RRC Update: Diagnostic Radiology

Lawrence P Davis, M.D.
Chair, Radiology RRC
ACGME Annual Educational Conference
March 2, 2012
Disclosure

• No conflicts of interest to report
Composition of RRC

- 3 members nominated by ACR
- 3 members nominated by ABR
- 3 members nominated by AMA
- 1 resident member
  - 2 nominations each from ACR and APDR
  - RRC then selects from nominated candidates
- Executive Director of ABR (ex officio)
Term for Members

- 6 years each (two 3 year terms)
  - Resident member: one 2-year term
- Each member is evaluated by each RRC member at end of 2\textsuperscript{nd} year
- Chair and Vice Chair elected by RRC
  - Chair term is 3 years
  - Vice-Chair term is either 1 or 2 years
# Diagnostic Radiology Committee Members

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Member</td>
<td>Stephen Baker, MD</td>
<td>UMDNJ-New Jersey Medical School</td>
</tr>
<tr>
<td>Ex-Officio</td>
<td>Daniel Coke Barr, MD</td>
<td>University of Michigan Health System</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Gary Becker, MD</td>
<td>American Board of Radiology</td>
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<tr>
<td>Chair</td>
<td>Thomas H. Berquist, MD</td>
<td>Mayo School of GME</td>
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<tr>
<td>Chair</td>
<td>Lawrence P. Davis, MD</td>
<td>Long Island Jewish Medical Center</td>
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<tr>
<td></td>
<td>Valerie P. Jackson, MD</td>
<td>Indiana University School of Medicine</td>
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<td></td>
<td>Susan D. John, MD</td>
<td>University of Texas Medical School at Houston</td>
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<td>Jeanne M. LaBerge, MD</td>
<td>University of California, San Francisco</td>
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<td></td>
<td>Duane G. Mezwa, MD</td>
<td>Oakland University, William Beaumont Hospitals</td>
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<td>Gautham P. Reddy, MD</td>
<td>University of Washington</td>
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<td></td>
<td>Robert Zimmerman, MD</td>
<td>New York Presbyterian Hospital</td>
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RRC…Effective July 1, 2011

• Lawrence Davis, Chair (Nuclear Medicine)
• Tom Berquist, Vice Chair (MSK)
• Steve Baker (Abdomen, ED)
• Bob Zimmerman (Neuro)
• Val Jackson (Breast Imaging)

• Jeanne LaBerge (VIR)
• Duane Mezwa (Abdomen)
• Gautham Reddy (Cardiothoracic)
• Susan John (Peds)
• Daniel Barr (Resident from U. Michigan)
• ex officio ABR
Responsibilities of RRC Members

- Attendance at 2 or 3 meetings each year
- Exercise fiduciary responsibility
  - Fealty to ACGME overrides allegiance to sponsoring organizations
- Maintain confidentiality
- Avoid conflict or duality of interest
- Program reviews (20-30 hours before each meeting)
Review of Radiology RRC by ACGME Monitoring Committee

• RRC was reviewed by the ACGME Monitoring Committee in February 2008
• Similar to accreditation review of programs
• Had to prepare and submit a Monitoring Committee Report, i.e. our “PIF”
ACGME Monitoring Committee

- Granted RRC continued accreditation authority for 5 years (Effective 2008)
- “Update” submitted Nov. 12, 2010
  - Success of Resident Case Log System
    - Accumulating data to establish benchmark experiences
  - Radiology involvement in ACGME Learning Portfolio
    - Site visitors will randomly evaluate resident portfolios
  - Analysis of 50% board pass rate requirement
    - Difficult due to change in the structure/timing of board exams
Revision of Core Radiology Program Requirements in Support of New ABR Testing

Effective July 1, 2010
Impetus for Revisions

• New ABR Test Structure and Sequencing
  • Core Examination given after 36 months of radiology training
    • Will cover all subspecialties of radiology plus core curriculum and physics
    • 18 categories; condition up to five
Impetus for Revisions

- New ABR Test Structure and Sequencing
  - Final certifying exam- 15 months after completion of residency
    - Computer based interactive exam focused on candidate’s chosen scope of practice
Revisions

