Accreditation Council for Graduate Medical Education

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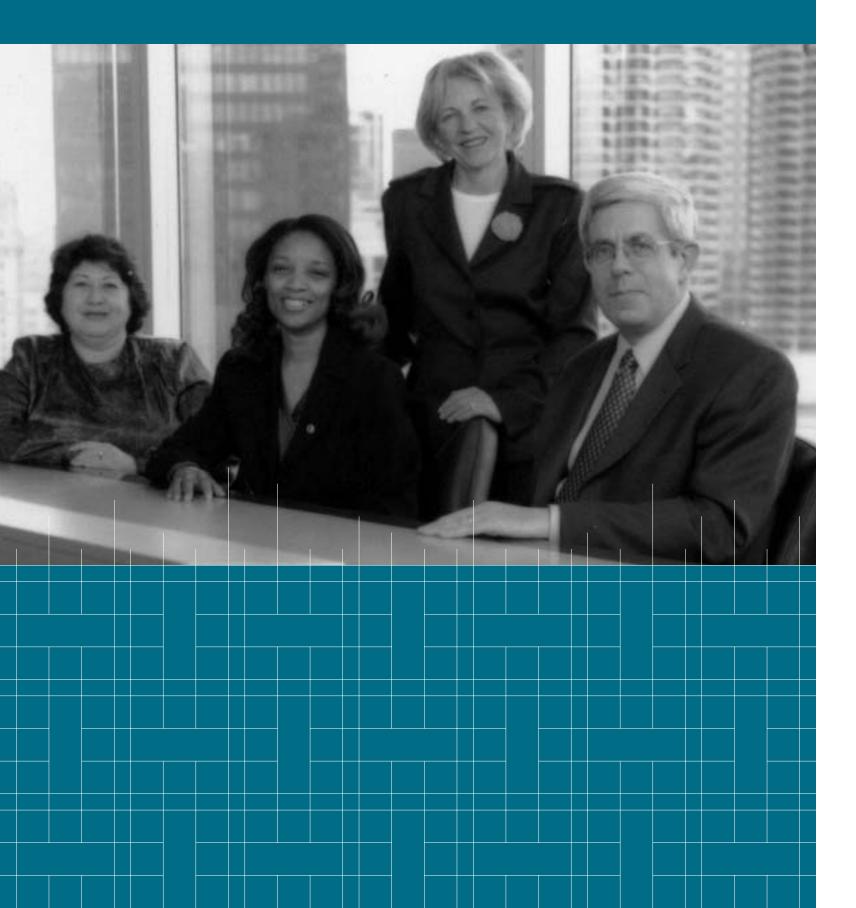


Accreditation Council for Graduate Medical Education

2002–2003 Annual Report

(Left to right)

Linda Roquet, Administrative Secretary; Louise Castile, Senior Accreditation Administrator; Patricia Levenberg, PhD, Executive Director of RRCs for Allergy and Immunology, Ophthalmology and Otolaryngology; David C. Leach, MD, ACGME Executive Director



fair, open and ethical. educational improvement.

The mission of the ACGME is to improve the quality of the quality of graduate medical education experiences for physicians in training.

The ACGME will:

- Be a source of inspiration, encouragement, support and assistance to all who strive for educational excellence
- Incorporate educational outcomes into accreditation decisions
- Be data and evidence driven
- Encourage the development of core competencies across all disciplines, including knowledge of quality improvement
- Explore a more comprehensive role in GME policy
- Become a world leader in accreditation efforts
- Maintain objectivity and independence while continuing its interorganizational relationships
- Develop a consultative role and encourage innovation
- Be the spokesperson for GME

he mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experiences for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to improve evaluation methods and processes that are valid,

In carrying out these activities, the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident competency and encourages

health care in the United States by ensuring and improving

MESSAGE FROM THE CHAIR



he past year has been a challenging one for the graduate medical education community. No previous effort by the ACGME has garnered as much attention in the press as has our new duty hours standards. And none has provoked the anxiety of program directors, designated institutional officials, department chairs, hospital executives (not to mention chief financial officers), residents and students as has this.

The overall response has been positive. ACGME staff and Board members have met with innumerable groups. Most acknowledge that the conditions under which residents work have been less than satisfactory, and that it is the provision of service, not the acquisition of knowledge or technical skill, that has consumed enormous amounts of resident time.

Do we have it exactly right? Probably not. But the great advantage of accreditation – as opposed to legislation or regulation – is that the standards can be modified relatively easily. For example, some areas under consideration for modification are the six-hour post-call limitation and the question of the uniform application of the standards across all residency years. Under the able leadership of Dr. David Glass, assisted by Ingrid Philibert, the *ad hoc* Committee on Duty Hours has been developing mechanisms for implementation and for the consideration of modifications should the need be identified.

