

# Program Director's Newsletter

Volume 2, Issue 2

April 16, 2013

*Purpose: To assist Program Directors so that they may stay up to date on the latest news, policies, and changes from the AOA and AOCOO-HNS Council on Medical Education.*

## Items of Interest from the AOCOO-HNS Council of Medical Education February 2013 and AOA PTRC April 2013

### From the Council of Medical Education (C.O.M.E.) February meeting:

Program Directors hold the responsibility for training the physicians of the future. Included in this responsibility is our residents' professional development within the AOCOOHNS. Ways to engage residents in College activities include:

- Assure that **all** of our residents are members of the AOCOOHNS.
- Introduce our residents to the Council of Residents and Fellows, the organization which gives them a voice in our Colleges.
- Encourage/require the residents to attend the ACA and Mid-Year Seminar CME programs **along with you and your faculty**.
- Have residents write and submit to you board questions which can be forwarded to the Board of Examiners after you have reviewed them.

The COME also suggests that Program Directors, at the **beginning** of each academic year, review the Colleges' requirements for logs, scholarly activities and other residency expectations with his/her residents.

In an effort to help Program Directors keep up to date with College deadlines, a **yearly timeline** is being constructed with month by month reminders of what is needed and when. It should be available for this coming academic year.

All Program Directors should have received by email a **PD list serve** to facilitate inter-residency communication.

### From the AOCOO-HNS Editorial Committee:

Though the Editorial Committee holds the final responsibility for approval/denial of resident papers, **it is incumbent upon Program Directors to actively oversee the writing of these papers and critically evaluate them prior to their submission.**

All too often the committee receives papers that clearly haven't had this attention. In this case the papers are returned for revision/rewrite or in some cases begun anew with a different subject. This delays the resident's yearly approval, program complete status, ability to sit for Board Certification, etc.

The Committee also requests, whenever possible, that papers be submitted in a timely fashion so that in case a revision/rewrite is advised, there is time left for the resident to do it and still make that year's deadline.

Finally, the Committee requests WORD COUNTS on all papers, as this is a published requirement.

### From the AOA PTRC:

The PTRC met on April 11, 2013 in Chicago. Dr. Clint Adams, acting chair of the COPT announced that his committee is working on a "stand alone accreditation system" that is "performance-based, outcome aligned". A part of this is a new accreditation grading scale: Institutions (including all residencies) will be accredited for either 5 years or 1 year. (Like the pass/fail system?) How this is determined has

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**97th ACA Residency Program  
Director's Workshop  
Wednesday, May 8th, 2013  
8:00 am-12:00 pm**

**PROGRAM**

7:45 am - Continental Breakfast

8:00 am - Welcome/Program Overview  
*Carlo DiMarco, DO*

8:10-9:00 am - Appropriate Use of Social  
Media in Medicine  
*Saroj Misra, DO, FACP*

9:00-9:40 am - Improving Your Journal Club  
and Teaching Evidence-Based Medicine -  
Part 1  
*Bryan G. Kane, MD, FACEP*

9:40-9:50 am - Break

9:50-10:30 am - Improving Your Journal  
Club and Teaching Evidence-Based  
Medicine - Part 2  
*Bryan G. Kane, MD, FACEP*

10:30-11:00 am - The Program Directors'  
Role in the AOCOO-HNS Strategic Plan  
*Alvin D. Dubin, DO* - Genesis of the  
Strategic Plan/Importance of PDs  
*Paul E. Burk, DO* - Brief Review of Past  
Year's Work  
*Robert J. Franchi, DO* - The Challenges of  
Implementation

11:00 am - Separate Breakouts for  
Ophthalmology and Otolaryngology PDs

yet to be announced, but the hope is that it will be put in place by July 2013!

Incidentally, **there was no update on the AOA/ACGME discussions reported at this meeting.** However, if you've been keeping your eyes and ears open (no pun intended) you've likely sensed some significant resistance within the profession to this move.

Traditional internship appears to be on the wane, and may be eliminated altogether in the near future.

As previously reported, the AOA is now conducting all internship and residency inspections. Dr. Stephen Trent, the AOA's inspector, reported that he and his team have "hit the ground running" since January. They have visited 39 institutions so far and anticipate completing 200 inspections/year. However, there are about 1400 existing programs so he is anticipating a need for more staff to get the job done. Some Colleges (8 out of 18) are insisting that their own representative accompany the AOA inspector. The AOA has made it clear that they will not be responsible for any expense incurred by additional inspectors.

Two of our own programs, EYE and ENT at Genesys, have already undergone Dr. Trent's inspection. His report has yet to be reviewed by the C.O.M.E. Dr. Trent stated that the turnaround time between inspection and his report to the AOA should be about three weeks. He also stated that his inspection process is evaluating how much OMM and OMT are being taught and recorded in patient charts.

One goal of these inspections is to cover an entire institution and its internship/residency programs at one visit.

Currently there are some conflicts between certain residency basic standards and the institution basic standards. Residency standards may go beyond the institution standards as long as they are not in conflict. **The residency standards supersede the institution standards.** For example, if the institution standard states that the institution must supply an on-call room, and more than one residency's standards of that institution also states that there must be an on-call room, the institution must supply adequate on-call space for any and all on-call personnel.

And finally, the issue of pre-inspections for new programs was discussed. This is the prerogative of the specialty colleges, but the AOA has no budget for it. The goal of a pre-inspection is to identify unmet standards of a potential program using the current inspection materials, and to note those items that are expected to be met by the one year inspection. The pre-inspection can be formal, or informal as in a consultation. Either way, the process is determined and funded by the specialty college.

I look forward to seeing you all at the upcoming **Program Director's Workshop in Orlando May 8, 2013!!**

Respectfully submitted,

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