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Radiology Requires Resident Learning Portfolios

In 2005, during the five-year review of the program requirements in diagnostic radiology, the RRC for Diagnostic Radiology opted to significantly rewrite the requirements to reflect the strategic directions being followed by the ACGME. The revised requirements, approved by the ACGME in 2007, are effective July 1, 2008.

One of the more significant new requirements is for development and maintenance of a learning portfolio for each radiology resident. The RRC was fully aware of the alpha testing of the ACGME Learning Portfolio (ALP) ongoing at the time and of the introspective aspect of that initiative. Our goal, in requiring portfolios, was not to emulate ALP, but to immerse residents and program directors in the habits of archiving documentation of the many facets of competency-based training, both new and already existing. It was felt that this would provide a solid base for ALP once it is implemented and would also be supportive of the maintenance of certification programs being entered by radiology residents under the auspices of the American Board of Radiology.

As with most other facets of resident education, the required contents of the resident learning portfolios are determined by the competencies, with the added instruction to include

any other materials felt to be pertinent to the resident's education. The RRC did not prescribe specifics about the actual portfolios, and it is presumed that in some cases they will be in manila file folders while in others they will exist in an electronic database and contain scanned and other digitized documents.

Within the radiology program requirements, the need for the learning portfolio to be maintained by each resident falls under the common requirement for the program to provide objective assessment of the competencies. The requirement for a resident learning portfolio is prescriptive in that minimum content is clearly stated:

Patient Care – Resident Case Log entries/procedure logs.

Medical Knowledge – documentation of conferences attended, courses/meetings attended, and formal self-assessment modules completed; documentation of compliance with regulatory-based training requirements in nuclear medicine and breast imaging; and documentation of performance on a yearly objective examination.

Practice-based Learning – annual resident self-assessment and learning plan.

Interpersonal and Communication Skills – formal evaluation of quality of dictated reports.

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reminders

Upcoming Meetings

American Academy of
Family Physicians
Family Medicine Residents
and Students National
Conference

Kansas City, Missouri
July 30–August 2, 2008

American College of
Surgeons Clinical Congress
San Francisco, California
October 12–16, 2008

Association of American
Medical Colleges
Annual Meeting
San Antonio, Texas
October 31–
November 5, 2008

Professionalism – documentation of compliance with institutional and departmental policies (e.g. HIPAA, JCAHO, patient safety, infection control, dress code, etc.).

Systems-based Practice – documentation of a learning activity that involves deriving a solution to a system problem at the departmental, institutional, local or national level.

Scholarly Activities – documentation of scholarly activity, such as publications, announcement of presentations, etc.

Other – any materials pertinent to the educational experience of residency training.

During site visits, field staff are not expected to view the portfolios and ascertain the completeness of their content. Rather, programs are expected to provide documentation that the learning portfolios are reviewed at least annually by the program director and used in his/her resident evaluation and counseling sessions.

Written by E. Stephen Amis, Jr., MD, Chair, RRC for Diagnostic Radiology

Resident Interviews Play Key Role in Site Visits

Sometime during your residency, your program director might announce that a field representative from the Accreditation Council for Graduate Medical Education will be conducting a site visit. Or you may simply notice that the program director and coordinator are suddenly busy gathering documents and forms. Or the program director may ask

the residents to select a group of residents to meet with the field representative in a confidential meeting.

The ACGME site visit is part of the process that programs and institutions undergo when they are being reviewed. A highly prepared field representative – usually a physician or a person with a doctorate in education or a health-related field – spends a day at the program or institution, interviewing the faculty and residents, reviewing documents, and touring the facilities. The site visitor then summarizes the information he or she has gathered into an objective narrative report. The various ACGME review committees then use the narrative report – along with the Program Information Form and other supporting information – as the basis for accreditation decisions. The length between accreditation reviews varies. Some programs may undergo a site visit and accreditation review every three years, while others may be reviewed once every five years or more.

“Residents play an important part in the site visit,” said John Beernink, MD, a plastic surgeon and an ACGME field representative. “They see every part of the residency program,” said Dr. Beernink. “I am very dependent on the information I get from them.”