Another area of interest is the streamlining of program requirements and of data collection. Dr. Bill Williams has been working closely with RRCs and executive directors to examine each data element of the 119 program information forms (PIFs) used by RRCs and by the field staff to assess objective measures about a program. Several RRCs are considering streamlining their accreditation processes. The Board has approved a pilot project developed by the RRC for Plastic Surgery, and other RRCs are considering similar initiatives. This effort is being nurtured by the Monitoring Committee, led by journalism professor Mr. Duncan McDonald, one of the Board's public members. The Monitoring Committee has also identified Best Practices of RRCs, encouraging other RRCs to consider them. All of this is intended to lead us toward what Dr. Leach calls "The Accreditation System After Next" – one much more focused on outcomes and much less on process.

The Board became concerned about the ambiguous status of combined programs (Medicine/Pediatrics, Neurology/Rehabilitation Medicine, etc.). Although the constituent programs are accredited, the combined entity is not. This creates several problems for residents enrolled in those programs and the program directors who lead them. The Board is considering mechanisms that will facilitate accreditation without creating undue burdens on program directors or residents.

Of all the ACGME's activities, none is more rewarding than the selection of the Parker J. Palmer awardees. This award was created to acknowledge and honor those program directors who have excelled in their roles as teacher, coach, mentor, parent, dutch uncle and the myriad other parts a successful program director must play. Few tasks stress the Board as much as this – choosing only 10 from so many deserving candidates. In fact, it was so difficult that there was a tie for the 10th,

resulting in 11 awardees. The 2003 recipients are listed further on in this annual report. The Board also took great pleasure in conferring the John C. Gienapp Award on Dr. Paul Friedman and Dr. Bill Williams for their outstanding service as co-chairs of the Duty Hours Work Group.

Recognizing that being in the public eye so much more than the degree to which we were accustomed, the Board also has developed a new Strategic Communications Plan in an initiative led by Dr. Mark Dyken, ACGME Vice Chair. It is our expectation that this plan, when implemented, will guide the ACGME as it speaks on major topics facing graduate medical education. One of the most obvious effects of the new plan is the new logo. Ms. Julie Jacob has joined the ACGME as manager of communications, and her influence is already being felt.

Two Board members complete their terms of service in September 2003. Dr. Mark Dyken and Dr. Rebecca Minter have made innumerable contributions to the Board, and they will be missed. The Board welcomed a new public member, Mr. Roger Plummer of Chicago.

All of this work is intended to lead us toward what Dr. Leach calls "The Accreditation System After Next" – one much more focused on outcomes and much less on process.

All of medical education lost a great friend, fine advocate and creative intellect. Dr. Marvin Dunn, who served as Executive Director of the Department of RRC Activities, died on July 30. He will be greatly missed. The Board is considering how best to honor him and his service.

Finally, it is a great pleasure to salute the fine staff of the ACGME. Dr. David Leach, Executive Director and the staff in the Chicago office are tireless in their efforts to improve graduate medical education. The field staff are a highly professional group who spend more than 700 weeks collectively on the road each year. The members of the residency review committees – unpaid volunteers all – are conscientious and thoughtful representatives of the profession who work effectively to further graduate medical education. And they are ably assisted by the Executive Directors of each RRC, who provide careful guidance and represent the corporate memory. On behalf of the Board, I thank them all for their outstanding work.

Charles L. Rice, MD Chair Accreditation Council for Graduate Medical Education

EXECUTIVE DIRECTOR'S REPORT



he mission of the ACGME is to improve health care by improving graduate medical education. We do this by setting standards and accrediting the country's 7,878 residency programs representing 119 specialties and subspecialties that, in aggregate, house 98,484 residents. This past year residency review committees (RRCs) reviewed 3,658 residency programs (47.6% of programs), including 1,950 full program reviews (24.9%). The proposed adverse action rate was 11.5%. Seven new subspecialties were created. There are 713 sponsoring institutions.

Residency programs have entered phase two of the competency initiative, "sharpening the focus and clarifying the definition of the six general competencies." The six general competencies have been adopted by several key organizations and have proven a useful way to organize conversations about the work of medicine. Now begins a four-year phase in which the understanding of the six competencies is deepened, assessment tools are developed and institutions begin using educational outcomes for improvement. Four assessment tools emerged during the year as especially useful: focused observations of the residents' skills; 360-degree evaluations; portfolios and cognitive tests.

In 2002–2003 the ACGME conducted more than 100 workshops on the competencies. The ACGME has partnered with the American Board of Medical Specialties (ABMS) to sponsor an annual conference designed to clarify and deepen our understanding of the six general competencies. In 2002 the conference was about interpersonal and communication skills; in 2003 it was about professionalism. In conjunction with the Institute for Healthcare Improvement the ACGME held an invitational competency workshop for program directors, Practice-based Learning and Improvement and Systems-based Practice, on December 1-2, 2002, in Orlando, Florida. The entire community celebrates the work of dedicated program directors and faculty who have responded to the invitation to increase the community's understanding of the formation of physicians.

RRCs are developing pilot projects designed to reduce needless process and structure measures. Educational outcome measures permit reduced process measures. The Plastic Surgery RRC has a pilot that has dramatically reduced the size of the program information form and has proven very successful. Two more RRCs will introduce pilots in 2004.

