

**Session 102**  
**Specialty Update – Nuclear Medicine**  
03/02/2013, 1:30PM – 3:00PM

Christopher Palestro, MD; RC-NM Chair  
Lynne Meyer, PhD, MPH; RC-NM Executive Director

# Disclosure

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- No conflicts of interest to report

# Session Overview

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- RRC structure and membership
- 2012 overview
- Most frequent citations
- Program requirements update
- Resident complement changes
- Resident case logs
- ADS Updates
- NAS/Milestones/Clinical Competency Committees
- Questions



# Nuclear Medicine

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Medical specialty that uses the tracer principle, most often with radiopharmaceuticals, to evaluate molecular, metabolic, physiologic and pathologic conditions of the body for purposes of diagnosis, therapy and research



# Nuclear Medicine

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Nuclear Medicine	Nuclear Radiology
3 years	1 year
Nuclear Medicine RRC	Diagnostic Radiology RRC
ABNM certification	ABR certification

# Nuclear Medicine

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## American Board of Nuclear Medicine

First Conjoint Board established (1971)

American Board of Internal Medicine

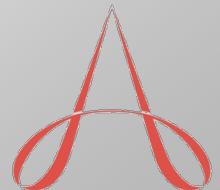
American Board of Radiology

American Board of Pathology

Primary Certifying Board status: 1985

## Nuclear Medicine Residency Programs

Initially accredited in 1973-1974



ACGME

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# RRC Structure

# Member Selection

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Nominating organizations include:

- American Medical Association (2)
- American Board of Nuclear Medicine (2)
- Society of Nuclear Medicine (2)

Resident Member

- Each RC includes 1 resident member

RRC

- Votes on nominees



# Term for Members

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- 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<sup>nd</sup> year
- Chair and Vice Chair elected by RRC
  - Chair term is 3 years
  - Vice-Chair term is either 1 or 2 years

# Membership

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## 2012-2013 RRC Members

- Christopher J. Palestro, M.D., **Chair** (SNM)
- Lorraine Fig, M.D. (SNM – term ended 12/31/2012)
- Tracy Y. Brown, M.D. PhD (AMA Alternate)
- Leonie Gordon, M.D. **Vice-Chair** (AMA)
- Barry L. Shulkin, M.D., M.B.A (ABNM)
- Harvey Ziessman, M.D. (ABNM)
- Gauri R. Khojekar, M.D. (Resident)
- Henry Royal, M.D. (ex-officio, ABNM)



# ACGME Staff Contact List

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## Executive Director

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## Nuclear Medicine ADS Representative

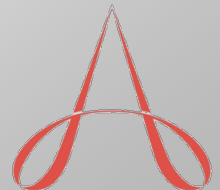
Samantha Alvarado

312-755-7118

[salvarado@acgme.org](mailto:salvarado@acgme.org)

## Case Log questions

[oplog@acgme.org](mailto:oplog@acgme.org)



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# RRC Meetings

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- Number: 2 meetings/year during May & November
- Dates: Check RRC website for agenda closing dates & meeting dates
  - May 3-4, 2013 (closing date March 8, 2013)
  - Nov 15, 2013 (closing date September 20, 2013)
- Meeting Length: 1 – 1 ½ days
- Agenda: Program reviews & Other pertinent matters



# Nuclear Medicine 2012-2013

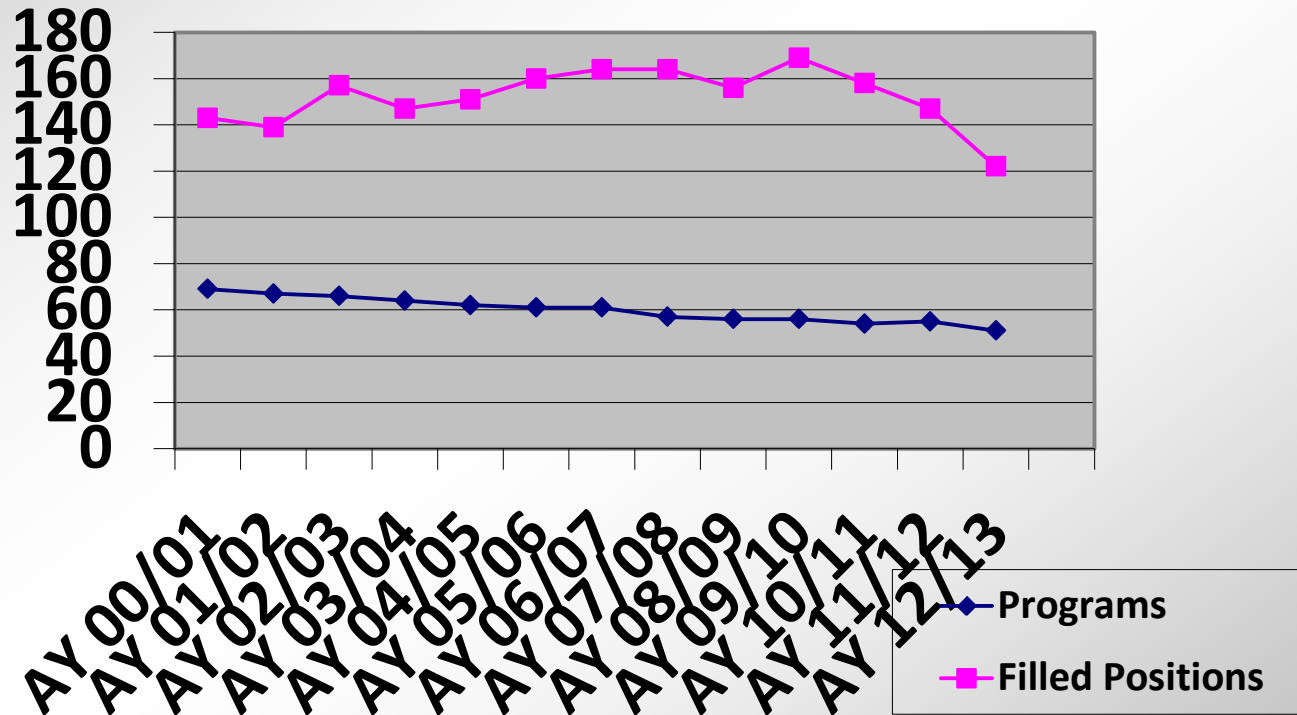
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- 51 accredited programs
- 122/184 (66%) filled out of approved residents positions

