

DIO NEWS

INSTITUTIONAL REVIEW



Accreditation Council for Graduate Medical Education

JULY 2011

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NEW FEATURE--CHAIR'S COLUMN

Linda B. Andrews, MD

Reflections from the perspective of the IRC Chair and a DIO who recently had a site visit of her own Sponsoring Institution (SI)

Question: How Should You Prepare for an Institutional Site Visit?

Answer: Do a really good job in preparing Attachments 1, 2, 8 and 11 to demonstrate effective institutional oversight!

During its review of SIs, the Institutional Review Committee (IRC) uses the Institutional Review Document (IRD) and its 11 attachments, along with the site visitor report, to verify if the SI is in substantial compliance with the institutional requirements.

To develop the most thorough view of an SI, the IRC looks carefully at those attachments which provide the greatest composite picture of the manner in which the SI accomplishes its oversight work – Attachments 1, 2, 8, and 11.

The IRC's primary goal in considering "outcomes" at the SI level is to determine whether the GMEC engages in meaningful SI oversight. Stated another way, the IRC seeks to verify how the SI uses Internal Reviews/ Reports (Attachment 11), GMEC meetings/minutes (Attachment 8), and Attachments 1 and 2 in sort of a performance improvement loop to oversee individual programs and to track for institutional/multi-program patterns/trends.

How does the IRC determine whether such oversight occurs? It reviews the following very carefully:

- ✓ GMEC minutes x meetings during prior 12 months (Attachment 8)
 - Are Institutional Requirements III.B.1-13. highlighted in the minutes?
- ✓ GMEC discussion of internal review reports as presented in minutes (Attachments 8 and 11)
- ✓ GMEC discussion of letters of notification as presented in minutes (Attachments 8 and 11)

What else?

1. Conduct an institutional internal review at the midpoint of the SI's accreditation cycle – this process was extremely helpful at my SI in terms of engaging faculty, developing a response for Attachment 2, and beginning preparation for the

MEETING AND AGENDA CLOSING DATES

MEETING:	OCTOBER 19-20, 2011
AGENDA:	AUGUST 10, 2011
MEETING:	APRIL 11-12, 2012
AGENDA CLOSING:	FEBRUARY 1, 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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site visit (even if it was over two years away at the time).

2. Develop a site visit preparation timeline and stick to it (start ~ a year before site visit due date).
3. Remember that first impressions are important – an organized IRD goes a long way... And although form and attention to details cannot completely substitute for function and substance, an organized IRD is one of many markers that indicate a well-functioning SI. Try not to make the site visitor or the IRC review members work harder than necessary (imagine my 1075-page IRD!).
4. Ask for help and clarification – I had to ask ACGME Senior Accreditation Administrator Billy Hart at least two questions and the ACGME’s Accreditation Data System (ADS) staff at least three questions as I prepared the IRD – and, I am the IRC Chair. Take-home message: don’t be afraid or embarrassed to ask for help!

Caveat: The IRC will not review my SI until October, so for now, my reflections are unproven in their outcome effectiveness; but, I have been asked to share them, for this first Chair Column.

(Note: All Review Committee members must leave the room when their programs or institutions are reviewed. In addition, by ACGME policy, all members leave the room when programs or institutions from their own states are reviewed or when there are other actual, apparent or self-declared conflicts of interest and duality.)

IRC ACTIONS

At its October 2010 and April 2011 meetings, the IRC reviewed 101 SIs and took the following actions:

2 Rebuttals to Proposed Withhold	Initial Accreditation	1	
	Confirmed Withhold	1	
3 Applications	Initial Accreditation	2	
	Proposed Withhold	1	
79 Full Site Visits	Continued Accreditation	75	
	Cycle (years)	2	6
		3	17
		4	21
		5	31
	with progress report	12	
Continued Initial	1		
Proposed Probation	3		
17 Progress Reports	No Action/Accept	15	
	Request additional info	1	
	Shortened Cycle	1	

IRC INVOLVEMENT WITH RESIDENT COMPLAINTS

Over the last several years, the IRC examined how it could be more actively engaged in the disposition of resident complaints received by the ACGME Office of Resident Services (ORS). As part of this undertaking, the IRC also developed a strategy to evaluate trend data about resident complaints at SIs because it considers a pattern of valid resident complaints to be evidence of possible deeper concern about the inability of an SI to exercise effective oversight responsibility for the resident learning and work environment. The IRC’s engagement in this process was made possible by a revision of ACGME Policies & Procedures which occurred in 2010. In part, as a result of these efforts, the executive director of the IRC is copied on all resident complaint letters from the ORS.

