

TYRC NEWS

TRANSITIONAL YEAR



ACGME

Accreditation Council for Graduate Medical Education

JUNE 2010

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DANNY M. TAKANISHI, JR., MD, CHAIR
KAROLYN A. WANAT, MD, RESIDENT

TYRC STAFF

LINDA THORSEN, MA
EXECUTIVE DIRECTOR
312.755.5029
LMT@ACGME.ORG

BECKY RYAN
ACCREDITATION ASSISTANT
312.755.5491
RRYAN@ACGME.ORG

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

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

TYRC Updates

The Committee officially welcomed Julie McCausland, MD, assistant professor of emergency medicine, and TY program director at the University of Pittsburgh, as its newest member at the May 2010 meeting. Karolyn Wanat, MD, resident member, from the University of Pennsylvania, will complete her Committee term in 2011, and a request for nominations has been made for the next resident member.

The TYRC provided brief updates at the following venues: the 17th Annual Joint Graduate Medical Education Selection Board Meeting, held in Washington, D.C., on December 2, 2009; the 2010 ACGME Annual Educational Conference, held in Nashville, TN, on March 5, 2010; and the Association for Hospital Medical Executives/CTYPD Annual Meeting, held in San Antonio, TX, on April 23, 2010. Additionally, the TYRC provided a "Mock TYRC Review Meeting" panel session during the San Antonio meeting, to afford TY program directors the opportunity to gain insight into the full survey review process.

The TYRC has formulated an FAQ for Letters of Commitment, accompanied by a template. The intent is to provide added clarity on this matter and to assist program directors in the production of these documents. You can find the FAQ document in the Program Resource section of the [TYRC Web page](#). In addition, the TYRC is currently in the process of evaluating the specialty-specific PIF, and more detailed information on any changes will follow in the winter issue of this newsletter.

The Council of Review Committees (CRC)

The CRC is an advisory body to the ACGME Board of Directors in matters pertaining to GME and accreditation. This group meets three times annually. The CRC is comprised of current Chairs of all review committees, including the TYRC and IRC, the Chair of the Council of Review Committee Residents (CRCR), and one non-voting representative from each of the following: Royal College of Physicians and Surgeons of

MEETING AND AGENDA CLOSING DATES

MEETING: NOVEMBER 4-5, 2010
AGENDA CLOSING: SEPTEMBER 6, 2010

MEETING: MAY 5-6, 2011
AGENDA CLOSING: MARCH 7, 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.*

Canada, Organization of Program Director Associations, and Veterans Administration. The CRC has reorganized during the past year, with notable changes to its name and chair term length; and the creation of subcommittees and sections. The TYRC Chair is a member of the Ancillary/Hospital-Based Section and the Common Program Requirements Subcommittee. The CRC was reorganized to include subcommittee structures with the following goals in mind: to improve communication with the ACGME Board; to develop a mission statement that would support the ACGME's strategic priorities; and to create a more effective CRC structure aimed at operationalizing its mission and improving communication with internal and external stakeholders.

Program Information Form (PIF) Revisions

Effective March 1, 2010, three revisions have been integrated in the Transitional Year PIF. These revisions include:

- A reformatting of Section II. The sequence of questions and requests for information parallels the sequence of the Program Requirements for the Transitional Year;
- Under the heading "Patient Care," Section D – "Elective Rotations" (PIF, page 4), two entries have been added:
 - "Are any ELECTIVE experiences fewer than 4 continuous weeks in duration?"
 - "If yes, provide an educational rationale for structuring elective rotations of fewer than 4 continuous weeks in duration."
- Appendix A – Goals and Objectives: Programs are now required to provide competency-based goals and objectives for **all** Fundamental Clinical Skills rotations, rather than submitting only one sample. The location of the Goals and Objectives Appendix has been reordered (from Appendix A) to Appendix D.

ACCREDITATION DECISIONS MAY 2010	
Transitional Year 23 Programs Reviewed	
Continued Accreditation	15
Initial Accreditation	1
Other (progress reports, increase in complement)	7

2011 Parker J. Palmer Courage to Teach Award, Courage to Lead Award, David C. Leach Award, GME Program and Institutional Coordinator Excellence Awards

The ACGME is accepting nominations for the 2011 *Parker J. Palmer Courage to Teach* and *Courage to Lead Awards*, the *David C. Leach Award*, and *GME Program and Institutional Coordinator Excellence Awards*.

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 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching. The *Courage to Lead Award*, also named for Dr. Palmer, is presented each year to DIOs who have created an optimal environment for resident education, one each from 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).

More information about these awards is available in these FAQs:

- <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf>
- <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>

The *David C. Leach Award* honors the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This annual award recognizes five residents and/or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education.

