

RRC NEWS

DIAGNOSTIC RADIOLOGY



Accreditation Council for Graduate Medical Education

FALL 2008

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RRC NEWS IS A BIENNIAL PUBLICATION THAT PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR FOR SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: KREINHOLD@ACGME.ORG.

Board Certification of Faculty Members

The common program requirements indicate that physician faculty "must" have current certification in the specialty by the American Board of Radiology, or possess qualifications acceptable to the RRC (II.B.2). The RRC understands if one or two faculty members are in the process of completing ABR certification; the RRC also recognizes that international medical graduates on the faculty may be in the process of completing four years in an academic program before becoming board eligible.

However, several non-board-certified faculty members in a program causes concern because this may indicate the inability to attract appropriately qualified radiologists to educate the residents. Programs are urged to recruit board certified radiologists whenever possible. The RRC will likely require short resurvey cycles when there are questions about faculty qualifications.

Upcoming Changes to Diagnostic Radiology Program Requirements

The American Board of Radiology (ABR) is changing the structure and timing of the board examinations for residents entering programs on July 1, 2010 and beyond. To accommodate this change, the RRC made minor changes to the program requirements so that residents are prepared for these new examinations. The RRC posted the requirements online for a 45-day review and comment period open to members of the community. As with the recent major revisions that went into effect July 1, 2008, the RRC has considered and responded to the comments received during the review period. The next step in this process is to submit the revised program requirements to the ACGME Requirement Development Committee, and then to the ACGME Board of Directors for approval. This newsletter will announce updates as they become available.

RRC Chair Participates in Panel Discussion on the Transitional Year

At the Association of Hospital Medical Educators (AHME) meeting in San Diego, CA in May 2008, Dr. Amis, RRC chair, participated in a panel discussion regarding the expectations of the Radiology RRC regarding the transitional year (TY). The discussion took place before a large audience of TY program directors and was well received. It was emphasized that for PGY-1 residents entering radiology programs, there should be a maximum of two months of radiology rotations during the clinical year, and these rotations must occur in a radiology department which has an accredited radiology residency program.

RRC Presentation at RSNA

In the past, the RRC and the ABR have shared a 90 minute time slot to conduct a refresher course at each annual RSNA meeting. Neither organization was able to present their necessary information during 45 minutes, leaving many attendees frustrated with the format. For 2008, RSNA has agreed to provide time for a full refresher course for both the RRC and the ABR. During the RRC course, there will be updates on ACGME, the one-year fellowships, the upcoming changes in the program requirements for diagnostic radiology, and the new online PIF. RRC member Larry Davis, MD has been working with the ACGME to finalize the online PIF, and will demonstrate its use for the audience. Anyone with an interest in resident education is invited to attend the session.

Support Withdrawn for Cardiothoracic Fellowship

At its Spring 2008 meeting, the RRC decided to no longer accredit the one-year cardiothoracic fellowship. The decision to do this was made only after input from the Society of Thoracic Radiology (STR) and the Society of Chairs of Academic Radiology Departments (SCARD), and serious discussion about the ramifications of this decision. It is unfortunate that there was little interest from the community to seek development of this fellowship. Only three programs ever sought accreditation and it was rare for there to be a fellow enrolled. When approving one-year fellowships, it has long been the policy of the ACGME) to no longer support accreditation after approximately five years if there is not broad subscription for the program.

Duty Hours Citations

While it is uncommon for the RRC to cite radiology programs for duty hours violations, it is wise for programs to be vigilant by having residents complete the resident survey each year. Aggregate survey results are made available to the program director and DIO if 70% of residents complete the on-line survey and can be used to improve the program. A few programs have failed to reach the 70% completion rate for several years. These programs may undergo administrative withdrawal of accreditation should this noncompliance of survey completion continue. The issue of duty hours is so serious that there will be a two-day course on Duty Hours Standards on March 4-5, 2009 preceding the ACGME Educational Conference in Dallas, TX.

