

TYRC NEWS

TRANSITIONAL YEAR



Accreditation Council for Graduate Medical Education

JANUARY 2009

REVIEW COMMITTEE MEMBERS

CLAIRE E. BENDER, MD
ROBERT BING-YOU, MD
JO ELLEN LINDER, MD
PHILIP D. LUMB, MD
DAVID KUO, MD
M CATHY NACE, MD, CHAIR
DANNY M TAKANISHI, MD, VICE-CHAIR
SARAH TAYLOR, MD, RESIDENT

RRC STAFF

LINDA THORSEN, MA
EXECUTIVE DIRECTOR
312-755-5029
LMT@ACGME.ORG

STEPHEN MOORE
ACCREDITATION ASSISTANT
312-755-5045
SMOORE@ACGME.ORG

ACGME
515 N STATE ST
STE 2000
CHICAGO, IL 60654
WWW.ACGME.ORG

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.

Notable Practices

In recent years the ACGME has encouraged Review Committees to identify notable practices within programs and to communicate these practices to the program directors within a specialty area.

By ACGME definition, 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. Notable practices do not create additional requirements for programs or institutions.

A number of notable practices have been identified by the Transitional Year Review Committee during program review meetings in 2008. Noted below are five of these initiatives from the following programs (Please NOTE: we have asked the respective program directors for their permission prior to publishing): Detroit Medical Center, Wayne State University, Hospital of St. Raphael, University of Hawaii, and Lehigh Valley Hospital Network/Penn State University.

The TYRC would appreciate any feedback on this information and suggestions to improve the effectiveness of distributing these summaries to you. Descriptions of these identified practices will also be available on the Transitional Year webpage: http://www.acgme.org/acWebsite/navPages/nav_999.asp.

1) Detroit Medical Center

Notable Practice Identified by TYRC: TY-specific morning report directed to communication skills, professionalism, ethics.

Program Rationale: We wished to develop a curriculum pertinent to the preparation of physicians who would practice in very different environments (radiology, ophthalmology, neurology, dermatology, etc.) after graduation. We felt that communication skills, professionalism, and ethics were the common thread in the experiences they would all share in the future.

Summary: A transitional year resident presents a real life case which they have encountered during their transitional experience regarding communication skills,

MEETING AND AGENDA CLOSING DATES

MEETING: MAY 6-8, 2009
AGENDA CLOSING: MARCH 13, 2009

MEETING: NOVEMBER 4-6, 2009
AGENDA CLOSING: SEPTEMBER 11, 2009

professionalism, or ethics. The presentation is similar to a standard medical presentation (chief complaint, history of present illness, etc.) A detailed group discussion is held and outcomes are evaluated utilizing a post-conference questionnaire.

2) Wayne State University

Notable Practice Identified by TYRC: A one-month required rotation in IM Clinical Skills and Competency, which includes a professionalism workshop and a required QI project.

Program Rationale: This rotation was implemented to expand basic clinical skills and competencies by exposing residents to a variety of educational experiences directed to help them prepare for their roles as competent physicians.

Summary: This rotation is structured to provide residents opportunities to become competent in the comprehensive care of acutely ill hospitalized patients with a broad range of medical conditions; the focus of the experience is “learning in areas of evidence-based medicine, domestic violence, vulnerable populations, use of IRB, etc.” The program is funded by the John D. Dingell Veterans Affairs Medical Center and Wayne State University Department of Internal Medicine. Specific objectives include the following:

- a) To teach the utility of evidence-based medicine as a means to Continuous Quality Improvement;
- b) To enhance physician communication skills;
- c) To familiarize residents with the medical care that is available to vulnerable populations;
- d) To teach the skills needed to work with problematic situations while maintaining professionalism, a healthy mental attitude, and respect for cultural, ethical, and behavioral issues;
- e) To familiarize residents with the use of the IRB as a means to conduct research, exposing questions that the community has not yet addressed, while protecting patient’s rights.

Measurable outcomes include a summary evaluation by the faculty as well as an end-of-rotation evaluation by residents.