In smaller programs, field representatives talk with every resident, but in large programs (those with more than 15 residents), the residents choose their own representatives to speak with the site visitor.

Generally, the field representative will meet with the residents during lunch. The discussion takes place in a private room. No faculty members are allowed. The information the residents give the field representative is confidential, stressed Dr. Beernink.

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resources

Useful Web Sites

Association of American 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.ecfm.org

National Resident Matching Program

www.nrmp.org

Joanna Fair, MD, a resident member of the RRC for Nuclear Medicine and a resident in diagnostic radiology at the University of New Mexico, recalls the resident meeting when her institution underwent a site visit.

“The site visitor met with approximately 12 residents from a range of disciplines and PGY years for about one-and-a-half hours in a closed-door, small conference room,” said Dr. Fair. “We passed our pagers to some faculty and staff in the dean’s office so we could meet uninterrupted.”

Dr. Beernink explained that he starts the discussion by giving the residents a brief overview of the ACGME, the review committees and the accreditation process. In some cases, he noted, the residents have been briefed on the accreditation process by their program director and have even reviewed the Program Information Form (document with detailed information about a program.) In other cases, he said, “the residents don’t know what the process is or who is doing the accrediting.”

Then, said Dr. Beernink, he goes over past citations and asks residents if there have been any issues in those areas. He also discusses duty hours, data from the resident survey, and other information about the program – curriculum, rotations, patient volume, call rooms, and so on.

Dr. Fair said the site visitor at her institution asked a lot of questions based on responses in the confidential resident surveys.

“He focused on questions to which a substantial number of residents responded in a negative fashion to gather more information, clarify responses, obtain details, see if they were still relevant, etc.,” said Dr. Fair. “He discussed the core

competencies to make sure we were aware of what they are and to make sure we are instructed and evaluated on them. He also asked us more generally about what we thought were the strengths and weaknesses of the institution and our residency programs.”

Two other residents who have taken part in site visits echoed Dr. Fair’s description of the resident interview portion of the site visit.

“The interviewer went through the site visit process, where the information goes, each page of the Program Information Form and survey, and then asked the residents survey questions,” said Matthew Poppe, MD, a radiation oncology resident at Robert Wood Johnson Hospital in New Brunswick, New Jersey and a resident member of the RRC for Radiation Oncology.

Capt. Sara Taylor, MD, a dermatology resident at the Navy Walter Reed dermatology program and a resident member of the Transitional Review Committee, recalled that the interview with residents during the site visit “was a relaxed atmosphere.”

“We all had lunch together and discussed the pertinent aspects,” said Dr. Taylor. “I think we all felt very comfortable being honest and expressing ourselves.”

The field representative generally ends the day with a wrap-up meeting with the program director. If the residents mention something during the group interview that appears to be a problem, said Dr. Beernink, he always checks with them to see whether they want it brought to the attention of the program director or not.

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reference

ACGME Definitions**Intern**

Historically, a designation for individuals in the first year of GME. This term is no longer used by the ACGME.

International Medical Graduate (IMG)

A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities.

The most important thing for residents to remember, said Dr. Beernink, is that the site visit and accreditation review are for their benefit.

“We are trying to ensure they are getting the best possible education,” said Dr. Beernink.

Residents Explore Clinical Practice of First-Year Residents at Meeting of Council of Review Committee Residents

Information will be used in survey of elements of first-year practice

At the February 2008 meeting of the Council of Review Committee Residents (CRCR), Ingrid Philibert, vice president, ACGME Department of Field Activities, and Ann King, an assessment scientist with the National Board of Medical Examiners (NBME) conducted a brief focus group with the CRCR members. It explored the elements of clinical practice for residents, and the skills and competencies required.

The ACGME and the NBME are collaborating in an effort to catalogue the patient care responsibilities and elements of practice for the first year of residency. The information from the focus group was used to refine a survey of the elements of first-year practice that will be fielded to residents, program directors and designated institutional officials. The results will be used to refine assessments of the clinical skills for early residents, and to assist in the development of a basic training curriculum for first-year residents. The survey will be fielded later this summer and the results will be used by both the ACGME and the NBME.