• Introduction: Duration and Scope of Education B.3.
  • Change maximum time rotating in a single subspecialty from 12 months to 16 months
Revisions

• Duration and Scope of Education B.4.
  • Residents entering radiology training on July 1, 2010 or thereafter must be provided appropriate clinical rotations and formal instruction in all subspecialties of radiology and in the core subjects pertaining to radiology (e.g. medical physics, physiology of contrast media, etc.) before taking the ABR Core Examination (given after 36 months of radiology training at the end of PGY-4).
  • During the final year of radiology training (PGY-5), these residents should be allowed, within program resources, to select and participate in rotations, including “general radiology,” that will reflect their desired areas of concentration as they enter practice.
Revisions

• Duration and Scope of Education B.5.
  • Participation in on-call activities is essential for the development of radiologists, who are expected to practice independently upon completion of training, & must occur throughout the 2nd, 3rd & final years.
  • Program directors may exercise discretion in granting relief from call responsibilities for short periods before the oral board exam for residents entering radiology training before July 1, 2010 and before the “Core” board exam for residents entering radiology training on July 1, 2010 or thereafter.
Revisions

• Program Personnel and Resources: Section II.A.4.p.
  • participate in the ACGME case log system. The logs must be submitted annually to the Review Committee office in accordance with the format and the due date specified by the Review Committee. The record must be reviewed by the program director at least annually;
  • for residents beginning training in radiology on July 1, 2010 or thereafter, data must be submitted for each resident only for the years of training preceding the ABR Core Examination (at end of PGY-4).
Revisions

• Evaluation: Section V.C.3.
  • During the most recent five year period, at least 50% of a program's graduates should pass the oral exam, either on the first attempt or, if only one section is failed, should pass that section on the first opportunity.
  • For residents entering radiology training on July 1, 2010 or thereafter, during the most recent five year period, at least 50% of a program’s graduates should pass the ABR Core Examination either on the first attempt, or if only one section is failed, should pass that section at the first opportunity.
Program Requirements
Effective July 1, 2008

“Current” Program Requirements
Faculty: Board Certification

- The physician faculty must have current certification in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC (not a NEW requirement)

- RRC concerned about the increasing numbers of noncertified faculty in some programs
Faculty: Board Certification

• AOB R, Royal College of Radiologists and other international certifications NOT considered equivalent to ABR certification
  • RRC not making judgments on these certificates
  • This is information from ABR

• Programs will be expected to submit documentation of pathway to ABR certification for faculty members without ABR current certification
Core/Noncore Faculty

- PIF now has these two categories of faculty
- “Core faculty” are defined as those who devote at least 15 hours per week to resident education and administration
- The Radiology RRC is not concerned with these two categories
- Board certification of faculty is required no matter to which category they are assigned
Other Program Personnel

• **Modification:** A dedicated radiology residency program coordinator is required.
  
  • “Dedicated,” in this case, does NOT mean only to the core program

• **Added:** “..must have **sufficient** time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program.”
Competencies: Where do we need to be?

- **ACGME timetable**: Full integration of the competencies and their assessment into learning and clinical care.
- **Current**: “The goals and objectives must be specific for each rotation and incorporate the core competencies”
- **Future**: Development of specialty-specific milestones that, when met, will foster proficiency in each of the competency domains and be outcomes driven (work has already for Radiology Milestones)
Measurement of Competencies
Resident Outcomes in Diagnostic Radiology

The following are suggested departmental measurement tools for evaluating competencies in diagnostic radiology. Residents and/or faculty are encouraged to be innovative in developing their own. Faculty and/or program directors are encouraged to be innovative in developing their own.

