

Nuclear Medicine Program Directors

2008 SNM Annual Meeting
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New Program Requirements: 07/07

- Specialty Specific
 - NM RRC will begin next PR revision process (11/08); “up-to-date”
- Common
- Future
- Misc: ADS, “top” citations

Specialty Specific

- 3 year program
- 1 month radiation oncology/oncology rotation
- 4 months CT
- greater emphasis on PET

NM PR Changes (7/07)

-
- | Program length: | <u>Years</u> |
|---|--------------|
| - 1 year accredited program in clinical education | 3 |
| - accredited pt care specialty program | 2 |
| - accredited diagnostic radiology program | 1 |

Radiation Oncology & Oncology Experience

- 1 month rotation or equivalent experience through participation in pt management conferences or clinics

CT Training

"a minimum of **4 months** of CT experience that may be combined with rotations that include PET/CT and/or SPECT/CT, although rotation on a CT service is desirable for part of the training."

PET Experience

- greater emphasis on PET & PET/CT

Common PR

- PR that all programs, regardless of specialty must meet
- *Reflects transition from a process-oriented resident education to one of outcomes.*

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Common PR

1. Training sites
2. Program director/faculty
3. NM resident/resident transfers
4. Educational program
5. Scholarly activity
6. Evaluation: formative, summative, faculty, program
7. Duty hours
8. Experimentation & Innovation

CPR: *Training Sites*

□ Program Letter of Agreement (PLA)

- + Between program & each participating site providing a required assignment: ≥ 1 mo
- + Renewed q 5 yrs or less
- + ID faculty (education & supervision); specify responsibility for teaching, supervision, evaluation; duration & content; policy & procedures for resident education
- *Participating site changes notifications - via ADS*

CPR: *Program Director*

- Single PD with authority & accountability for the program
 - *PD Change* – new notification process (2007: 6/55 or 11%)
 - +GMEC, DIO review & approval required before notifying RRC
 - +Information transmitted via ADS

CPR: *Program Director*

□ *New PD responsibilities*

- + Authority & accountability – at all sites
- + Approve all site directors
- + Approve selection of program faculty
- + Evaluate program faculty & approve faculty participation
- + Monitor resident supervision at all participating sites
- + Current ABNM certification

CPR: *Program Director*

- prepare & submit all information required & requested by the ACGME
- document semi-annual performance evaluation with feedback for each resident
- comply with grievance procedures and due process
- provide verification of resident education
 - special note: IMG
- comply w/ duty hours requirements
- obtain DIO review & co-signature on PIFs, etc.

CPR: *Program Faculty*

- ❑ Sufficient # of faculty w/ qualifications to:
 - Instruct & supervise residents at that site
 - Devote sufficient time to the educational program to fulfill supervisory & teaching responsibilities
 - Demonstrate strong interest in resident education
 - Certified by the ABNM or have qualifications acceptable to the RC

CPR: *Program Faculty*

- ❑ Must have current medical licensure & appropriate staff appointment
 - Establish and maintain an environment of inquiry and scholarship with an active research component
 - **Must** regularly participate in organized clinical discussion, rounds, journal clubs, conferences
 - should encourage and support residents in scholarly activities

CPR: *NM Residents*

- ❑ Resident complement is set; program must **NOT** exceed without prior RRC approval
- ❑ Educational resources must be adequate to support the number of residents appointed to the program
- ❑ Fellows and other learners must **not interfere** with the appointed residents' education

CPR: *Resident Transfers*

- ❑ Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring residents *before accepting them*
 - i.e., IMGs & ABNM letter
- ❑ Program Director *must provide timely verification* of resident education and summative performance evaluations for residents who *leave the program prior to completion*

CPR: *Educational Program*

- ❑ Overall educational goals that must be distributed to residents & faculty annually
 - Competency-based Goals and Objectives for each assignment at each educational level
 - Regularly scheduled didactic sessions
 - Delineation of resident responsibilities for pt care, progressive responsibility for patient management, and supervision of residents over the continuum of the program

