RRC Update: Diagnostic Radiology

Lawrence P Davis, M.D.

Chair, Radiology RRC

ACGME Annual Educational Conference

March 2, 2012

Disclosure

- No conflicts of interest to report

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Composition of RRC

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

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Term for Members

- 6 years each (two 3 year terms)
  - Resident member: one 2-year term
- Each member is evaluated by each RRC member at end of 2nd year
- Chair and Vice Chair elected by RRC
  - Chair term is 3 years
  - Vice-Chair term is either 1 or 2 years

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Diagnostic Radiology Committee Members

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

RRC…Effective July 1, 2011

- **Lawrence Davis, Chair** (Nuclear Medicine)
- **Tom Berquist, Vice Chair** (MSK)
- Steve Baker (Abdomen, ED)
- Bob Zimmerman (Neuro)
- Val Jackson (Breast Imaging)
- Jeanne LaBerge (VIR)
- Duane Mezwa (Abdomen)
- Gautham Reddy (Cardiothoracic)
- Susan John (Peds)
- Daniel Barr (Resident from U. Michigan)
- ex officio ABR

Responsibilities of RRC Members

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

Review of Radiology RRC by ACGME Monitoring Committee

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

ACGME Monitoring Committee

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

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Accreditation Council for Graduate Medical Education

Revision of Core Radiology Program Requirements in Support of New ABR Testing

Effective July 1, 2010

Impetus for Revisions

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

Impetus for Revisions

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

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Revisions

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

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Revisions

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

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Revisions

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

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Revisions

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

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Revisions

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

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Program Requirements Effective July 1, 2008

"Current" Program Requirements

Faculty: Board Certification

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

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Faculty: Board Certification

- AOBR, Royal College of Radiologists and other international certifications NOT considered equivalent to ABR certification
  - RRC not making judgments on these certificates
  - This is information from ABR
- Programs will be expected to submit documentation of pathway to ABR certification for faculty members without ABR current certification

Core/Noncore Faculty

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

Other Program Personnel

- *Modification:* A dedicated radiology residency program coordinator is required.
  - *"Dedicated," in this case, does NOT mean only to the core program*
- *Added:*"..must have ***sufficient*** time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program."

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Competencies: Where do we need to be?

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

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On APDR web site

Measurement of Competencies
Resident Outcomes in Diagnost[illegible]di[illegible]

The following are sugg[illegible] me[illegible] com[illegible]ncies in diagnosti[illegible]lic[illegible]usiv[illegible]mpliance with one or more for[illegible]c[illegible]wed[illegible]RRC as meeting current program [illegible]irem[illegible]P[illegible]encouraged to be innovative in developing their [illegible]utc[illegible]ures.

[illegible]NT[illegible]ARE

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

MEDICAL KNOWLEDGE

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

PRACTICE-BASED LEARNING

- Documentation of remediation of resident weak area(s) identified on:
    - ACR in-service exam

Checklist for Resident Competency in Performing Barium Enemas
(covers six basic competencies)

Resident________________________Date___________No. of BEs performed__________

Please comment on any deviation for expected performance.

- ☐ Washes hands
- ☐ Confirms patient identity and that BE is the correct procedure
- ☐ Introduces him/herself to patient properly
- ☐ Explains procedure to patient
- ☐ Inserts rectal catheter properly and gently
- ☐ Wears appropriate protective garments (e.g. lead apron)
- ☐ Uses fluoroscopy appropriately (i.e. tower close to patient, uses as few spots as necessary, uses shield between patient and operator)
- ☐ Is gentle and clear in instructing patient in positioning during procedure
- ☐ Is facile in obtaining full opacification of colon
- ☐ Is facile in using paddle when obtaining spot films
- ☐ Recognizes pathology if present and focuses on adequate imaging of that area of the colon
- ☐ Is cognizant of patient discomfort, if any, and actively seeks to reduce discomfort or tries to soothe patient during the short period of discomfort
- ☐ Obtains a diagnostic study
- ☐ Uses minimal fluoroscopy time necessary for the study (Record time_____)
- ☐ Dictates accurate report in timely fashion

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

- ☐ is appropriately trained to perform barium enema with direct supervision
- ☐ needs further supervised experience

Faculty member signature ______________________________________

Goals and Objectives

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

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Nuclear Medicine Requirements

Required by NRC for resident to be "AU-Eligible"