OUTCOMES

- Documentation of reducing the discrepancy rate between preliminary interpretations rendered by residents during independent call and the final interpretations
- Documentation of demonstrated competency in performing procedures (e.g. step by step check off for performance of barium enema including patient safety/radiation exposure issues—see attached example)
- Documentation of adequacy of resident treatment of a simulated contrast reaction (e.g. hypotensive shock)
- Documentation of fluoroscopy time for image-guided procedures for each resident and remediation of any significant variations from AAPM benchmarks

MEDICAL KNOWLEDGE

- Objective evidence of satisfactory performance on:
  - Mock boards
  - ACR in-service examination
  - ED “pre-call” exam (“credentialing exam”)
  - Pre/post rotation examinations
  - ABR exams (physics and written portions)

PRACTICE-BASED LEARNING

- Documentation of remediation of resident weak area(s) identified on:
  - ACR in-service exam
Checklist for Resident Competency in Performing Barium Enemas
(covers six basic competencies)

Resident ______________________ Date _____________ No. of BEs performed ________

Please comment on any deviation from expected performance.

☐ Washes hands

☐ Confirms patient identity and that BE is the correct procedure

☐ Introduces him/herself to patient properly

☐ Explains procedure to patient

☐ Inserts rectal catheter properly and gently

☐ Wears appropriate protective garments (e.g., lead apron)

☐ Uses fluoroscopy appropriately (i.e., tower close to patient, uses as few spots as necessary, uses shield between patient and operator)

☐ Is gentle and clear in instructing patient in positioning during procedure

☐ Is facile in obtaining full opacification of colon

☐ Is facile in using paddle when obtaining spot films

☐ Recognizes pathology if present and focuses on adequate imaging of that area of the colon

☐ Is cognizant of patient discomfort, if any, and actively seeks to reduce discomfort or tries to soothe patient during the short period of discomfort

☐ Obtains a diagnostic study

☐ Uses minimal fluoroscopy time necessary for the study (Record time _____)

☐ Dictates accurate report in timely fashion

Based on direct observation of the above performance, I certify that this resident:

☐ is appropriately trained to perform barium enema with direct supervision

☐ needs further supervised experience

Faculty member signature ______________________
Goals and Objectives

- Competency-based
- Specific for each subspecialty rotation
- Specific for each level of training
- Reviewed and revised as needed annually
- Distributed to faculty and residents
- Discussed with residents before each rotation
Nuclear Medicine Requirements

Required by NRC for resident to be “AU-Eligible”

- Minimum of 700 hours (approx. 4 months) of training and experience in clinical nuclear medicine, which may include the required 80 hours of classroom and laboratory instruction.

- Each resident must participate with preceptors in at least 3/3 therapies involving oral administration of I-131 (low dose <33 mCi AND high dose >33 mCi).

- Document date, diagnosis and dose. (7/1/11)
ABR Diagnostic Radiology Certification
NRC AU-Eligible Training Requirements
I-131 Therapy

• Oral Therapy with $\leq 33$ mCi of I-131
  • Treatment of Hyperthyroidism
  • 3 patient administrations required

• Oral Therapy with $> 33$ mCi of I-131
  • Ablation of Thyroid Gland Remnant, Or Treatment of Thyroid Cancer w/wo Metastases
  • 3 patient administrations required
Nuclear Medicine (con’t.)

- 80 hours of didactic classroom and laboratory training
  - Very prescriptive
  - The resident must have hands-on work experience when they perform the supervised work experience requirements. Observation alone is not sufficient.
Radiologic Physics

• **New requirement**
  “Residents must demonstrate on an ongoing basis an awareness of radiation exposure, protection and safety, as well as the application of these principles in imaging.”

• **Physics curriculum**
  • Consider using the curriculum developed by AAPM and endorsed by multiple organizations (aapm.org)
  • RSNA online modules
ACGME Case Log System

New Requirements:

• Programs **must** participate in the ACGME Case Log System (ACGME initiative)
• Must be submitted annually on line
• Must be reviewed by PD at least annually
• What must be submitted?
  • Number of cases **preliminarily interpreted or dictated** by each resident for a representative group of imaging exams
  • Will provide basis for benchmark data
  • **Different from procedure log**
Background

