

Fall 2007

Thomas J. Nasca, M.D. Succeeds David Leach as CEO of ACGME



Dr. Thomas Nasca, a board-certified internist and nephrologist, has succeeded Dr. David Leach as the CEO of the ACGME.

Dr. Nasca is well prepared for the task of leading the ACGME, having served most recently as dean

of Jefferson Medical College and senior vice president for academic affairs for the university. Dr. Nasca was residency program director in the Department of Internal Medicine at Mercy Hospital in Pittsburgh and subsequently at Jefferson. He also served as the associate dean for graduate medical education at Jefferson, and was at one time the chair of the RRC in Internal Medicine.

The ACGME welcomes Dr. Nasca, an accomplished medical educator who is committed to improving graduate medical education in this country.

Revision of the Program Information Form (PIF)

The RRC revised the PIF at a special meeting in September 2007. The goal was to create a document that is completely web-based. RRC members worked to ensure that all requested information is relevant to the accreditation process, and are currently working with ACGME staff to complete the revision and to post it to coordinate with the new program requirements.

Full Integration of Competencies Expected *By E. Stephen Amis, Jr., M.D.*

The ACGME timeline calls for *full integration of the competencies and their assessment* in resident learning and clinical care. To assist program directors, the RRC has developed a document entitled *Measurement of Competencies* and has provided it to the APDR. This document is available on its website, www.apdr.org, and gives specific examples for measuring outcomes for each of the six competencies. Compliance with one or more of these methodologies for each competency would certainly meet the current RRC requirements. However, these assessment methods are only suggestions, and programs are urged to be innovative and to develop their own unique ways of determining outcomes.

The RRC also provides specific examples of ways in which programs can comply with other program requirements. Some of these have been presented in regularly scheduled RRC

sessions at RSNA, the AUR, and at the annual ACGME Educational Conference. The FAQs pertaining to the new program requirements for diagnostic radiology can be found on the ACGME website www.acgme.org. They offer further specific examples that may aid program directors in reaching full compliance with the requirements. Also, the January issue of *AJR* will include a commentary on the new program requirements with special emphasis on how programs can comply.

New Program Requirements for Endovascular Surgical Neuroradiology (ESNR) Approved in June 2007

By Robert D. Zimmerman, M.D.

The new program requirements for the ESNR fellowship were approved by the ACGME in June and take effect January 1, 2008. The new requirements were developed to clarify confusion concerning entry requirements for trainees and qualifications for faculty, and to identify the key curricular elements of the training program. The new program requirements also incorporate the general competencies. The revision was developed by members of the Executive Committee and Program Directors' Subcommittee of the American Society of Neuroradiology (ASNR) in conjunction with members of the American Society of Interventional and Therapeutic Neuroradiology (ASITN). The Radiology RRC consulted with the RRCs for Neurosurgery and Neurology in developing the requirements that were approved in June, 2007.

Individuals may enter the fellowship after completion of radiology (including a fellowship in diagnostic neuroradiology), neurosurgery, or neurology training. The entry requirements for each specialty have been developed to ensure that all trainees have the necessary angiographic

experience and knowledge of basic imaging concepts (e.g. imaging physics, radiation safety) required to ensure patient safety.

The program director and faculty for ESNR programs can now include qualified individuals with radiology, neurosurgery, or neurology training and the program may be sponsored by departments in any of these three disciplines. At the time of the initial approval of the program requirements, there were only a few neurologists with the requisite experience to serve as faculty or program directors of ESNR training programs, but it was always the intention of the ACGME to fully include neurologists once individuals with appropriate credentials were available.

The program requirements now include a description of the required curriculum meant to ensure that all trainees receive education in all aspects of Endovascular Surgical Neuroradiology.

ABR Plans to Revise Timing of Board Exams

The American Board of Radiology (ABR) plans to revise the timing of its board examinations. This is a work in progress and will be implemented over a period of years. The plan involves a "core" examination given after 30 months of radiology training. The final part of the examination would be given approximately 15 months after completion of residency. To meet this schedule, the next review and revision of the radiology program requirements will have to consider the need for exposure of residents to all the radiology subspecialties during the first 2½ years of residency. The RRC plans to work closely with the ABR to ensure that residency training is fully in sync with the board examinations.