- Minimum of 700 hours (approx. 4 months) of training and experience in clinical nuclear medicine, which may include the required 80 hours of classroom and laboratory instruction.
- Each resident must participate with preceptors in at least 3/3 therapies involving oral administration of I-131 (low dose <33 mCi AND high dose >33mCi).
- Document date, diagnosis and dose. (7/1/11)

ABR Diagnostic Radiology Certification
NRC AU-Eligible Training Requirements
I-131 Therapy

- **Oral Therapy with ≤33 mCi of I-131**
  - Treatment of Hyperthyroidism
  - 3 patient administrations required

- **Oral Therapy with > 33 mCi of I-131**
  - Ablation of Thyroid Gland Remnant,
    Or Treatment of Thyroid Cancer w/wo Metastases
  - 3 patient administrations required

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Nuclear Medicine (con't.)

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

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Radiologic Physics

- *New requirement*

  "Residents must demonstrate on an ongoing basis an awareness of radiation exposure, protection and safety, as well as the application of these principles in imaging."

- Physics curriculum
  - Consider using the curriculum developed by AAPM and endorsed by multiple organizations (aapm.org)
  - RSNA online modules

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ACGME Case Log System

New Requirements:

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

Background

- Case log system used by Radiology since July 1, 2006
- Data are collected in aggregate
- Data are not currently being used in accreditation decisions
- RRC is interested in using the data and in setting minimums

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  - Urology Resident Evaluation System
- ME Information
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- ewsroom
- utcome Project
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- esident Duty Hours
- esident Information
- eview & Comment
- earch Programs/Sponsors
- e Visit

Home

...duate Medical Education (ACGME) is responsible for the Accreditation of ... States. Accreditation is accomplished through a peer ...ards and guidelines.

- ...utcome Project Web Site (12/15/06)
- **New** - Resident Survey 2007 (12/12/06)
- **New** - Meet the ACGME Board of Directors (12/12/06)
- Most residents followed duty hour limits in 2005-06 (11/3/06)
- Register for the 2007 Annual Educational Conference.(11/2/06)
- The fourth of five modules in a new educational resource "Educating Physicians for the 21st Century" is now available: Developing a Competency-based Curriculum(10/23/06)
- Announcing the ACGME 2007 Annual Educational Conference Call for Poster Abstracts. Abstracts must be submitted electronically to abstracts@acgme.org using the Abstract Submission Form no later than January 8, 2007. See the Call for Poster Abstracts and Abstract Submission Form for more information.(10/12/2006)
- Timeline For Phase Three of Sleep Medicine Accreditation (7/27/06)

http://www.acgme.org/ResOnlog/ Internet

ACGME | Accreditation Council for Graduate Medical Education

Welcome to Resident Case Logs

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

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

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

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

Accreditation Data System | System for Evaluation of Competencies in Residencies

Minimum Browser Requirements

Please sign in

User ID:

Password:

Sign In

I cannot access my account

About SSL Certificates

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

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ACGME Resident Case Logs - Windows Internet Explorer

https://www.acgme.org/ResidentDataCollectionNet/ACGME/ResidentCaseLogs/Default.asp

File Edit View Favorites Tools Help

- Home
- Log Off
- My Profile
- Case Entry
- Program Setup
- Report List Menu
- Year End Menu

Welcome to Resident Case Log for Radiology-Diagnostic

Messages

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

Done

ACGME Resident Case Logs - Windows Internet Explorer

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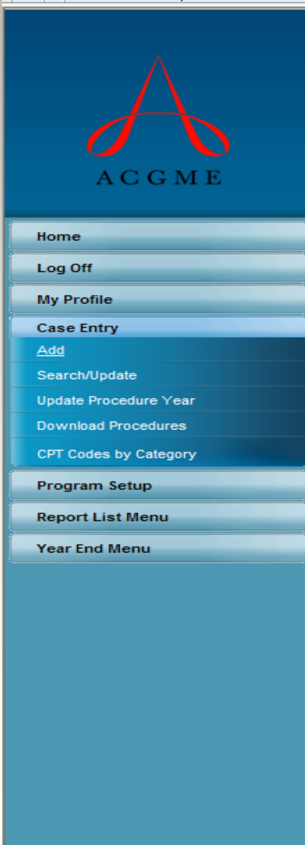

