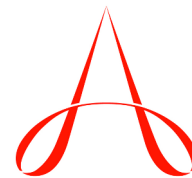


RRC NEWS

PEDIATRICS



ACGME

Accreditation Council for Graduate Medical Education

JUNE 2010

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YOLANDA WIMBERLY, MD
EDWIN L. ZALNERAITIS, MD

RRC STAFF

CAROLINE FISCHER, MBA
EXECUTIVE DIRECTOR
312.755.5046
CFISCHER@ACGME.ORG

DENISE BRAUN-HART
SENIOR ACCREDITATION ADMINISTRATOR
312.755.7478
DBRAUN@ACGME.ORG

LUZ BARRERA
ACCREDITATION ASSISTANT
312.755.5077
LBARRERA@ACGME.ORG

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

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

Review Committee Staff Changes

In April 2010, Jerry Vasilias, PhD, took on the role of Executive Director of the Review Committee for Internal Medicine. Additionally, Ms. Sara Thomas, Ms. Arlene Walker, and Ms. Hollis Inboden, who have all staffed the Review Committee for Pediatrics, transitioned to other teams within the organization. Effective May 1, 2010, Caroline Fischer, MBA assumed the position of Executive Director of the Review Committee for Pediatrics, working closely with Senior Accreditation Administrator Denise Braun-Hart and Accreditation Assistant Luz Barrera. Ms. Fischer, who also leads the ACGME's Accreditation Standards Team and staffs the Committee on Requirements, has previously worked with the Review Committee, and looks forward to her new role and opportunity to support the pediatrics community. Questions related to pediatrics should be directed to Ms. Fischer or any of the staff (contact information provided on p. 1 of this newsletter).

Changes in Review Committee Membership

On June 30, 2010, Dr. Ann Thompson will complete a six-year term on the Committee. The Committee thanks Dr. Thompson for her countless contributions during her tenure. She will be missed greatly. The Committee welcomes Dr. Jerri Curtis, from Uniformed Services in Bethesda, Maryland, who will fill the position vacated by Dr. Thompson, effective July 1, 2010.

Revision to Combined Medicine-Pediatrics FAQ

A revision has been made to the Combined Medicine–Pediatrics FAQ to clarify both the Internal Medicine and Pediatrics Committees' expectations with regards to volume and balance in combined continuity clinics. The document, posted on the Committee's Web page, can be reviewed by clicking [here](#).

MEETING AND AGENDA CLOSING DATES

MEETING:	JULY 26-27, 2010
AGENDA:	CLOSED
MEETING:	OCTOBER 10-13, 2010
AGENDA CLOSING:	AUGUST 23, 2010
MEETING:	MARCH 27-30, 2011
AGENDA CLOSING:	FEBRUARY 7, 2011

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/
CYCLE LENGTH AUTOMATICALLY SENT TO
PROGRAM DIRECTOR AND DIO.