Accreditation Data System (ADS)

By now, all program directors should be familiar

with the ACGME's online Accreditation Data System (ADS). This system alerts the RRC to changes in programs. Program directors should update the ADS to:

- Notify the RRC of any changes in your program (i.e. new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e. an increase in resident complement)
- Submit your academic year "Annual Update" (ADS staff will e-mail you with your deadline for updating your faculty and resident rosters)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data you enter)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is now the ACGME's major form of communication. Please ensure that your e-mail address in the ADS is correct.

Address your questions or concerns about ADS to the ADS representative for Diagnostic Radiology, Emilio Villatoro at 312/755-7117, evillatoro@acgme.org.

Reviewing Your Program

By E. Stephen Amis, Jr., M.D.

Many of you are curious about the length of time it takes to receive the results of your surveys after the site visit occurs. Due to RRC timelines, reviewing your program for accreditation may take eight or nine months to complete.

The Committee meets twice a year, usually in the spring and in the fall to review programs. These meetings are about six months apart. Before each meeting, two RRC members are assigned to review each

program. The paperwork is distributed over a two to three month period prior to the RRC meeting and RRC members are expected to complete their reviews within 30 days of receiving a program. All reviews must be received in the ACGME office eight weeks prior to the meeting to allow incorporation into the agenda book. The agenda book is sent to the RRC members a couple of weeks before the meeting to allow time to read all the reviews, and especially to allow comparison of the two reviews for each program.

After the RRC meeting, the ACGME staff prepare responses for the program directors regarding the accreditation decisions reached by the RRC. Before these are sent out via email, however, the chair of the RRC has to review each communication and compare it with a worksheet generated during the RRC meeting, make corrections as necessary, and then certify the entire process by his/her signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect the decisions of the RRC.

Therefore, some survey results performed in the month or so just before or after an RRC meeting will likely not be reviewed at that meeting, but will be delayed until the next RRC meeting six months later.

The RRC asks program directors to be mindful of this somewhat lengthy interval between your site visit and your receipt of the final accreditation decision.

Resident Survey Results: How Are They Used?

By E. Stephen Amis, Jr., M.D.

Residents are occasionally required to participate in an online survey developed and administered by the ACGME. The survey has questions regarding the residents' clinical and educational experiences as well as their duty hours. 70% compliance is expected, and, if this

is achieved, program directors will be able to see the aggregate results of the survey of their residents. These data are also available to the site surveyors and to the RRC; and, they become one of many sources of information reviewed before arriving at an accreditation decision.

Timing of Internal Reviews

Each program should have an internal review conducted by their sponsoring institution at approximately the midpoint between site surveys. This review is to be used by the program director, department chair, and the institution to identify real or potential problems (that can result in citations or a recommendation for a possible adverse action) and have time to rectify them before the next survey. Please work with your DIO to make certain that your internal review is completed by the time that it's required.

Best Practices

By E. Stephen Amis, Jr., M.D.

During the program review process, RRC members look for unique and innovative ways in which programs have complied with the training requirements. Our goal is twofold: first, to recognize the program and what it is doing; and second, to publicize those best practices so that other programs may determine if they also want to try them. These are a few recently identified best practices.

The **University of Connecticut** has taken the goals and objectives to a new level by integrating competencies for each progressive rotation, and including a narrative summary, a description of how residents will be supervised, the teaching methods and evaluation to be used, a comprehensive curriculum, and an outline for the didactic lecture series.

The **Mayo School of Graduate Medical Education** in Jacksonville, FL gives a mini mock oral board examination after each rotation. Also, before each daily lecture, the residents present interesting cases they have recently seen.

At **Maimonides Medical Center**, all residents participate in an after-school program in a neighborhood junior high school where there is a large percentage of indigent students. The residents expose the students to "form and function" of the human body using diagnostic imaging techniques.