ACL Case Entry

Resident: ResidentNumber1, Radiatic

Add Select Examinations

Select Examinations	Total
Chest x-ray	659
CT Abd/Pel	27
CTA/MRA	134
Image Guided Bx/Drainage	23
Mammography	67
MRI Body	29
MRI Brain	37
MRI Knee	22
MRI Spine	25
PET	26
US Abd/Pel	798
	1847

ACGME - Case Entry

Resident: ResidentNumber1, Radiatic

Resident Year: 2

Procedure Date: 11/29/2011

Count	Type Description
0	Chest x-ray
0	CT Abd/Pel
0	CTA/MRA
0	Image Guided Bx/Drainage
0	Mammography
0	MRI Body
0	MRI Brain
0	MRI Knee
0	MRI Spine
0	PET
0	US Abd/Pel

Comment | Cancel | Save

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- Report List Menu
- Year End Menu

CPT Codes for Procedures Categories

- **Chest x-ray**
  - 71010, 71015, 71020, 71021, 71022, 71023, 71030, 71034, 71035
- **CT abd/pel**
  - 72192, 72193, 72194, 74150, 74160, 74170, 74176, 74177, 74178
- **CTA/MRA**
  - 71275, 71555, 72191, 72198, 74175, 74185, 70544, 70545, 70546, 70496, 70547, 70548, 70549, 70498, 73725, 73706
- **Image guided bx/drainage**
  - 75989, 76942, 77012
- **Mammography**
  - 77055, 77056, 77057, G0202, G0204, G0206
- **MRI body**
  - 71550, 71551, 71552, 72195, 72196, 72197, 74181, 74182, 74183
- **MRI brain**
  - 70551, 70552, 70553
- **MRI knee**
  - 73721, 73722, 73723
- **MRI spine**
  - 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158
- **PET**
  - 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
- **US abd/pel**
  - 76700, 76705, 76770, 76775, 76830, 76856, 76857

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Main Table)

Reporting Period: Total Experience of Residents Completing Programs in 2009-2010

Residency Review Committee for Diagnostic Radiology

Report Date: October 13, 2010

[PAGE 1] Number of Programs in the Nation: 182 Number of Residents in the Nation: 1079

	Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res SUM
Examination						
Chest x-ray	4,478.6	2,904	4,035	0	19,633	4,832,439
CTA/MRA	304.5	404	211	0	6,633	328,609
Mammography	708.9	724	561	0	6,746	764,925
CT Abd/Pel	1,743.2	1,296	1,491	0	19,741	1,880,875
US Abd/Pel	853.4	671	733	0	5,776	920,801
Image Guided Bx/Drainage	102.0	109	70	0	903	110,052
MRI Knee	105.1	120	70	0	1,016	113,428
MRI Brain	317.7	251	262	0	2,210	342,752
PET	106.2	116	74	0	1,069	114,605
MRI Body	103.5	109	76	0	1,183	111,693
MRI Spine	175.4	243	120	0	5,242	189,210
TOTAL - Examinations	8,998.5	4,748	8,317	7	33,787	9,709,389

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Benchmarks Table)

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

[PAGE 2] Programs in the Nation: 182 Residents in the Nation: 1079

	Resident Percentiles					
	10	20	30	50	70	90
Examination						
Chest x-ray	1,291	2,009	2,770	4,035	5,482	8,225
CTA/MRA	54	99	135	211	330	612
Mammography	41	224	360	561	813	1,405
CT Abd/Pel	464	749	1,003	1,491	2,100	3,417
US Abd/Pel	192	356	506	733	993	1,523
Image Guided Bx/Drainage	8	21	35	70	120	235
MRI Knee	12	27	42	70	115	226
MRI Brain	83	134	176	262	369	594
PET	0	16	37	74	125	233
MRI Body	17	30	47	76	116	207
MRI Spine	15	44	69	120	193	380
TOTAL - Examinations	3,625	5,391	6,538	8,317	10,664	14,693

Descriptive statistics – 2011 graduates

[PAGE 1] Number of Programs in the Nation: 184 Number of Residents in the Nation: 1101

Examination	Natl Res AVE	Natl Res STD	Natl Res MIN	Natl Res MED	Natl Res MAX
Chest x-ray	4,593.8	3,021	0	4,009	21,726
CTA/MRA	370.7	551	0	274	12,070
Mammography	683.4	563	0	594	5,175
CT Abd/Pel	1,812.0	1,351	0	1,552	12,490
US Abd/Pel	913.1	721	0	758	7,058
Image Guided Bx/Drainage	104.6	112	0	76	1,133
MRI Knee	102.4	114	0	74	1,180
MRI Brain	318.0	238	0	268	1,973
PET	125.0	166	0	85	1,542
MRI Body	108.6	106	0	82	1,460
MRI Spine	220.4	272	0	165	5,314
TOTAL - Examinations	9,352.1	4,950	381	8,461	51,949

- Is the variability in the data reasonable?