New Electronic Radiology Program Information Form

by Lawrence P. Davis, MD, RRC Member, Program Director

New Diagnostic Radiology Program requirements became effective on July 1, 2008. At the same time, the RRC revised the Program Information Form (PIF) so that it complements the new program requirements. Working with the RRC, ACGME IT staff developed the PIF into an electronic interactive document, available on the ACGME website. It can be found on the RRC webpage: http://www.acgme.org/acWebsite/navPages/nav_420.asp, under Program Information Forms, and then Accreditation Data System (ADS). To maintain security, the e-PIF is accessed using the program director's unique login and password. The goal of this project was to make the form easier for program directors to use compared to the paper process used in the past.

The e-PIF has two distinct sections. The first is the "Common PIF". This section asks for responses to prior citations, major program changes, participating sites, faculty roster and CVs, resident complement, and evaluations and duty hours. This section is common to ALL programs regardless of specialty. The next section is the "Specialty (Radiology) Specific." This is the section that asks radiology related questions concerning the six General Competencies, program equipment, IT and space, imaging examinations, resident educational experiences and rotations, and scholarly activities. Each section has text boxes, some of which work like mini-word processors, check boxes, charts to type in information and statistics, and drop down menus. Some information is prepopulated by the ACGME using the data that programs have previously entered during the ADS annual update.

As a member of the RRC, I was asked to "test drive" the new e-PIF. I found that the e-PIF was much easier to use than the paper process I used five years ago. I actually found it fun to use. This new process of completing my PIF online allowed me to log in at my leisure, answer a few questions, and in any order that I wanted. It was extremely easy to make changes, save responses, assign questions to others and share the answers. Based on my feedback, the RRC staff and ACGME IT staff were able to make several improvements in the Radiology Specific portion of the e-PIF, such as adding a spell check function to the free text boxes. I am most grateful to the RRC staff and ACGME IT staff for their openness to suggestions and willingness to make changes. It was great working closely with them.

I will be doing a presentation on the e-PIF as part of the RRC update at RSNA. I understand that a limited number of people have had the opportunity to see and use the new e-PIF. As the e-PIF becomes more widely used, I encourage your feedback, which I will then share with ACGME to improve the e-PIF.

Notification of RRC Accreditation Decisions

About one week following the meeting, both program directors and DIOs receive an email informing them of their accreditation status. However, an e-mail notification is not sent for a proposed adverse action or adverse action. The "status" e-mail is sent to the following individuals:

1. For the results of a specialty program review, notification is sent to the program director with a copy to the DIO of the sponsoring institution;
2. For the results of the review of a dependent subspecialty, notification is sent to its program director, and copies are sent to the core specialty program director and the DIO;

After the Review Committee meeting, the program director and DIO will receive email notification that the letter of notification (LON), with the complete accreditation information, has been posted in ADS. Beginning with Review Committee meetings that occurred after July 1, 2008, the Review Committees will adhere to the following deadlines for these notifications:

1. Status e-mails will be sent five business days after the review committee meeting to the program director.
2. Letters of notification will be posted within 60 days of the review committee meeting.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, RRC Newsletters, ACGME e-Bulletin, and the RRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available

for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the education and general competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format.

Ultimately, program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

New Zip Code for ACGME

ACGME's zip code changed on July 1, 2008. Anything that is mailed or sent by Fed-Ex must now reference zip code 60654. Please note that the PO Box zip code, 60610, remains unchanged.

Measuring Competencies Outcomes

The addition of the competencies as an integral part of resident education has been an evolutionary process. Initially, program directors and faculty were expected to be aware of the six competencies; then, the competencies were integrated into the goals and objectives, and resident evaluations.

Now, programs must measure the outcomes of competency-based education. The RRC has developed some sample measures and these are posted on the ACGME website: http://www.acgme.org/acWebsite/resEvalSystem/eval_list.asp. However, the RRC encourages programs to be innovative in developing and using their own outcome measures.

Innovation and Experimentation at the Program Level

Program directors may wish to implement an innovative project. The Program Experimentation and Innovative Projects Proposal Form is located on the Diagnostic Radiology webpage. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed five pages in length; attach additional documents as numbered appendices.

