

Accreditation Council for Graduate Medical Education

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**ACGME**

# **Anesthesiology RRC Update**

**Neal H. Cohen, MD**  
**Chair, RRC for Anesthesiology**

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*Society of Academic Anesthesia Associations*  
*November, 2010*



# Anesthesiology RRC Update

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- RRC Composition
- Anesthesiology Program Overview
- RRC Actions, 2009-10
- Duty Hours
- Case Logs
- Resident Survey
- Milestones
- Next Accreditation Process
- Innovations and International Rotations
- Some Common Pitfalls

# RRC Membership

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- 10 voting members
  - ABA – 3 members
  - ASA – 3 members
  - AMA – 3 members
  - 1 resident member
- Leadership
  - Neal H. Cohen, MD, Chair (ASA)
  - James P. Rathmell, MD, Vice-Chair (ASA)

# RRC Membership

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- Neal H. Cohen, MD—ASA **RRC Chair**
- James P. Rathmell, MD—ASA **RRC Vice-Chair**
- Douglas B. Coursin, MD—ABA
- Deborah J. Culley, MD—ABA
- Brenda G. Fahy, MD—ABA
- Jeffrey R. Kirsch, MD—AMA
- Linda Jo Mason, MD—ASA
- Rita M. Patel, MD—AMA
- Margaret Wood, MD—AMA
- Matthew Patterson, MD—Resident Member
- J. Jeffrey Andrews, MD—ABA Ex-Officio

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# ACGME RRC Staff

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- Patricia M. Surdyk, PhD  
*Executive Director*
- Mary Joyce Johnston, MJ  
*Associate Executive Director*
- Billy Hart  
*Senior Accreditation Administrator*
- Anne Down  
*Accreditation Assistant*

# Resident Complement

## 2010-2011

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Residents per Level	Number of Programs
3-5	12
<i>Mode = 8</i> 6-10	44
<i>Median = 12 Mean = 13</i> 11-15	30
16-20	21
21-25	11
>25	8
<b>Total</b>	<b>131</b>

# Accreditation Status/ Cycle Length

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2010-2011: **131 Accredited Programs**

Initial	3	1-3 years	
Continued Accreditation	126	1 year	1 (<1%)
		2 years	13 (10%)
		3 years	32 (25%)
		4 years	38 (30%)
		5 years	42 (33%)
Probation	2	1 year	

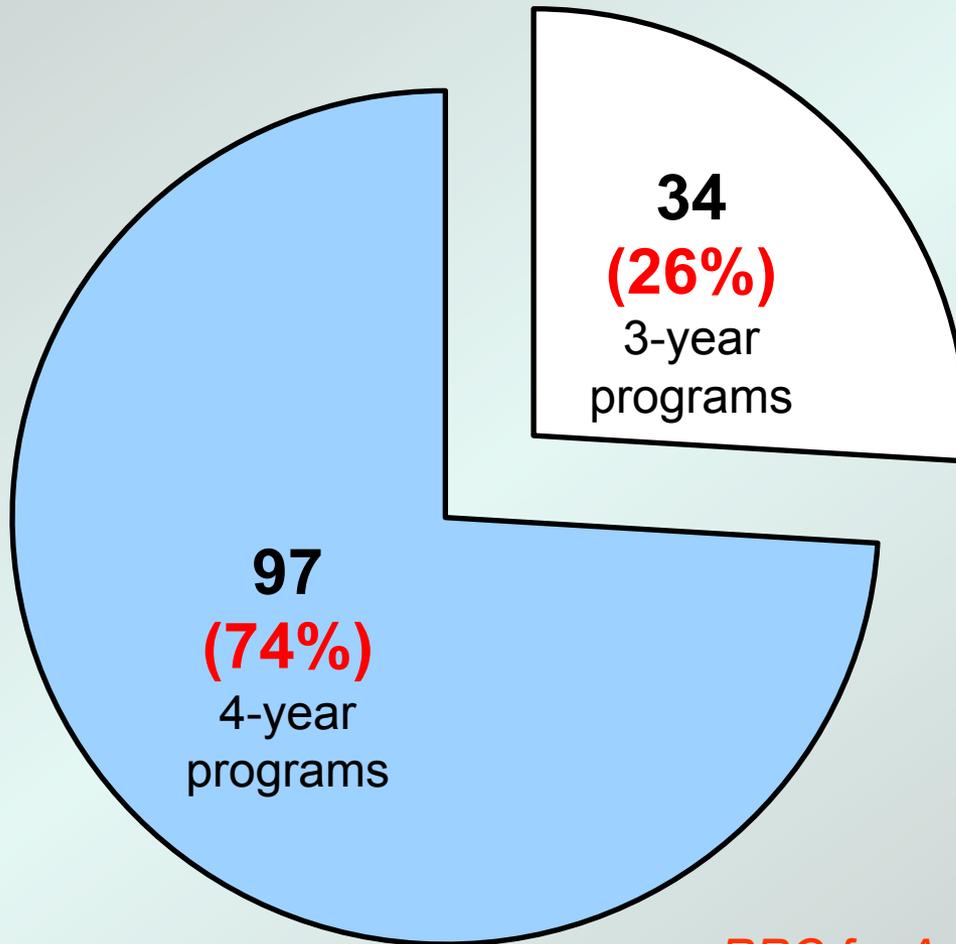
Average for Continued Accreditation = **3.85 years**