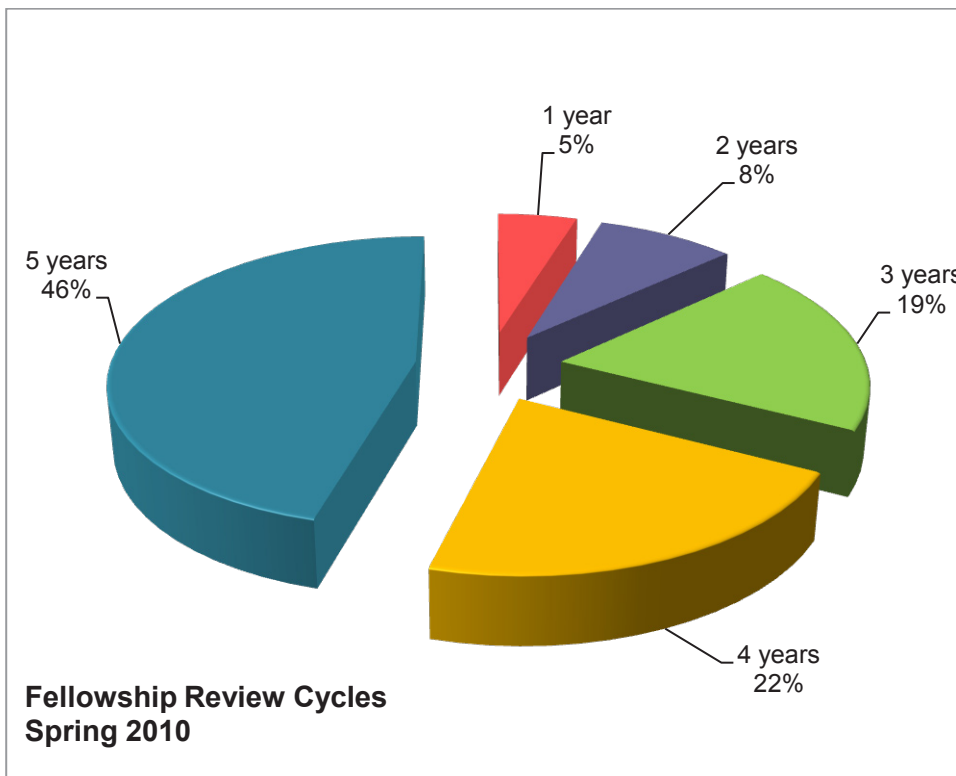
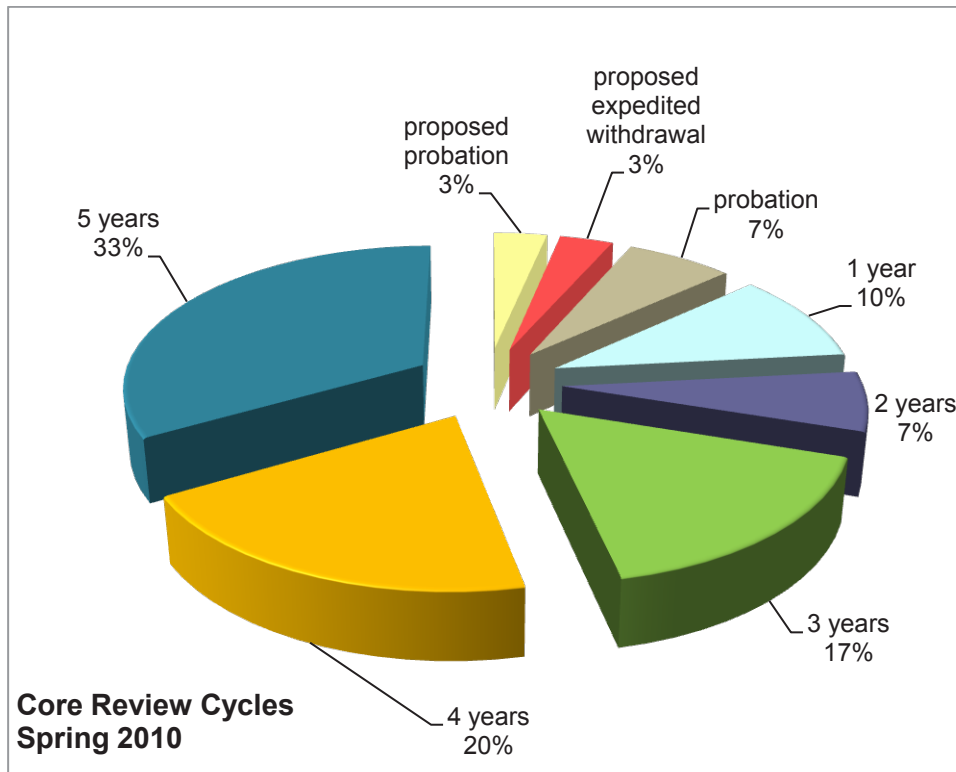
60 DAYS AFTER MEETING:

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.*

Summary of Actions Taken at the April 2010 Review Committee Meeting

The Review Committee reviewed 31 core, 83 fellowship and five Internal Medicine-Pediatrics programs at its April meeting. The charts below provide a summary of the actions taken.



Summary of Review Committee's Work in 2009

In 2009, the Review Committee reviewed a total of 46 core programs and 175 fellowship programs; below are the most frequently cited areas in 2009 (January 1-December 31, 2009).

46 Core Programs Reviewed for a Status Decision	
Total of 188 Citations – 4 citations/program	
1. Qualifications of Faculty – lack ABP cert	20
2. PICU – insufficient volume; complexity and acuity	15
3. Inpatient – inadequate experience with full range of subspecialties	13
4. Supervision – inadequate supervision of adolescent medicine and DBP	11
5. Performance on Board Exam – 60% pass rate not met	8
6. Scholarly Activities – lack of scholarly activity by faculty; residents	7
7. Emergency/Acute Illness Experience – minimum # of EM months not ensured; inadequate # of patients per shift	6
8. Continuity Experience – not meeting minimum #'s; 36 weeks	6
9. Community Experience – inadequate educational experience	5
10. Goals and Objectives – not rotation and level specific or competency based	5

