## **Program Director's Newsletter**

#### Volume 1, Issue 1 October 16, 2011

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 August 2011, and AOA PTRC November 2011

- For Ophthalmology, the internship year falls under the auspices of the DME of the institution. Currently, the DME is responsible for assuring that the intern completes the required rotations as described in our Basic Standards. Questions were raised about whether the C.O.M.E. should also request verification that these requirements are being met. Specific situations where this may come into play: Accepting a resident into your program who had an internship at another institution, not knowing the specific rotation requirements of our College. Recommendation is that the Program Director communicates with the DME to assure requirements are being met. Currently the C.O.M.E. does not review any year end reports for ophthalmology **interns**, but will be requesting from the DME a letter attesting to this.
- In-house evaluation forms are now available on the website. They include Quarterly Resident, Faculty, 360 Degree, and Procedure/Skills forms. They are a compilation of the best currently used forms and are available for your use as needed. Year end Program Director's annual report forms are currently being revised for submission to the AOA COPT. Once approved, they also will be available on the website, and hopefully in full use by July 2012.
- All Basic Standards have been revised and approved by the AOA. They go into effect July 1, 2012. All generic material has been removed from the Basic Standards and placed in the AOA Basic Documents. What remains in the Basic Standards beginning with Article IV is a listing of specific standards for each specialty. These itemized standards are also copied to the new inspection workbook as check-off items with point value, allowing for a quantified inspection method. If you have any issues about the content, please contact me.

The Colleges are dedicated to maintaining good communication with the residents and fellows. The Council of Residents and Fellows (CRF) provides the avenue for this communication. The Chairs of the CRF have been using surveys to bring forth the opinions, suggestions and grievances. Unfortunately, survey response is very poor. In order to get meaningful information from the residents and fellows, we are requesting that along with the year end paperwork the residents compile, that you also encourage them to do the resident survey, when applicable.

Your OPTI's purpose in assuming Academic Sponsorship is to provide oversight and education for your residency. The Council of OPTIs is assuming the following tasks: (a) quality performance monitoring; (b) quarterly evaluation reviews; (c) participation in onsite program reviews and internal reviews; (d) oversight of the AOA Match; (e)

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5th Annual Faculty Development Course Sponsored by the AOCOO-HNS Saturday and Sunday, February 11-12, 2012

Hyatt Regency Orlando International Airport, Orlando, Florida

### PROGRAM DESCRIPTION

As Program Directors, you are called upon to be skilled in a great number of different areas. Residency training prepares us to be knowledgeable and skillful at procedures, good communicators, and effective at multitasking. Rarely, however, does it prepare us to be educators and program administrators.

Faculty development is a term used to describe growth as educators. The goal of this course is to provide a guide for Program Directors to advance their skills as educators and program administrators.

Registration information available at <u>http://www.aocoohns.org/meetings/</u><u>faculty-development-program</u>

management of corrective action plans; and (f) assurance of core competency compliance. What this means is that OPTIs will be held to certain standards of function. Your OPTI should also be a resource for educational programs on professionalism, ethics, OMT programming, and systems-based practice. SO, if up till now you have had little involvement with your OPTI, you may notice a racheting up of their role in your program.

The Council of Medical Education of the AOCOO-HNS has long been concerned about the quality of didactics across all our programs. At our February, 2011 meeting a motion was passed to evaluate aggregate inservice scores from both the ophthalmology and otolaryngology programs. Those programs reporting the majority of scores in the lowest 10% are to be identified and the C.O.M.E. will issue a letter to the Program Director requesting a corrective action plan to remediate the academic problems. The intent of this action is to spur academic improvement, to share successful residency training strategies, and to raise the academic bar for all our programs so that we consistently graduate competent and successful ophthalmologists and otolaryngologists.

Hopefully, we have all read the Macy Report (see attachments). The conclusions and recommendations were discussed at the last PTRC meeting. We may be facing the elimination of the rotating internship in an effort to further shorten the post-graduate training period. There is also support for moving post-graduate medical education toward a competency-based model, and away from time-constrained models. This could allow competent residents to graduate in a shorter time, as well as provide for residents who may require a longer period to attain competency. This will be a topic for the COPT retreat this summer.

Many of us are aware that our residencies are under threat of closing with the upcoming CMS changes being entertained. In fact, we have already received disturbing news of several ophthalmology programs and one ENT program being prohibited from interviewing applicants for the upcoming year. In some cases, programs have been given notice to close. Since funding for our residencies comes from CMS, through our sponsoring institutions, we have little control. The COPT is requesting any and all ideas that might allow for alternate funding. Please think outside the box and send me whatever you come up with so that I can forward our best ideas to the COPT. Deadline February 1, 2012.

This concludes the first issue of the Program Directors Newsletter of the AOCOOHNS. Your comments are most welcome.

Sincerely, Sidney Kay Simonian, DO Chair, Council on Medical Education AOCOO-HNS <u>sksimonian@comcast.net</u>