The ACGME is becoming more data-driven. Sixteen thousand residents from 24 specialties now enter case and procedure logs on the ACGME data system. Last year alone 3.2 million procedures were logged in bringing the total to 9.4 million procedures. These form the basis of individual portfolios that graduating residents may use to catalog and describe their clinical experiences. The data may be entered via palm pilot or any computer. The Web Accreditation Data System (ADS) database now contains information on almost all of the 98,484 residents in training during the last year. The system also surveys each program annually and enables part 1 of the program information forms to be updated over the Internet. The ACGME also rolled out the on-line resident questionnaire. The questionnaire has been tested, improved and will be used to survey residents on a regular basis for the RRCs.

The ACGME held a June retreat with the Council of RRC Chairs. It had three major aims: (1) to explore and illuminate an accreditation approach to be used five years from now; (2) enhance awareness of the steps required to transition to a new system, including potential new roles and responsibilities for ACGME and RRC members and (3) to explore ways the ACGME and RRCs can improve graduate medical education. This is an important step in an effort to implement a less burdensome system of program review. The talent and dedication of RRC members cannot be overstated. Volunteers, experts in their field, deeply committed and experienced teachers, these 250 physicians set standards, review program information and make accreditation decisions on the country's 7,878 residency programs. They deserve the gratitude of all in the profession.

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The ACGME also implemented new duty hour requirements on July 1, 2003. This initiative developed in response to changing patterns of care in hospitals, and in response to concerns from the public as expressed in pending legislation at both the state and federal level that would regulate duty hours. These changes will probably provoke a redesign of the way inpatient care is delivered. The vast majority of programs have succeeded in complying with the requirements. Successful models were identified at the ACGME Annual Educational Conference and will continue to be displayed on our Web site and in other venues.

Each year the ACGME gives ten program directors the Parker J. Palmer "Courage to Teach" Award. This is the third year of this program and the awardees are truly extraordinary individuals. They are from diverse specialties and live in different parts of the country, yet all share some common themes: living undivided lives, deep experience and understanding about the formation of physicians and the satisfaction that comes to great teachers. They are exemplars and an inspiration to all.

The ACGME lost a dear friend and colleague when Dr. Marvin Dunn, Director of RRC Activities, died abruptly on July 30, 2003. Marvin loved the graduate medical education community, especially the residents. He had great wisdom, polished skills and boundless energy. I personally miss his insights, advice and humor. He has left a lasting impression on all of us at ACGME.

David Cleach mb

David C. Leach, MD Executive Director Accreditation Council for Graduate Medical Education

MILESTONES

The numbers tell the story of the ACGME's mission to improve the quality of health care by ensuring and improving the quality of graduate medical education in the United States. The process of reviewing and accrediting residency programs is carried out by a dedicated team of field surveyors, volunteer residency review committee members and ACGME staff. As a way to align the ACGME's data with the academic year schedule of residency programs, the ACGME has switched this year to an academic year format and publication schedule for its annual report. Financial data will continue to be reported for the calendar year. The numbers, charts and graphs on these pages illustrate the scope of the ACGME's accreditation activities during the 2002–2003 academic year, July 1, 2002 to June 30, 2003.

7,878 ACGME-accredited residency programs

7,878 ACGME-accredited residency programs – 3,964 core specialty programs and 3,914 subspecialty programs

98,484 residents were on duty in ACGME-accredited programs

3,658 programs appeared on residency review committee agendas during the academic year, including 2,035 that were scheduled for regular accreditation status reviews 160 programs were newly accredited

14.3% of programs had new program directors – 15.7% of core programs and 12.8% of subspecialty programs

46% of all accredited programs appeared on RRC agendas

26% were subject to routine accreditation review

2,104 participating institutions

18.5% of institutions had new designated institution officials (DIOs)

713 sponsoring institutions

374 sponsoring institutions have more than one program and are reviewed by the Institutional Review Committee

713 sponsoring institutions

RRCs proposed adverse actions for 124 programs

6.5% of programs reviewed were subject to first-time proposed adverse actions

55 programs placed on probation

74 programs had their accreditation withdrawn of which 61 were voluntary

8 appeals were considered by the ACGME after formal hearings – 5 decisions were sustained and 3 were rescinded 40,000 hours contributed by volunteer physicians and administrators

ACGME field staff spent 715 weeks traveling

135 visits made by volunteer surveyors to visit programs

1,728 field staff visits of which 59 were institutional reviews, 840 were core program visits and 829 were subspecialty visits