The IRC follows the steps outlined in “Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions” (*ACGME Manual of Policies & Procedures*, 23.00, pp. 145-151)

in the fashion similar to all the specialty-specific Review Committees. The IRC chair and executive director determine if non-compliance with the Institutional Requirements occurred, may have occurred, or clearly did not occur to determine if the SI exercised effective institutional oversight in the context of the complaint. The IRC could theoretically determine its own finding if Institutional Requirements are involved in a complaint. This finding could be different from that of the specialty-specific Review Committee.

In addition, for the last several years, the IRC has received an annual summary report from the ORS regarding complaints and their disposition. Starting with its October 2011 meeting, the IRC will use information from this report as another data point in reviewing the SIs on its meeting agendas. If trend data for any given SI not on the agenda appears to be indicative of serious concerns for the resident learning and work environment, the IRC may request a progress report from that sponsoring institution.

UPDATE ON NEW APPROACHES BY THE DEPARTMENT OF FIELD ACTIVITIES (DFA)

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities

Program Site Visits after July 1, 2011

Site visits under the 2011 Common Program Requirements began July 12, 2011. To reduce the burden of accreditation, 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 environment will be done through a set of questions in ADS. The responses will print with the demographic and general information section of the PIF that reports data entered in ADS. The ADS data, responses to the 2011 ACGME Resident Survey, review of documentation, and interviews with program and institutional leaders, faculty, and residents, constitute the program elements assessed for program site visits. In addition, field staff members will use a variation of the Tracer Method familiar to many DIOs from other accrediting bodies.

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 program's response to situations, such as program remediation of a resident with low academic performance, responses to excess duty hours or inadequate supervision in a given clinical site, or at the institutional level, follow-up to an action plan for a citation category identified in Attachment 2 of the

IRD. As these processes are examined, the surveyor may confirm high performance or detect problems in elements of the process or the interface between processes.

Use of the Tracer Method during program site visits will entail document review and interviews with program directors, residents, faculty, coordinators and potentially others. This will be done during the regularly scheduled interview sessions. During institutional reviews, use of the Tracer Method will entail review of documentation and interviews with the DIOs and others. In rare cases, application of the Tracer Method may require some added time for interviews or more extensive review of documentation. Relevant documents will be requested in advance through the list included with your site visit announcement letter.

Continuation of a Pilot to Increase Resident/Fellow Input during Program Site Visits

To explore whether textual comments from residents and fellows could be introduced into the site visit interview process, the DFA has been conducting a pilot for the past year in which the field representatives ask residents/fellows to compile a single, program-level list of up to five strengths and up to five opportunities for improvements for further discussion during the resident interview. The list is requested through a note to the program director. The list is held confidential. Residents and fellows are asked to e-mail it to the field representative, or bring it to the site visit interview. The collection of resident-perceived strengths and opportunities for improvement is done only for program site visits, not for institutional reviews.

Residents' Responses and Perceptions of the Pilot

A benefit of obtaining this consensus list is that it has provided a sense of learners' perceptions of their program's strengths and opportunities for improvement. The information also offers the ACGME insight into residents' unique perspective on their program and the accreditation standards. The information in the resident lists affirms the value of many of the questions currently asked in the Resident Survey, and may also serve to highlight additional areas of high relevance for possible inclusion in future iterations of the Survey. Resident and fellow comments have also included questions and feedback about changes to the ACGME Program Requirements, such as the new common duty hour requirements. Residents and fellows 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 DFA evaluated the pilot through June, 2011, and 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.