# Nuclear Medicine

## 2000-2013

Number of Programs and Filled Positions by Academic Year



# Actions Taken in 2012

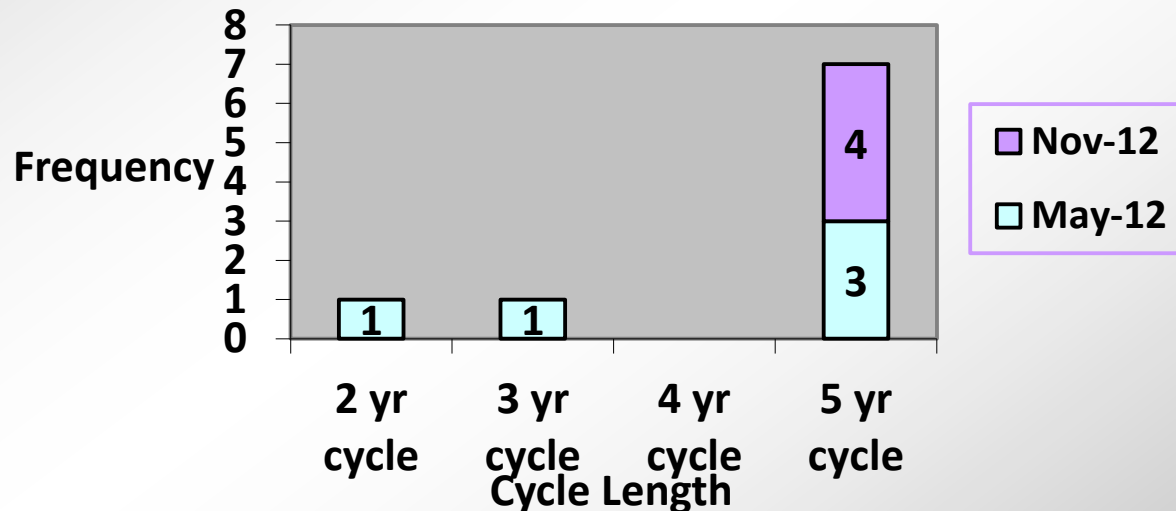
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- **Initial Accreditation: 1**
- **Continued Accreditation: 10**
- **Complement Changes: 1**
- **Progress/Duty Hour Reports Reviewed: 2**
- **Progress/Duty Hour Reports Requested: 5**
- **Voluntary Withdrawal Requests: 4**

# Cycle Lengths: 2012

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## Continued Accreditation Decisions by Cycle Length



# Citations

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- **Citation = the program has not provided evidence of compliance with the requirements, or, an area identified by the site visitor is non-compliant**

## **Don't Have**

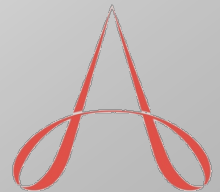
- **Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel**

## **Don't Do**

- **Lack of evidence that required experience is provided; no documentation of compliance with requirements**

## **Didn't Carefully Proof/Edit PIF**

- **Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data**



# Most Common Citations: 2012

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Program Evaluation: 7

Program Director Responsibilities  
(program leadership/stability;  
PIFmanship): 5

Resident Evaluation: 3



# Current Resident Eligibility

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- Program Requirement III.A.1.a)
- one year of graduate medical education in a program accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC), or the American Osteopathic Association (AOA). This year must include a minimum of nine months of direct patient care; or alternatively,
  - AOA may no longer be acceptable in 2015 due to revision of common program requirements
- Program Requirement III.A.1.b)
- Two or more years of graduate medical education *and a passing score* on the United States Medical Licensing Exam (USMLE) Step 3.
  - This PR will be eliminated due to revision of common program requirements that will be effective in 2015



# Complement Increases

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- **ALL** complement increases **MUST** be approved by the RRC
- Program **MUST** have
  - Full accreditation
  - 50% 1<sup>st</sup> time Board pass rate
- Temporary increases are for temporary situations such as:
  - Off cycle residents, delayed graduation (leave, remediation), resident transfer from closed program
- All requests are entered through ADS

# Resident Case Logs

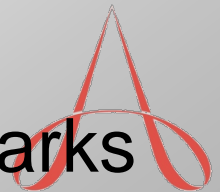
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Programs are now required to use the ACGME Case Log System

- Each program sent a letter in December 2012
- 79445 Radiopharmaceutical therapy, by intra-arterial particulate administration added in January 2013

Resident procedure logs make it possible to:

- Track individual resident learning experiences
- Identify individual/program deficiencies
- Establish future training requirement benchmarks



# Resident Case Logs

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Residents will enter all specified procedures performed during their residency education into the ACGME case log system

Program directors are expected to ensure that:

- Residents understand how to use the system
- Entries are accurate and complete
- Review resident case logs with residents during semi-annual evaluations



# Required Key Index Areas/Procedures to be documented are:

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- Parenteral Therapy (79101, [79445](#))
- Radioiodine Therapy (79005): Type Descriptions of
  - Less than or equal to 33 millicuries (mCi) I-131
  - Greater than 33 millicuries (mCi) I-131

# Required Key Index Areas/Procedures to be documented are:

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- PET/CT: Type Description of
  - Oncologic/Tumor (78811, 78812, 78813, 78814, 78815 and 78816)
  - Other (Cardiac: 78459 and Neurologic: 78608)
- Cardiac Stress Test: Pharmacologic or Exercise (93015)

# Required Key Index Areas/Procedures to be documented are:

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- **Pediatric (0-18 years of age):** There are no specified CPT codes and would result in a frequency count only. Residents may enter the name of the procedure/therapy in the comment box. (If needed for credentialing, residents may perform a search and enter an actual CPT code and enter the data a second time in the ACGME case log system using the actual CPT code or use another system to track those procedures.)



## Welcome to Resident Case Log for Nuclear Medicine

Last Updated: 9/19/2012 10:26:39 AM

### System Messages

- **PROGRAM DIRECTORS & COORDINATORS: Attending & Institution Maintenance** - If your specialty utilizes Attendings for case entry: Attendings are now maintained in ADS on the Case Logs tab. You will see a list of all of your available Case Log Attendings which may include faculty. Please note: when Faculty Physicians are entered via the Faculty tab they are automatically listed as a Case Log Attending. If your specialty utilizes Institutions for case entry: Institution lists for residents are now based on your Participating Sites which are listed under the Sites tab in ADS. If your residents or fellows performed procedures/cases elsewhere (not at a participating site) they have an 'Other Institution' option they may use.
- **RESIDENTS / PROGRAM DIRECTORS / PROGRAM COORDINATORS: Logins & Passwords** - Any new resident that is entered into ADS is now automatically sent a login and password to their email address. Residents have the ability to reset their own passwords: On the ADS login page there is a 'Forgot your password?' button they can click and have a new password sent to their email.
- **RESIDENTS: IF you are unable to add cases or see Add link under Case Entry menu,** - Please speak with your coordinator to re-activate your account.

### Messages


Please report any problems or suggestions to the [oplog@acgme.org](mailto:oplog@acgme.org).



ACGME

- Home
- Log Off
- Case Entry
  - Add
  - Search/Update
  - Update Procedure Year
  - My Favorite Codes
  - Download Procedures
  - Case Entry Instructions**
- Program Setup
- Report List Menu
- Year End Menu

Click on the Case Entry tab; click on **Add** to add a new procedure.