63 meetings of RRCs

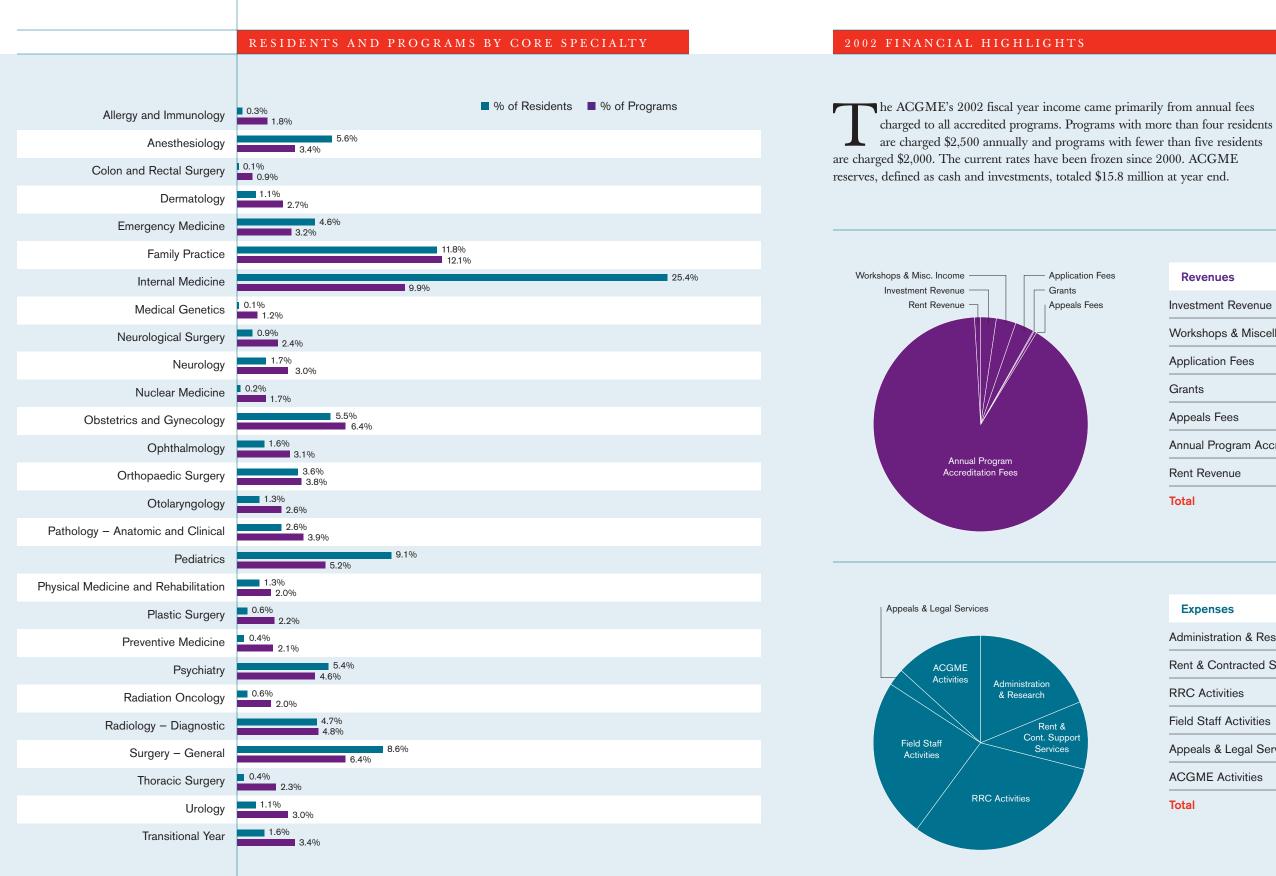
3,658 programs appeared on RRC agendas

3 ACGME Board of Directors meetings

2 meetings of the Institutional Review Committee

160 programs were newly accredited

Newly recognized specialties
and subspecialties in 2002–2003Molecular Genetic PathologyClinical NeurophysiologyNeurodevelopmental DisabilitiesProcedural Surgical NeuroradiologyInterventional CardiologyInterventional CardiologyProcedural DermatologyPsychosomatic MedicinetsDevelopmental Behavioral Pediatrics
(effective June 2002)



Source: Accreditation Data Systems (ADS) Graduate Medical Education Data Academic Year 2002-03. Chicago, Illinois: ACGME 2003.

Revenues		
Investment Revenue	\$ 459,216	2.34%
Workshops & Miscellaneous Income	580,514	2.96%
Application Fees	561,000	2.86%
Grants	31,250	0.16%
Appeals Fees	73,693	0.42 %
Annual Program Accreditation Fees	17,708,563	90.33%
Rent Revenue	183,044	0.93%
Total	\$19,597,280	100.00%

Expenses		
Administration & Research	\$ 3,627,576	18.76%
Rent & Contracted Support Services	1,970,913	10.20%
RRC Activities	6,015,110	31.14%
Field Staff Activities	4,649,017	24.07%
Appeals & Legal Services	494,318	2.56%
ACGME Activities	2,559,364	13.25%
Total	\$19,316,298	100.00%

PARKER J. PALMER AWARD RECIPIENTS

Bottom row (left to right) Bennett Vogelman, MD; John Tarpley, MD; Eugene Beresin, MD; Joseph Gilhooly, MD; Earl Kemp, MD