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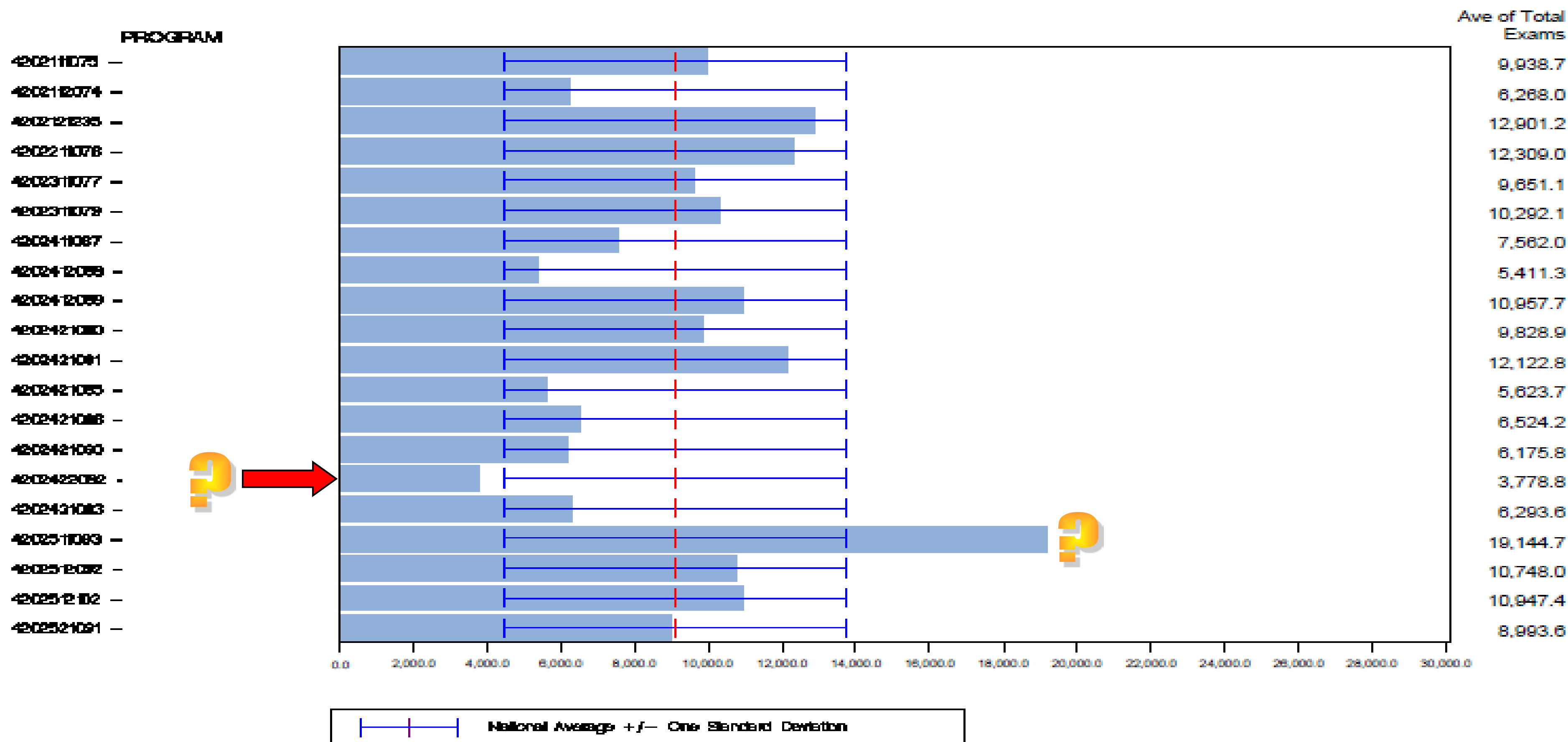
DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Program List Comparison Graph)