ACGME

- Home
- Log Off
- My Profile
- Case Entry
  - Add**
  - Search/Update
  - Update Procedure Year
  - My Favorite Codes
  - Download Procedures
- Program Setup
- Report List Menu
- Year End Menu

Welcome to Resident Case Log for Nuclear Medicine

Last Updated: 7/5/2012 1:41:39 PM

System Messages

- RESIDENTS: IF you are unable to add cases or see Add link under Case Entry menu, - please contact your program coordinator to re-activate your account.
- DIRECTORS & COORDINATORS: IF residents are unable to add cases - To correct this, please go to PROGRAM SETUP > Residents > Add/Update. Click on the Edit icon for the resident. Check the 'Case Logs Resident Status' box to reactivate.

Messages

Add New Case

The Case Entry screen will display. The highlighted fields must be filled out and a procedure must be selected before you can save the entry.

### Case Entry

Resident -- Select --	Institution -- Select --	Case ID <input type="text"/>
Resident Year -- Select --	Attending -- Select --	Procedure Date 8/30/2012
Resident Role Participate/Interpret		

# HOT TOPICS

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## Program Requirements

- Program requirements are being formatted for the NAS (core, detail, outcome)
- Are being revised and will be posted for public comment

# What are core, detail and outcome program requirements?

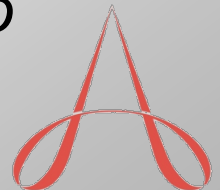
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- **Core Requirements:** Statements that define structure, resource, or process elements **essential to every graduate medical educational program.**
- **Detail Requirements:** Statements that **describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.** Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
- **Outcome Requirements:** Statements that specify expected **measurable or observable attributes** (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

# Core & Detail PR Examples

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- There **must** be a formal didactic lecture schedule (*Core*)
  - The didactic lecture schedule **should** indicate the specific date and time of each lecture, the topic of each lecture, the individual presenting the lecture, and the duration of the lecture (*Detail – describes how to achieve core PR*)
  - Participation in regularly scheduled seminars, conferences and journal clubs **should** be documented with attendance logs. (*Detail – describes how to achieve core PR*)



# Posting for Public Comment

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- You will be notified via an ACGME e-Communication when the revised program requirements are posted for comment.
- You will have the ability to comment on the revisions and on how the program requirements were categorized (detail, core, outcome), if clarifying language and/or FAQs are needed.



# HOT TOPICS

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## Data Reviewed by RCs

- **Resident Survey**

- Results aggregated into 7 areas (duty hours, faculty, evaluation, educational content, resources, patient safety, teamwork)
- Results compared to national normative data
- Potential RC actions: warning letter, request for progress report, advanced or expedited site visit

# HOT TOPICS

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Data Reviewed by RCs

- **ADS Annual Update**



### Annual Update

Date Required by: November 30, 2012

Complete: Yes

Completion Date: November 30, 2012

Look for the green checkmarks or the word "complete"

Complete ^

### Faculty Survey

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Click on the down arrows for more information

### Resident Survey

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No Change Requests

### ADS Announcements

#### 2012-2013 Annual Update

Please note: All sections of the annual update can be edited after your final submission. Each of the sections can be located within the appropriate tab at the top of the screen.

#### ACGME Faculty Survey

Beginning this year the ACGME will be administering a Faculty Survey for all Next Accreditation System (NAS) programs. A 60% response rate per program will be required. We will begin contacting programs in late November or early December to begin administration of the survey. [Click here](#) to view the question and content areas asked within this survey. This is not the actual survey itself, but rather a summary of the content found within.

#### Overview Legend

- Missing Data
- Section Complete

#### Reference Materials

#### Journal of GME



Overview Institution Participating Sites Sponsored Programs Site Visits Reports

358051 - NEW YORK PRESBYTERIAN HOSPITAL

Overview Program Faculty Residents Sites Site Visits Case Logs Reports

- Faculty Roster Instructions
- Physician Faculty Definition
- Non-Physician Faculty Definition

Scholarly activity will be required to be entered in the NAS

**Important Dates**

- Annual Update Status: ✔ October 22, 2012 - November 30, 2012
- Next Site Visit: NOT SCHEDULED
- Self Study Date (APPROX): September 01, 2021

**Faculty Members**

- Physician Faculty
- Non-Physician Faculty
- All Active Faculty
- Past / Inactive Faculty
- All Faculty

Search Faculty	Degrees	Title	Edit	View/Edit CV
MD	Director, Emergency Medicine Residency Program			
MD	Assistant Professor of Medicine CUMC			
	Clinical Professor CUMC			
	in-Chief, CUMC			
	Professor of Clinical Medicine CUMC			
Riley	Assistant Clinical Professor CUMC			
Sayan	Assistant Program Director			
Simon	Assistant Professor CMUC			
Stillman	H Assistant Clinical Professor CUMC			

For the NAS, only the PD has a CV, you can edit each person's info

**Scholarly Activity**

Scholarly Activity

**Faculty Legend**

- Core Faculty
- Missing Data
- Program Director
- Past / Inactive Faculty

Choose the type of faculty you want listed

**Faculty Ratio**

**Reduced Ratio**

Physician Faculty / Residents: 1.0 : 2.8

Core Physician Faculty / Residents: 1.0 : 2.7

**Actual Ratio**

Physician Faculty / Residents: 18 : 46.0

Core Physician Faculty / Residents: 17 : 46.0

### Edit Program Director -

Cancel

**Page Navigation**

- General Information
- Medical School
- Specialty / Field
- Faculty Hours

#### Specialty / Field

Specialty: Emergency medicine  
Other Specialty:  
Certification: ABMS  
Original Certification Year: 1991  
Certification Status: Re-Certified  
Re-Certification Year: 2011  
Explain Equivalent Qualifications for RRC Consideration:

Those identified as a core faculty member will be given the faculty survey and must have scholarly activity entered into ADS

#### Faculty Hours

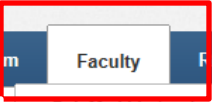
Number of hours per week faculty member devotes to the residency program activities in the following:

Clinical supervision of residents ⓘ	Administration of the program ⓘ
<input type="text" value="12"/>	<input type="text" value="18"/>
Research/scholarly activity with residents ⓘ	Didactics/teaching with residents ⓘ
<input type="text" value="4"/>	<input type="text" value="6"/>

If these 4 boxes total 15 hours or more, then this person is considered to be a core faculty member



358051 - NEW YORK PRESBYTERIAN HOSPITAL



Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

Scholarly activity for faculty and residents not required for Nuclear Medicine during 2012 annual updates, but will be in the future for NAS Phase II

< Back To Faculty

### Faculty Scholarly

You must verify all faculty  
To add scholarly activity

Faculty Member	PMID 4	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
		3	9	4	0	Y	Y
22929431		2	2	0	0	Y	Y
		1	1	2	0	Y	Y
21452075		7	2	1	0	Y	Y
		0	2	1	0	Y	N
		0	1	0	0	N	Y
22240130		0	0	0	0	N	N
		0	2	0	0	N	N
22555764 22644648		2	8	2	0	Y	Y
23133747 22871175 22871154		3	31	1	1	Y	Y
		0	1	0	0	Y	Y
Jeremy Simon	22092901 21834844	1	2	3	0	Y	Y



3200000000 - U Pediatrics - Any

2012 - 2

-- Filter by

La

Do

Time 7/1/2012 6/30/2015

**+ Add Resident**

Print

**Edit**

John Doe

Full Name:

Social Security Number: \*\*\* - \*\* - xxxx

E-Mail:

Case Logs User: No Information Currently Present

Start Date: July 01, 2012

Expected Completion: June 30, 2015

Year In Program: 1

Type of Position: Categorical

Status: Active Full time

**View / Edit Resident**

**+ Add Resident**  
Area where programs list residents/fellows in the program or add new residents.

**Edit**  
Area where general information can be updated for existing residents/fellows.

**Scholarly Activity NEW**  
Area in which programs will log the scholarship by residents. Currently this function appears for Phase One NAS specialties only.

