RRC Update: Diagnostic Radiology

Lawrence P Davis, M.D.

Chair, Radiology RRC

RSNA

November 25, 2012

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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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Radiology RRC members

- **Lawrence Davis, Chair** (Nuclear Medicine)
- **Tom Berquist, Vice Chair** (MSK)
- Kristen DeStigter (Abdomen, US)
- James Anderson (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

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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)

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

Effective July 1, 2010

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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

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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

- 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

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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

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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

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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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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.

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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
- **Residents participation in all aspects of the therapy**

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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***

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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.

Please sign in

User ID:

Password:

Sign In

I cannot access my account

Accreditation Data System | System for Evaluation of Competencies in Residencies

Minimum Browser Requirements

About SSL Certificates

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

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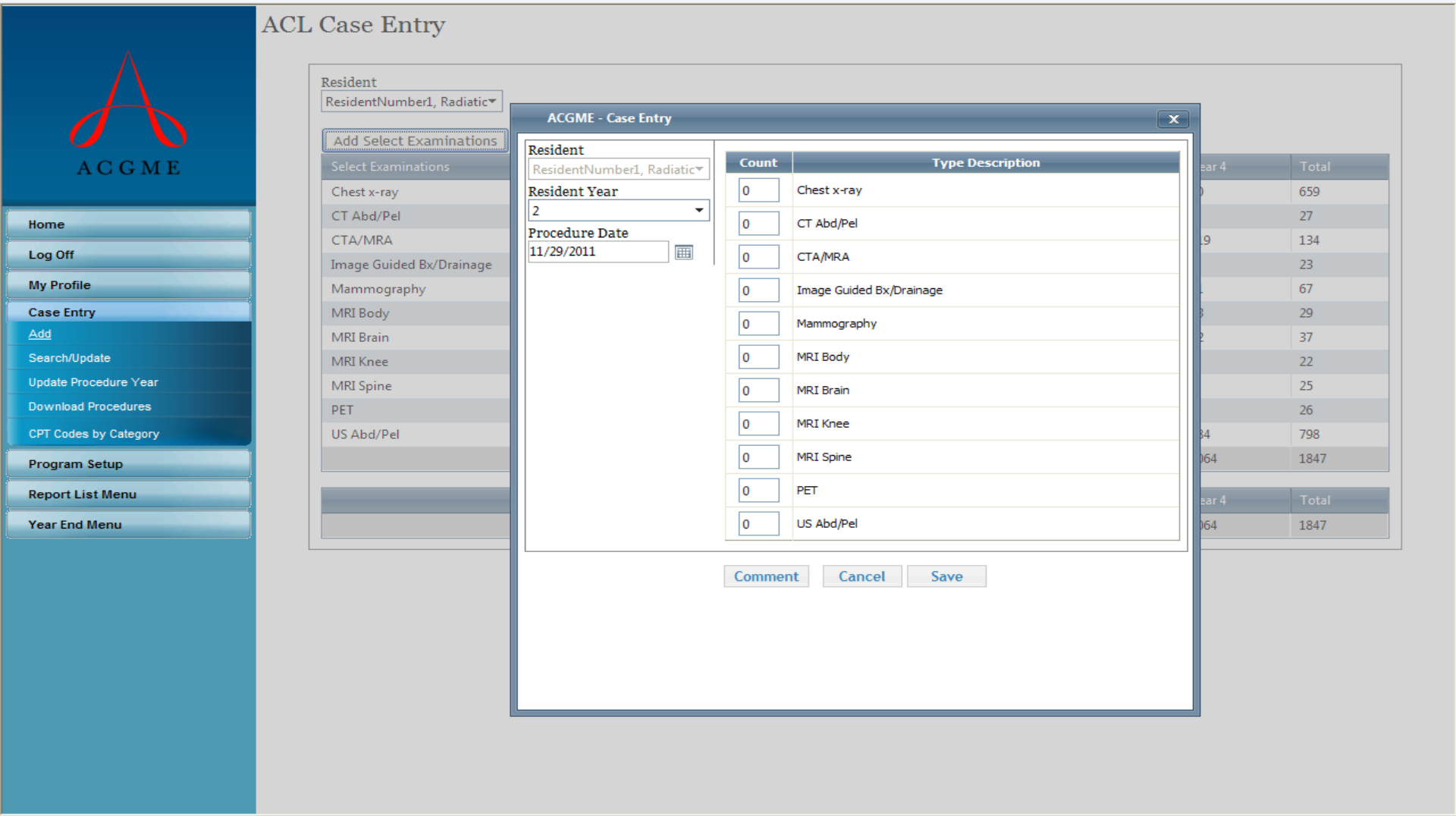
- Home
- Log Off
- My Profile
- Case Entry
- Program Setup
- Report List Menu
- Year End Menu