• Case log system used by Radiology since July 1, 2006

• Data are collected in aggregate

• Data are not currently being used in accreditation decisions

• RRC is interested in using the data and in setting minimums
Home

- New - Resident Survey 2007 (12/2/06)
- New - Meet the ACGME Board of Directors (12/1/06)
- Most residents followed duty hour limits in 2005-06 (11/3/06)
- Register for the 2007 Annual Educational Conference (11/2/06)
- The fourth of five modules in a new educational resource “Educating Physicians for the 21st Century” is now available: Developing a Competency-based Curriculum (10/23/06)
- Announcing the ACGME 2007 Annual Educational Conference Call for Poster Abstracts: Abstracts must be submitted electronically to abstracts@acgme.org using the Abstract Submission Form no later than January 8, 2007. See the Call for Poster Abstracts and Abstract Submission Form for more information (10/1/2006)
- Timeline For Phase Three of Sleep Medicine Accreditation (7/27/06)
Welcome to Resident Case Logs

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

Access to the Resident Case Logs System is secured by an encryption certificate obtained through the VeriSign Corporation. We use 128-bit SSL encryption to help ensure the secure transfer of information. If you are using a less secure encryption level you may experience difficulty and should upgrade.

The data you provide will be used by ACGME for accreditation, will be maintained confidentially, and will not be distributed for commercial use.

Summary data and other information about programs, institutions, resident physicians or resident physician education which is not identifiable by person or organization may be published in a manner appropriate to further the quality of GME and consistent with ACGME policies and the law.

ACGME Accreditation | System for Evaluation of Competencies in Residents

Minimum Browser Requirements

About SSL Certificates

Please report any problems or suggestions to the cplog@acgme.org

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Welcome to Resident Case Log for Radiology-Diagnostic

Messages

Please report any problems or suggestions to the oplog@acgme.org.
CPT Codes for Procedures Categories

- Chest x-ray
  - 71010, 71015, 71020, 71021, 71022, 71023, 71030, 71034, 71035

- CT abd/pel
  - 72192, 72193, 72194, 74150, 74160, 74170, 74176, 74177, 74178

- CTA/MRA
  - 71275, 71555, 72191, 72168, 74175, 74185, 70544, 70545, 70546, 70496, 70547, 70548, 70549, 70498, 73725, 73760

- Image guided bx/drainage
  - 75989, 76942, 77012

- Mammography
  - 77055, 77056, 77057, G0202, G0204, G0206

- MRI body
  - 71550, 71551, 71552, 72195, 72196, 72197, 74181, 74182, 74183

- MRI brain
  - 70551, 70552, 70553

- MRI knee
  - 73721, 73722, 73723

- MRI spine
  - 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158

- PET
  - 78401, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816

- US abd/pel
  - 78700, 78705, 78770, 78775, 78630, 78656, 78657
### Number of Programs in the Nation: 182  Number of Residents in the Nation: 1079

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<tr>
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### Diagnostic Radiology: National Resident Report (Benchmarks Table)

**Reporting Period:** Total Experience of Residents Completing Programs in 2009-2010  
**Residency Review Committee for Diagnostic Radiology**  
**Report Date:** October 13, 2010

**Programs in the Nation:** 182  
**Residents in the Nation:** 1079

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Descriptive statistics – 2011 graduates

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• Is the variability in the data reasonable?
Conferences and Lectures

New Requirements (actual wording):

• Programs are expected to have a minimum of 5 hours per week of conferences/lectures
• Residents must have protected time to attend all scheduled lectures and conferences
• Resident attendance at conferences/lectures must be documented
Conferences and Lectures (con’t)

• Each of the 9 designated subspecialty chiefs must organize a series of intradepartmental lectures that cover anatomy, physiology, disease processes and imaging in their respective subspecialty area

• PD responsible for making sure there is a core lecture series for more general topics
Conferences and Lectures (con’t)

• This core didactic curriculum must be repeated at least every two years

• There must also be interactive case-based conferences and interdepartmental conferences
Core Didactic Curriculum

- Imaging physics and radiation biology
- Patient safety
- Radiologic-pathologic correlation
- Fundamentals of molecular imaging
- Biology and pharmacology of contrast media
- Use of needles, catheters, other devices
- Appropriate imaging utilization
- Socioeconomics of radiology
- Professionalism and ethics
Resident Scholarly Activities