3) Hospital of St. Raphael

Notable Practice Identified by TYRC: Learning activities directed to quality and safety initiatives.

Program Rationale: Our admission medication rec-

onciliation project was developed as a quality improvement exercise for residents. This has been an opportunity to demonstrate a response to an intervention which would improve performance related to an accepted practice. In addition, it allows data assessment for the individual as well as for the larger group of residents and includes both individual performance assessment and performance assessment relative to the group.

Summary: In order to demonstrate compliance with a JCAHO regulation, the hospital’s Quality Assurance Department created an admission medication reconciliation project which the residency adapted for resident involvement. This is an example of using a separately-configured hospital intervention to serve the purposes of the residency program. The hospital designed a tool for chart review and provided the resources to collect data. Because residents are typically among the first contacts it was primarily resident performance which was being reviewed in admissions to the teaching service. Competencies addressed by this practice were patient care and systems-based practice. The data collected (measured outcome) was compliance with admission medication reconciliation, with results utilized to improve individual resident compliance rates and to demonstrate how monitoring and feedback can contribute to enhance patient safety.

4) University of Hawaii

Notable Practice Identified by TYRC: A session in the TY Colloquia on professionalism which includes sections of modules from the LIFE (Learning to Address Impairment and Fatigue to Enhance Patient Safety) Curriculum.

Program Rationale: As a result of a survey of 2005 TY graduates which indicated a slightly lower rating for “professionalism,” the program instituted a professionalism curriculum component. (NOTE: A survey is annually distributed to specialty program directors who have matched TY graduate residents in their programs). The specific question on the survey was “demonstrates integrity and ethical behavior, accepts responsibility, and follows through on tasks.” In addition, the TYEC was concerned by occasional unsubstantiated reports of resident lapses in professionalism.

Summary: The program director and faculty explored a variety of teaching materials, and decided to use the LIFE (Learning to Address Impairment and Fatigue to

Enhance Patient Safety) Curriculum materials produced by faculty at Duke University School of Medicine. The LIFE Curriculum (<http://www.lifecurriculum.info/>) includes CD-ROMs and a Teacher Guide, and is currently available at no cost. The Curriculum's short video vignettes were used as a starting point for discussions on topics such as "burnout," "physician impairment," and "boundary violations." After viewing a vignette, the residents are asked to discuss issues raised by the scenario, possible causes for the problems indicated and ways to address the issues. The use of the annual survey by specialty program directors continues, is analyzed, and is used to initiate program improvements.

5) Lehigh Valley Hospital

Notable Practice Identified by TYRC: One hospital floor has been designated as the "Exemplary Care and Learning (ELC) Floor"; it is further described as a "laboratory for ongoing quality improvement initiatives."

Program Rationale: In an effort to coordinate and integrate two separate systems within the medical institution (i.e., the medical and health professional education system and the institutional system that provides care for patients), a small group has come together to explore what might be required to create an environment where both exemplary care for patients and exemplary learning for health professionals can be seen as a common system. The overall goal is to create an exemplary care and learning site that produces patient-centered care in a way that achieves constantly better patient outcomes, system performance, and professional development.

Summary: For several years, Lehigh Valley had an Exemplary Care and Learning Site (ECLS) concentrated on a pediatrics floor. Based on the quality of residents' experiences during assigned rotations to this floor, Lehigh Valley Health Network established its second ECLS in the Fall of 2007 for the general medicine unit. This new ECLS is located on the fifth floor of a recently completed bed tower which consists of 30 private rooms. Patient care is provided by one of two teaching services dedicated exclusively to the care of patients on this floor. The attending physicians are core faculty for the internal medicine residency, and the residents on the floor are from the internal medicine and transitional year programs.

One highlight of the ECLS is collaborative bedside rounding that occurs on weekdays, from 9am-10 am.

The rounds focus on three patients from each team with input offered by all caregivers: physicians, case managers, ancillary services such as physical therapy and nutrition. As part of this process, a "Collaborative Rounds Checklist" is used to document data and to facilitate discussion of quality issues. Data is collected by the institution and regularly reviewed to look for opportunities to improve care provided to the patients on the ECLS. Examples of outcomes analyzed include the following: glycemic control, fall rates, decubitus ulcer rates; length of stay and time of discharge; patient and family satisfaction; and even educational metrics such as ABIM pass rates and documentation of competency.