**Resident/Fellow Aggregate**

**Resident/Fellow Quick Update**  
Gives a snapshot view of individual resident/fellow information and allows the user to make updates.

**Important Dates**

Annual Update Status: NOT SCHEDULED

Next Site Visit : NOT SCHEDULED

Self Study Date (APPROX) : October 01, 2022

**Scholarly Activity**

Scholarly Activity

**Resident Status Legend**

- Missing Information
- Unconfirmed
- Preliminary Position
- No Case Log ID

**Resident Aggregate 2012**

**Active Residents**

Year 1:	16
Year 2:	18
Year 3:	16
<b>Total:</b>	<b>50</b>

Left Program: 0

Completed Training: 0

Inactive: 0

**Faculty Ratio**

**Reduced Ratio**

Physician Faculty / Residents: 1.0 : 1.7

Core Physician Faculty / Residents: 1.0 : 2.5

**Actual Ratio**

Physician Faculty / Residents: 30 : 50.0

Core Physician Faculty / Residents: 20 : 50.0

*Program Director is not included in core faculty*

**Reference Materials**

**Journal of GME**



000000 – University of Sample College of Medicine

Participating Site Definition

Sponsoring Institution Definition

Block Diagram Upload

Missing Information

Block Diagram Upload

Detailed on following slide

Participating Site Information

+ Add Site

Reorder

#	ID	Site Name	Required Rotation	Integrated	Rotation Months			
					Y1	Y2	Y3	
1			Yes	No	9	9	10	Warning icon
2			Yes	Yes	2	2	1	Warning icon
			Yes	No	1	1	1	Warning icon

+Add Site Section where new participating sites should be made.

Important Dates

Annual Update Status:  
NOT SCHEDULED

Next Site Visit :  
NOT SCHEDULED

Self Study Date (APPROX) :  
October 01, 2022

Legend

- Site Sponsor
- Primary Teaching Site
- Missing Data

Reference Materials

Journal of GME

If the total number of rotation months does not equate to 12 months (for all sites combined) provide an explanation:

Text input area for explanation

## Block Diagram Upload

Missing Information ^

### Block Diagram Instructions/Sample

The ACGME does not have any record of a block diagram on file for your program. Please upload a PDF diagram using the "Upload" button below.

### Block Diagram Instructions/Sample NEW

Once you have expanded the section a Guide for Construction a Block Diagram will be provided. The Block Diagram is a representation of the rotation schedule for a resident.

- Block Diagrams should be uploaded in PDF format
- There are 2 typical models, the first is organized by month and the second divides the year into 13 4-week blocks
- Participating site in which the rotation takes place and the name of rotation MUST be included.
- Rotations should be grouped by venue and sites should be listed in the same order as ADS.
- When elective rotations are reflected in the diagram, available electives should be listed below the diagram.
- Clinical rotations for some specialties may also include structured outpatient time or research time.

Following the guide, several sample block diagrams are provided:

#### Sample Block Diagrams

**Block Diagram 1<sup>(1)</sup>** In this example, the year's rotations are divided into twelve (presumably one-month) clinical rotations. Rotations may include structured research time and electives.

Block	1	2	3	4	5	6	7	8	9	10	11	12
Institution	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Wards	Clinic
% outpatient	20	20	100	0	0	40	100	0	100	20	20	100
% Research	0	0	0	0	0	0	0	0	0	0	0	0

**Block Diagram 2<sup>(1)</sup>** In this example, the year's rotations are divided into 13 equal (presumably 4-week) clinical rotations. Rotations may include structured research time and electives.

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Institution	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ER	ICU	Clinic	Wards	Wards	Clinic
% outpatient	30	30	100	0	0	20	20	100	0	100	0	0	100
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

**Block Diagram 3<sup>(1)</sup>** In this example, the year's rotations are divided into 6 blocks of equal duration. One of the blocks is used for an elective which can be chosen from among a list of elective rotations and a vacation month.

Block	1	2	3	4	5	6
Institution	Site 1	Site 1	Site 2	Site 2	Site 3	
Rotation Name	CCU	Med. Outpt	Wards	ER	Wards	Elective/Vacation
% outpatient	0	100	0	100	0	
% Research	0	0	0	0	0	0

Possible electives:

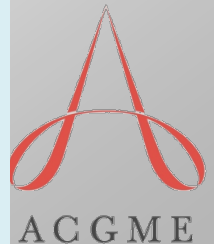
Cardiology Inpatient Institution 1  
Cardiology Outpatient Institution 2  
Pulmonary Medicine Inpatient Institution 2

Pulmonary Medicine Outpatient Institution 3  
Gastroenterology Inpatient Institution 3  
Gastroenterology Outpatient Institution 1

**Block Diagram 4<sup>(1)</sup>** In this example for a subspecialty program, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.

Block	1	2	3	4
Institution	Site 1	Site 2	Site 2	
Rotation Name	Specialty Outpatient	Specialty Outpatient	Wards	Research
% outpatient	100	100	0	
% Research	0	40	0	100

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the block diagram, a notes section must indicate how vacation time is taken.



**NM1 (PGY2) Rotation Block Diagram (13 x 4-week blocks)**

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1	2	1	2	3	1	2	2	1	1	2	2	1
Rotation Name	Radio-pharmacy/ Nuc Med	General Nuc Med	General Nuc Med	General Nuc Med	Pediatric Nuc Med	General Nuc Med	General Nuc Med	CT	PET/CT	General Nuc Med	Research	General Nuc Med	General Nuc Med

**NM2 (PGY3) Rotation Block Diagram (13 x 4-week blocks)**

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	2	2	3	1	1	2	2	2	1	3	1	1	2
Rotation Name	CT	General Nuc Med	Pediatric Nuc Med	PET/CT	General Nuc Med	Research	CT	General Nuc Med	PET/CT	Pediatric Nuc Med	Elective	General Nuc Med	CT

**NM3 (PGY4) Rotation Block Diagram (13 x 4-week blocks)**

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1	1	1	2	2	2	1	1	2	3	2	1	2
Rotation Name	PET/CT	Radiation Oncology	MRI	General Nuc Med	Research	CT	PET/CT	General Nuc Med	CT	Pediatric Nuc Med	General Nuc Med	PET/CT	General Nuc Med

**Sites:** (1) University of *(Primary)*, (2) VA Hospital, (3) Children’s Hospital

**Available Electives** (both at site 1): Medical Oncology, Cardiology—most residents elect to do 2 weeks in each

**Vacation:** Scheduled by the resident with PD consent. No more than 2 weeks may be taken off during any 4-week block.

**All three years must be submitted, even if you currently only have NM3 residents.**





000000 – University of Sample College of Medicine

3200000000 – University of Sample

Location: - Anytown, IL

Approximate Date of Next Site Visit: No Info

Self Study Date: October 01, 2022

Program Information Form (PIF)

Print PIF



Print PDF PIF



Program Information Form (PIF)

Programs can either print a paper copy of the Annual Report/PIF or save a PDF version by using these buttons.