Reporting Period: Total Experience of Residents Completing Programs in 2009-2010

Residency Review Committee for Diagnostic Radiology

Report Date: October 13, 2010

Page=6



Conferences and Lectures

New Requirements (actual wording):

- Programs are expected to have a minimum of 5 hours per week of conferences/lectures
- Residents ***must*** *have* protected time to attend all scheduled lectures and conferences
- Resident attendance at conferences/lectures ***must*** be documented

Conferences and Lectures (con't)

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

- PD responsible for making sure there is a core lecture series for more general topics

Conferences and Lectures (con't)

- This core didactic curriculum must be repeated at least every two years
- There must also be interactive case-based conferences and interdepartmental conferences

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Core Didactic Curriculum

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

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Resident Scholarly Activities

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

Scholarly Activities

- What does the RRC look for?
  - RESIDENTS:
    - **PIF**: PGY 4 and 5 residents should have project listed; for PGY 4, can be "in progress"
  - FACULTY
    - **PIF**: On average, 2 scholarly activity per faculty per member over 5 year period

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Metrics for Scholarly Activity

Position	Pass	Fail	Commendation
Residents*	1 pt/resident	<1pt/resident	≥1.5 pts/resident on average
Fellows*	1pt/fellow	<1pt/fellow	≥1.5 pts/fellow on average
Faculty (FTE)#	Average 2 pts	Average <2pts	Average≥5 pts

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

#One point given for documented activity in each of the following activities over the length of the review cycle

- Grants
- Publications
- Selected chapters, text books
- Presentation at local, regional or national meeting
- Education related service on national committees

Evaluation of Residents

New Requirements for Competency-Based Evaluations

- **Global faculty evaluations** (*all competencies*)
- **360 evaluation** (*interpersonal/communication skills and professionalism*)
  - *Nurses, techs, clerical personnel, etc.*
- **Resident learning portfolio** (*all competencies*)
  - To be reviewed with resident during semiannual evaluation

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Resident Learning Portfolio: Competency-specific Content

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

Resident Learning Portfolio

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

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Resident Learning Portfolio

- Systems-based Practice
  - Documentation of a learning activity that involves deriving a solution to a system problem at the departmental, institutional, local or national level
- Scholarly activities
  - Documentation of scholarly activity, such as publications, presentations, etc.

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Resident Learning Portfolio

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

Issues

- Eligibility for IMGs applying for fellowships is under review by ACGME Board
  - Effective July 1, 2010, wording is as follows:
    - "Prerequisite training for entry into the fellowship program SHOULD include the satisfactory completion of a diagnostic radiology residency program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC)."

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Eligibility (con't.)

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

Eligibility (con't.)

- ACGME Board approved:
  - Prerequisite clinical education for entry into ACGME accredited core residency program must be accomplished in an ACGME or RCPSC (Canada) program
  - Prerequisite clinical education for entry into ACGME accredited fellowship program must be accomplished in an ACGME or RCPSC (Canada) core residency program

Eligibility (con't.)

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

Issues

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

Procedures

- Thoracentesis
- Paracentesis
- PICC line placement
- Diagnostic lumbar puncture

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New Standards for Duty Hours,

- Approved by ACGME Board of Directors Sept. 27, 2010
- Effective July 1, 2011
- Some significant changes

Duty Hours Rules
UNCHANGED REQUIREMENTS

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

Duty Hours Rules
CHANGED REQUIREMENTS

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

Duty Hours Rules
CHANGED REQUIREMENTS

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

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HOT TOPICS

Data Reviewed by RCs

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

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HOT TOPICS

Data Reviewed by RCs

- Faculty Survey (new 2011-2012)
- Revised Common PIF items (available in Web ADS 6/23/11)

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https://www.acgme.org/ads/program/ProgramForm7.aspx?p...

https://www.acgme.org/ads/program/ProgramForm7.aspx?programid=6620

Duty Hour Information/Board Pass Rates (if applicable)

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

Year 1 Residents %

Year 2 Residents %

Year 3 Residents %

Year 4 Residents %

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

Year 1 Residents %

Year 2 Residents %

Year 3 Residents %

Year 4 Residents %

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

Year 1 Residents:

○ Extremely Often ○ Very Often ○ Sometimes ○ Rarely ◉ Never

Year 2 Residents:

○ Extremely Often ○ Very Often ○ Sometimes ○ Rarely ◉ Never

Year 3 Residents:

○ Extremely Often ○ Very Often ○ Sometimes ○ Rarely ◉ Never

Year 4 Residents:

○ Extremely Often ○ Very Often ○ Sometimes ○ Rarely ◉ Never

Internet 100%

Revised Common PIF Questions

- What percentage of residents will **participate in patient safety programs** during the current academic year?
- What percentage of residents **participate in interdisciplinary clinical quality improvement programs** to improve health outcomes?
- How often do **clinical care needs** (in terms of volume and/or complexity of cases) **exceed residents' ability to provide appropriate and quality care**?