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# Integrated Clinical Base Years

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# Last Year's RRC Actions

<b>Number of site visits reviewed</b>	<b>33</b>
Proposed Adverse Actions	2
Continued Accreditation	31

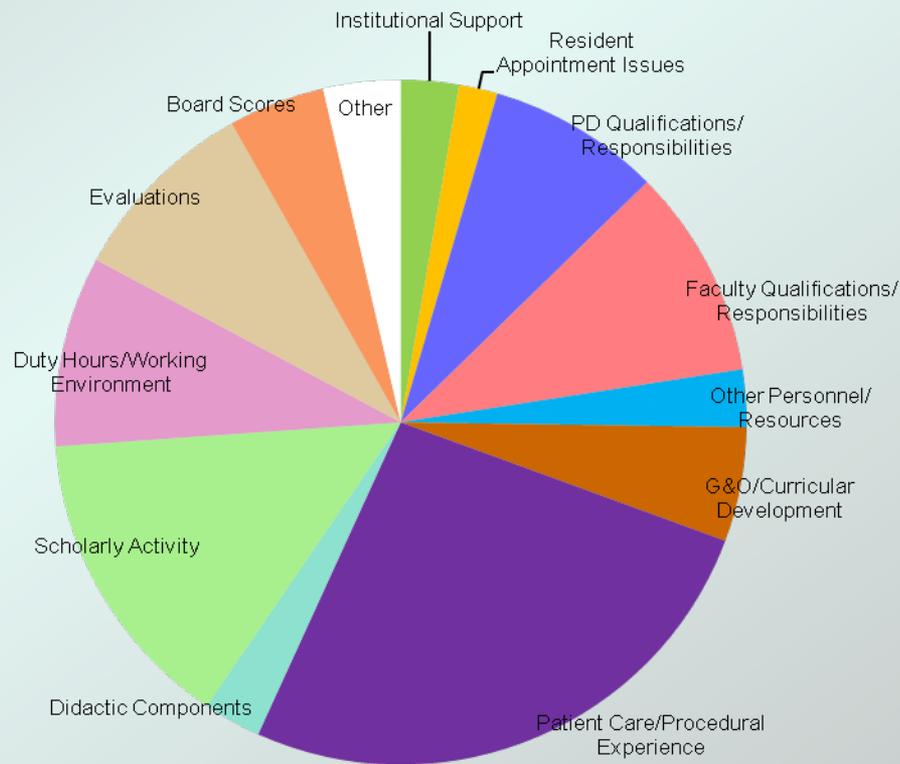


Cycle Length for Continued Accreditation	
2 years	3 (10%)
3 years	9 (29%)
4 years	14 (45%)
5 years	5 (16%)

<b>Number of "other reviews"</b>	<b>42</b>
Increase requests (approved)	9
Increase requests (denied)	2
Additions of clinical base years	5
Progress reports reviewed	16
Duty hour reports reviewed	3
Miscellaneous requests	9