Current Citations

Clicking on the link to current citations allows users to view their current citations and responses if they have been entered.

Depending on your browser, you will need to use the Page Setup feature to either set the margins to .25 (left,right,top,bottom) or 'shrink to fit page width'. Also use Page Setup to center the page numbers on the footer of the document.

Specialty Specific PIF

Pediatrics



Specialty Specific PIF

A link is provided which routes the user to the specialty specific PIF.

Site Visit Evaluation

For programs who had a site visit, the site visitor evaluation form can be completed here.

Important Dates

Annual Update Status:

NOT SCHEDULED

Next Site Visit :

NOT SCHEDULED

Self Study Date (APPROX) :

October 01, 2022

Site Visit Results

Current Citations

Site Visit Evaluation

Notification Letters

View Notification Letters

Reference Materials

Journal of GME



Overview

Institution

Participating Sites

Sponsored Programs

Site Visits

Reports

000000 – University of Sample College of Medicine

Overview

Program

Faculty

Residents

Sites

Site Visits

Case Logs

Reports

**Survey**

Aggregate program, national, and specialty-specific reports (if applicable)

**Download My Data**

Download Data for the Program

**Important Dates****Annual Update Status:**

NOT SCHEDULED

**Next Site Visit :**

NOT SCHEDULED

**Survey**

Access to aggregate reports by program, specialty, or nationally are available:

**Instructions**

Select the academic year or academic year range for any one of the reports below. Then click "View report".

**Resident/Fellow Survey Report**

Aggregated by program...

Aggregated by specialty...

Aggregated by all national programs...

**Download My Data NEW**

Programs are now able to download data entered into ADS in Excel format.

Report Title	Download	
Basic program information	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Medical school affiliations	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Major participating institution affiliations	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Current physician faculty	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Past physician faculty	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Current non-physician faculty	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Past non-physician faculty	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Current residents	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Residents who have graduated in the current year	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Residents who have graduated in previous year	Program Annual Update not Completed	<a href="#">Field Descriptions</a>
Residents who have left the program	Program Annual Update not Completed	<a href="#">Field Descriptions</a>

# HOT TOPICS

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- **Next Accreditation System (NAS)**
- **Milestones**
- **Clinical Competency Committees**
- **Self-Studies**

# NAS Background

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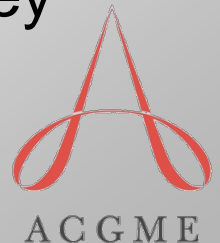
- GME is a public trust
- ACGME accountable to the public



# What is the NAS and when does it start?

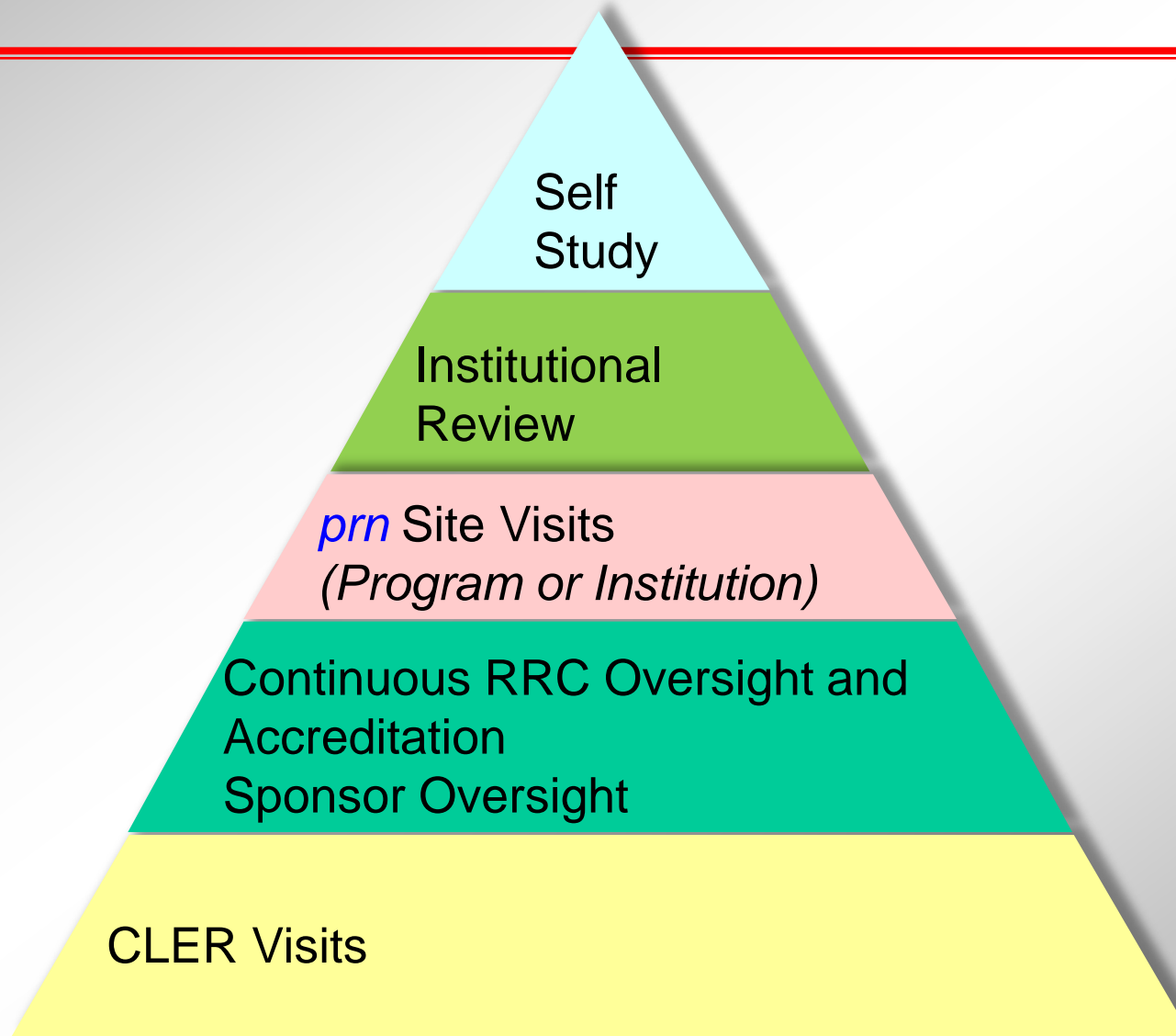
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- The Next Accreditation System (NAS) begins July 1, 2014 for Nuclear Medicine programs
- NAS Strategic Plan:
  - Foster innovation and improvement in the learning environment
  - Increase the accreditation emphasis on educational outcomes
  - Increase efficiency and reduce burden in accreditation
  - Improve communication and collaboration with key internal and external stakeholders