- Residents **must** have training in critical thinking skills and research design
- Residents **must** engage in a scholarly project. This may take the form of laboratory research, clinical research, the analysis of disease processes, imaging techniques, or practice management issues
- Results **must** be published, or presented at institutional, local, regional or national mtgs
  - “institutional:” resident research day, etc.
Scholarly Activities

• What does the RRC look for?
  • RESIDENTS:
    • PIF: PGY 4 and 5 residents should have project listed; for PGY 4, can be “in progress”
  • FACULTY
    • PIF: On average, 2 scholarly activity per faculty per member over 5 year period
## Metrics for Scholarly Activity

<table>
<thead>
<tr>
<th>Position</th>
<th>Pass</th>
<th>Fail</th>
<th>Commendation</th>
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</thead>
<tbody>
<tr>
<td>Residents*</td>
<td>1 pt/resident</td>
<td>&lt;1pt/resident</td>
<td>≥1.5 pts/resident on average</td>
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<tr>
<td>Fellows*</td>
<td>1 pt/fellow</td>
<td>&lt;1pt/fellow</td>
<td>≥1.5 pts/fellow on average</td>
</tr>
<tr>
<td>Faculty (FTE)#</td>
<td>Average 2 pts</td>
<td>Average &lt;2 pts</td>
<td>Average ≥5 pts</td>
</tr>
</tbody>
</table>

*One point given per publication (print-i.e. article, case report, chapter, or electronic- i.e. ACR case in point) or local, regional or national presentation/poster or electronic exhibit over the length of the program

#One point given for documented activity in each of the following activities over the length of the review cycle
- Grants
- Publications
- Selected chapters, text books
- Presentation at local, regional or national meeting
- Education related service on national committees
Evaluation of Residents

New Requirements for Competency-Based Evaluations

• **Global faculty evaluations** (*all competencies*)

• **360 evaluation** (*interpersonal/communication skills and professionalism*)
  - *Nurses, techs, clerical personnel, etc.*

• **Resident learning portfolio** (*all competencies*)
  - To be reviewed with resident during semiannual evaluation
Resident Learning Portfolio: Competency-specific Content

- Patient Care
  - Case log entries AND procedure logs
- Medical Knowledge
  - Conferences attended, courses/meetings attended
  - Documentation of compliance with regulatory-based training requirements in nuclear medicine and breast imaging
  - Documentation of performance on yearly objective exam (ACR Inservice Exam, Written Boards, etc.) OR create and administer your own credible exam
Resident Learning Portfolio

- Practice-based Learning
  - Annual resident self-assessment and learning plan
- Interpersonal and Communication Skills
  - Formal evaluation of quality of dictated reports
- Professionalism
  - Documentation of compliance with institutional and departmental policies (e.g. HIPAA, Joint Commission, patient safety, infection control, dress code, etc.)
Resident Learning Portfolio

- Systems-based Practice
  - Documentation of a learning activity that involves deriving a solution to a system problem at the departmental, institutional, local or national level

- Scholarly activities
  - Documentation of scholarly activity, such as publications, presentations, etc.
Resident Learning Portfolio

- Site visitors have been instructed to request one portfolio at random and review content
Issues

• Eligibility for IMGs applying for fellowships is under review by ACGME Board
  • Effective July 1, 2010, wording is as follows:
    • "Prerequisite training for entry into the fellowship program SHOULD include the satisfactory completion of a diagnostic radiology residency program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC)."
Eligibility (con’t.)

• RRC and ACGME Board are concerned about clinical year prerequisite for our core residency programs
  • Academic year 2009-2010
  • ACGME data shows 10% of 4556 diagnostic radiology residents did NOT have clinical year training in ACGME-accredited program
    • 63 IMGs and 84 Osteopathic medical schools
    • 315 US LCME-accredited medical schools
      – What kind of clinical year did this last group have?
      – Some of these are in five year “integrated” programs
      – RRC will begin looking at this issue
Eligibility (con’t.)

• ACGME Board approved:
  • Prerequisite clinical education for entry into ACGME accredited core residency program must be accomplished in an ACGME or RCPSC (Canada) program
  • Prerequisite clinical education for entry into ACGME accredited fellowship program must be accomplished in an ACGME or RCPSC (Canada) core residency program
Eligibility (con’t.)