175 Subspecialty Programs Reviewed for a Status Decision	
Total of 547 Citations – 3 citations/program	
1. Scholarly Activities – faculty and fellow scholarly activity lacking	59
2. Practice-Based Learning – no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills	54
3. Systems-Based Practice and Improvement – no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight	52
4. Qualifications of Faculty – no ABP certification; no evidence of on-going scholarship	40
5. Responsibilities of the PD – PIF not complete or accurate	37
6. Evaluation of the Program – not done annually; residents and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies	33
7. Responsibilities of the Faculty – do not devote sufficient time teaching/supervising	24
8. Goals and Objectives – not rotation- and level-specific or competency-based	24
9. Evaluation of Fellows – no semiannual written evaluations or evidence of final evaluation stating ability to practice without supervision	21
10. Evaluation of Faculty – evaluation by fellows does not ensure confidentiality	19

Congratulations to Dr. Stephen Ludwig

The Committee wishes to congratulate Chair Dr. Stephen Ludwig on being selected the recipient of the *2010 Joseph W. St. Geme, Jr. Leadership Award*. This award, presented by the Federation of Pediatric Organizations on behalf of the Academic Pediatric Association, American Academy of Pediatrics, American Board of Pediatrics, American Pediatric Society, Association of Medical School Pediatric Department Chairmen, the Association of Pediatric Program Directors, and the Society for Pediatric Research, recognizes an individual who is a leader in the field of pediatrics, a role model, and an individual who has contributed broadly to the field. Most importantly, the award recognizes those who have “created a future.” Dr. Ludwig is indeed an individual who has created a future in pediatrics, as one of the founding fathers of pediatric emergency medicine and a leader in advancing the fields of child abuse and general academic pediatrics. For further information on Dr. Ludwig and this award, visit www.appd.org/pdfs/StGemeAwardPR.pdf.

Congratulations to Dr. Joseph Gilhooly

The Committee congratulates Dr. Joseph Gilhooly on being selected by the Association of Pediatric Program Directors as one of the 2010 recipients of the *Robert S. Holm, MD Leadership Award*. This award honors a program director or associate program director (past or present) for extraordinary contribution in pediatric program director leadership, or in support of other pediatric program directors as a mentor, advisor or role model for the many duties and responsibilities of the position.

Notable Practices

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. A notable practice isn't a requirement, or an accreditation standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have identified notable practices within their specialties, and these are available to programs in the specialty via that Committee's Web page, as well as to others through the “All Review Committees Notable Practices” link. Potential

notable practices may be identified in several ways: a comment in a Site Visitor Report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available through both the Review Committee Web page and the “All Review Committees Notable Practices” page.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The “All Review Committees Notable Practices” Web page can be accessed through our [Review Committee's Web page](#) and is a collection of all the notable practices from all of the Review Committees' pages, organized by topic.

The Review Committee for Pediatrics identified the following notable practices from its reviews and commends the program directors for the responses they provided in their program information forms related to the competencies:

- *Richard Mink, MD*
Harbor UCLA – Critical Care Pediatrics
- *Catherine C. Skae, MD*
Albert Einstein College of Medicine – Pediatrics
- *William S. Varade, MD*
University of Rochester – Pediatrics

Next Accreditation System 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, which was 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.

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 the Accreditation Data System (ADS). Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, to provide key information, 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:

- may not accept new residents/fellows
- 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. For an overview, see [“How to Apply for Accreditation in Seven Easy Steps”](#) on the Program Director & Program Coordinator area of the ACGME website.

Useful ACGME Online Resources

- How to Apply for Accreditation in Seven Easy Steps: www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp
- Virtual Program Director Handbook: www.acgme.org/acWebsite/home/PDVirtualHandbook.asp
- ACGME Data Book: www.acgme.org/acWebsite/dataBook/dat_index.asp
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: www.acgme.org/adspublic/
- Resident Survey National Data Report - available in ADS for program directors:
 1. Log into ADS
 2. Click “Resident/Fellow Survey”

3. Click "National Data"
 4. DIOs select "Reporting Tools"
 5. Click "Resident Survey National Data Overall"
- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution's programs:
 1. Log into ADS
 2. Select "Reporting Tools"
 3. Click "Institution Level Resident Survey Results"
 - ACGME Outcome Project—"Educating Physicians for the 21st Century"—Faculty Development Resources for Competency-based Education – a series of five PowerPoint presentations with facilitator's manuals: www.acgme.org/outcome/e-learn/e_powerpoint.asp

Feedback

We welcome your comments and suggestions about this newsletter: dbraun@acgme.org.

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****