Program Evaluation by Fellows: Keeping Responses Confidential When There is Only One Fellow

The ACGME requirement that fellows provide confidential evaluations of the program can be a challenge for programs with fewer than two fellows. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of

fellows. Fellow evaluations may be collected over a period of a few years and grouped data are then reported every two to three years. The program director's challenge is to balance the program's need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

Accreditation Data System

The ACGME's online ADS alerts the RRC to changes in programs. Program directors should update ADS to:

- Notify the RRC of any changes in their 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. The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.)
- Submit the academic year "Annual Update" (ADS staff will e-mail the deadline for updating faculty and resident rosters to the program director and DIO)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

Address your questions or concerns about ADS to the ADS representative for Diagnostic Radiology, at ADS@acgme.org.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only. Programs initiate the request by answering a series of questions, including the proposed effective date, which should coincide with the end of an academic year, the reason for program closure, and a plan to place any active residents in other programs. After submitting in ADS, the request is automatically emailed to the DIO for approval. After the DIO/GMEC approves the request in ADS, the system informs the RRC staff designee. The RRC considers the request at its next meeting and notifies the program director via an official letter that the accreditation status is changed to VW.

"Red Flags" Help Programs Recognize Potential Issues

In the [February 2008](#) issue of the ACGME e-Bulletin, an article entitled "Nine 'Red Flags' in Accreditation Site Visits and Reviews" by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This may be of particular interest to programs preparing for upcoming site visits.

Radiology RRC Interpretation of the ACGME "Seven Day Rule"

The ACGME duty hours requirements indicate that residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. After much discussion, especially about night float call schedules, the Radiology RRC has decided to more clearly define this requirement for our specialty. The RRC will allow up to nine consecutive days of assigned educational and clinical responsibilities provided there are at least four days free during each four-week period.

RRC Thanks Jessica Robbins for her Work as Resident Member



Jessica Robbins, MD is nearing completion of her two-year term on the Radiology RRC. Her resident perspective on various issues has proved invaluable to the committee. Dr. Robbins was among several outstanding candidates nominated for this position. She

received her MD from the University of Michigan where she was elected to AOA, and then remained at Michigan for her radiology residency, serving as chief resident during her fourth year. She is now in a combined abdominal and breast imaging fellowship at the University of Wisconsin.

Dr. Robbins plans an academic career, and is well on her way to that goal with several publications and presentations to her credit. She enjoys running, biking and traveling, and was able to squeeze in a trip to South Africa between residency and fellowship, though the Galapagos remains her favorite destination so far.

There is always one resident member on the Radiology RRC. Every two years, the APDR and the ACR each submit two nominations to the Committee, which

then reviews the CVs and letters of reference before making its final selection of a candidate to recommend to the ACGME Board for confirmation. The resident member attends all meetings of the RRC and functions as a full member in terms of performing program reviews and participating in accreditation decisions. Dr. Robbins also attended Council of Review Committee Residents meetings during her tenure on the RRC. This time commitment requires that the resident have a track record of outstanding performance during residency prior to their nomination. The RRC wishes to thank Jessica for her work on the committee and her dedication to improving resident education in radiology.

New Chair of Radiology at University of Cincinnati: Jannette Collins, MD

The RRC would like to congratulate Jannette Collins, MD, a member of the RRC, on her upcoming post as Chair of Radiology at the University of Cincinnati.

Council of Review Committee Residents

The Council of Review Committee Residents (CRCR) is composed of physicians in-training, and their unique perspective makes them invaluable members of the 28 residency review committees to which they belong.

The CRCR meets in February and September, and provides advice and feedback to the ACGME Board through its chair, Karen Hsu Blatman, MD. Dr. Hsu Blatman is one of two ACGME resident directors of the ACGME Board of Directors (the AMA appoints a resident director from its Resident and Fellow Section), and she also serves on the ACGME Strategic Initiatives Committee. Adeline Deladisma, MD, vice chair, serves on the ACGME Monitoring Committee.