**TIME FRAME:**
- October 2011- CPR posted for 45 day comment period - November 23, 2011 was deadline
- December 2011- Comments reviewed by CRC
- February 2012- Reviewed by Committee on Requirements
- July 1, 2014- Requirement becomes effective for entry into core program
- July 1, 2015- Requirement becomes effective for entry into fellowship program
Issues

• Can residents perform invasive procedures without direct supervision?
• RRC changed directions and has issued a FAQ
• One facet of “graded responsibility” is performing procedures independently
• Faculty must be aware procedure is being performed and available to come in
• Must be documentation that competence has been demonstrated in performing the procedure
Procedures

- Thoracentesis
- Paracentesis
- PICC line placement
- Diagnostic lumbar puncture
New Standards for Duty Hours,

- Approved by ACGME Board of Directors
  Sept. 27, 2010
- Effective July 1, 2011
- Some significant changes
Duty Hours Rules
UNCHANGED REQUIREMENTS

• 80 hrs/wk averaged over 4 weeks
• Maximum of 24 hrs of continuous duty (pgy2s and above)
• Call not greater than Q3 nights
• 1 day in 7 free of service obligations
• Should have 10 hrs must have 8 hrs between scheduled duty periods
• Educate all faculty and residents to recognize signs of fatigue and sleep deprivation
Duty Hours Rules

CHANGED REQUIREMENTS

• No more than 4 hrs transition (prior 6)
• No more than 6 consecutive days of night float (prior 9)
• “Strategic napping” after 16 hrs of continuous duty and during 10 pm- 8 AM
• Internal and now external moonlighting count towards 80 hr limit
Duty Hours Rules

CHANGED REQUIREMENTS

- Program must set guidelines for circumstances and events where residents must communicate with supervising physician.
- Program must have a process to ensure continuous patient care in the event that a resident cannot perform patient care duties.
- Institutions must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.
HOT TOPICS

Data Reviewed by RCs

• Resident Survey
  • Results aggregated into 5 areas (duty hours, faculty, evaluation, educational content, resources)
  • Results compared to national normative data
  • Potential RC actions: warning letter, request for progress report, advanced or expedited site visit
HOT TOPICS

Data Reviewed by RCs

• Faculty Survey (new 2011-2012)

• Revised Common PIF items (available in Web ADS 6/23/11)
Duty Hour Information/Board Pass Rates (if applicable)

What percentage of residents will participate in patient safety programs during the current academic year? Leave blank if no residents are on duty for a specific year within the program.

Year 1 Residents: %
Year 2 Residents: %
Year 3 Residents: %
Year 4 Residents: %

What percentage of residents participate in interdisciplinary clinical quality improvement programs to improve health outcomes? Leave blank if no residents are on duty for a specific year within the program.

Year 1 Residents: %
Year 2 Residents: %
Year 3 Residents: %
Year 4 Residents: %

How often do clinical care needs (in terms of volume and/or complexity of cases) exceed residents’ ability to provide appropriate and quality care? Leave blank if no residents are on duty for a specific year within the program.

Year 1 Residents:
- Extremely Often
- Very Often
- Sometimes
- Rarely
- Never

Year 2 Residents:
- Extremely Often
- Very Often
- Sometimes
- Rarely
- Never

Year 3 Residents:
- Extremely Often
- Very Often
- Sometimes
- Rarely
- Never

Year 4 Residents:
- Extremely Often
- Very Often
- Sometimes
- Rarely
- Never
Revised Common PIF Questions

• What percentage of residents will participate in patient safety programs during the current academic year?

• What percentage of residents participate in interdisciplinary clinical quality improvement programs to improve health outcomes?

• How often do clinical care needs (in terms of volume and/or complexity of cases) exceed residents' ability to provide appropriate and quality care?
Revised Common PIF Questions

• Briefly describe your **back up system** when clinical care needs exceed the residents' ability.
• Briefly describe how clinical assignments are designed to **minimize the number of transitions in patient care**.
• How do the program and the sponsoring institution ensure that **hand-over processes facilitate continuity of care and patient safety**?
Revised Common PIF Questions

• Indicate the ways that your program educates residents to recognize the signs of **fatigue and sleep deprivation**.