CHANGES IN INSTITUTIONAL SPONSORSHIP

Though some changes will trigger a Review Committee to schedule a site visit, changes in program or institutional sponsorship are business decisions and are not, strictly speaking, “approved” by a Review Committee. However, these changes can have a serious impact on the education of residents, which is the purview of the Review Committee to determine. It is for this reason that information about changes of sponsorship is important to every Review Committee.

The IRC often opines that no two SIs are alike. In the same way, it is also the case that changes in sponsorship are rarely the same. However, no matter how an institutional change of sponsorship is defined, whether as a new joint sponsorship, a sale, a merger, a “change in name only,” or some other variation, the mandate to alert the IRC remains the same. DIOs can find the process by which changes should be communicated to the IRC in the *ACGME Manual of Policies and Procedures*, 20.95, p. 121. Prior to any change occurring, it would be helpful to contact the IRC Executive Director to discuss the process and to be certain that the request will be communicated clearly and in a timely manner. A change in sponsorship does not automatically trigger a site visit from the IRC. At present, it could be the case that the IRC will request a progress report if the change in sponsorship appears to have a significant impact on the infrastructure that supports graduate medical education at the institutional level.

NEW APPLICATION PROCESS FOR INSTITUTIONAL ACCREDITATION

Effective June 12, 2011, the ACGME Board of Directors approved the following revision to the *ACGME Manual of Policies and Procedures*, Section 20.20, page 106:

A single program sponsoring institution must undergo a site visit and be granted initial accreditation by the Institutional Review Committee (IRC) before the single-program institution submits an application for accreditation of a second program.

In the case of a merger between two single-program sponsors, the institution assuming sponsorship of the program must undergo a site visit and be granted initial accreditation. If institutional accreditation is withheld, the sponsoring institution must reapply within two years of the confirmed withhold. Failure to attain institutional accreditation at that time will result in withdrawal of all ACGME accredited programs.

Applications for accreditation of a program that would cause a single-program institution to transition to a multiple-program institution (an institution that sponsors (1) multiple cores or (2) multiple programs, at least one of which is reviewed by a different Review Committee from the others) submitted after June 12, 2011 will be returned to programs unless they have been preceded by decisions by the IRC to grant initial accreditation to the sponsoring institutions.

UPDATE: IMPACT OF APPROVED REVISIONS TO COMMON PROGRAM REQUIREMENTS

Institutional Requirements

Specific changes to the Institutional Requirements resulting from the revised Common Program Requirements on resident duty hours in the learning and working environment can be found in only two locations:

II.F.2: The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents’ work that is extraneous to their GME programs’ educational goals and objectives *and to ensure that resident experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations.*

This particular change adds language to the existing requirement that exactly parallels that which is found in the revised Common Program Requirements, VI.A.4.b).

IV.A.4: The internal review should assess each program’s:

- IV.A.4.a) Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements; including:
- IV.A.4.a).(1) Professionalism, Personal Responsibility, and Patient Safety
- IV.A.4.a).(2) Transitions of Care
- IV.A.4.a).(3) Alertness Management/Fatigue

Mitigation

IV.A.4.a).(4) Supervision of Residents

IV.A.4.a).(5) Clinical Responsibilities

IV.A.4.a).(6) Teamwork

IV.A.4.a).(7) Resident Duty Hours

This section specifies areas that must be included in the internal review. DIOs will recognize, therefore, that the internal review protocol should be revised to include these areas for review which exactly parallel the section headings of the revised Common Program Requirements, VI.

The Sponsoring Institution remains ultimately responsible for monitoring compliance with resident duty hours in the resident learning and working environment.

Specialty-Specific Program Requirements

The revised Common Program Requirements include several sections that necessitate further specialty-specific requirements or definitions, several of which required immediate action by the Review Committees. A summary of the specialty-specific duty hour definitions developed by the Review Committees and approved at the February 2011 ACGME Board meeting is [posted on the ACGME website](#) (a direct link can also be found on the [ACGME home page](#)). The remaining identified areas for Review Committee action will be developed over the next year for implementation in July 2012.