CPR: *Resident Scholarly Activities*

- Curriculum must advance student's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care
- ❑ Residents *should* participate in scholarly activity
- ❑ Sponsoring institution & program should allocate adequate educational resources to facilitate residents involvement in scholarly activities

CPR: *Resident Evaluation:* *Formative*

- Faculty must evaluate during each rotation
- ❑ Program must provide objective assessments of competence in all competencies
- ❑ **Use multiple evaluators** (360°/multi-source)
- ❑ Document progressive performance & improvement appropriate to education level
- ❑ Document semi-annual evaluation of performance with feedback

CPR: *Summative Eval*

- Program Director must provide a summative evaluation for each resident upon completion of the program
- ❑ Evaluation must become part of the resident's permanent record maintained by the institution
- ❑ Accessible for review by the resident
- ❑ *Must document the resident's performance during the final period of education*
- ❑ *Must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision*

CPR: *Faculty Evaluation*

- At least annually, the *program must evaluate faculty* performance as it relates to the educational program
 - ❑ Evaluations should include a review of clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities
 - ❑ Must include at least annual *written confidential evaluations by the residents*

CPR: *Program Evaluation & Improvement*

- Program must document formal, systematic evaluation of the curriculum annually (including *meeting minutes* & *action plan*)

CPR: *Program Evaluation & Improvement*

- Program must monitor and track:
 - resident performance
 - faculty development
 - graduate performance on certifying examination
 - resident and faculty confidential evaluations
 - use residents' assessments & other evaluations *to improve the program*

CPR: *Resident Duty Hours*

- ❑ Program must be committed to and be responsible for promoting patient safety & resident well-being and to provide a supportive educational environment
- ❑ Program learning objectives must not be compromised by excessive reliance on resident to fulfill service obligations

CPR: Resident Duty Hours

- ❑ Priority for didactic and clinical education
- ❑ *Faculty and residents must be educated* to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

CPR: *Experimentation & Innovation*

- Process for application has been modified
- Form in ACGME Manual on Policies and Procedures

CPR

- Program Director's Guide to the Common Program Requirements

http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp

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Future

- ADS
- Molecular Imaging revised curriculum
- Other anatomic imaging modalities:
 - MRI
 - USN

ADS: Accreditation Data System

- obtain aggregate program data
- Establish reasonable minimum level of experience for all NM residents during their training
- May 2008: 10 procedures targeted for aggregate data collection (in addition to logs)
 - Not yet created on ADS website

ADS: Accreditation Data System

- Pediatrics (< 18 years)
- PET/CT-oncology
- Lymphoscintigraphy
- Pulmonary
- CNS – non-PET
- Stress MPI
- Densitometry
- Neuroendocrinology
- Parathyroid
- Cardiac - PET

Common Citations

- ❑ NM RRC: “Top 3”
- ❑ “Top 9”
 - Bush, B., et al. ACGME Bulletin, Feb 2008.

Nuc Med RRC: “Top 3”

1) Evaluation:

- a. *Summative* Verify that the resident has demonstrated sufficient competence to *enter practice without direct supervision*
- b. *Program*: annual, confidential, written, faculty and residents (minutes & action plan)
- c. *Faculty*: annual confidential

Nuc Med RRC

2) Logs

3) Goals & Objectives + Supervisory lines of responsibility:

- review before each rotation

“Top 9”

- Lack of leadership
 - PD/faculty fail to advocate for resident education/pt care issues; lack of response to residents concerns
- Lack of program infrastructure for teaching & evaluation
 - insufficient clinical/didactic curriculum

- Barbara Bush, PhD ACGME
- Bulletin, Feb 2008

“Top 9”

- Lack of appropriate volume/variety of patient
 - not enough patients; too many residents
- Problem with resident recruitment/retention
 - unfilled; high turn over
- Lack of dedicated teachers
- Lack of meaningful didactics

“Top 9”

- Lack of financial and human resources
- Service has a higher priority than resident education
- Lack of preparation for the accreditation process
 - *a poorly prepared PIF (!)*

Questions?