

Accreditation Council for Graduate Medical Education

Neurosurgery Program Director Workshop

Pamela L. Derstine, PhD, MHPE
Executive Director

Society of Neurological Surgeons
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Program Requirements



Overview

- Duty Hour Updates
- Major Revisions
- NAS Categories



Duty Hour Requirements Update

Duty Hour requirements for PGY1 residents:

- 80 hours/week
- 1 day off in 7
- Maximum duty period 16 hours
- 8-10 hours between duty periods
- No home call
- No in-house call (does not include night float or regularly scheduled overnight duties)
- No moonlighting
- No duty hour exception



Duty Hour Requirements Update

Duty Hour requirements for PGY2 residents:

- 80 hours/week (DHE allowed)
- 1 day off in 7
- Maximum duty period 24+4 hours
- 8-10 hours between duty periods
- In-house call no more than 1 day in 3



Duty Hour Requirements Update

Duty Hour requirements for PGY3 and above residents:

- 80 hours/week (DHE allowed)
- 1 day off in 7
- Maximum duty period 24+4 hours
- < 8 hours between duty periods allowed
- In-house call no more than 1 day in 3



Duty Hour Requirements Update

- New specialty-specific requirements/FAQs added February 2012:

VI.D.1 Supervision (FAQ)

VI.E. Clinical Workload (PRs and FAQs)

VI.F. Teamwork (FAQ)



VI.D.1 Supervision (FAQ)

Q. Are there any situations in which residents may be supervised by non-neurosurgical licensed independent practitioners?

A. In certain learning environments such as the neuro-intensive care unit (ICU), a properly credentialed and privileged critical care physician may supervise a resident. In the operating room environment, a properly credentialed and privileged anesthesiologist may supervise certain procedures, such as central line placement, arterial line placement, and endotracheal intubations.

ACGME

VI.E. Clinical Workload (PRs)

Neurological surgery residents practice across a diversity of care settings with varying degrees of primary patient responsibility. These situations vary from first call cross-coverage on the floors to possible interaction with a primary intensivist, pediatric, or hospitalist service.

Peri-operative inpatient care must be further balanced with resident participation in the operating room. Program directors must consider the following when assigning patient loads:

adequate coverage and provision of patient care;

sufficient inpatient clinical responsibility to allow resident progression along clinical care milestones; and,

meaningful insulation of operative experiences from inpatient care to allow technical progress and facilitate resident development of organizational and triage skills.

VI.E. Clinical Workload (FAQs)

Q. What is an appropriate patient load for residents?

A. The program director must make an assessment of the learning environment with input from faculty members and residents. Minimum patient loads should usually be five on the general inpatient unit and four while on clinical neurological surgery services. However, there may be situations in which lower patient loads may be acceptable. Programs will need to justify lower patient loads with evidence such as severity of illness indicators or other factors.

VI.E. Clinical Workload (FAQs)

Q. What would an appropriate patient load be for a chief resident, or a resident in the final transition-to-practice year?

A. The program director must make an assessment of the learning environment with input from faculty members and residents. Residents in the final year of education generally take on more patient care responsibilities than earlier in residency education. Minimum patient loads should usually be 10 on the general inpatient unit, and three in the intensive care unit.

ACGME

VI.F. Teamwork (FAQ)

Q. Who should be included in the interprofessional teams?

A. Advanced practice providers, audiologists, certified registered nurse anesthetists (CRNAs), child-life specialists, nurses, nutritionists, operating room technicians, pharmacists, physical and occupational therapists, physician assistants, psychologists, radiology technicians, respiratory therapists, social workers, and speech and language pathologists are examples of professional personnel who may be part of the interprofessional teams.

Q. Must every interprofessional team include representation from every professional listed above?

A. No. The Review Committee recognizes that the needs of specific patients change with their health statuses and circumstances. The Review Committee's intent is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams be constituted as appropriate and as needed, not to mandate that all be included in every case/care environment.

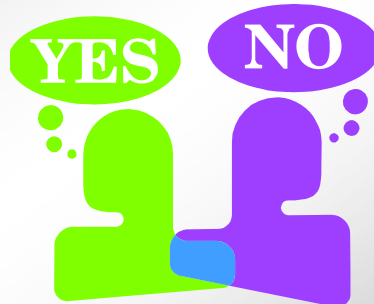
Q. What roles must residents have in the interprofessional health care team?

A. As members of the interprofessional health care team, residents must have key roles in diagnostic work-up, operative procedures, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty members and referring sources.