# 2009-2010 Common Citations

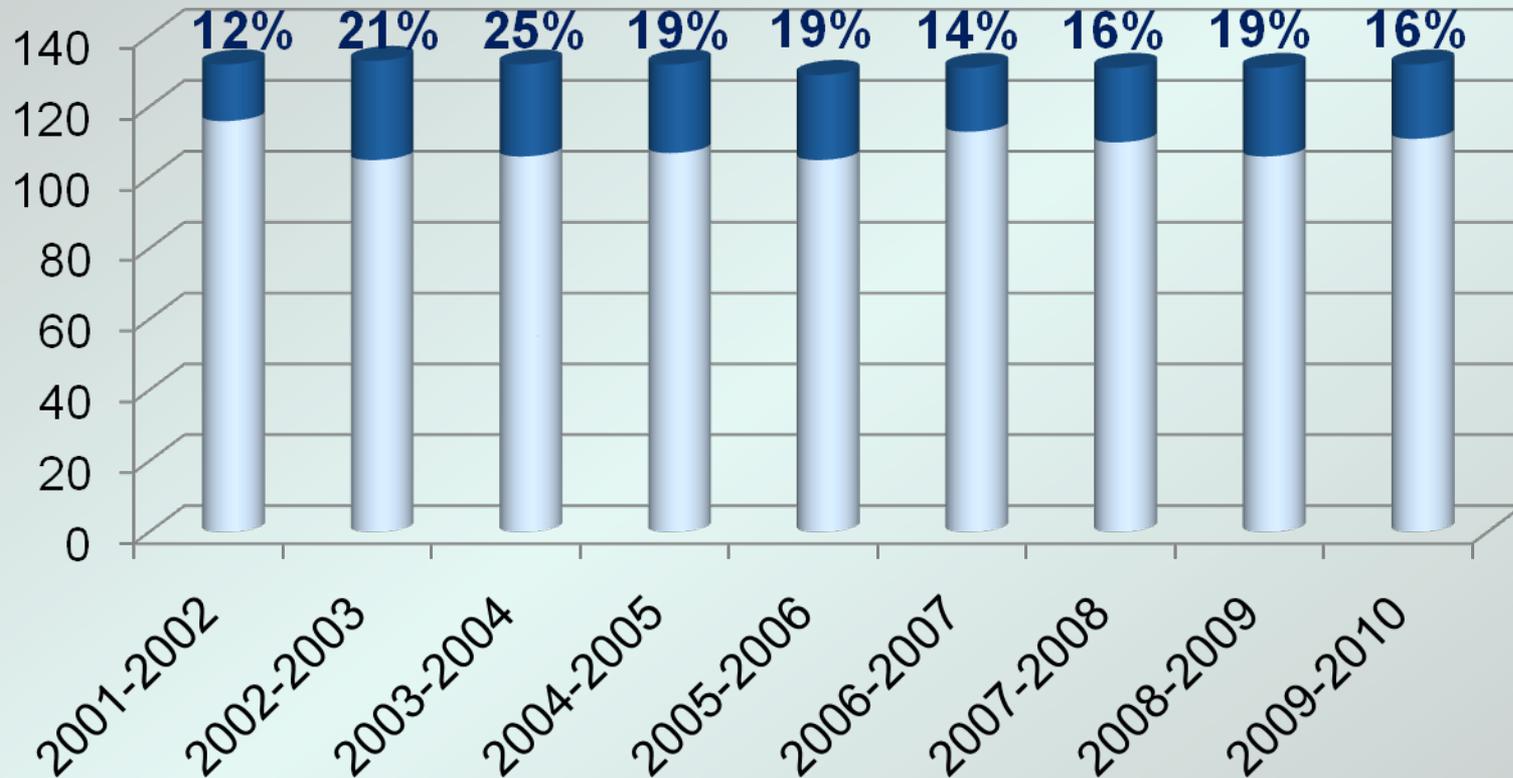
Institutional Support	3
Resident Appointment Issues	2
PD Qualifications/Responsibilities	9
Faculty Qualifications/Responsibilities	11
Other Personnel/Resources	3
G&O/Curricular Development	6
Patient Care/Procedural Experience	29
Didactic Components	3
Scholarly Activity	16
Duty Hours/Working Environment	10
Evaluations	10
Board Scores	5
Other	4
<b>Total Citations in 2009</b>	<b>107</b>