In recent years, the CRCR has provided feedback on the redesign of the ACGME resident survey and has also recommended a change in the institutional requirements to allow for a fairer grievance process when the designated institutional official is also the program director. In addition, the CRCR has voiced concerns with the Federation of State Medical Boards about its "unusual circumstance" question on the verification credentialing form.



Pictured above: From Back Row (left to right): Miriam D. Post, MD, Pathology; Meredith Riebschleger, MD, Pediatrics; Monica E. Rho, MD, Physical Medicine and Rehabilitation; Jeffrey H. Kozlow, MD, Plastic Surgery; Samuel Seiden, MD, Anesthesiology; Kayla Pope, MD, Psychiatry; Todd J. Mondzelewski, MD, Ophthalmology.

Middle Row: Matthew M. Poppe, MD, Radiation Oncology; Ruth Ann Vleugels, MD, Dermatology; Brian Lane, MD, PhD, Urology; Michael L. DiLuna, MD, Neurological Surgery; Adeline Deladisma, MD, Surgery; Joanna R. Fair, MD, Nuclear Medicine.

Front Row): Esther J. Cheung, MD, Otolaryngology; Rupa J. Dainer, MD, Institutional Review Committee; Karen Hsu Blatman, MD, Internal Medicine (and baby Penelope); Jaime Lynn Bohl, MD, Colon and Rectal Surgery; Gretchen Glaser, MD; Obstetrics and Gynecology.

Not pictured: Jose A. Carillo, MD, Neurology, Molly Cohen-Osher, Family Medicine, Brian P. Freeman, MD, Internal Medicine, James Huang, MD, Thoracic Surgery, Shauna Lawless, MD, Preventive Medicine, Keri A. Reese, MD, Orthopaedic Surgery, Jessica B. Robbins, MD, Diagnostic Radiology, Benjamin P. Soule, MD, Allergy and Immunology, Sarah Taylor, MD, Transitional Year, Michael J. Tocci, MD, Emergency Medicine, Audrey C. Woerner, MD, Medical Genetics.

Courage to Teach, Courage to Lead, and John C. Gienapp Awardees

Eleven program directors and three designated institutional officials have been chosen to receive the Parker J. Palmer Courage to Teach and Courage to Lead awards. These annual awards, selected from a large pool of nominees, honor outstanding teachers and leaders in graduate medical education.

The Courage to Teach Award is given to program directors, nominated by their peers and students, who have innovative residency program curricula, and who have improved graduate medical education and served as exemplary role models for residents. The award is named for Parker J. Palmer, PhD, a sociologist and teacher who wrote *The Courage to Teach*.

The Parker J. Palmer Courage to Lead Award is given to designated institutional officials, who are responsible for all ACGME-accredited residency programs at an institution, for creating an optimum learning environment for residents; encouraging the ethical, professional, and personal development of residents; and ensuring safe and appropriate patient care.

The Parker J. Palmer Courage to Teach and Courage to Lead award recipients will receive plaques and checks for \$1,000 at a luncheon held during the ACGME's Annual Educational Conference, which will take place March 5-8 at the Gaylord Texan Resort and Convention Center in Dallas. The award recipients will also be invited to attend an educational retreat next May at the Fetzer Institute in Kalamazoo, Mich.

The 2008-09 Parker J. Palmer Courage to Teach and Courage to Lead recipients are:

Courage to Teach Awardees

- Michael S. Beeson, MD, emergency medicine, Summa Health System, Akron, Ohio
- James Burks, MD, internal medicine, Texas Tech University, Lubbock, Texas
- Peter Carek, MD, family medicine, Medical University of South Carolina, Charleston, South Carolina
- Edmund Cibas, MD, cytopathology, Brigham and Women's Hospital, Boston, Massachusetts
- Nancy Gaba, MD, obstetrics and gynecology, George Washington University, Washington, DC
- Sheela Kapre, MD, internal medicine, San Joaquin General Hospital, French Camp, California
- Gail Manos, MD, psychiatry, Naval Medical Center, Portsmouth, Virginia
- D. Karl Montague, MD, urology, Cleveland Clinic, Cleveland, Ohio
(recently retired with 31 years experience as program director)
- Lori Schuh, MD, neurology, Henry Ford Hospital, Detroit, Michigan
- James Valentine, MD, surgery, University of Texas Southwestern Medical School, Dallas, Texas

- Richard Welling, MD, surgery, Good Samaritan Hospital, Cincinnati, Ohio.

