
Updates from the Residency Review Committee for Pediatrics

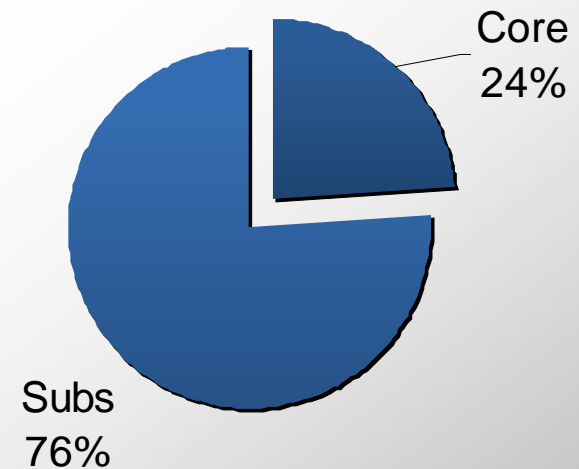
Marcia Hutchinson, MD, Chair, RRC for Pediatrics



Summary of Activities in 2008

- The RRC meets twice a year
 - spring and fall
- In 2008, the Committee had a third (shorter) meeting
- In total, there were 231 programs reviewed
 - Average workload for the spring and fall meeting was:
 - 30 core
 - 88 subspecialty programs
 - 15 progress duty hours reports

Types of Programs Reviewed

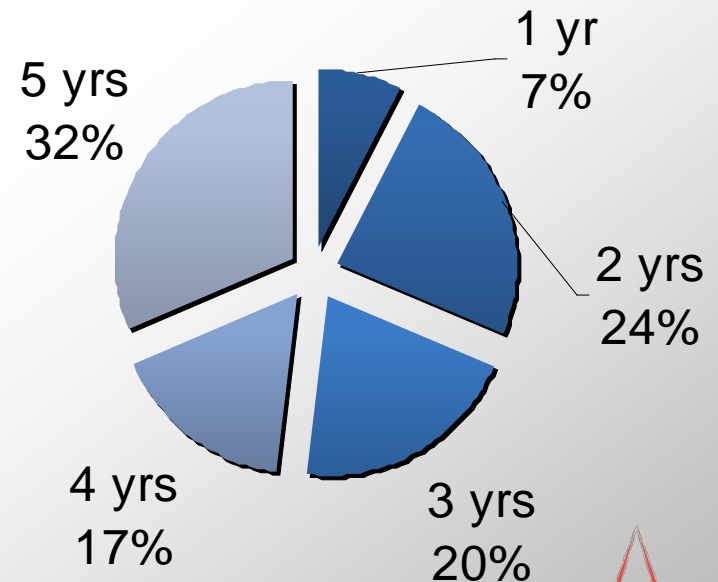


Accreditation Decisions in 2008

Core Pediatrics

<i>Types of Status Decisions in 2008</i>	
Continued Accreditation	47
Probation	3
Voluntary Withdrawal	1
<i>Proposed Withdrawal</i>	<i>1</i>
<i>Proposed Probation</i>	<i>3</i>
<i>Total</i>	<i>55</i>