Middle row (left to right) Bruce Alexander, MD; David Leach, MD; Parker Palmer, PhD; Marsha Miller; Robert Block, MD; Wm. James Howard, MD

Back row (left to right) Henry Schultz, MD; Kathleen Watson, MD; Harold Johnston, MD; David Nahrwold, MD; Paul Batalden, MD, Daniel Winship, MD; Keith Armitage, MD; Ingrid Philibert; Marvin Dunn, MD; Nikitas Zervanos, MD



leven program directors, chosen out of more than 200 nominees, received the ACGME's 2003 Parker I Palmer "Common Terminees, received annual award honors medical residency program directors who have shown their commitment to graduate medical education through their outstanding work in mentoring and teaching physicians in training and developing and improving residency programs. It is named in honor of Parker J. Palmer, PhD, a sociologist and educator who wrote The Courage to Teach, a book about the intellectual, emotional and spiritual aspects of teaching.

"Such concepts as living divided no more, creating space to have conversations about teaching and learning, recognizing that medicine is a cooperative rather than a productive art, and developing practical wisdom in addition to knowledge and skills have all either been developed explicitly by Parker or have resulted from an extension of his thinking into medicine," said Dr. Leach.

In their nomination letters, the program directors chosen for the award were described with phrases such as "a true leader for house staff and chief residents," "tackles the most difficult clinical problems," "delights in teaching" and "a tireless supportive mentor."

Program directors receiving the 2003 Parker J. Palmer award are listed on the following pages.

C. Bruce Alexander, MD

Pathology, University of Alabama at Birmingham, Birmingham, Alabama

Medical residents' energy is transferable. They will leave us and within the first five years out have a remarkable learning experience. I enjoy being part of setting the table for them. What does receiving the Parker Palmer award mean to me? Quite an honor, even more so as I have read more of his writing. It has provided an opportunity to reflect on the many good teachers I have been around.

Keith B. Armitage, MD

Internal Medicine, University Hospitals of Cleveland, Cleveland, Ohio

I like teaching residents because they are truly "junior colleagues" so their education is more of a partnership than a formal teacher/learner construct. We also enlist them as partners in patient care and I find the educational process that combines a team of patient care providers with education very rewarding.

Eugene V. Beresin, MD

Child and Adolescent Psychiatry, Massachusetts General Hospital, Boston, Massachusetts

Why does this role require courage? Teaching involves exposure of our knowledge, skills, attitudes and their limitations; and to be effective we need to create a relationship that allows for open questioning and criticism. If done in a non-defensive fashion, without arrogance or closed-mindedness, it is terrifying ... above all, the courage to teach must engender the courage to learn.

Above all, the courage to teach must engender the courage to learn.

Frank J. Eismont, MD

Orthopaedic Surgery, Jackson Memorial Hospital/Jackson Health System, Miami, Florida

Out of everything in my CV, this gives me more satisfaction than anything else. The chance to teach is always great and to receive an award for it is "icing on the cake." I would like to thank the ACGME for encouraging this type of academic activity.

Steven K. Feske, MD

Neurology, Brigham and Women's Hospital, Boston, Massachusetts

The award is a high honor because it reflects the appreciation for a job well done from my nominating colleagues on the staff and in the residency. I appreciate the ACGME for providing recognition for work in residency direction and resident education.

Joseph T. Gilhooly, MD

Pediatrics, Oregon Health and Sciences University, Portland, Oregon

Teaching residents is an extremely rewarding part of my role as an academic physician. Residents arrive fresh out of medical school anxious about the next phase of their careers. They are eager for information. One of the main things I teach them is how to become lifelong learners, eventually seeking out information on their own ... it is rewarding to teach the residents about a patient and then observe them incorporating these newly learned skills into their practice.

Harold L. Johnston, MD

Family Practice, Alaska Family Practice/Providence Hospital, Anchorage, Alaska

It has taken me years of study and practice to find my way through the thicket of information pertinent to every patient encounter. There is nothing in professional life more satisfying than helping a new doctor confronting these same thickets to find their own pathway, by using my experience and knowledge. At the same time, I learn from these bright doctors new ways to approach old familiar problems, and new problems we explore together. Doctors come to me newly minted from medical school with idealism and practice goals. I get the greatest satisfaction from watching and helping them incorporate these into a practice vision of medicine and then become the doctors they envision.

There is no nobler task than advancing residency education.

Henry J. Schultz, MD (retired)

Internal Medicine, Mayo Clinic, Rochester, Minnesota

There is no nobler task than advancing residency education. The responsibility for the welfare of over 800 categorical and 375 preliminary residents, and the opportunity to work with a superb administrative and physician staff dedicated to our residency program these past 15 years has been one of the greater joys and privileges of my career.

To me, the Parker J. Palmer "Courage to Teach" award has been a culmination of my 15 years as a program director ... it serves as a wonderful affirmation reminder that this work that we do "educational administration" really matters in the day-today lives of our residents and faculty.