The residents participate in the planning and implementation of quality improvement initiatives, with their participation documented in the team worksheets. These worksheets become a part of residents' portfolios indicating their competence in the ACGME core competencies.

Periodic Submission of Resident Evaluations to Specialty Program Directors

This is a reminder that Transitional Year program directors who enroll TY residents matched to Anesthesiology programs are required to submit quarterly evaluations to the respective Anesthesiology program directors (Anesthesiology Program Requirements, effective July 1, 2008). TY program directors are strongly encouraged to utilize the electronic evaluation system developed by the ACGME, designed to reduce burden for these quarterly evaluation submissions.

Please note that completion of the evaluation on the electronic system requires the TY program director to e-mail the receiving program director, notifying him/her that the global evaluation form has been completed. This electronic system will be evaluated next year to determine its effectiveness; we will ask for your feedback at academic year end.

For all other matched residents, TY program directors should submit twice yearly evaluations to the respective specialty program directors via e-mail, FAX or mail. The TYRC has developed a recommended global evaluation form for your use in this process: http://www.acgme.org/acWebsite/RRC_999/999_Global-CompetencyForm_ADA_DC_1_18_2008.pdf. If you opt to use another form, please append a copy of that form to the Program Information Form submitted at the time of your next site visit for review by the TYRC.

Program Review Session: TYRC Meeting, October 29-30, 2008

The Committee reviewed a total of 21 programs at their Fall TYRC meeting. Of these, ten programs were accreditation status reviews. Six programs received continued accreditation, one program received proposed probation, and three programs were reviewed with a request for Voluntary Withdrawal. One of the withdrawal requests was from a program that effectively merged with another program.

The six programs granted continued accreditation will be resurveyed as follows: two programs in five years, two programs in four years, one program in three years and one program in one year. A survey will not be set for the program placed on proposed probation until the action on that program becomes final at the TYRC's May 2009 meeting.

The remaining programs reviewed by the Committee either submitted a progress report, a request for a participating site change or increase in resident complement.

The citations included in program letters identifying areas of noncompliance with the programs requirements will be added to the citation statistic report on the TYRC's webpage.

Program Review

The TYRC 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 TYRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the TYRC meeting, and members are expected to complete their reviews within 30 days of receiving a program. The reviewer book is sent to the TYRC members before the meeting so that they may read all the reviews, and compare the two reviews for each program.

After the TYRC meeting, the ACGME staff prepare the notification letters for the program directors regarding the accreditation decisions reached by the TYRC. Before these are posted on ADS, however, the chair of the TYRC has to review each communication and compare it with a worksheet generated during the TYRC meeting, make corrections as necessary, and then certify 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 TYRC.

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

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 specialty-specific session will occur on Friday, March 6, 1:45pm-2:30pm.

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

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.

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. Since the Review Committee meetings that occurred after July 1, 2008, Review Committees have adhered to the following deadlines for these notifications:

1. Status e-mails will be sent five business days after

the review committee meeting to the program director.

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.

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 Transitional Year 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.

Accreditation Data System

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

- Notify the TYRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs TYRC 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 par-

ticipating 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 the ADS representative for Transitional Year, Samantha Alvarado, webADS@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.

"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 survey and has also recommended a change in the institutional requirements to allow for a fairer grievance process when the designated institutional official is also the program director. In addition, the CRCR has 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.

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

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 Teach 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, Michigan.

The 2008-2009 Parker J. Palmer Courage to Teach recipients are:

- 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, MUSC, Charleston, South Carolina
- Edmund Cibas, MD, cytopathology, Brigham and Women's Hospital, Boston, MA
- Nancy Gaba, MD, obstetrics and gynecology, GW 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, Dallas, Texas
- Richard Welling, MD, surgery, Good Samaritan Hospital, Cincinnati, Ohio.

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 has not changed.