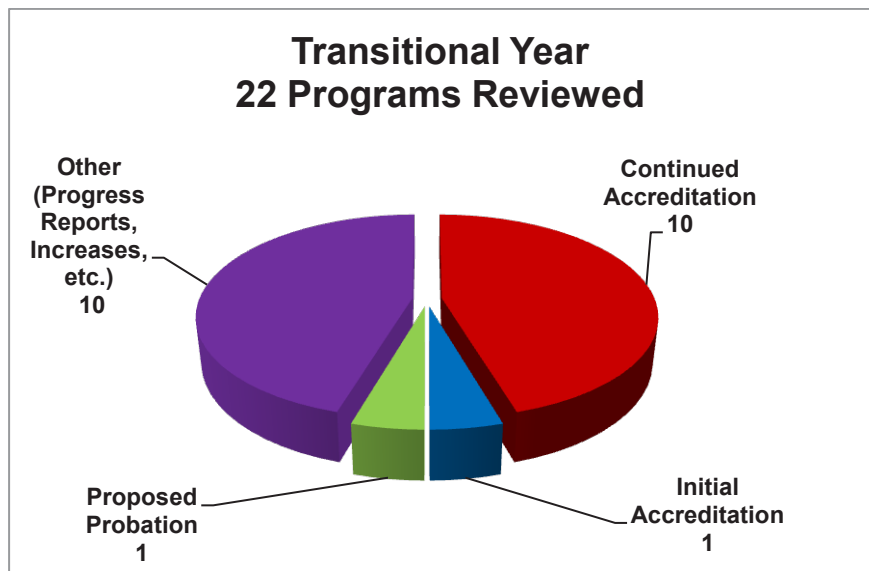
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TYRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Accreditation Actions

At the Review Committee meeting held November 1-2, 2010, 22 programs were reviewed. The table and chart below provide the outcomes of those reviews.

| REVIEW COMMITTEE DECISIONS November 1-2, 2010 | |
|--|----|
| Transitional Year 22 Programs Reviewed | |
| Continued Accreditation | 10 |
| Initial Accreditation | 1 |
| Proposed Probation | 1 |
| Other (progress reports, increase in complement) | 10 |



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.

MEETING AND AGENDA CLOSING DATES

MEETING: MAY 5-6, 2011
 AGENDA CLOSING: MARCH 7, 2011
 MEETING: NOVEMBER 4-5, 2011
 AGENDA CLOSING: SEPTEMBER 5, 2011

Updates for the Chair of the Transitional Year Review Committee (TYRC)

Danny M. Takanishi, Jr., MD, FACS

The Council of Review Committees (CRC) met in Chicago, Illinois on June 18–19, 2010, and again from September 24–25, 2010. Not surprisingly, the focus of the June 2010 meeting was the report of the ACGME Task Force on Quality Care and Professionalism. Subsequent to this meeting on June 23, 2010, the duty hour and other recommendations of the Task Force were made public, coincident with a press release and an article on the topic published in the *New England Journal of Medicine* (“The New Recommendations on Duty Hours from the ACGME Task Force”). With the completion of the 45-day public comment period, the Task Force formulated the final iteration of the proposed requirement revisions, which was unanimously endorsed by the CRC during its September meeting. The ACGME Board of Directors officially ratified the document a few days later, and what now constitutes new Common Program Requirements was posted online at http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf (a link to the duty hours web page can be found on the [ACGME homepage](#)), with an effective date of July 1, 2011. An independent [cost analysis](#) relevant to the implementation of the new requirements is also posted on that web page.

The ACGME-American Board of Medical Specialties (ABMS) Task Force on Technical Skills -- At the September ACGME meeting, the Board of Directors approved expansion of the domain of Patient Care to Patient Care and Procedural Skills, with the following addition to the Common Program Requirement IV.A.5.b): “*Residents must be able to perform competently all medical, invasive and surgical procedures considered essential for the area of practice.*” This domain will include two subsections - Patient Care and Procedural Skills. Program requirements for all specialties will be updated at the time the Common Program Requirements revisions are integrated into each document.

A [Milestone Project](#) workshop was held in Chicago on November 4–5, 2010, and included invited participants from the ACGME and the ABMS. The Transitional Year Milestone Working Group solicited program director volunteers to become part of the group; a review of applicants is in progress. The Working Group will convene during the winter months of 2011, and it is expected that the group will continue this important initiative through 2012.