John L. Tarpley, MD

General Surgery, Vanderbilt University, Nashville, Tennessee

I enjoy teaching residents because they teach me. They keep me current. I live by aphorisms and proverbs. One is "the getting's in the giving." The more I try to give, the more I receive in turn. We are co-learners together. It is exciting, energizing and fun to grow, explore and learn together. The most rewarding part of my job is to participate with and experience and see young folks who are smart and work hard acquire judgment and skills and knowledge, and hopefully retain their idealism to book.

Bennett S. Vogelman, MD

Internal Medicine, University of Wisconsin, Madison, Wisconsin

Our learners are more accomplished and well-rounded than ever before, yet like all students, they strive to emulate what they witness within their own pedagogical experiences. When they see teachers struggling as they themselves struggle, striving to improve themselves, and coping with successes and failures, a bond is forged that allows learner and teacher to relate to one another in a more realistic manner. While we are teaching and learning medicine ourselves, we can help our learners integrate goals such as personal-professional balance, healthy lifestyles, self-awareness, self-care and personal and career growth into their daily lives.

To be present when a resident grasps the nature of our profession, and to have a few laughs every day, is a powerful motivation.

Kathleen Watson, MD

Internal Medicine, University of Minnesota, Minneapolis, Minnesota

Teaching medical residents reaffirms my hopes for humanity. It is a privilege to watch these bright young idealists focus their energies upon individual patients and their families, over and over, and emerge reforged by the doctor-patient relationship ... to be present when a resident grasps the nature of our profession, and to have a few laughs every day, is a powerful motivation.

2003 YEAR IN REVIEW

GIENAPP AWARD RECIPIENTS



Dr. Paul Friedmann (left) and Dr. William T. Williams received the Gienapp Award at the ACGME's February meeting.

> aul Friedmann, MD, and William T. Williams Jr., MD, who co-chaired the ACGME's work group on resident duty hours, were the recipients of the ACGME's 2003 John C. Gienapp award. The annual award honors persons who have made distinguished contributions to graduate medical education and the accreditation process.

> Dr. Friedmann, a senior vice president for academic affairs for Baystate Health System in Springfield, Mass. and a professor of surgery at Tufts University School of Medicine, previously served as chairman of the ACGME's Board of Directors and the Residency Review Committee for Surgery.

> Dr. Williams, a retired internist and pediatrician and a clinical professor of medicine and pediatrics at the University of North Carolina at Chapel Hill School of Medicine, also served as chairman of the ACGME's Institutional Review Committee. He also co-chaired a task force on rewriting institutional requirements.

The two physicians exemplify the dedication of the ACGME's volunteer physicians who, through their service to the Council, improve patient care by improving the way physicians are educated, noted Dr. Leach. "While everyone is essential to the success of an organization, occasionally individuals come along who contribute so effectively and consistently the community feels compelled to recognize their efforts. Paul Friedmann and Bill Williams are two such individuals. Long service on the review committees, acceptance of hard supplemental assignments to improve the ACGME and graduate medical education, and an uncanny ability to address complicated problems with grace and ease have resulted in this recognition."

Paul Friedmann, MD

Senior Vice President for Academic Affairs, Baystate Health System, Springfield, Massachusetts

As I reflect on the Gienapp Award, I regard it as one of the greatest honors of my professional life. Even though the Gienapp Award is relatively new, it serves as recognition of accomplishment and a call to excellence for all who are involved in graduate medical education. It is the graduate medical education system, after all, that has the responsibility for educating the coming generations of practicing physicians in this country. As the Gienapp Award continues and matures, it will serve as a standard of recognition for those who have made significant contributions to the quality of the graduate medical education system, and therefore, to the medical care system. There are many people who have made and will continue to make outstanding efforts to improve graduate medical education, and the Gienapp Award will be an important way to recognize those efforts. I feel very proud to have been able to make some small contributions to the ACGME and feel very fortunate that the ACGME has chosen to bestow the Gienapp Award on me and Bill Williams this past year.

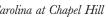
and so critical to the quality of the health care work force.

William T. Williams, MD

Clinical Professor of Medicine and Pediatrics, University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, North Carolina

It is a privilege to be honored in this manner by the ACGME, whose mission and work are so important to medical education, and so critical to the quality of the health care work force. In accepting such an award, it is also on behalf of the scores of my colleagues who volunteer their services and energy to the ACGME to make graduate medical education better. The honor is made even more special by the fact that it is named for John Gienapp, with whom I was fortunate to be associated for many years; and by the fact that these activities have allowed me to work with the wonderful staff of the ACGME, whose talents and dedication make it such an outstanding organization, which contributes so much to our health.

It is a privilege to be honored in this manner by the ACGME, whose mission and work are so important to medical education,



POSTER SESSION WINNERS

Judges' Awards

The Use of the Objective Structured

Glynne D. Stanley, MBChB, FRCA

Elvira Lang, MD; Brad Anderson, BA;

Beth Israel Deaconess Medical Center.