Revised Common PIF Questions

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

Revised Common PIF Questions

- Indicate the ways that your program educates residents to recognize the signs of **fatigue and sleep deprivation**.
- Indicate which sites have the following **facilities and amenities available** to residents when they are **on-call**.
-
- Which of the following **transportation options** does the program or institution offer residents who may be **too fatigued to safely return home**?

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Revised Common PIF Questions

- Briefly describe how the program director and faculty **evaluate the resident's** abilities to determine **progressive authority** and **responsibility**, **conditional independence** and a **supervisory role in patient care**. Specify the criteria, and how the process differs by year of training.

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Revised Common PIF Questions

- Excluding call from home, what was the LONGEST **averaged number of hours on duty per week**, inclusive of all in-house call and all moonlighting worked by ANY resident for the most recent 4-week period?

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Revised Common PIF Questions

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

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Revised Common PIF Questions

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

Revised Common PIF Questions

- Provide an **explanation** for any instances where the **hours free** between duty periods are **less than 8 hours**.
- What is the **maximum number of consecutive nights of night float assigned** to any resident in the program?
- On average, how many **days per week of in-house call** (excluding home call and night float) were residents at the PGY-2 level and above assigned for the most recent **4-week period**?

Revised Common PIF Questions

- Briefly describe any **ambulatory** and **non-hospital settings** other than the inpatient experience **the program uses** in the education of residents and how experiences in those settings help **prepare** residents for **independent practice** in the specialty:

- Briefly describe residents' **use of electronic medical records** and how this contributes to their education and preparation for independent practice in their specialty:

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Revised Common PIF Questions

- **Moonlighting Policy**: Describe the program's moonlighting policies for residents.
- Describe the resident **call schedules** throughout the 4 years of diagnostic radiology residency.
- Have each of your residents **completed** at least **12 months** of radiology training **prior** to assuming **independent, in-house call**?

Revised Common PIF Questions

- Describe how faculty and residents have been made aware of the effects of resident **fatigue and sleep deprivation**.

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What's Next? Milestones!

- What's a Milestone?
  - A behavior, attitude or outcome related to general competencies that describe a significant accomplishment expected of a resident by a particular point in time
- Joint venture between ACGME and ABMS
  - Representatives from ABR, RRC, APDR
  - Met March 7, 2011 and Sept 16, 2011

Radiology Milestones Committee

- **Kay Vydareny, Chair**

- **<u>Advisory Group</u>**
  - Steve Amis
  - Gary Becker
  - Duane Mezwa

- **<u>Working Group</u>**
  - Jeanne LaBerge
  - Dorothy Bulas
  - Janni Collins
  - Jennifer Gould
  - Lawrence Davis
  - Jason Itri
  - Jim Borgstede
  - Bob Zimmerman
  - Rick Morin

Example (Internal Medicine: Performing a Physical Exam)

Behavior	By when?	How evaluated?
Perform an accurate physical exam that is appropriately targeted to the patient's complaints and medical conditions, identify pertinent abnormalities using common manuevers	**6 months**	Standardized patient Direct Observation Simulation
Accurately track important changes in the physical exam over time in the outpatient and inpatient settings	**9 months**	Same
Demonstrate and teach how to elicit important physical findings for junior members of the health care team	**18 months**	Same
Routinely identify subtle physical findings that may influence clinical decision making, using advanced manuevers where applicable	**30 months**	Same