The TYRC is now actively engaged in a number of ongoing endeavors: (1) a comprehensive review and

revision of our specialty program requirements in conjunction with the Requirements Development Committee of the ACGME (a process that occurs at least every five years); (2) review of our FAQ document, with consideration for creation of new TY-specific FAQs applicable to the new Common Program Requirements (that become effective July 1, 2011); (3) review of annual data reports in preparation for a report to the ACGME Monitoring Committee in June 2011. More information will follow, as it becomes available, in future newsletters.

Please don't forget the upcoming 2011 ACGME Annual Educational Conference, March 3–6, 2011, in Nashville, TN. See you all there!

Residents' Involvement in the ACGME: The Council of Review Committee Residents (CRCR)

The CRCR is comprised of the current resident members from each specialty Review Committee. It also provides a collective voice of residents and serves as an advisory body to the ACGME concerning resident matters, GME, and accreditation. The Council meets twice a year in conjunction with the CRC, and its collaborative voice helps raise issues that impact residents globally for discussion within the ACGME. The CRC and ACGME Board of Directors seriously consider the recommendations and opinions of the CRCR. The Council has recently formed several standing committees addressing the following areas: 1) Data and Information Technology; 2) Communications; 3) Education; and 3) Leadership. CRCR members will also be active participants in the development of the next accreditation system, as well as specialty-specific milestones. The CRCR also offers opportunities to share information among residents in different specialties and to ‘cross-fertilize’ ideas that impact residents in every area of medicine. Council members are trying to improve their visibility within their respective specialties by communicating, primarily via the ACGME's weekly *e-Communication*, to provide education about the ACGME to their fellow residents.

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 revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. 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 |

Five Minutes with Steven Craig, MD: A Yankee Fan in Iowa

David Kuo, MD, FACP, Review Committee Member

Dr. Steven Craig is Chair of the Council of Transitional Year Program Directors (CTYPD). He completed his residency in internal medicine at the University of Colorado Health Sciences Center in Denver, where he also served as chief medical resident in 1982-83. He returned to Des Moines, IA in 1983 to enter general internal medicine private practice, but subsequently chose a career in academic medicine which has spanned over 25 years, and has earned him numerous teaching and administrative awards. He has been very active with the American College of Physicians, serving as Governor for the Iowa Chapter from 2004-2008. He served as the program director for the Des Moines Internal Medicine Residency Program from 1994-2005. In 2006, he became the program director for the transitional year residency at Iowa Methodist Medical Center and the executive director of the Des Moines Area Medical Education Consortium. In the latter role, Dr. Craig oversees undergraduate and graduate medical education activities for the University of Iowa Carver College of Medicine at five affiliated teaching hospitals in Des Moines.

Q. You have been both an IM and a TY program director. Have you found one or the other more rewarding?

A. I have loved them both. I loved my 12 years as an IM residency program director. My job as Executive Director of the Consortium (that I began in 2006) means I work primarily with UI Carver College of Medicine third-year and fourth-year medical students, but I knew I would miss the regular interaction with residents so I actively sought the TY residency program director role to fill that void. I love my current job working with both medical students and very bright and highly motivated TY residents.

Q. You've done more with your medical students than just provide clinical education – tell me about that.

A. Yes, we have about 25 third-year medical students rotating at our hospital. I felt it was important to build a sense of community both among themselves as well as with the local Des Moines community. We organize field trips for them to do things like attend local athletic events and the local symphony to create camaraderie. Also, we encourage them to participate in community service such as Habitat for Humanity.

Q. What have been your most satisfying accomplishments as chair of the CTYPD?

A. Helping to provide strong educational programming for TY program directors and coordinators, getting more TY programs involved in CTYPD, and working with the TYRC to improve relations and communication with the TY PD community.

(cont. on p.4)

Q. TY programs around the country have been closing, while others have been expanding – why do you think there has been this dichotomy?

A. I think some of it is related to categorical programs deciding to enfold the first year of training, thus reducing demand for TY residency training. Much of it is also related to the economics of GME and institutions that have chosen to close or contract some residency programs (especially non-categorical programs) due to financial pressures.