Boston University Medical Center,

Advancing Competency in

Boston, Massachusetts

Interpersonal and

Eleanor Laser, PhD

Communication Skills

Harvard Medical School,

Boston, Massachusetts

Anesthesiology Residents

Clinical Examination for Evaluation of

t the 2003 Annual Educational Conference, held March 6–7 at the Hyatt Regency McCormick Place in Chicago, the ACGME invited program directors, faculty, administrators and residents to submit posters highlighting innovative approaches and best practices for teaching and evaluating the ACGME general competencies or addressing the impact of the duty hours standards on resident education and patient/resident safety. Listed below are the 2003 poster session winners, judges' awards and honorable mentions.

First Place

Evaluation of Core Competencies at Baseline – an Individualized Assessment

M. Lypson, MD; L.D. Gruppen, PhD; 7.0. Woolliscroft, MD

Ann Arbor VA Healthcare System and the University of Michigan, Ann Arbor, Michigan

Second Place

From >110 to <80: More Work for the Program Director a Better Educational Experience for the Residents

Joel C Rosenfeld, MD

St. Luke's Hospital, Bethlehem, Pennsylvania

Third Place

McGaw Medical Center of Northwestern University: The Core Competency Initiative

GME Fellows of McGaw Medical Center of Northwestern University, Chicago, Illinois

Honorable Mentions

Assessment of the Impact of the Resident Duty Work-Hours Policy: An Outcomes Analysis of Surgery Residents Perceptions

Chandrasekhar Bob Basu, MD; Saleh M. Shenaq, MD

Division of Plastic Surgery, Michel E. DeBakey Department of Surgery, Baylor College of Medicine, Houston, Texas

A Chart Audit Program: Helping Residents Assess Practice Habits

The University of Texas Health Science Center at San Antonio, San Antonio, Texas

Patient Safety in the Ambulatory Setting: A System for Clinician-based Medical Error Reporting, Analysis, Response and Feedback in a Residency Clinic

M. Plews-Ogan, MD; M. Nadkarni, MD, S. Vanderkin, MD; D. Marieneau, LP

University of Virginia, Charlottesville, Virginia

A Dynamic Strategy for Reducing Internal Medicine Work Hours

Rebecca Dillingham, MD; J. Samuel Pope, MD; Donald Benson, MD, PhD; Gerald Donowitz, MD

University of Virginia Health System, Charlottesville, Virginia

RESIDENT COUNCIL UPDATE

Inder Dr. Leach's leadership, resident involvement within the ACGME has risen to an all-time high. Every residency review committee now has a resident member with full voting privileges; these resident members have been assembled to form the RRC resident council. In creating the RRC Resident Council, Dr. Leach not only provided a forum for resident RRC members to come together and share ideas, but also created another formal channel for a resident voice within the ACGME.

Residents have participated in several important projects and committees, including the competency initiative and the drafting of the new duty hour requirements. Each resident RRC member served as part of a four-member subcommittee within their RRC charged with developing general competency language for the specialty and tools appropriate for assessing residents' learning and performance of the general competencies. And as the ACGME moves forward into the implementation phase of the new duty hours requirements, a subcommittee has been formed to advise the ACGME Board of Directors on matters related to the implementation of the new standards. This duty hours subcommittee has several resident members, including two at-large members who are external to the ACGME's RRC resident representatives.

It is time for residents to become "owners" rather than "renters," and there is no better place to start than with the ACGME itself.

These are just a few highlights of the resident activities within the ACGME over the past year, and as my term as chair of the RRC Resident Council draws to a close, I am optimistic that this increased resident involvement will continue. Graduate medical education accreditation can only be strengthened if one of its primary stakeholders – residents – takes an active role in the process. It is time for residents to become "owners" rather than "renters," and there is no better place to start than within the ACGME itself.

A mit

Rebecca Minter, MD Chair, RRC Resident Council, 2001–2003

2003 YEAR IN REVIEW

IN MEMORIAM



Marvin Dunn, MD

he ACGME lost a beloved colleague and friend with the death of Dr. Marvin Dunn on July 30. Dr. Dunn, 71, was the ACGME's director of RRC activities, as well as a nationally-renowned figure in the medical community.

"In 1998, the ACGME was fortunate to have Dr. Dunn join our staff," said Dr. Leach. "He brought vast experience, deep wisdom, an unfailing sense of humor and the capacity to see goodness in each of us. His concern for residents was unfailing. He was the country's best resident advocate. He is greatly missed."

As the ACGME developed its duty hours standards and moved to a competency-based method of evaluating residents, Dr. Dunn always kept the impact on the resident at the forefront.

"He had a deep respect for the role of the residency review committees in strengthening the formation of residents and kept the RRCs and the ACGME on task to improve the quality of life for residents," noted Dr. Leach.

Colleagues and friends across the country contacted the ACGME with their own memories of Dr. Dunn. In their letters of condolence, he was remembered over and over again with phrases such as "a true advocate for excellence in medical education," "the most wonderful combination of wisdom and humor," "wise counsel and gentle style" and "truly one of the good people."

His concern for residents was unfailing. He was the country's best resident advocate.