# The Building Blocks of The Next Accreditation System

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# NAS and ADS Annual Updates

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- Each year, program data will be required to be entered in ADS such as:
  - Faculty information
  - Fellow information
  - Block diagrams/curricular information
  - Scholarly activity information
  - Participating site information
  - Responses to previous citations
  - Duty Hour, Patient Safety and Learning Environment information
  - Evaluation information
  - Reporting of major changes in the program



# NAS

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- ✿ Instead of biopsies, annual data collection
  - ✿ Trends in key performance measurements
  - ✿ Milestones, Residents, fellows and faculty survey
  - ✿ Scholarly activity template
  - ✿ Operative & case log data
  - ✿ Board pass rates
- ✿ Scheduled accreditation visits every 10 years with focused site visits if annual data trends suggest problems
- ✿ PIF replaced by self-study

# NAS

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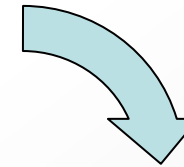
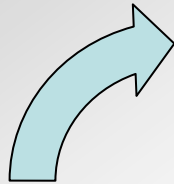
- ✿ Ongoing data collection and trend analysis
- ✿ Enhance oversight to ensure high quality education and a safe and effective learning environment
- ✿ High-quality programs will be freed to innovate
  - detailed process standards
  - ✿ Programs with continued accreditation in good standing do not have to adhere to the “detail” program requirements as written, but are allowed to innovate

# NAS and Quality Improvement...

*The “Next Accreditation System”*

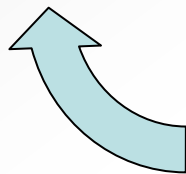
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“Continuous”  
Observations



Assure that the Program  
Fixes the Problem

Number of Potential  
Problems



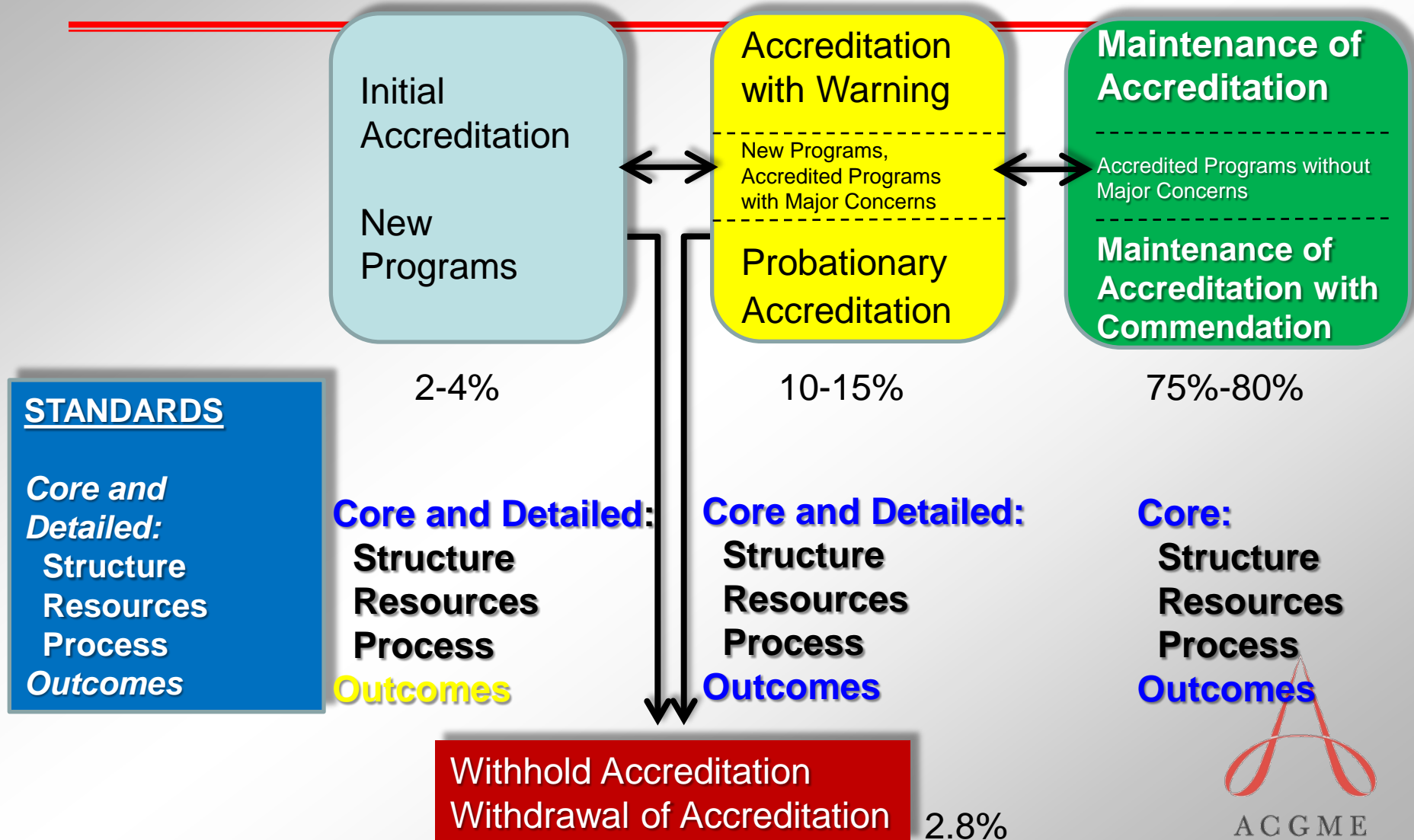
***Promote  
Innovation***



Diagnose  
the Problem  
*(If there is one)*



# Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



# Do I have to adhere to the “detail” program requirements?

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- Programs that have **initial accreditation or are in trouble** must demonstrate compliance with all “detail” program requirements **as written**.
- Programs that have **continued accreditation that are in good standing** will be allowed to “**innovate**” or use alternate ways for those program requirements that are identified as “**detail**”.

# Some Data Reviewed by RRC

## Most already in place

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- ✓ Annual ADS Update
  - ✓ Program Characteristics – Structure and resources
  - ✓ Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Omission of data
- ✓ Board Pass Rate – 3-5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs or other
- ✓ Semi-Annual Resident Evaluation and Feedback
  - Milestones
  - Faculty Survey
  - Ten year self-study



# Milestones

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Specific benchmarks of skills, knowledge and behaviors in the six general competency domains that residents in every specialty must achieve at certain identified points or stages during residency education

# Milestones

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Joint initiative of the ACGME and specialty certification boards and with the involvement of the specialty community

RRC's initially will use aggregate resident performance on the milestones to identify aspects of educational programs needing improvement



# Specialty Specific Milestones

## Patient Care & Medical Knowledge

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### Working Group

Educators and leaders from the Review Committee (including resident member and executive director), American Board of Nuclear Medicine, and the Society of Nuclear Medicine (SNM)

Chair: Lorraine Fig, M.D.