Q. What should TY programs do to prepare for the new “lean and mean” health care environment?

A. I believe we have to prepare our TY residents to develop lifelong learning skills, especially in basic EBM and critical appraisal, and to nurture their skills as members and leaders of interdisciplinary health care teams. As an example, we should encourage them to lead efforts to improve patient safety and advance quality improvement in the systems of care in which they work.

Q. The CTYPD was recently asked to make some recommendations for revising TY program requirements – what suggested change do you feel most passionate about?

A. I do think we need to carefully balance the prescriptive nature of program requirements that ensure a strong learning environment and minimum required training experiences while allowing individual programs the flexibility they need to build on the unique advantages their institution has to offer. Many smaller community-based TY programs feel requirements that rigidly dictate how and where certain key rotations must be completed are too restrictive.

Q. With all the hats you wear, how do you decide which meetings to attend each year?

A. Great question! I do try to attend AAMC meetings at least once per year, especially the Group on Regional Medical Campus programming which helps me in my role teaching students and overseeing the Des Moines branch campus of UICCOM. I always attend the Association of Hospital Medical Education meetings, especially the CTYPD sessions. I also try to attend the huge American College of Physicians annual scientific meeting, and in addition, our local Iowa ACP chapter’s annual meeting.

Q. Who have been some of your greatest role models?

A. I have several – Dr. Nate Josephson was the former internal medicine residency program director

whom I replaced when he became the executive director of the Consortium. I subsequently took over the Consortium Director position from Dr. Josephson in 2006. Seems like I’ve been following in his very footsteps! Dr. Josephson is a wonderful rheumatologist – he was a great teacher, clinician and administrator, and he taught me that it was possible to do all three. Also, our Senior Vice President for Medical Education and Research for Iowa Health-Des Moines Dr. Doug Dorner has been an excellent role model and a great boss for me and the other program directors at Iowa Health-Des Moines. He has remained active in the ACGME, AAIM, AHME, and AAMC. Doug advocates tirelessly for all of us, as well as sharing great ideas for all of our educational programs both at the local and national levels.

Q. What is a typical Sunday like for you?

A. Church, then breakfast, some house chores, often a big dinner with some of my extended family that live in the Des Moines area, and then time for rest and relaxation and reading in the evening.

Q. What do you do at the end of the workday to relax?

A. I love spectator sports! I am a New York Yankee baseball fan, a Los Angeles Lakers basketball fan, a Chicago bears pro football fan, plus I am a huge fan of all the University of Iowa teams - especially their football team! I also enjoy reading. Finally, I enjoy listening to and playing music. I play in a sax and brass band that practices in the evenings two-three times per month, and plays one-two concerts each month at a variety of venues.

Q. What books are you reading now?

A. I always read the latest John Grisham books as they are released. I am reading a great religious book about my Catholic faith (*Rediscovering Catholicism* by Matthew Kelley) and I am working through the latest publication from the Carnegie Foundation titled *Educating Physicians: A Call for Reform of Medical School and Residency*.

Q. Many of us are starting interview season as we speak. Can you share one-two questions that you enjoy asking TY candidates?

A. A few that I like to ask include: tell me about a time in your life when you made a significant mistake and how you dealt with this; what is your personal strategy for managing/coping with stress; and what are your interests outside of medicine - how do you like to spend your time away from the hospital?

Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, designated institutional officials (DIOs), faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to maintain an ongoing sense of new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the [ACGME homepage](#), or via this direct link: www.acgme.org/acwebsite/gmefocus/default.asp.

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: cat@acgme.org.

The Resident Review

Periodically, you may see a link in the weekly *e-Communication* to the newest issue of Resident Review, the ACGME's online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces and lists of useful websites and upcoming meetings.

Resident Review was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the CRCR and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, *Resident Review* includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of DIOs, how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. We hope that you forward the link to *Resident Review* from the *e-Communication* to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed at www.acgme.org/acWebsite/resReview/resR_index.asp.

Article ideas and comments are welcome. Please send ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, juliej@acgme.org, or to Marsha Miller, associate vice president of resident services, mmiller@acgme.org.

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).*

** must be defined or specified by the Review Committees for review at the February 2011 ACGME Board meeting.*

Review Committees have developed these definitions, and have submitted them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

2011 ACGME Annual
Educational Conference

Beyond Boundaries

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee

March 3-6, 2011

[click here](#) for more information