Parker J. Palmer Courage to Lead Awardees

- Lois Bready, MD, University of Texas Health Science Center, San Antonio, Texas
- Diane Hartmann, MD, University of Rochester Medical Center, Rochester, New York
- Andrew Filak, MD, University of Cincinnati College of Medicine, Cincinnati, Ohio

John C. Gienapp Awardee

William H. Hartmann, MD was selected for the John C. Gienapp Award, which honors him for his significant lifetime contributions to the ACGME and graduate medical education. The award is named after the ACGME's first executive director, John C. Gienapp, PhD, who headed the ACGME from its inception in 1981 to 1997.

RRC Webpage Redesign

During this past year the RRC web pages have been redesigned. The user-friendly format has a new look for each page, and allows users to quickly locate information on the RRC pages through new menus and navigation bars; content has been organized into specific categories, and keywords have been updated to improve search engine results. A link to your RRC staff listing, along with their contact information, is located at the top of the page. The contact list is organized by subject so that you may easily access the staff member who is responsible for key areas and get your questions answered in a timely manner. The new Diagnostic Radiology webpage is located here: http://www.acgme.org/acWebsite/navPages/nav_420.asp.

2009 ACGME Educational Conference March 5-8, 2009 in Grapevine, Texas

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours.

The 2009 conference theme, "Shaping the Future," will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled "Promoting Good Learning and Safe, Effective Care: A Five-Year

Review of the ACGME's Common Duty Hour Standards," as well as an introductory pre-course for new program directors and coordinators.

Attendees and speakers can register here: http://www.acgme.org/acWebsite/meetings/me_EducConf_09_Speakers.asp

ACGME Offers 2007-2008 Issue of ACGME Data Resource Book as Free Online Publication

The Accreditation Council for Graduate Medical Education is proud to announce that the wealth of statistical data in the annual ACGME Data Resource Book will now be available without charge to everyone.

The 2007-2008 ACGME Data Resource Book, the sixth annual edition of the book, will be posted on the ACGME website, and can also be downloaded as a PDF file.

The online data book includes nearly 100 pages of tables and charts with aggregate statistics on residents, programs, and institutions for academic year 2007-2008 (July 1, 2007 to June 30, 2008).

Among the statistical highlights in the data book:

- There are 695 institutions that sponsor residency programs. Of those, 56% sponsor multiple residency programs and are reviewed by the Institutional Review Committee.
- There are 8,490 residency programs accredited by the ACGME that educate 107,851 physicians.
- During academic year 2007-2008, 89% of programs had full accreditation, 8% had initial accreditation, and 2% had probationary accreditation or accreditation with warning, and 1% had withdrawn accreditation.
- Two hundred forty-six (246) newly accredited programs began operation in academic year 2007-2008.
- Residency programs in the following core specialties enrolled the largest percentages of residents: internal medicine (24.6%), family medicine (10.6%), pediatrics (9%) and surgery (8.2%).
- Women comprised 41% of all residents. Core specialties with the largest percentage of female physicians in residency programs are obstetrics and gy-

necology (74%), pediatrics (61%) and dermatology (60%).

The 2007-2008 ACGME Data Resource Book can be viewed online at www.acgme.org/databook. A set of the five previous hard copy issues of the data book can be purchased for \$150 at http://www.acgme.org/acWebsite/dataBook/dat_index.asp.

Meeting Dates and Agenda Closing Dates

Meeting: March 26-28, 2009
Agenda Closing: February 4, 2009

Meeting: November 12-14, 2009
Agenda Closing: September 22, 2009