### Advisory Group

Specialty leaders

Assist with establishing support for the Milestones  
Provide feedback to the Working Group



# Uses and Implications

## ACGME

- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

## Residency Programs

- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

## Milestones

## Certification Boards

- Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams

## Residents

- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents

# NAS

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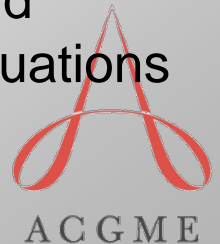
Building the case for  
milestones.....



# Why Milestones and Clinical Competency Committees?

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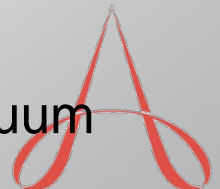
J graduated with honors from a prestigious medical school. The faculty and PD were ecstatic that he matched into their residency program. During orientation, J asked for multiple “golden” weekends off to attend weddings, birthdays, etc. In the first 4 months of his residency, he shows up late during several of his rotations. He did not show up for other required experiences a couple of times. The staff complains that he is almost impossible to get a hold of and complains that he frequently disappears. His write-ups and presentations are generally acceptable. Faculty members who supervise his rotations have called the PD to let her know that J’s fund of knowledge is poor, and he is often “flippant” and appears disinterested. It is now January, and the PD and the education committee members decide that J needs some form of warning to improve his performance, without which, he will be placed on probation and remediation. In order to gather “evidence” for this action, his evaluations are reviewed.



# Milestones

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- ✿ Observable developmental steps moving from Novice to Expert/Master (Level 1: entrance to Level 4: fellowship graduation or even Level 5: expert or mastery level)
- ✿ “Intuitively” known by experienced medical educators in each specialty
- ✿ Organized under the rubric of the six domains of clinical competency
  - ✿ Trajectory of progress: neophyte → independent practice
  - ✿ Articulate shared understanding of expectations
  - ✿ Set aspirational goals of excellence
  - ✿ Framework & language for discussions across the continuum



# ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

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- ✿ Specialty specific normative data and common expectations for progress of individual residents
- ✿ Less prescriptive ACGME program requirements, lengthened program site visits, less frequent standards revision
  - ✿ Promote curricular innovation
  - ✿ Enhance curricular and rotation design flexibility
- ✿ Development of specialty specific evaluation tools and techniques

# ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

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- ✿ Tracks what is important - Outcomes
- ✿ Begins using *existing tools and observations of the faculty*
- ✿ Clinical Competency Committee triangulates progress of each resident
  - ✿ Essential component of a valid and reliable clinical evaluation system
  - ✿ ABMS Board has the opportunity to track the identified individual
  - ✿ ACGME Review Committee tracks unidentified individuals' trajectories



# Professionalism

Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team

Resident seeks out opportunities to demonstrate compassion and empathy in the care of all patients; and demonstrates respect and is sensitive to the needs and concerns of all patients, family members, and members of the health care team.

Professionalism  
 Novice      Advanced Beginner      Competent      Proficient      Expert

a) Honesty, integrity, and ethical behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Humanistic behaviors of respect, compassion, and empathy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Responsibility and follow through on tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Receiving and giving feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Responsiveness to each patient's unique characteristics and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Overall evaluation of Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.

# Milestone Question

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- Does every resident have to reach at least “Level 4” for every milestone in order to graduate?
  - No, they do not. However, it will still remain the program director’s responsibility to verify and determine whether each resident has demonstrated sufficient competence to enter practice without direct supervision.

# Clinical Competency Committee

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- ✿ May already be in place under a different name
- ✿ Start thinking about this and decide on composition, procedure, data elements
- ✿ What should be reviewed:
  - ✿ Continue to look at current evaluations forms
  - ✿ Milestones
- ✿ Issues:
  - ✿ Time: pilot studies
  - ✿ Large residency programs
  - ✿ Small fellowship programs

# Clinical Competency Committees

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- ✿ Learn your specialty milestones
  - ✿ (will be developed this calendar year)
- ✿ Decide how to measure milestones
- ✿ Tools to evaluate from program director associations, specialty boards, colleges
- ✿ Teach the faculty the definitions
- ✿ Teach the faculty the tools
- ✿ **FACULTY DEVELOPMENT IS KEY**

# The Clinical Competency Committee

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- ✿ A group of faculty members trained in looking at milestones
- ✿ The same set of eyes looking at other evaluations:
  - ✿ End of rotation
  - ✿ Direct Observation
  - ✿ Nurses
  - ✿ Patients and families
  - ✿ Peers
  - ✿ Others
- ✿ The same process is applied uniformly

# The Clinical Competency Committee

---

## ❁ Avoids common problematic issues:

❁ “I don’t like to give negative evaluations”

❁ “I spent little time working with this resident”

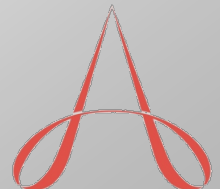
❁ “Herd” mentality: positive or negative

❁ Grade inflation

❁ Vague statements:

❁ “I just didn’t like this resident, but I can’t put my finger on it”

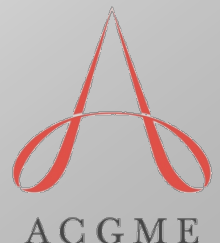
❁ Hearsay: I’ve heard she is lazy



# Self-Study & Program Improvement

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- ✿ ACGME self-study visits begin July 2015
  - ✿ All **new programs** (initial accreditation) will require a **site visit after** approximately **2 years** to gain continued accreditation before they can have their first self-study visit (SSV).
  - ✿ After the first SSV, they occur every 10 years.
- ✿ Tool for program improvement
- ✿ Individualized Learning Plan (ILP) on steroids