> During his distinguished career, Dr. Dunn, a native of Lubbock, Texas, and a board-certified pathologist, held a series of prominent positions. Before joining the ACGME, he served as the AMA's director of graduate medical education. Earlier in his career he served as vice president for health sciences and dean of the University of South Florida College of Medicine, dean of the University of Texas Medical School at San Antonio, acting dean and associate dean for academic affairs at the University of California at San Diego School of Medicine and deputy director of the National Institutes of Health Bureau of Health Manpower.

ACGME BOARD OF DIRECTORS

July 1, 2002 to June 30, 2003

Stephen M. Altschuler, MD The Children's Hospital of Philadelphia Philadelphia, Pennsylvania

Carol Bazell, MD, MPH Bureau of Health Professions Rockville, Maryland Federal Government Representative

Carol Berkowitz, MD Harbor/UCLA Medical Center Torrance, California

Edward T. Bope, MD Riverside Family Practice Center Colombus, Ohio Past RRC Council Chair Term ended 9/30/02

Dennis C. Brimhall University Hospital Denver, Colorado Term ended 9/30/02

L. Maximilian Buja, MD University of Texas-Houston Medical School Houston, Texas

Emmanuel G. Cassimatis, MD Uniformed Services University of Health Sciences Bethesda, Maryland

Betty Chang, MD, CM Baltimore, Maryland Past Resident Director Term ended 9/30/02

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				RRC	Specialized Areas	Appointing Organizations*	
	embers of the 26 residency review of by the appropriate medical specialty		Medical Genetics	Molecular Genetic Pathology	American Board of Medical Genetics American College of Medical Genetics		
	Council on Medical Education, and in many instances, an appropriate major specialty organization. In addition to the specialty areas, the RRCs also accredit programs in the subspecialties and specialized training areas listed next to each RRC.			Neurological Surgery	Endovascular Neuroradiology	American Board of Neurological Surgery American College of Surgeons	
		cialties and subspecialties, the ACGME also rams called transitional year programs. The mittee, which evaluates sponsoring institutions		Neurology	Child Neurology Clinical Neurophysiology Neurodevelopmental Disabilities Pain Management Vascular Neurology	American Board of Psychiatry and Neurology American Academy of Neurology	
			Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine		
RRC	Specialized Areas	Appointing Organizations*					
Allergy and Immunology	Clinical & Laboratory Immunology	American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)		Obstetrics and Gynecology		American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists	
Anesthesiology	Critical Care Medicine Pain Management Pediatric Anesthesiology	American Board of Anesthesiology American Society of Anesthesiologists		Ophthalmology		American Board of Ophthalmology American Academy of Ophthalmology	
Colon and Rectal Surgery	ry American Board of Colon & Rect American College of Surgeons			Orthopaedic Surgery	Adult Reconstructive Orthopaedics Foot & Ankle Orthopaedics Hand Surgery Musculoskeletal Oncology	American Board of Orthopaedic Surgery American Academy of Orthopaedic Surgeons	
Dermatology	Dermatopathology Procedural Dermatology	American Board of Dermatology			Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma		
Emergency Medicine	Medical Toxicology Pediatric Emergency Medicine	American Board of Emergency Medicine American College of Emergency Physicians			Pediatric Orthopaedics		
	Sports Medicine American College of Emergency Physicians			Otolaryngology	Otology-Neurology Pediatric Otolaryngology	American Board of Otolaryngology American College of Surgeons	
Family Practice	Geriatric Medicine Sports Medicine	American Board of Family Practice American Academy of Family Physicians		Pathology –	Blood Banking/Transfusion Medicine	American Board of Pathology	
Internal Medicine	Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes & Metabolism Gastroenterology Geriatric Medicine Hematology Hematology & Oncology Infectious Disease Interventional Cardiology	American Board of Internal Medicine American College of Physicians		Anatomic and Clinical	Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Immunopathology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology		
	Nephrology Oncology Pulmonary Disease Pulmonary Disease & Critical Care Medicine Rheumatology Sports Medicine						

RRC	Specialized Areas	Appointing Organizations*			
Pediatrics	Adolescent Medicine Developmental & Behavioral Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Rheumatology Pediatric Rheumatology Pediatric Sports Medicine	American Board of Pediatrics American Academy of Pediatrics	The volunteers who ser appointed by the AML boards and specialties in their specialties, dedicated to It is with their support tha care in the United States by en	W COMMITTEE MEMP ve on the ACGME's residency r A Council on Medical Education . They are recognized as the lead o excellence in medical education. t the ACGME is a leader in impr suring and improving the quality nat we acknowledge their contribu-	
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Psychiatry	Addiction Psychiatry Child & Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry Pain Management & Psychosomatic Medicine	American Board of Psychiatry and Neurology American Psychiatric Association	Little Rock, Arkansas Carla Davis, MD Baylor College of Medicine Houston, Texas <i>Resident</i>	Loma Linda, California Vice-Chair Patricia A. Kapur, MD UCLA School of Medicine Los Angeles, California <i>Ex-Officio</i>	
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