The **University of Utah** has already implemented resident learning portfolios, and an assigned faculty mentor evaluates their content and significance with the residents.

Many programs are very innovative in their practices. We'll keep looking for those that are outstanding and bring them to your attention.

CILE Pilot Projects

The Committee on Innovation in the Learning Environment (CILE) recently announced a set of duty hour and competency pilots. Ingrid Philibert, Senior Vice President, Department of Field Activities, quoted from the first formal report of the committee, which was approved at the September meeting of the ACGME Board of Directors: "The ultimate aim of these pilots is to test proposed revisions to the common duty hour standards and refinements to the approaches for teaching and assessing the general competencies to ensure they are based on valid and 'actionable' evidence of their effectiveness."

A listing of the pilots was sent to the Review Committee Chairs and Executive Directors (ED) in early August. Chairs are being asked to confer with their EDs to discuss which pilots would be of interest to the RRC.

Among the incentives for pilot participation are:

- waiver of selected program requirements
- exempting programs from a site visit during the period of the pilot (unless the program requests a site visit for a specific reason such as a request for a complement increase)
- contributing to improving the evidence base for the accreditation standards and process

Your RRC has identified two projects in which programs are encouraged to participate: *Piloting, Teaching, and Evaluating a Comprehensive Patient Safety Curriculum*, and *Basic Training for Incoming First-Year Residents*.

More information regarding the CILE pilot projects will be available on the ACGME web site in late November. If you have questions, contact Mary Joyce Johnston in the Department of Field Activities at 312/755-5013.

What is a DIO?

DIO refers to the Designated Institutional Official. This individual, usually a senior physician on the medical school faculty or hospital staff (depending on which is the sponsoring institution), has the authority and responsibility for all of your ACGME-accredited GME programs. As you know, the DIO signs your PIF and also receives a copy of your accreditation results. The DIO is required to co-sign just about any correspondence between your institution and the ACGME.

Communications Subcommittee Appointed

By Larry P. Davis, M.D.

At the April 2007 RRC meeting, Dr. Stephen

Amis, Chair, appointed a Communications Subcommittee. The charge of the subcommittee was to establish an open line of communication between the RRC and the radiology residency programs, program directors, and program coordinators. The Subcommittee members are Drs. Larry Davis (chair), Janni Collins, and Janet Strife.

The Subcommittee first reached out to the program directors and program coordinators through the Association of Program Directors in Radiology (APDR) requesting suggestions for ways to improve communication. Responses centered on the PIF, resident case logs, sharing best practices, and the establishment of an information newsletter. These suggestions were reported back to the RRC at its September meeting.

The RRC discussed several key issues. These included the development of suggestions for general competency outcome measures and the need for a summative competency-based evaluation performed by the PGY-1 program director for all residents entering radiology. This key information was shared with the APDR for distribution to all program directors and coordinators. The APDR has also put this information on their web site:

<http://www.apdr.org/>

The RRC considers timely communication with the residency programs to be an extremely important function. The Communications Subcommittee looks forward to working closely with program directors and coordinators to share information, suggestions, and concerns.

Resident Transfer Requirements

In addition to the usual letter which states the dates a trainee satisfactorily completed PGY-1 training at a program in good standing, verification now also requires a summative competency-based performance evaluation, as well as a list of rotations/procedures experiences that were completed during the

PGY-1 year. This requirement can be found in the new common program requirements, effective July 1, 2007. A sample letter will be available on the RRC website.

Revision of FAQ on Radiology Training During Clinical Year

Program directors are advised to note a modification in FAQ #43 regarding radiology training during the clinical year and whether or not this applies to the requirement for one year of radiology training before starting independent, in-house radiology call. The time spent in a radiology rotation during the clinical year only counts for a maximum of two months towards the new requirement if, and only if, the rotation involves supervised interpretation and dictation of imaging studies in a radiology department *with a fully accredited diagnostic radiology residency program*.