# Self-Study & Program Improvement

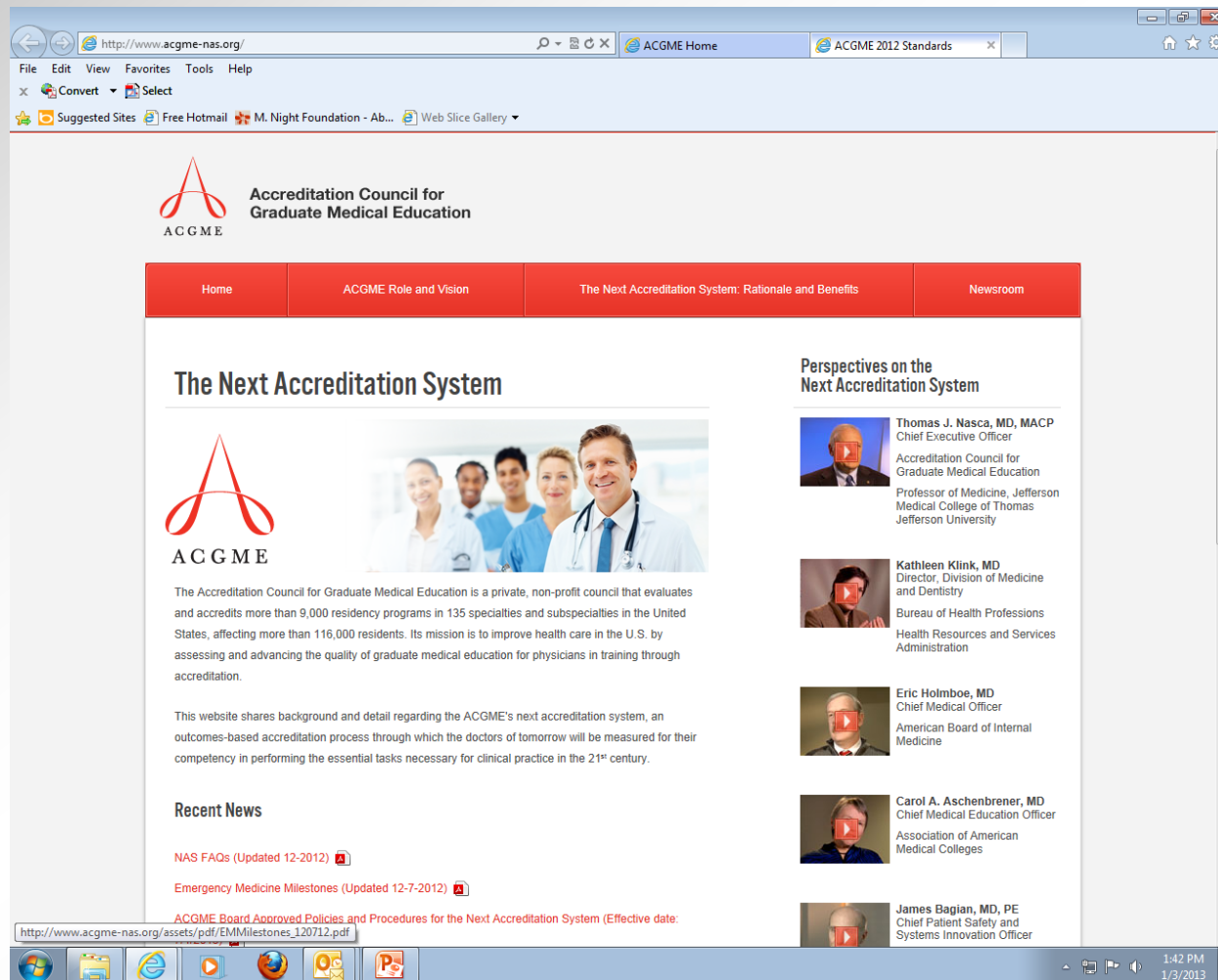
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- ✿ NOT A PIF
- ✿ Tool for improvement
- ✿ Regular goal setting
- ✿ Longer term: 3-5 years
- ✿ Includes self-reflection/self-study
- ✿ Consider SWOT (strengths/weaknesses/opportunities and threats)/stakeholders
- ✿ Consider program outcome trends
- ✿ Don't have to wait until ACGME announces visit



# The Next Accreditation System Web Page

<http://www.acgme-nas.org/>




The screenshot shows a web browser window displaying the ACME website. The browser's address bar shows the URL <http://www.acgme-nas.org/>. The website features a red navigation bar with the following tabs: Home, ACME Role and Vision, The Next Accreditation System: Rationale and Benefits, and Newsroom. The main content area is titled "The Next Accreditation System" and includes the ACME logo, a video player showing a group of healthcare professionals, and text describing the council's mission and the upcoming accreditation system. A sidebar on the right, titled "Perspectives on the Next Accreditation System", lists five video testimonials from industry leaders: Thomas J. Nasca, MD, MACP; Kathleen Klink, MD; Eric Holmboe, MD; Carol A. Aschenbrener, MD; and James Baglan, MD, PE. The footer of the page contains a link to the ACME Board Approved Policies and Procedures for the Next Accreditation System. The browser's taskbar at the bottom shows the system date and time as 1:42 PM on 1/3/2013.

Accreditation Council for Graduate Medical Education  
ACGME

Home ACME Role and Vision The Next Accreditation System: Rationale and Benefits Newsroom

## The Next Accreditation System



ACGME






The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits more than 9,000 residency programs in 135 specialties and subspecialties in the United States, affecting more than 116,000 residents. Its mission is to improve health care in the U.S. by assessing and advancing the quality of graduate medical education for physicians in training through accreditation.

This website shares background and detail regarding the ACME's next accreditation system, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21<sup>st</sup> century.

### Recent News

- [NAS FAQs \(Updated 12-2012\)](#)
- [Emergency Medicine Milestones \(Updated 12-7-2012\)](#)
- [ACME Board Approved Policies and Procedures for the Next Accreditation System \(Effective date: 12/1/2012\)](#)

### Perspectives on the Next Accreditation System

-  **Thomas J. Nasca, MD, MACP**  
Chief Executive Officer  
Accreditation Council for Graduate Medical Education  
Professor of Medicine, Jefferson Medical College of Thomas Jefferson University
-  **Kathleen Klink, MD**  
Director, Division of Medicine and Dentistry  
Bureau of Health Professions  
Health Resources and Services Administration
-  **Eric Holmboe, MD**  
Chief Medical Officer  
American Board of Internal Medicine
-  **Carol A. Aschenbrener, MD**  
Chief Medical Education Officer  
Association of American Medical Colleges
-  **James Baglan, MD, PE**  
Chief Patient Safety and Systems Innovation Officer

[http://www.acgme-nas.org/assets/pdf/EMMilestones\\_120712.pdf](http://www.acgme-nas.org/assets/pdf/EMMilestones_120712.pdf)

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1/3/2013



# NAS Information

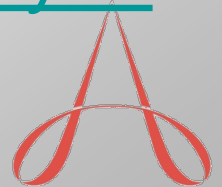
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## NAS FAQs

<http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf>

## NAS Policies and Procedures

<http://www.acgme-nas.org/assets/pdf/FinalMasterNASPolicyProcedures.pdf>



ACGME

# NAS Webinars

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- Series of 4 free webinars geared to inform DIOs and PDs about the latest information regarding new accreditation initiatives
  - 12/13/2012 – The Clinical Learning Environment Review (CLER) Program: Early Experiences
  - 1/24/2013 – Implementing the NAS

Access at: <http://www.acgme-nas.org/>



# ACGME Website

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ACGME website:

<http://www.acgme.org/acgmeweb/>

RRC website:

[http://www.acgme.org/acgmeweb/ProgramandInstitutional  
Guidelines/Hospital-  
BasedAccreditation/NuclearMedicine.aspx](http://www.acgme.org/acgmeweb/ProgramandInstitutionalGuidelines/Hospital-BasedAccreditation/NuclearMedicine.aspx)



# Questions?

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Thank you