Welcome to Resident Case Log for Radiology-Diagnostic

Messages

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


ACL Case Entry
ACGME
Home
Log Off
My Profile
Case Entry
Add
Search/Update
Update Procedure Year
Download Procedures
CPT Codes by Category
Program Setup
Report List Menu
Year End Menu
Resident
ResidentNumber1, Radiatic
Add Select Examinations
Select Examinations
Chest x-ray
CT Abd/Pel
CTA/MRA
Image Guided Bx/Drainage
Mammography
MRI Body
MRI Brain
MRI Knee
MRI Spine
PET
US Abd/Pel
Total
659
27
134
23
67
29
37
22
25
26
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

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 2011-2012

Residency Review Committee for Diagnostic Radiology

Report Date: October 24, 2012

[PAGE 1] Number of Programs in the Nation: 184 Number of Residents in the Nation: 1150

	Natl Res AVE	Natl Res STD	Natl Res MIN	Natl Res MED	Natl Res MAX
Examination					
Chest x-ray	**4,724.4**	2,690	229	4,283	25,100
CTA/MRA	**394.0**	341	1	308	4,269
Mammography	**761.3**	489	0	667	4,186
CT Abd/Pel	**1,717.4**	1,193	8	1,517	8,591
US Abd/Pel	**1,047.8**	743	8	852	5,581
Image Guided Bx/Drainage	**125.9**	156	0	89	2,119
MRI Knee	**110.2**	113	0	80	953
MRI Brain	**349.4**	262	1	296	3,331
PET	**145.1**	181	0	103	2,220
MRI Body	**121.7**	105	0	97	1,000
MRI Spine	**256.7**	224	1	201	2,000
TOTAL - Examinations	9,753.9	4,281	1,077	8,821	44,817

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Benchmarks Table)

Reporting Period: Total Experience of Residents Completing Programs in 2011-2012

Residency Review Committee for Diagnostic Radiology

Report Date: October 24, 2012

[PAGE 2] Programs in the Nation: 184 Residents in the Nation: 1150

	Resident Percentiles				
	10	30	50	70	90
Examination					
Chest x-ray	1,911	3,186	4,283	5,459	7,965
CTA/MRA	117	214	308	450	746
Mammography	282	478	667	888	1,321
CT Abd/Pel	534	1,110	1,517	2,013	3,006
US Abd/Pel	338	625	852	1,193	1,981
Image Guided Bx/Drainage	20	53	89	132	246
MRI Knee	24	55	80	117	211
MRI Brain	111	216	296	399	639
PET	21	64	103	156	273
MRI Body	31	63	97	141	232
MRI Spine	57	138	201	291	477
TOTAL - Examinations	5,448	7,459	8,821	10,898	15,108

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Main Table)

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Minimum Case Log Values

- Chest 1900
- Mammo 300
- I.G. Bxs 25
- Knee MR 20
- Brain MR 110
- PET 30
- CTA/MRA 100
- CT Abd/Pel 600
- US Abd/pel 350
- Body MR 20
- Spine MR 60

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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

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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

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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.

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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

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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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

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Prerequisite Training

- 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

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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

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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
  - Sept 30, 2012-Approved by ACGME Board
  - July 1, 2015- Requirement becomes effective for entry into all programs

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Eligibility (con't.)

- DOs
  - AOA merge with ACGME
  - DO programs dual accreditation
  - Eventually ACGME will be sole accreditation pathway
  - Exemptions such as for states that require DO internships
  - Discussions will occur about DO match-occurs I mo prior. Goal is single match
  - Faculty with DO boards- acceptable vs equivalent

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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

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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

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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

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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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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

- Neurosurgery, Orthopedic Surgery, Urology, IM, Peds, EM, and Radiology- July 2013 :
- REST: July 2014

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NEXT ACCREDITATION SYSTEM

- TIME LINE
  - Spring 2012- All PRs re categorized by detailed process, core process, outcomes and site visits moved into NAS cycle lengths
  - Dec 2012- Milestones published for Core Prgs
  - July 2013-Phase 1 Cores and Subs operate under NAS
  - July 2013- Subspecialty Milestones development begins

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NEXT ACCREDITATION SYSTEM

- TIME LINE
  - July 2013- Phase 1 programs establish Clinical Competence Committee to begin to assess Milestones
  - Fall 2013- Phase 1 RRCs review annual data in NAS
  - December 2013 and June 2014- Phase 1 Programs submit Milestones assessment data

NEXT ACCREDITATION SYSTEM

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

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LONG ISLAND JEWISH MEDICAL CENTER PROGRAM
Radiology-diagnostic - *New Hyde Park, NY*

Annual Update

Attention Required

Date Required by: November 16, 2012

Complete: No

Completion Date: *No Information Currently Present*

Program Information: ⚠
(Verify all information on the program tab including contact information, program leadership, and the additional requirements section)

Update the Duty Hour/Learning Environment section. View

Update the Overall Evaluation Methods section. View

Resident Information: ⚠

Update scholarly activity for each resident. View

Faculty Information: ⚠

Update scholarly activity for each physician faculty member. View

MEDICAL CENTER PROGRAM
Radiology-diagnostic - *New Hyde Park, NY*

‹ Back To Faculty Scholarly Activity

Add Scholarly Info for Lawrence Davis

Cancel | Save

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 an 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.