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# Program Director Changes



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# Duty Hours

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- While Duty Hours stimulated the dialog (IOM), supervision and graded responsibilities toward independent practice have become primary motivators for change
- Initiatives designed to ensure quality and patient safety
- Implementation in July, , ~~2011~~, ~~2012~~, 2011
- Considerable dissatisfaction remains (OSHA)

# Duty Hours - Next Steps

## October 2010 – April 2011

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- Reconcile current Anesthesiology Program Requirements with Common Program Requirements
- Develop Anesthesiology-specific definitions and requirements
- New Documents Posted on ACGME Website
- Submit Anesthesiology Specific Questions to <an@acgme.org>

# Program Requirement Modifications (I)

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- Resident supervision by physician *or other licensed independent practitioner* as approved by RRC
- PGY-1 progression from direct to indirect supervision
- Optimal clinical workload
- Teamwork (surgeons, hospitalists, AHPs)

# Program Requirement Modifications (II)

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- Definition of “Intermediate Level Resident”
- When senior residents “must” stay on duty to care for patients or return to duty within fewer than 8 hours
- Night float
  - Maximum number of consecutive weeks of nights
  - Maximum number of months of night float per year

# Case Logs

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- “Lost in translation”
- Modifications
  - Correct numbers
  - Clarify categories
    - Neurosurgical experiences
      - Non-vascular
      - Vascular (invasive and non-invasive)
    - Cardiac versus non-cardiac thoracic

# Resident Survey

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- Increasing importance being placed on Resident Survey
- Screening tool
- Identify outliers (eg; +/- 1 SD)
- Acknowledge inadequacies of current survey
- Modifications to survey to improve quality of data (UW)
  - Service vs education
  - Intimidation
  - Facilities, resources
  - Duty hour violations (3 additional questions)
- Review Process
  - 2011 Baseline Survey
  - 2013 Incorporate DH standards

# Milestone Project

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- Increasing emphasis on *objective data to document competencies*, rather than relying on time, case numbers
- Designed to improve both the educational and evaluation processes
- Each specialty will define appropriate milestones
  - Adequacy of clinical experiences
  - Alternative approaches to attaining “competence”
- ACGME Conference on Milestones, November 2010
- *Proposed* Implementation Dates
  - Draft June, 2012
  - “Full” Implementation July, 2013

# Next Accreditation Process

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- Current accreditation process and intermittent evaluations are inadequate to ensure ongoing quality of resident education
- Process for refinement initiated by ACGME Board, February 2010
- Goals
  - Regular monitoring and assessment
  - More rigorous site visits
  - Longer cycle lengths

# Innovation (and Experimentation)

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- Broad support for new models of education
- Innovative programs encouraged
  - Differentiate innovative programs from innovative rotations
  - Differentiate innovative program and “traditional” program
- Challenges
  - Clarify goals, methods to evaluate outcomes
  - Acknowledge long timelines for evaluation
    - Implications of RRC member terms, ACGME policies and procedures
  - Impact of innovative program on core programs, milestones
  - Acknowledge risks (residents, programs)

# International Rotations

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- Increasing interest in international experiences
- Integrating international rotations into curriculum facilitates resident approval process
- To be approved, must describe educational goals and objectives, other requirements
  - Evaluation methodology
  - Resident status, timing of rotation
  - Faculty supervision
  - Didactic sessions, relationship to departmental educational curriculum

# Avoiding Common Pitfalls

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- Incomplete, inaccurate PIF
- Documentation of graded experiences
- CBY “anesthesia” rotations
- Objective evidence of methods to address citations
- Documentation of experiences of transferring residents
- Relationship between innovative and core program
- Program director qualifications
- Coordination between ABA and RRC
- Achieving 5-year cycle length – and other goals

# Clinical Base Year

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- At least 6 months must include experience *in caring for inpatients* in internal medicine, pediatrics, surgery, or any of the surgical specialties, obstetrics and gynecology, neurology, family medicine, or any combination of these
- Rotations in critical care and emergency medicine, with at least one month, but no more than two months, devoted to each
- Up to one month may be taken in anesthesiology

# *And finally...*

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**The RRC and ACGME are here to help**

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