Letters to the Editor

ACGME Letter on Hurricane Katrina*

Dear Editor:

No one could have foreseen the long-lasting effects of Hurricane Katrina's devastating path through the Gulf Coast region in August 2005. Among one of the less widely reported but certainly most critical effects was the extraordinary disruption to the education of resident physicians in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME has spent considerable time reflecting on how its policies and procedures were tested as a result of this catastrophic event. It continues to look carefully for ways to improve its response in such occurrences, with the hope, of course, that no need will occur for its response to be tested again.

Among Katrina's most significant effects on the accreditation of graduate medical education was the limited and, in some cases, almost nonexistent communication with program directors, designated institutional officials, and resident physicians in the affected area. As a result, the ACGME relied on expeditious posting of information to the ACGME Web site about steps to be taken as institutions attempted to reconstitute their sponsored programs. The ACGME updated information and identified emergency procedures as necessary and coordinated its efforts with the Association of American Medical Colleges, American Board of Medical Specialties, and Federation of State Medical Boards to disseminate the information to all those whose education was affected. When communication was established, usually via cell phone, ACGME review committee staff worked with program directors and designated institutional officials to plan for alternative educational sites for residents. Review committee staff facilitated transfers of residents by finding appropriate sites at which they could continue their education (nearly uninterrupted) and expedited approval by the review committees; many review committee executive directors personally counseled residents and, in some cases, their parents. These activities were added to the regular workload in support of programs in the unaffected parts of the country. As a result of its experience, in 2006 the ACGME approved a disaster policy for external stakeholders available in its *Policies and Procedures:* "The Sponsoring Institution must have an institution-wide policy that addresses continuation of GME financial and administrative support for programs to continue the education of all residents in the event of a disaster" (section II.G). The ACGME also developed a disaster policy for the organization and staff, and new requirements for sponsoring institutions.

The organizational systems that support medical education are fragmented. Particularly in the case of graduate medical education, funding, accreditation, certification, and licensure are overseen by separate federal and private organizations that maintain little communication among themselves, in some cases, at least, because they are prohibited to by federal regulation. During the aftermath of Katrina, most local medical education records were either lost or made unavailable. The ACGME case log and Accreditation Data System, however, remained intact and provided necessary and appropriate documentation to the licensing bodies so that residents could continue their education in alternate sites, in many cases across state lines.

Even before Katrina, the ACGME and other organizations with a vested interest in graduate medical education were engaged in a series of high-level meetings to address the lack of cohesiveness across the educational continuum. In addition to these interorganizational efforts on a more general level, the ACGME also continues to discuss the best methods to provide review and accreditation of the programs affected by Katrina. In ongoing reviews by residency review committees and the Institutional Review Committee, the ACGME seeks to balance the ability of the affected programs to educate residents as their circumstances continuously change (e.g., patient volume and mix, qualified faculty) with its need to apply its policies and procedures fairly and consistently, in light of its mission to ensure that residents can receive the best education for the welfare of the public.

The ACGME salutes the program directors and residents who acted as dedicated physicians to provide care for thousands of survivors of this catastrophic event and their work to support the integrity of the educational programs, despite their personal and professional losses.

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*See related editorial in this issue.

Conjunctivitis as a Sign of PFAPA Syndrome

Dear Editor:

We examined a 9-year-old boy with recurrent aphthae, accompanied with fever (39–41° C), pharyngitis, and adenitis. The duration of episodes was 3 to 5 days, and the child was asymptomatic between episodes. The episodes started 14 months ago and were reiterated at 4-week intervals. In the last 8 to 9 episodes bilateral conjunctivitis was noticed. The patient received nonsteroidal antiinflammatory drugs with or without concomitant antibiotics but did not respond to therapy.

His family history was negative and his development was normal. Intraoral examination revealed pharyngitis and aphthous ulcers (Fig 1 [all figures available at http://aaojournal.org]). Palpation demonstrated a painful, bilateral, submandibular lymphadenopathy, and ophthalmologic examination revealed localized painless bilateral mild conjunctivitis (Fig 2).

He was referred to the department of ophthalmology for further investigation. His vision was 20/20 in both eyes, and on the slit-lamp examination no signs of inflammatory cells in the anterior chamber or posterior synechiae were found. The posterior pole and the vessels in the periphery of the fundus were normal.