• Indicate which sites have the following **facilities and amenities available** to residents when they are **on-call**.

• Which of the following **transportation options** does the program or institution offer residents who may be **too fatigued to safely return home**?
• Briefly describe how the program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care. Specify the criteria, and how the process differs by year of training.
• Excluding call from home, what was the LONGEST averaged number of hours on duty per week, inclusive of all in-house call and all moonlighting worked by ANY resident for the most recent 4-week period?
Revised Common PIF Questions

- Are residents at the PGY-2-level or above permitted to **moonlight**?
- (if yes) Under what **circumstances**?
- On average, do residents have **1 full day out of 7 free** from educational and clinical responsibilities?
- Excluding call from home, what was the **LONGEST CONTINUOUS duty shift** (in hours) worked by ANY resident at the PGY-2 level or above during the most recent 4-week period?
Revised Common PIF Questions

- Do residents have an adequate **rest period between daily duty periods and after in-house call** (appropriate for their level of training as defined by the specialty specific requirements)?
- **Minimum hours free between duty periods**
- **Minimum hours free after 24-hours of in-house duty**
Revised Common PIF Questions

• Provide an explanation for any instances where the hours free between duty periods are less than 8 hours.

• What is the maximum number of consecutive nights of night float assigned to any resident in the program?

• On average, how many days per week of in-house call (excluding home call and night float) were residents at the PGY-2 level and above assigned for the most recent 4-week period?
• Briefly describe any ambulatory and non-hospital settings other than the inpatient experience the program uses in the education of residents and how experiences in those settings help prepare residents for independent practice in the specialty:

• Briefly describe residents' use of electronic medical records and how this contributes to their education and preparation for independent practice in their specialty:
Revised Common PIF Questions

• **Moonlighting Policy**: Describe the program's moonlighting policies for residents.

• Describe the resident **call schedules** throughout the 4 years of diagnostic radiology residency.

• Have each of your residents **completed** at least **12 months** of radiology training **prior** to assuming **independent, in-house call**?
Revised Common PIF Questions

• Describe how faculty and residents have been made aware of the effects of resident fatigue and sleep deprivation.
What’s Next? Milestones!

- What’s a Milestone?
  - A behavior, attitude or outcome related to general competencies that describe a significant accomplishment expected of a resident by a particular point in time

- Joint venture between ACGME and ABMS
  - Representatives from ABR, RRC, APDR
  - Met March 7, 2011 and Sept 16, 2011
Radiology Milestones Committee

- Kay Vydareny, Chair
- **Advisory Group**
  - Steve Amis
  - Gary Becker
  - Duane Mezwa
- **Working Group**
  - Jeanne LaBerge
  - Dorothy Bulas
  - Janni Collins
  - Jennifer Gould
  - Lawrence Davis
  - Jason Itri
  - Jim Borgstede
  - Bob Zimmerman
  - Rick Morin
<table>
<thead>
<tr>
<th>Behavior</th>
<th>By when?</th>
<th>How evaluated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform an accurate physical exam that is appropriately targeted to the patient’s complaints and medical conditions, identify pertinent abnormalities using common maneuvers</td>
<td><strong>6 months</strong></td>
<td>Standardized patient Direct Observation Simulation</td>
</tr>
<tr>
<td>Accurately track important changes in the physical exam over time in the outpatient and inpatient settings</td>
<td><strong>9 months</strong></td>
<td>Same</td>
</tr>
<tr>
<td>Demonstrate and teach how to elicit important physical findings for junior members of the health care team</td>
<td><strong>18 months</strong></td>
<td>Same</td>
</tr>
<tr>
<td>Routinely identify subtle physical findings that may influence clinical decision making, using advanced maneuvers where applicable</td>
<td><strong>30 months</strong></td>
<td>Same</td>
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</table>
## Radiology Milestone: Patient care