Types of Review Cycles



Most Frequent Citations in 2008

Core Pediatrics

55 Core Programs Reviewed
Total of 281 Citations – 5 citations/program

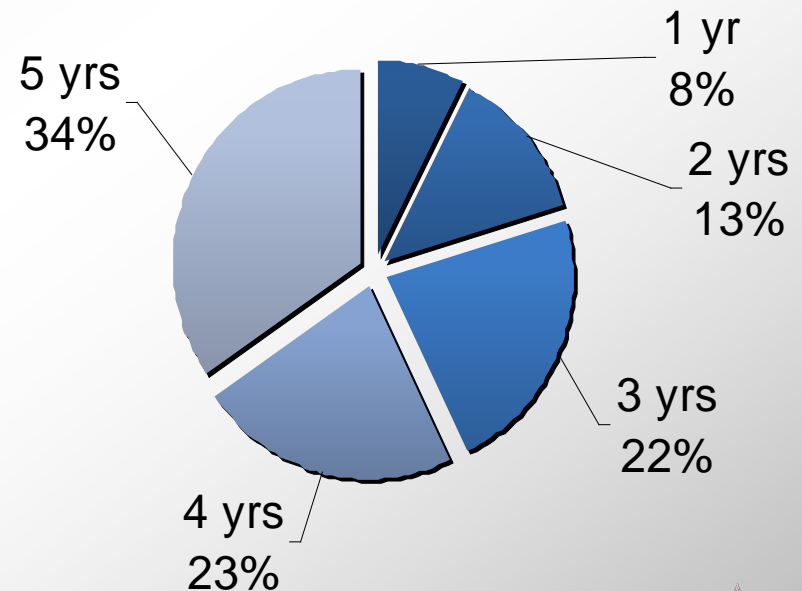
1. PICU – insufficient volume; complexity and acuity	26
2. Qualifications of Faculty – lack ABP cert	21
3. Continuity Experience – not meeting minimum #'s; 36 weeks	20
4. Evaluation of the Program – not done annually; residents and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies	15
5. Responsibilities of PD – PIF not complete or accurate	14
6. Scholarly Activities – lack of scholarly activity by faculty; residents	14
7. Institutional Issues/IR – internal reviews; facilities	12
8. Practice Based Learning - no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills	10
9. Service Versus Education Issues	10
10. Systems-Based Practice and Improvement no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight	9

Accreditation Decisions in 2008

Subspecialties of Pediatrics

<i>Types of Status Decisions in 2008</i>	
Accreditation	14
Continued Accreditation	142
Voluntarily Withdrawal	10
Accreditation Withheld	1
<i>Proposed Withdrawal</i>	<i>9</i>
<i>Total</i>	<i>176</i>

Types of Review Cycles



Most Frequent Citations in 2008

Subspecialties of Pediatrics

176 Programs Reviewed for a Status Decision

Total of 781 citations - 4 citations/program

1. Practice Based Learning – no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills	99
2. Scholarly Activities – faculty and fellow scholarly activity lacking	56
3. Evaluation of the Program - not done annually; residents and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies	51
4. Systems Based Practice and Improvement – no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight	51
5. Evaluation of Fellows – no semiannual written evaluations or evidence of final evaluation stating ability to practice w/o supervision	47
6. Institutional Support – internal review off schedule; facilities/working environment issues	43
7. Qualifications of Faculty – no ABP certification; no evidence of on-going scholarship	41
8. Responsibilities of the PD – PIF not complete or accurate	39
9. Curricular Development – general sub curriculum not covered during conferences; limited time devoted to required curricular; fellows involvement in conferences lacking	32
10. Goals and Objectives – not rotation and level specific or competency based	28

We're listening....

- Newsletter
 - Used to provide ACGME/RRC updates
 - Used to clarify expectations with requirements
 - PICU expectations -- #s + list of consecutive diagnoses
 - Distinguishing between QI projects for PBLI and SBP
 - In future: would like to share with PD examples of “good” PIF responses/examples
- Duty hours/IOM Recommendations
 - APPD provided RRC feedback for Feb ACGME Board Mtg
 - Majority of session at ACGME Educational Conference spent discussing recommendations



News

- Requirements
 - How time flies....requirements up for revision in about two years.
 - As part of new revision process, will be asked to provide input on the current requirements – before they are revised
 - Impact of duty hours, milestones, innovation....
- Changes to the PIF
 - Relieving burden:
 - dropping need for appending procedure log to PIF.
 - Adding question to describe mechanism used to assess resident procedural competence.
 - Will see this reflected in PIF soon.
- Committee receptive to innovation
 - Reviewed proposal for rethinking continuity experience

New Officers

- Steve Ludwig, MD – Chair elect
- Julia McMillan, MD – Vice Chair elect