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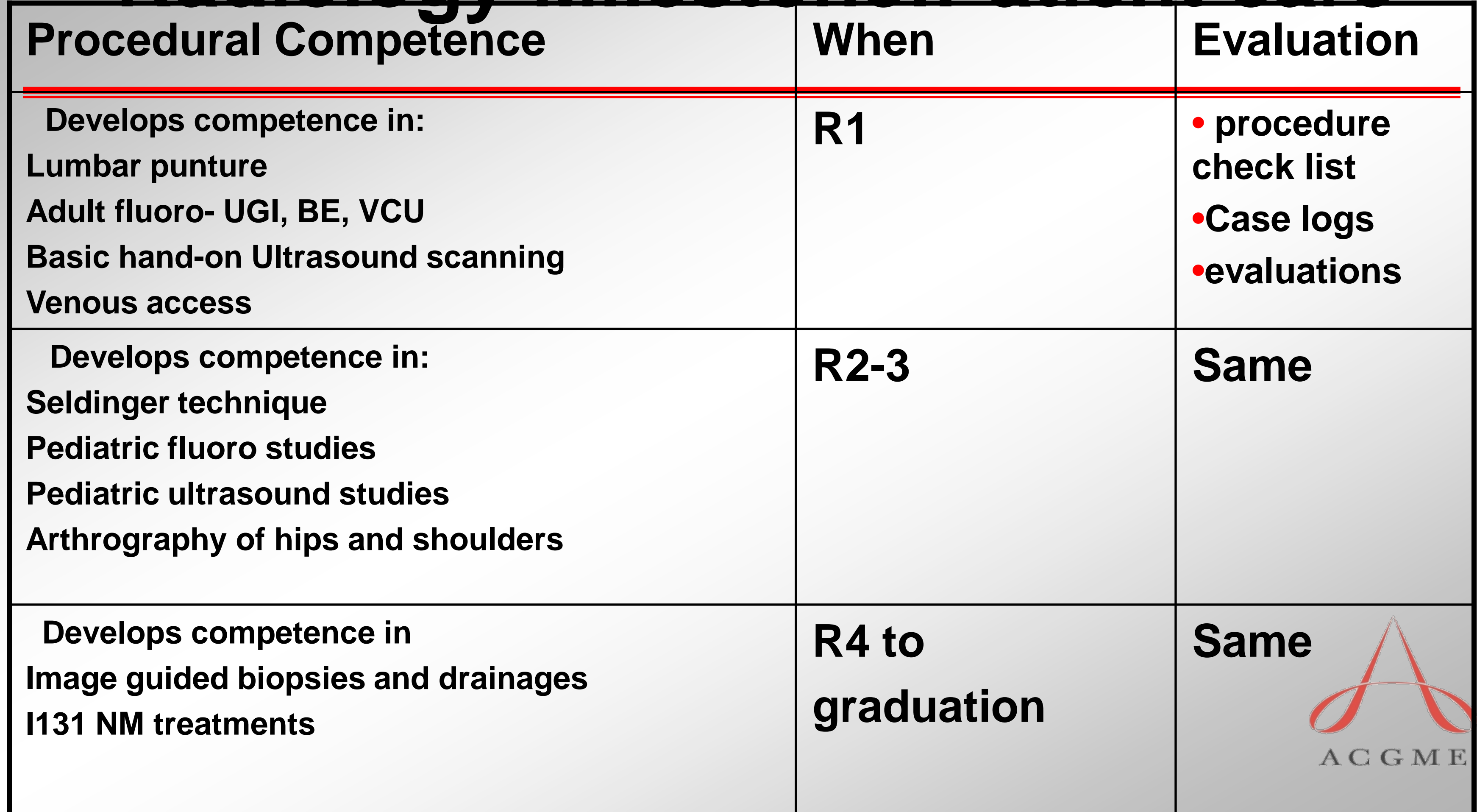

Radiology Milestone:Patient care

Procedural Competence	When	Evaluation
Develops competence in: Lumbar punture Adult fluoro- UGI, BE, VCU Basic hand-on Ultrasound scanning Venous access	R1	• procedure check list •Case logs •evaluations
Develops competence in: Seldinger technique Pediatric fluoro studies Pediatric ultrasound studies Arthrography of hips and shoulders	R2-3	Same
Develops competence in Image guided biopsies and drainages I131 NM treatments	R4 to graduation	Same