<table>
<thead>
<tr>
<th>Procedural Competence</th>
<th>When</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Develops competence in:</td>
<td>R1</td>
<td>• procedure check list</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td></td>
<td>• Case logs</td>
</tr>
<tr>
<td>Adult fluoro- UGI, BE, VCU</td>
<td></td>
<td>• evaluations</td>
</tr>
<tr>
<td>Basic hand-on Ultrasound scanning</td>
<td></td>
<td></td>
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<tr>
<td>Venous access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops competence in:</td>
<td>R2-3</td>
<td>Same</td>
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<tr>
<td>Seldinger technique</td>
<td></td>
<td></td>
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<tr>
<td>Pediatric fluoro studies</td>
<td></td>
<td></td>
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<tr>
<td>Pediatric ultrasound studies</td>
<td></td>
<td></td>
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<tr>
<td>Arthrography of hips and shoulders</td>
<td></td>
<td></td>
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<tr>
<td>Develops competence in:</td>
<td>R4 to</td>
<td>Same</td>
</tr>
<tr>
<td>Image guided biopsies and drainages</td>
<td>graduation</td>
<td></td>
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<tr>
<td>I131 NM treatments</td>
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</table>
ACGME Timeline for Milestones

- All specialties to complete development of Milestones by end of 2012
- Milestones to go into effect by July 1, 2013
NEXT ACCREDITATION SYSTEM

- Maintenance of Accreditation
- Continuous not 5 year episodic demonstration of program quality
- Annual data submission and review
- Institution reviewed every ~12-18 months
- Program on site survey- q 10 years
- RCs role will change- help program to improve- “educational prescription”
NEXT ACCREDITATION SYSTEM

• Annual Data Submission
  • ADS annual update
  • Resident survey
  • Faculty survey
  • Milestones data
  • Board scores
  • ACGME case log system data
NEXT ACCREDITATION SYSTEM

- Program level site visit
  - LCME-like self study: several site visitors
  - Establish goals for next 10 years
  - Strive for continued improvement
  - Focus not on data verification
  - Similar to - Education Innovation Project

- Neurosurgery, Orthopedic Surgery, Urology, IM, Peds, EM, and Radiology-
  - July 2013 : REST: July 2014
Positions Approved and Filled

24% increase in approved positions since 2000

# Radiology Programs
# Approved Positions
# Filled Positions
## 2011/2012 Program Information

<table>
<thead>
<tr>
<th>Specialty/Sub</th>
<th># Programs</th>
<th>Av Cycle Length</th>
<th>Filled/Approved Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Radiology</td>
<td>187</td>
<td>4.55</td>
<td>4847/5070</td>
</tr>
<tr>
<td>Abdominal radiology</td>
<td>10</td>
<td>4.60</td>
<td>48/52</td>
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<td>Cardiothoracic radiology</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Musculoskeletal radiology</td>
<td>14</td>
<td>4.35</td>
<td>36/37</td>
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<tr>
<td>Neuroradiology</td>
<td>85</td>
<td>4.49</td>
<td>248/307</td>
</tr>
<tr>
<td>Nuclear radiology</td>
<td>19</td>
<td>4.58</td>
<td>18/35</td>
</tr>
<tr>
<td>Pediatric radiology</td>
<td>46</td>
<td>4.50</td>
<td>85/121</td>
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<tr>
<td>Vascular and Interventional radiology</td>
<td>92</td>
<td>4.45</td>
<td>215/272</td>
</tr>
</tbody>
</table>
Most Common Citations for Diagnostic Radiology 2010/2011

- Faculty Qualifications (e.g. board certification)
- Scholarly Activity – faculty and residents
- PD Responsibilities (e.g. PIFmanship, program oversight for program evaluations, faculty evaluations, didactics, case log data)
- Resources (e.g. space, equipment, facilities)
- Procedural Experience (e.g. procedure documentation, number & types of procedures)
## Most Common Subspecialty Citations

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Fac Qual</th>
<th>Curric Devlp</th>
<th>PD Respons</th>
<th>Res Eval</th>
<th>Prog Eval</th>
<th>Didactics</th>
<th>Procedures</th>
<th>Schol Activity</th>
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<td>Neuro</td>
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</tbody>
</table>
Don’t Hesitate to Ask…

• Please refer any questions to RRC staff at lmeyer@acgme.org
Questions/Comments?