ACGME

Major Program Requirement Revision

- Public comment period closes June 21, 2012



<http://www.acgme-nas.org/neurological-surgery.html>



Major Changes

- Program length 84 months (7 years)
- Must have ACGME-accredited programs (anesthesiology neurology and diagnostic radiology): Sponsoring Institution
- Should have ACGME-accredited programs (internal medicine, pediatrics, surgery): primary clinical site or participating site
- Site directors must be ABNS certified
- One FTE program coordinator with support from sponsoring institution



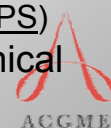
Major Changes

- Resources must include neuroangiography suite with extracranial and intracranial interventional capabilities
- ICU specifically for care of neurological surgery patients (desirable → should)
- Patient care outcomes: defined case categories
- Medical knowledge outcomes for treating specified NS conditions



Major Changes

- PGY-1 must include
 - 6 months general patient care (critical care, neurology, surgery, trauma or other related rotations)
 - Maximum 6 months neurosurgery
- First 36 months must include at least 3 months basic clinical neuroscience and at least 6 months neurocritical care education
- Following PGY1, additional 54 months clinical neurological surgery education
 - includes 21 months at primary clinical site
 - includes 12 months as chief resident (PCS or PS)
- Remaining 18 months used for elective clinical education and/or research



Major Changes

- Resident Experiences must include:
 - participating in surgical, endovascular, interventional, and radiological procedures
 - recording procedures in ACGME case log system as assistant resident surgeon, senior resident surgeon, or lead resident surgeon
 - clinical experience in neuroradiology, including endovascular surgical neuroradiology, and neuropathology designed specifically for neurological surgery residents
- Case log operative data must be reviewed with each resident at least semiannually
- 80% program graduates in past 7 years must take ABNS oral exam
- 80% first-time oral exam takers must pass



Next Accreditation System

Continuous Accreditation
No Cycle Lengths
No PIF!!!!



Program Requirement Categories



Program Requirement Categories

- **Definition of Categories**

- **Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.
- **Detail Requirements:** Statements that describe a specific structure, resource, or process for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
- **Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.



Program Requirement Categories

- **Examples for CPRs**

- **Core Requirement:**
Qualifications of the program director must include:
II.A.3.b) current certification in the specialty by the American Board of Colon and Rectal Surgery (ABCRS), or specialty qualifications that are acceptable to the Review Committee; and, (Core)
- **Detail Requirement:**
The program director must:
II.A.4.I) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents; (Detail)
- **Outcome Requirement:**
Residents are expected to:
IV.A.5.f).(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty; (Outcome)

Program Requirement Categories

- **Specialty-specific Examples**

- **Core Requirement:**
IV.A.3.a) Didactic sessions must include teaching conferences, rounds, and other educational activities in which both the neurological surgery faculty members and residents participate. (Core)
- **Detail Requirement:**
IV.A.3.a).(1) A majority of staff faculty members and residents must attend these sessions. (Detail)
IV.A.3.a).(2) A conference attendance record for both residents and faculty members must be maintained. (Detail)
- **Outcome Requirement:**
Residents must demonstrate competence in:
IV.A.5.a).(2).(a).(vii) assessing post-operative recovery, recognizing and treating complications, communicating with referring physicians, and developing the physician patient relationship; (Outcome)

Resources

- Neurological Surgery [FAQs](http://acgme.org/acWebsite/downloads/RRC_FAQ/160_Neurological_Surgery_FAQs.pdf)
http://acgme.org/acWebsite/downloads/RRC_FAQ/160_Neurological_Surgery_FAQs.pdf
- Duty Hour [Common FAQs](http://acgme.org/acWebsite/dutyHours/dh-faqs2011.pdf)
<http://acgme.org/acWebsite/dutyHours/dh-faqs2011.pdf>
- Duty Hour [Glossary of Terms](http://acgme.org/acWebsite/dutyHours/dh-GlossaryofTerms2011.pdf)
<http://acgme.org/acWebsite/dutyHours/dh-GlossaryofTerms2011.pdf>
- Resident Survey [Key Terms and Content Areas](http://acgme.org/acWebsite/Resident_Survey/ResidentSurveyKeyTermsContentAreas.pdf)
http://acgme.org/acWebsite/Resident_Survey/ResidentSurveyKeyTermsContentAreas.pdf
- Neurosurgery newsletters
http://acgme.org/acWebsite/RRC_160_News/160n_Index.asp
- NAS Website <http://www.acgme-nas.org/>
- ACGME weekly e-communication