Each set of specialty-specific program requirements has been posted on the ACGME website. Specialty-specific questions regarding implementation of duty hours in the learning and working environment should be directed to the appropriate staff member for each Review Committee.

SPECIALTY REVIEW COMMITTEES' USE OF INSTITUTIONAL REQUIREMENTS

The historical timeline of institutional accreditation is a relatively brief one. The IRC was delegated its full authority by the ACGME Board of Directors to accredit institutions in 2005. Since that time, the IRC and the specialty Review Committees have grown in their mutual understanding of how the review processes at the program and institutional levels complement each other. One area in which this growth will be particularly noticeable for DIOs and program directors is that specialty Review Committees will now cite *only* limited sections of the Institutional Requirements. One major difference will be that specialty Review Committees will no longer cite any issues related to the internal review for programs in those sponsoring institutions reviewed by the IRC. (*Note that this is not the case for single-program institutions.*) Specialty

Review Committees recognize that the internal review process, including scheduling, is within the purview of the IRC. But specialty Review Committees can and will continue to cite Institutional Requirements related to program director support, eligibility and selection of residents, financial support for residents, and components of the resident educational and work environment if program review reveals non-compliance in any of these areas.

REMINDER: UNSOLICITED PROGRESS REPORTS

The IRC reminds DIOs that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The IRC will acknowledge any unsolicited report with an e-mail to the sender and add the report to the SI's file, but will take no further action. The IRC will consider the unsolicited report during the next subsequent full accreditation review. It is also important to note that the IRC does not rescind (remove) citations from a sponsoring institution's history upon review of a requested progress report. A progress report should update the IRC on how the sponsoring institution is addressing those areas identified for comment in the IRC's request for the report. Citations can only be identified as corrected at the time of a full institutional review when they are thoroughly evaluated through the site visit and review of accreditation materials.

FACULTY ROSTER IN PIF 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 physician faculty member 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').

(continued on p.6)

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

ACGME POLICY ON OUTSIDE VENDORS

Intermittently, the ACGME is made aware of an increased effort by software vendors, accreditation consultants, former employees, former Review Committee members, and other organizations, to solicit business from ACGME-accredited residency/fellowship programs and sponsoring institutions. The ACGME does not endorse any vendors of software, newsletters, educational services, consulting services or other products. We provide no information to these entities other than that which is publicly available on our website (accessed by going to www.acgme.org; clicking "Search Programs/Sponsors"; clicking "Accredited Programs"; selecting the specialty/program; then click "View Details" to see the program's contact information and general information about its accreditation, including accreditation status and approximate date of next site visit). Services provided by these outside vendors have no guarantee with regards to a program's or sponsoring institution's accreditation status.

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 or DIO 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.

CHANGING A DEPENDENT SUBSPECIALTY RELATIONSHIP FROM ONE SPECIALTY/CORE PROGRAM TO A NEW SPECIALTY/CORE PROGRAM REQUIRES REVIEW COMMITTEE APPROVAL FOR SUBSPECIALTY PROGRAMS IN HOSPICE AND PALLIATIVE MEDICINE, NEUROMUSCULAR MEDICINE, SLEEP MEDICINE

Dependent subspecialty programs are required to function in conjunction with an ACGME-accredited residency (also known as a specialty or core) program. The continued accreditation of the subspecialty is dependent on the specialty program's maintaining its accreditation. The dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution of the linked specialty program and should be geographically proximate to the specialty program. In the case of three multi-disciplinary subspecialty areas, one Review Committee has the authority to review and accredit such programs, regardless of the specialty program with which the subspecialty program is aligned. The subspecialties are:

- Hospice and Palliative Medicine – the Review Committee for Family Medicine accredits all of these programs, which may be aligned with specialty programs in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology, or surgery.
- Neuromuscular Medicine – the Review Committee for Neurology accredits all of these programs, which may be aligned with specialty programs in neurology or physical medicine and rehabilitation.
- Sleep Medicine – the Review Committee for Internal Medicine accredits all of these programs, which may be aligned with specialty programs in internal medicine, neurology, psychiatry, otolaryngology, or pediatrics.

