

Spring 2008

ACGME Resident Survey Results: How Are They Used?

The ACGME Resident Survey asks residents to respond to questions about their clinical and educational experiences, duty hours, and their program. Initially, the resident survey results are only seen by the site visitor. The site visitor verifies the information at the time of the site visit, and forwards the information to the RRC. The comments by the residents are seen only by the site visitor.

The RRC uses the results confirmed by the site visitor, along with other data, to help make fully informed accreditation decisions. Residents are required to participate in this online survey developed and administered by the ACGME. The survey is completed every other year, and a 70 percent compliance rate is expected before the results are available to the program director.

Responses to Frequently Asked Questions: Case Logs

When completing case logs, is important to remember the following:

- IVIG can be logged as both a follow up and as a treatment.
- The following diagnoses are considered “immunology” diagnoses: immunodeficiency, vasculitis, hypersensitivity, and pneumonitis.

- The RRC cannot remove the ICD-9 codes associated with diagnoses.
- In some cases, it is necessary to have a hands-on-experience in order to:
 - count a procedure
 - demonstrate competence, or
 - care for a patient.

All of these depend on the specific procedure.

- The educational case logs do not differentiate a confirmed diagnosis vs. an evaluative diagnosis or primary diagnosis/evaluation because the logs are not used for billing purposes. The RRC is interested in the rule out diagnosis and the evaluation.

FAQs: Accreditation Process

Posted below are a few frequently asked questions and answers about the accreditation process.

Q. What is the length of time it takes for the RRC to review a program after the site visit occurs?

A. Due to RRC timelines, your program may not be reviewed by the RRC until the next regularly scheduled meeting which may be several months from the date of the site visit. Some site visits that occur within the month or so just before an RRC meeting are too late to be reviewed at that meeting. These programs will

be delayed until the next RRC meeting six months later. The RRC meets twice a year, usually in the summer and in the winter to review programs.

Q. What happens at the meeting?

A. Two reviewers (first and second) present their review of the program to the RRC members. Each reviewer indicates any non compliance with program requirements, best practices and commendation if indicated. The RRC, led by the two reviewers, reaches a decision regarding the number of citations, the accreditation status, the length of cycle, and if any commendations are indicated.

Q. What happens after the meeting?

A. After the meeting, the ACGME staff prepares responses for the program directors regarding the accreditation decisions reached by the RRC. An email is sent to the program director indicating the accreditation status and cycle. This communication occurs within a day or so of the meeting. A telephone call is made to a program director in the event of a proposed or confirmed adverse action. For quicker turn around, letters are no longer “sent” but posted to WebAds for access by the program director and DIO. Before the letters are sent, the chair of the RRC reviews each letter of communication and compares it with a worksheet generated during the RRC meeting, make corrections as necessary, and then certifies the entire process with his/her signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect the decisions of the RRC.

Innovation and Experimentation at the Program Level

Program directors wishing to implement an innovative project, experimenting to improve

resident education or the learning environment, or implementation of the competencies should complete the [Program Experimentation and Innovative Projects Proposal Form](#) located on the Allergy and Immunology 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. One copy of the proposal should be sent via standard mail to the Executive Director of the appropriate RRC.

Accreditation Data System

Accurate Data Entry and CPT Codes

The RRC reviews program entries to the Accreditation Data System (ADS) or WebAds determine if programs have both a sufficient volume and variety of diagnoses and procedures available for resident education. Reports are available for each individual resident and the program, as well as national data. These reports are posted to the website and prospectively will be attached to the PIF for RRC review.

To ensure the accuracy of these reports, the program director should monitor the data carefully. For example, while more than one resident can claim a diagnosis of a rare circumstance, only one resident can claim a procedure for entry into ADS.

The RRC is working to improve the coding of diagnoses and will be reviewing the list on a continuous basis. Furthermore, CPT codes will be downloaded to ADS. The CPT codes will be available for July 2008 entry.

ADS Functions

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

- Notify the RRC of any changes in their program (i.e., new program director or adding

or deleting a site)

- Request a change which needs RRC 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 participating 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 Allergy and Immunology, Emilio Villatoro at 312/755-7117, evillatoro@acgme.org.

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs. The DIO signs the PIF and also receives a copy of the program’s accreditation status. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Short Form of the PIF

The short form of the PIF is no longer available for use by any programs regardless of the length of the accreditation cycle. Programs are directed to use the full-length PIF for their program reviews: http://www.acgme.org/acWebsite/RRC_020/020_pifIndex.asp.

Program Director Guide to the Common Program Requirements”

To help clarify the meaning and

expectations of the common program requirements, there is a “Program Director Guide to the Common Program Requirements” available on www.acgme.org. The guide has been very helpful to both new and current program directors. Please email comments and suggestions to: Guide@acgme.org.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only.

Programs initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the report.

ACGME Educational Conference 2008 Recap

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. This year's conference theme “Building Community, Improving Quality” emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp

RRC Welcomes New Resident Member

Benjamin Soule, MD is the new resident member of the RRC replacing Eyal Oren, MD. Dr. Soule is a resident at the NIH program. His term will begin July 1, 2008 and ends June 30, 2010. He was selected from among several highly qualified applicants. The resident member of an RRC plays a very important role in decisions both related to programs and policy/program requirements development. We thank Dr. Oren for his outstanding service.

RRC Meeting and Agenda Closing Date

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines for submissions for future RRC meetings; the dates and deadlines are as follows:

Meeting: Sept 2008
Agenda Closing: Aug 1, 2008

Meeting: Feb 2009
Agenda Closing: Dec 30, 2008

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

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We invite your comments:
plevenberg@acgme.org

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