For more information, FAQs can be reviewed here:

- http://www.acgme.org/acWebsite/dcl_award/DCLawardFAQs.pdf

The ACGME created the *GME Program and Institutional Coordinator Excellence Awards* to honor and recognize the very crucial role that program and institutional coordinators play in the success of the institution and its residency programs. These new awards will be given annually to five program coordinators and one institutional coordinator.

For more information, FAQs are available here:

- http://www.acgme.org/acWebsite/gme_award/CoordawardFAQs.pdf
- http://www.acgme.org/acWebsite/gme_ic_award/InstitutionalCoordawardFAQs.pdf

The ACGME Awards Committee will choose the 2011 *Courage to Teach*, *Courage to Lead*, *David C. Leach* and *GME Program and Institutional Coordinator Excellence* award recipients in September, 2010. **Nominations for all five awards are due by July 1, 2010.** Applications can be found online here:

- Courage to Teach Award Application Form: <http://www.acgme.org/acWebsite/palmerAward/CTTawardapplication.doc>
- Courage to Lead Award Application Form: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardapplication.doc>
- David C. Leach Award Application Form: http://www.acgme.org/acWebsite/dcl_award/DCLawardapplication.doc
- GME Program Coordinator Excellence Award Application Form: http://www.acgme.org/acWebsite/gme_award/Coordawardapplication2011.doc
- GME Institutional Coordinator Excellence Award Application Form: http://www.acgme.org/acWebsite/gme_ic_award/InstitutionalCoordawardapplication2011.doc

Completed applications and supporting materials should be sent **as a PDF document** to DeLonda Dowling: ddowling@acgme.org.

Next Accreditation System is Focus of CEO's Speech at 2010 ACGME Annual Conference

The ACGME is continuing its transition to a system of accreditation that encourages and recognizes innovation, improvement, and excellence, Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME, said at the 2010 Annual Conference.

Dr. Nasca discussed the ACGME's shift to the next accreditation system in his March 6 welcoming address, "Transitions in the Learning Environment: Milestones, the Next Accreditation System, and Other Factors Influencing Graduate Medical Education," to attendees of the 2010 ACGME Annual Educational Conference. The Conference, held March 4-7 at the Gaylord Opryland in Nashville, Tennessee, attracted a record crowd of approximately 1,600 program directors, program coordinators, DIOs, and other people involved in graduate medical education.

The shift to the next accreditation system began in the early 1990s when the ACGME introduced the

Outcome Project, which requires residents to master six general competencies: interpersonal skills and communication, medical knowledge, patient care, practice-based learning and improvement, professionalism, and systems-based practice.

The ACGME is working with Review Committees, and specialty medical organizations and boards to develop specific benchmarks of skills and knowledge that residents in every specialty must achieve at certain identified points or stages during their residency education. These benchmarks, or milestones, not only will help to demonstrate that all graduates meet the core competencies, but will enable both programs and the ACGME to certify that the residents meet them.

"We have entered an era of zero tolerance for medical errors and the public has very high expectations for the quality of care that they will receive," said Dr. Nasca. "The profession, and those of us involved in the education of the next generation of physicians, must enhance the public's trust in the profession and the quality of care provided by our residents in the teaching setting.

The next accreditation system will have longer accreditation cycles for strong programs, an emphasis on innovation and excellence, and more frequent collection and review of data between site visits. It will require more accountability from institutions that sponsor residency programs, more sharing of aggregate graduate medical education data, and less frequent revisions of standards.

Dr. Nasca noted that three principles underscore everything the ACGME does: the safety of patients under the care of residents and faculty in teaching institutions; the safety of patients that will receive care in later years when residents practice independently; and the assurance that residents are being educated in a safe, humanistic environment that nurtures professionalism and the effacement of self-interest.

The ACGME Board of Directors discussed next steps for this new accreditation system at a strategic retreat in February. The Board appointed a task force to develop recommendations for the next accreditation system, which will be presented to the Board in February 2011.

New Format for Citations

“Citations” – areas of non-compliance that a Review Committee identified during its review of a program – have a new format. Citations now have the following five components:

- (1) Citation Heading – summary of issue being cited
- (2) Program Requirement
- (3) Program Requirement Reference
- (4) Citation
- (5) PIF, Site Visitor Report, or Board Reference (if proposed adverse action)

Here is an example of the new citation format (using a Common Program Requirement):

Faculty/Qualifications/Specialty Certification
Common Program Requirement: II.B.2.
The physician faculty must have current certification in the specialty by the American Board of Medical Specialties, or possess qualifications acceptable to the Review Committee. The information provided was incomplete.
No information was provided for two of the ten physician faculty listed.
Program Information Form pp. 2,8

Save the Date:
**2011 ACGME Annual
Educational Conference**

**Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011**

****more information to follow****