RRC Bids Kay Vydareny Fond Farewell *By E. Stephen Amis, Jr., M.D.*

RRC members toasted Kay Vydareny and bid her a fond farewell at a celebratory dinner during its November meeting. Kay had just completed seven years of exemplary and dedicated service to the RRC and ACGME. She served as vice chair of the RRC for two years. Then, she served as chair during a demanding two years when the program requirements underwent a major revision. The revision process went smoothly thanks to Kay's superb organizational skills. The changes were published and Kay represented radiology and the RRC on the ACGME Council of Review Committee Chairs to support the interests of our specialty. The ACGME commemorated Kay's service by presenting her with an ACGME academic chair. Please join us in thanking Kay for her uncounted hours committed to improving training in diagnostic radiology.

RRC Welcomes New Member: Valerie Jackson

By E. Stephen Amis, Jr., M.D.

Dr. Valerie Jackson, chair of the Department of Radiology at Indiana University, has recently joined the RRC. She will be replacing Kay Vydareny, and attended the November meeting as an observer. An ABR nominee, Valerie is an internationally recognized breast imager with significant experience and interest in resident education. Valerie's department at Indiana hosts one of the largest radiology residency programs in the United States.

New "Program Director Guide to the Common Program Requirements"

To help clarify the meaning and expectations of the common program requirements, there is a "Program Director Guide to the Common Program Requirements" available on www.acgme.org. RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: Guide@acgme.org.

Upcoming Conferences and Specialty Meetings

The RRC chair and staff make presentations in several venues each year in an effort to disseminate information on the accreditation process. The first occasion will be at the ACGME Educational Conference in Grapevine, Texas, near Dallas. The dates for this important meeting are Feb 28-Mar 2, 2008. The next presentation will be at the APDR session on March 27th during the annual meeting of the Association of University Radiologists in Seattle (Mar 26-30, 2008). A Refresher Course dedicated to the RRC will be included at the annual RSNA meeting in Chicago, Nov 30-Dec 5, 2008. There will be Q&A sessions following

each presentation. We hope all program directors and others interested in GME can attend one of these meetings.

RRC Meeting and Agenda Closing Dates

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines if you have submissions for future RRC meetings. The dates and deadlines are as follows:

Meeting: Mar 12 -14, 2008
Agenda Closing: Jan 16, 2008

Meeting: Nov 5 -7, 2008
Agenda Closing: Sept 10, 2008

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

Mailing Address:
RRC for Diagnostic Radiology
ACGME
515 North State St., Suite 2000
Chicago, IL 60610

Residency Review Committee

E. Stephen Amis, MD (Chair)
*Albert Einstein College of
Medicine/Montefiore*

Stephen R. Baker, MD
UMDNJ-New Jersey Medical School

Thomas H. Berquist, MD, FACR
Mayo Clinic, Jacksonville, FL

Jannette Collins, MD
Univ. of Wisconsin Hospitals and Clinics

Lawrence P. Davis, MD
Long Island Jewish Hospital

Robert Hattery, MD (Ex-officio Member)

Valerie Jackson, MD
Indiana University

Jessica Robbins, MD (Resident Member)
University of Michigan

Anne C. Roberts, MD (Vice Chair)
UCSD Medical Center/Thornton Hospital

Janet L. Strife, MD
Cincinnati Children's Hospital

Robert D. Zimmerman, MD
New York Presbyterian Hospital

RRC Staff

Missy Fleming, PhD
Executive Director
312/755-5043
mfleming@acgme.org

Linda Thorsen, MA
Associate Executive Director
312/755-5029
lmt@acgme.org

Norma R. de Yagcier
Senior Accreditation Administrator
312/755-5042
nrdevagcier@acgme.org

Thilani Attale
Accreditation Assistant
312/755-5490
tattale@acgme.org

Becky Thielen
Administrative Secretary
312/755-5491
bthielen@acgme.org

Emilio Villatoro
ADS Diagnostic Radiology Representative
312/755-7117
evillatoro@acgme.org