ACGME Timeline for Milestones

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

NEXT ACCREDITATION SYSTEM

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

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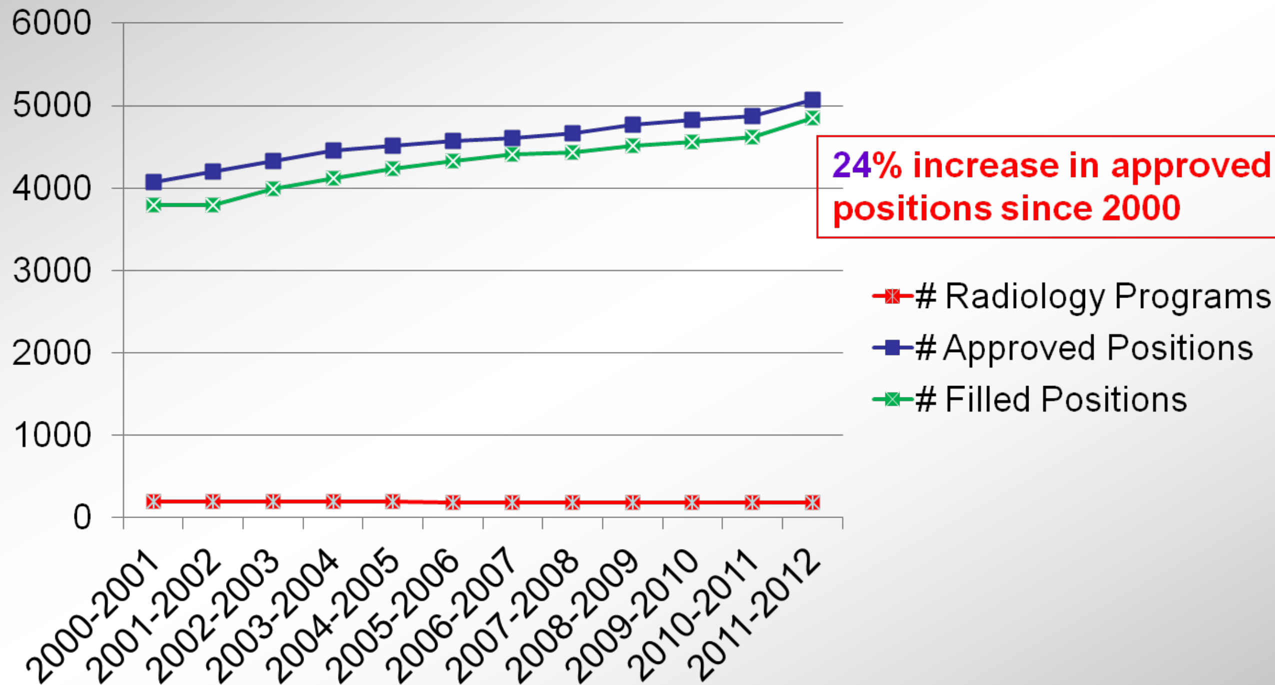
NEXT ACCREDITATION SYSTEM

- Annual Data Submission
  - ADS annual update
  - Resident survey
  - Faculty survey
  - Milestones data
  - Board scores
  - ACGME case log system data

NEXT ACCREDITATION SYSTEM

- Program level site visit
  - LCME-like self study: several site visitors
  - Establish goals for next 10 years
  - Strive for continued improvement
  - Focus not on data verification
  - Similar to - Education Innovation Project
- Neurosurgery, Orthopedic Surgery, Urology, IM, Peds, EM, and Radiology- July 2013 : REST: July 2014

Positions Approved and Filled



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2011/2012 Program Information

Specialty/Sub	# Programs	Av Cycle Length	Filled/Approved Positions
Diagnostic Radiology	187	4.55	4847/5070
Abdominal radiology	10	4.60	48/52
Cardiothoracic radiology	0	N/A	N/A
Musculoskeletal radiology	14	4.35	36/37
Neuroradiology	85	4.49	248/307
Nuclear radiology	19	4.58	18/35
Pediatric radiology	46	4.50	85/121
Vascular and Interventional radiology	92	4.45	215/272

Most Common Citations for Diagnostic Radiology 2010/2011

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

Most Common Subspecialty Citations

	Fac Qual	Curric Devlp	PD Respons	Res Eval	Prog Eval	Didactics	Procedures	Schol Activity
Abd	x	x						
ESN			x	x	x			
Neuro				x	x	x		
Peds	x		x	x	x			
Nuc				x	x	x	x	
MS				x	x			x
VIR					x	x		x

Don’t Hesitate to Ask…

- Please refer any questions to RRC staff at lmeyer@acgme.org

Questions/Comments?