Should any programs in these subspecialty areas (hospice and palliative medicine, neuromuscular medicine, sleep medicine) need to realign and establish a new dependent relationship with a new specialty/core program, the program director of the subspecialty program must first request voluntary withdrawal of accreditation through ADS, and then formally submit a new application to the applicable Review Committee, per that Committee's process. The sponsoring institution's GMEC and DIO must approve both the voluntary withdrawal and the new application.

ACGME staff members of these Review Committees (contact information for all Department of Accreditation Committees staff can be found [here](#)) can answer questions and provide guidance about this process.

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 Council of Review Committee Residents (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 [here](#).

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.

2011 Workshop: Basics of Accreditation for New Program Coordinators

Dates: Various

Location: ACGME Headquarters,
515 North State Street, Suite 2000
Chicago, Illinois 60654

These one-day intensive workshops are designed to help new program coordinators understand the basics

of ACGME accreditation of residency programs. The workshop is designed for individuals who assist the program director in the administration of the residency program and the GME Office and are new to the accreditation process. Participants must have less than two years of experience as a program coordinator.

More Information: [Workshop Brochure](#)

Click [here](#) to go to online registration (now open)

E-mail questions about the workshops to:
Coordinatorworkshops@acgme.org

ACGME.ORG QUICK LINKS

- [ACGME Duty Hour Standards information and resources](#)
- [Virtual Program Director Handbook](#)
- [Specialty-specific References for DIOs](#)
- [FAQs on Master Affiliation Agreements and Program Letters of Agreement](#)
- [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](#)

Save the Date: 2012 ACGME Annual Educational Conference

March 1-4, 2012

Walt Disney World Swan and Dolphin
Orlando, Florida

more information to follow

Thank You, Dr. Jeanne Heard!

Linda B. Andrews, MD, Chair, on behalf of the IRC

The IRC would like to extend its warmest appreciation and very best wishes to Dr. Jeanne Heard, who retired from the ACGME on June 30, 2011.

I share many people's opinions that Dr. Heard has helped to define and advance the vision and mission of the ACGME during her employment with the organization. Dr. Heard has been a tireless supporter of DIOs and their roles in institutional oversight. Her vision for developing greater consistency across Review Committees has been tremendously helpful for all of graduate medical education, but I think has been particularly helpful for DIOs and GMECs as they try to oversee multiple programs with multiple sets of program requirements within their sponsoring institutions. Dr. Heard attended some portion of, and often all of, the IRC meetings that have taken place since I have been a member of the Committee. She has participated actively in the IRC's annual advancement meetings and has helped guide the Committee's efforts to better define the internal review process; to develop a clearer protocol for new sponsoring institution applications; to clarify expectations of single-sponsor programs and specialty Review Committees' abilities to review these single-sponsor institutions; and to determine how the IRC can use the ACGME Resident Survey within SI accreditation. I have been impressed with Dr. Heard's ability to try to understand all perspectives on difficult issues. I will miss her calm and reasoned presence, along with the very gentle way she was always able to further discussions with her probing but not threatening questions. It is my opinion that Dr. Heard's collaborative, yet decisive, leadership style seems to have worked exceedingly well in her roles within the ACGME.

Thank you, Dr. Jeanne Heard, from the IRC! Good luck in your retirement!

DIO NEWS PROVIDES TIMELY AND CURRENT REVIEW COMMITTEE 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](mailto:mschwab@acgme.org).

NEWSLETTERS ARE TYPICALLY AVAILABLE FOLLOWING A REVIEW COMMITTEE MEETING, BETWEEN ONCE AND THREE TIMES PER YEAR.

We'd like to know how we're doing. The ACGME's Department of Accreditation Committees has been working to improve newsletter content. Is it useful? interesting? informative? What are we missing? What would make these newsletters better? Please e-mail the Editor (mschwab@acgme.org) with feedback on articles in recent issues.