The ACGME and NBME representatives used the focus group approach to allow an in-depth exploration of the clinical practice of first-year residents, an issue about which there is relatively little information in the literature and other available sources. The CRCR members began with a discussion about the role of the first-year resident in physician orders and procedures. This suggested considerable variation in first-year residents' scope of practice in different specialties and across institutions. The focus group participants emphasized that first-year residents view the competencies in the context of the patient care tasks that need to be completed. Thus, the relevant competencies in the area of systems-based practice may not be an understanding of the organization and functioning of the US health system as a whole, but being able to appropriately connect a complex patient with the resources that allow him/her to be discharged from the hospital. The focus group explored which skills are vital to the practice of first-year residents, which are desirable and which are not truly relevant in early residency.

Based on the helpful and candid information from the CRCR members, the organizers made a number of changes to the draft survey that expanded the extent to which it asked about skills used for everyday practice. Areas emphasized further include charting and documentation; ensuring residents' personal safety, such as use of universal precautions and eye protection; recognizing complications and emergencies; and knowing when to ask for back-up support and senior resident and faculty assistance. The CRCR members stressed the importance of appropriate supervision available to junior residents and the problems that can arise when this is not the case due to emergencies, high patient volume or other circumstances.

Written by Ingrid Philibert, PhD, MBA

reference (continued)

Letter of Notification

The official communication from a Review Committee that states the action taken by the Review Committee.

Master Affiliation Agreement

A written document that addresses GME responsibilities between a sponsoring institution and a major participating site.

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

The Institutional Review Committee – What It Does for You

The ACGME can be a confusing entity – site visits, regulations, standards, and competencies make for a vast array of things to learn and understand. Most of us, however, have heard of our specialty-specific residency review committee (RRC) and know its importance to graduate medical education. Many articles for residents have been published as primers on the ACGME and RRCs, but none have really addressed the “other” review committee – the Institutional Review Committee (IRC).

What is the IRC? What is its function? Why does it even matter to residents? To understand that, first you have to understand the structure of ACGME-accredited GME systems. Many of us are residents in hospitals that have two or more residency programs. To be accredited by the ACGME, those “multi-program” hospitals, or “sponsoring institutions”, are required to organize their medical education to meet a set of standards. These standards, or Institutional Requirements, include components such as having adequate resources and funding for the programs, and creating policies and procedures to deal with all the issues surrounding residents – especially those issues that are too large (or too expensive) for just one residency program to handle. These standards also include many resident-centered items such as adequate call rooms, 24-hour food availability, and adequate personal security. To oversee these institutions much the same way the RRCs oversee single programs, the Institutional Review Committee was created.

The IRC is unique, however, in its scope. For instance, if a sponsoring institution was not in substantial compliance with the standards and it were to lose its accreditation, all the programs that it hosts would lose their accreditation as well. Even more reason to keep quiet when the site visitor asks you if the residents have any issues to bring up, right? Actually, not really!

The vast majority of sponsoring institutions with residencies are heavily invested in GME – the federal funding that the hospital receives just because you are working there is precious, and would be lost if the sponsoring institution was no longer accredited by the ACGME. Because of this, when faced with potential or actual citations, most institutions are quick to address issues that have bearing on their accreditation. To that end, the IRC has been able to work for residents by citing hospitals for failing to provide key resident services. For instance, due to residents speaking up to the site visitor, the IRC has been able to successfully encourage multiple sponsoring institutions to upgrade call rooms, provide 24-hour food service

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for in-house residents, change and upgrade parking facilities, add electronic radiological services, migrate to electronic medical records, and much more. Knowing this, it is vitally important to speak candidly to the site visitor. Everything you say is 100% confidential, and the information you give will be available to the IRC to help you and your fellow residents.

The IRC has a resident member with full voting privileges (me, until June 2009). This committee is extremely responsive to resident input, and actively seeks out the resident perspective to color every aspect of its decision-making. In just a few months, the committee will solicit nominations for a new resident member. Tell your program director to watch for the announcement if you would like to participate; this is your chance to be heard, and to be the voice, not just for the residents in your specialty, but for every intern, resident, and fellow in the nation.

Written by Rupa Danier, MD, a pediatric anesthesia fellow at Children's National Medical Center in Washington, D.C. and a resident member of the Institutional Review Committee