

Program Director's Newsletter

November 2012

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 September 2012 and AOA PTRC November 2012

Everywhere you look, there is CHANGE. Here is a recap of the AOCOO-HNS Council of Medical Education business affecting you, your programs and your residents:

From the Editorial Committee:

- Papers should be submitted 30 days prior to the end of the training year so that the Editorial Committee will have adequate time to review all of the papers.
- There is a request that resident papers include **word counts**.
- Note that case reports, reviews of literature, and any papers that do not involve potential patient exposure are exempt from IRB review, however, IRB review may be required by your training institution.
- The Editorial Committee members are always available to discuss paper requirements and content with residents and program directors.

Program Inspection News:

Beginning January 1, 2013, the AOA will be utilizing a professional inspector, Stephan N. Trent, DO. This is possible due to the implementation of the revised Basic Standards for all training programs (effective July 1, 2012). The new inspection crosswalk emphasizes the compliance of the residency standards, as opposed to judging the quality of the program. As stated in previous PD Newsletters, evaluation of quality will lie with resident evaluations, in-service exam scores, and board certification pass rates.

Dr. Trent and his assistants will tackle the daunting task of coordinating multi-residency inspections. The plan is to visit each training institution, and cover any and all programs that are up for accreditation renewal. The point system will allow for a 5 year approval with a score of 80% or higher.

Breaking news of the AOA's discussions with the ACGME regarding a unified accreditation process has taken into account Dr. Trent's mission, and it is anticipated that he will be involved in whatever process develops from the AOA/ACGME discussions.

A good portion of the business of the Post-Doctoral Training Review Council (PTRC) is to hear inspection appeals. Those programs that don't get approval, or are approved for less than three years are reviewed. Often the issues revolve around the required documentation to be supplied at the time of the inspection. Please note that any deficiencies reported **at the time of the onsite inspection** are generally upheld at the PTRC level, even if supplemental documentation is received after the inspection. The PTRC will only review **errors in fact**.

Deficiencies should be addressed in the form of a **corrective action plan**, presented to the respective colleges' evaluating committee, and then onto the AOA.

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*6th Annual Faculty Development Course
February 9-10, 2013 - Orlando, FL*

PROGRAM

Saturday, February 9th

9-9:15 am—Carlo J. DiMarco, DO—Welcoming
Comments, Introductions and Overview of the Faculty
Development Program
9:15-10 am—Mr. Joseph B. Koch—Designing an
Effective Mentoring Program
10-10:45 am—Mr. Joseph B. Koch—Implementing an
Effective Mentoring Program
10:45 am-12:15 pm—Mr. Nathan P. Straus—Teaching
Residents the Business of Clinical Medicine
12:15-1 pm—Lunch with Round Table Discussions
1-2:15 pm—Mr. Joseph Koch and Panelists Dr. Carlo
DiMarco, Dr. Larry McIntire, Dr. Robert Peets and Dr.
Wayne Robbins—How to Successfully Manage Your
Residency Program
2:30-3:15 pm—Wayne K. Robbins, DO and Sidney K.
Simonian, DO—Implementing Annual Promotion
Criteria for Residents: An Update
3:15-4:15 pm—J. Michael Finley, DO—Conducting an
Internal Review of Your Program (Mid-accreditation
Cycle)
4:15-5:45 pm—Thomas G. Gentile Jr., MSA—Impact
on the Affordable Care Act (ACA) on OGME Funding

Sunday, February 10th

8-9 am—Erin P. Benjamin, DO and Wendy D.
McConnell, DO—Report from the CRF—Survey
Results and the Role of the CRF in the AOCOO-HNS
2013 Strategic Plan
9-9:45 am—Robert L. Peets, DO—How to Prepare
Residents to Excel on the Annual In-service/OKAP
Examinations
9:45-10:45 am—Franklin J. Medio, PhD and Alvin D,
Dubin, DO—Role of the Program Directors and Faculty
in the AOCOO-HNS 2013 Strategic Plan

*Registration information has been emailed to all
Residency Program Directors and Faculty. Information
is also available at www.aocohns.org.*

OGME-1/Internship:

Program Directors are urged to work closely with their DMEs in overseeing and evaluating their residents' OGME-1 year. Currently, the AOCOO-HNS Council of Medical Education does not receive a year-end report for these residents in ophthalmology, but may be requesting verification from the DME that the resident is in good standing to enter the formal residency program.

Year-end Reports/Logs:

Your grading of each resident at year end is taken very seriously at the Council of Medical Education level. Please ensure that your reporting of your residents' progress is consistent with all commentary.

Regarding the resident logs, please don't include procedures outside the scope of your specialty (i.e., body reconstruction surgery)

In-service Scores:

This continues to be problematic for some programs occasionally and others continually. Excuses won't raise scores. However, ideas such as those implemented by Dr. Robert Peets in his program have resulted in impressive results. His presentation at the September Mid-Year Resident Forum was well received and will likely be revisited. The Council of Medical Education is supportive of sharing any and all ideas that will benefit our programs in this area.

Robotics:

It has come to the attention of the Council of Medical Education that robotic surgery is making inroads into our specialties. Please consider the impact of robotics on your residency. The Council of Medical Education will include this in our evaluation process as it becomes more mainstream in resident training.

ACGME/AOA Unified Accreditation Discussions:

The end of October was marked by the announcement of the AOA's efforts to resolve the post-graduate training crisis. As you know, last year the ACGME announced intentions of restricting their training programs. The implications for Osteopathic students and residents were catastrophic. Since March, 2012 the AOA, AACOM and the ACGME have been in discussions to resolve this issue. They will now be entering into a "memorandum of understanding" to put together a plan to have unified accreditation of all postgraduate training programs, MD and DO, by July 1, 2015. The agreement will only involve accreditation. Existing AOA programs will automatically be granted continuing accreditation. Examining boards and state licensure will not be affected. There will be full recognition of the Osteopathic degree and board certification.

The PTRC voted unanimously "...to support the initiative to define a process, format and timetable which, if adopted by AOA, ACGME and AACOM will result in a unified ACGME accreditation system for programs in graduate medical education in which the AOA and AACOM participate in a manner similar to other current organization members of ACGME". Mr. John Crosby, the Executive Director of the AOA, reported last week that comments are running 95% in favor of proceeding with this direction. **This will be a monumental change in the postgraduate training landscape. I encourage you all to refer to the AOA website (osteopathic.org/ACGME) for more details as they unfold.**

Sincerely,
Sidney Kay Simonian, DO
Chair, AOCOO-HNS Council of Medical Education