resident review

Winter 2008

Accreditation Council for Graduate Medical Education

rounds

ACGME Board Appoints Thomas J. Nasca, MD, as New CEO

Thomas J. Nasca, MD, MACP, has been named chief executive officer of the Accreditation Council for Graduate Medical Education. He succeeds David C. Leach, MD, who retired in December after serving 10 years as executive director and CEO of the Council.

Dr. Nasca comes to the ACGME from Thomas Jefferson University in Philadelphia, where he was dean of Jefferson Medical College, senior vice president for academic affairs for the university and president of Jefferson University Physicians.

"I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years, David C. Leach, MD," said Dr. Nasca. "I hope to enhance the ACGME's legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States."

Dr. Nasca brings to the ACGME an extensive background in graduate medical education. Dr. Nasca, a board-certified internist and nephrologist, received his medical degree from Jefferson Medical College in 1975. He was on the faculty of Mercy Hospital of Pittsburgh for 11 years, serving as chair and residency program director for the department of medicine. He joined Jefferson Medical College and Thomas Jefferson University Hospital in 1992, where he directed the residency program in the department of medicine and served as associate dean for graduate medical education before being appointed dean of the medical college in 2001.

In addition, Dr. Nasca has held numerous other positions in medical education, including chair of the ACGME's Residency Review Committee for Internal Medicine, president of the Association of Program Directors in Internal Medicine, and member of both the Health and Human Services' Council on Graduate Medical Education and the National Board of Medical Examiners. He was elected a Master of the American College of Physicians in 2006. His professional interests include the impact of medical education on health care in the United States and the role of U.S. medical educators in helping to improve medical education in developing countries.

Resident Review is published periodically by the Accreditation Council for Graduate Medical Education. Opinions stated in the newsletter do not necessarily reflect the policies of the ACGME. Comments and suggestions should be sent to Julie Jacob, manager of communications, juliej@acgme.org.

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reminders

Upcoming Meetings

ACGME winter Board of Directors meeting
February 11–12, 2008

American Academy of Family Physicians National Conference for Family Medicine Residents and Students
Kansas City, Missouri
July 30–August 2, 2008

American College of Cardiology ACC.08
Chicago, Illinois
March 29–April 1, 2008

American College of Physicians Internal Medicine 2008
Washington, D.C.
May 15–17, 2008

American Medical Association Annual Meeting
Chicago, Illinois
June 14–18, 2008

Residents Take the Portfolio for a Test Drive

When first-year pediatric resident Paula Max-Wright wants to review an evaluation or retrieve notes from a presentation she gave, she doesn't have to dig through piles of folders. Instead, she merely needs to go to a computer and log on to the ACGME Learning Portfolio. Dr. Max-Wright uses the secure online portfolio to store evaluations, presentations, and records of rotations and cases, as well as to write her reflections on her progress. The ACGME developed the portfolio as a secure, online tool for residents to record and track their professional experiences, receive and record feedback on their performance, and reflect on their learning.

Dr. Max-Wright is one of 14 pediatric residents and 100 faculty members at the University of Maryland who are participating in the first (alpha) testing phase of the ACGME Learning Portfolio. Residents at the Dartmouth Preventive Medicine Leadership Program and obstetrics and gynecology residency programs are also participating in the alpha testing stage, which is designed to test the functionality and stability of the new online portfolio.

Overall, said Dr. Max-Wright, she likes using the ACGME Learning Portfolio and thinks it has helped her chart her progress.

"It was fairly easy to learn how to use the portfolio, although there are some features that still are not user-friendly … these are being improved upon and will get better in the future," Dr. Max-Wright said in an e-mail interview. "So far, I have mostly used the portfolio to gather evaluations of my performance on different rotations. I have also stored presentations that I've given in my portfolio for safekeeping and later reflection."

The other residents using the portfolio give it positive marks, too, said Gail Olsen, RN, PhD, a program director for the department of pediatrics at the University of Maryland. "This is our third iteration of an electronic portfolio [the two previous were not ACGME portfolios.] The residents like the usability of the portfolio. It is visually attractive. They have made suggestions for improvements, which have been passed on [to the ACGME] and will show up in the revision for Alpha 2."

The residents' insights on what works well and what aspects of the portfolio can be improved are exactly why the ACGME is testing the portfolio with a small group of residents, said Lisa Johnson, project manager with the portfolio project.

"The alpha phase is for testing the functional and technical stability and usability," noted Johnson.

The next step will be to expand the testing to 16 programs in 13 specialties in the spring for the second round of alpha testing, said Johnson. Following the second wave of alpha testing, the ACGME will modify the portfolio, based on feedback from resident and faculty members, and then begin beta testing in late 2008 or early 2009.

"The beta phase will focus on tailoring the portfolio to meet the needs of individual specialties by engaging representing programs to work together, and then testing to see if what they come up with is broadly applicable," she said.

The portfolio is scheduled to be rolled out to all programs in 2010 or early 2011.

For more information on the ACGME Learning Portfolio, please visit http://www.acgme.org/acWebsite/portfolio/learn_cbpac.asp

Written by Julie A. Jacob

resources

Useful Web Sites

American Association of Medical Colleges
www.aamc.org/members/orr

American Medical Association Section on Residents and Fellows
www.ama-assn.org/go/rfs

Educational Commission on Foreign Medical Graduates
www.ecfmg.org

National Resident Matching Program
www.nrmp.org

CRCR "Helps Shape the Next Generation of Physicians" Says New Chair

In September 2007, Karen Hsu Blatman, MD, a third-year internal medicine resident at the University of Virginia, was elected chair of the ACGME's Council of Review Committee Residents. For the next two years she will lead the council comprising the resident representatives on the ACGME's 28 review committees. In this interview, she discusses how she became involved in graduate medical education and her goals for the CRCR.

How did you become involved with the ACGME and Council of Review Committee Residents?

I became involved when I applied to be one of the resident representatives for the Residency Review Committee for Internal Medicine. All the resident representatives for each of the residency review committee belong to the Council of Review Committee Residents, which meets twice a year. There are a total of 28 residents serving on residency review committees.

What do you enjoy about volunteering for the ACGME?

The committees help shape how the next generation of physicians are trained. It is a privilege to be part of that process.

What are one or two major issues facing graduate medical education today?

Work hours – accomplishing all of the learning objectives of residency while rendering excellent patient care requires a great deal of time. Doing it while adhering to the work hour rules is very challenging. It is important for hospitals to invest heavily in infrastructure to help residents, such as making sure they aren't spending much of their time doing scut work such as transporting patients themselves and making follow-up appointments for patients.

Funding for GME must be revamped. Great faculty aren't actually compensated to teach, but for clinical care or research – that must change. It is expensive to train residents in an ambulatory setting. It also impacts which specialties medical students and residents choose. In addition, most residents have graduated from medical school and college with enormous debt burdens. The financial strains faced by physicians in training add significant stress to a lifestyle that is already very strenuous.

What is the most important thing the ACGME can do to improve the quality of residency programs?

The ACGME can continue to increase the voice residents have in helping to improve the training of physicians. The ACGME can also help residents understand that the mission is not to be vindictive but rather to help the programs meet their obligations to those that they train.

What would you like to see the CRCR accomplish over the next few years?

Educating medical students and residents on how to use the information on the ACGME website to help them evaluate programs as they are interviewing for residency and fellowship. I think it is an important committee because we have the ear of the ACGME.

I would also like us to work on protection for residents who report problems with their programs. I worry about programs and residents where they feel they can't speak up when

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reference

ACGME Definitions

Graduate Medical Education
The period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education. The term "graduate medical education" also applies to the period of didactic and clinical education in a medical subspecialty which follows the completion of education in a recognized medical specialty and which prepares physicians for the independent practice of medicine in that subspecialty.

they have concerns about aspects of their programs. The ACGME requires complaints from residents to be signed and written, but keeps their names confidential (except in complaints about due process, when the resident must be identified.) In addition, the comments from the resident surveys only go to the site visitor so they cannot be accessed by the program director, they cannot be accessed by the ACGME executive director. The CRCR will continue to work to make sure that residents who file complaints are protected against retaliation by programs and institutions.

What suggestions would you give to other residents who wish to become involved in shaping graduate medical education?

I highly encourage residents to become involved at all levels – their own residency, their own institution, the state level and nationally. Many groups are making policies which affect residents. Therefore, there are many ways to become involved, from specialty societies to state medical societies. We are the "reality check" for the residency review committees and for the ACGME.

Residents with comments or suggestions on the work of the Council of Review Committee Residents may e-mail Dr. Hsu Blatman at khsublatman@virginia.edu

Editor's note: For more information on the ACGME's complaint process for residents, go to http://www.acgme.org/acWebsite/resInfo/ri_complaint.asp

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Graduate-Year Level
Refers to a resident's current year of accredited GME. This designation may or may not correspond to the resident's particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics). Also referred to as "post graduate year" or "PGY".

In-House Call
Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

An Interview with Taliva Martin, MD

The ACGME introduced the general competencies in 1999, and now requires residency programs to teach and assess residents on six broad competencies: interpersonal skills and communication, medical knowledge, patient care, practice-based learning and improvement, professionalism, and systems-based practice.

In this interview, Taliva Martin, MD, a resident member of the Resident Review Committee for Ophthalmology and a member of the ACGME's Council of Review Committee Residents, talks about how the general competencies have added value to her residency education.

What did you know about the ACGME's six general competencies when you started your residency program?

Very little. Entering residency, my focus was less on the system than on absorbing the academic knowledge. It was not until we began evaluations that the idea of the competencies became important. The criteria by which we were to be evaluated was clearly laid out on our evaluation forms and discussed by our program director at individual meetings. That knowledge grew of course after reviewing programs for the RRC.

How did the program director and faculty members teach the competencies to you and the other residents?

We have individual meetings with our program director in which we review our evaluations by section according to the competencies. This is one way in which they are reinforced with each resident.

How were you assessed on the competencies?

We are assessed by faculty evaluation and 360-degree evaluations. After each rotation, the faculty are asked to submit an evaluation which is arranged according to the competencies.

Why do you think it is important for residents to be taught and assessed on the general competencies?

I believe that it is important to emphasize the many facets of medical education that create a physician. It is becoming evident that to provide the best patient care requires the ability to incorporate knowledge and technical skill with professionalism and communication. We have to be able to work as a team.

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Innovation
Experimentation initiated at the program level which may involve an individual program, a group of residents (e.g., PGY1 residents) or an individual resident (e.g., chief resident).

Institutional Review
The process undertaken by the ACGME to determine whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Definitions are from the ACGME Glossary. The entire glossary is posted online at http://www.acgme.org/acWebsite/about/ab_ACGMEglossary07_05.pdf

How have the general competencies affected your development as a physician?

They remind me of the many levels of learning that comprise a medical education.

Do you have any suggestions on how the teaching and assessment of the competencies can be improved?

I believe that the competencies are being taught and assessed every day in many ways, but we are not labeling these events as competencies. If we keep them in mind on a daily basis (perhaps by a little sign in the resident/attending room?), then we can perhaps call more attention to them without having to think of "the competencies" as a separate duty to perform.

Taliva Martin, MD, is a third-year ophthalmology resident at California Pacific Medical Center in San Francisco.