PMID 1 **PMID 2** **PMID 3** **PMID 4**

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Conference Presentations

0

Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012

Other Presentations

0

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Texbooks

0

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Texbooks

0

Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Grant Leadership

0

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Leadership or Peer Review Role

○ Yes ◉ No

Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant's performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

Teaching Formal Courses

○ Yes ◉ No

Cancel Save

Add Scholarly Info for Emily R Cuthbertson

Cancel Save

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.

Pub Med ID (PMID) is an 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.

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Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Conference Presentations

0

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Texbooks

0

Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012

Participated in Research

○ Yes ◉ No

Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012

Teaching / Presentations

4203521132 - NSLIJHS/HOFSTRA NORTH SHORE-LIJ SCHOOL OF MEDICINE AT LONG ISLAND JEWISH MEDICAL CENTER PROGRAM

Radiology-diagnostic - *New Hyde Park, NY*

‹ Back To Program Summary

⚠ Please be patient while we continue to update the user interface of this website.

patient care again as a competency and select direct observation for a method and attending and preceptor as the evaluators).

Edit	Delete	Competency	Assessment Method	Evaluator(s)
🗁	✕	Interpersonal & Communication Skills	Direct observation	☑ Allied Health Professional ☐ Consultants ☐ Junior Resident/Medical Student ☐ Patient/Family Member ☐ Self ☑ Chief/Supervising Resident ☐ Evaluation Committee ☑ Nurse ☑ Peer Resident ☑ Technicians

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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:

Very Often	Often	Sometimes	Rarely	Never
○	○	○	○	○

Year 2 Residents:

Very Often	Often	Sometimes	Rarely	Never
○	○	○	○	○

Year 3 Residents:

Very Often	Often	Sometimes	Rarely	Never
○	○	○	○	○

Show Whi

Year 4 Residents:

Very Often	Often	Sometimes	Rarely	Never
○	○	○	○	○

During regular daytime hours, indicate which of the following back-up systems your program has in place when clinical care needs exceed the resident's ability. Check up to 3 most commonly available system(s). *

☐ Physicians are immediately available (on site)
☐ Physicians are available by phone
☐ Senior Residents or Fellows are immediately available (on site)
☐ Senior Residents or Fellows are available by phone

During nights and weekends, indicate which of the following back-up systems your program has in place when clinical care needs exceed the resident's ability. Check up to 3 most commonly available system(s). *

- [ ] Physicians are immediately available (on site)
- [ ] Physicians are available by phone
- [ ] Senior Residents or Fellows are immediately available (on site)
- [ ] Senior Residents or Fellows are available by phone
- [ ] Mid-level Providers are immediately available (on site)
- [ ] Mid-level Providers are available by phone
- [ ] No back-up system
- [ ] Other (specify below)

Only specify if Other is selected

You have **5000** *characters remaining of the 5000 characters allowed for your entries...*

Save

Indicate which methods below the program uses to ensure that hand-over processes facilitate both continuity of care and patient safety? Check all that apply. *

- [ ] Hand-over form (a stand alone or part of an electronic medical record system)
- [ ] Paper hand-over form
- [ ] Hand-over tutorial (web-based or self-directed)
- [ ] Scheduled face-to-face handoff meetings
- [ ] Direct (in person) faculty supervision of hand-over
- [ ] Indirect (via phone or electronic means) hand-over supervision
- [ ] Senior Resident supervision of junior residents
- [ ] Hand-over education program (lecture-based)
- [ ] Other (specify below)

Only specify if Other is selected

You have **5000** *characters remaining of the 5000 characters allowed for your entries...*

Save

Indicate the ways that your program educates residents to recognize the signs of fatigue and sleep deprivation. Check all that apply. *

- [ ] Didactics/Lecture
- [ ] Computer based learning modules
- [ ] Grand rounds
- [ ] Small group seminars or discussion
- [ ] Simulated patient encounters
- [ ] On-the-job training
- [ ] One-on-one experiences with faculty and attending
- [ ] Other (specify below)

Only specify if Other is selected

You have **5000** *characters remaining of the 5000 characters allowed for your entries...*

Save

Which of the following options does the program or institution offer residents who may be too fatigued to safely return home? Check the one most frequently used option. *

- ○ Money for taxi
- ○ Money for public transportation
- ○ One-way transportation service (such as a dedicated facility bus service)
- ○ Transportation service which includes option to return to the hospital or facility the next day

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- ○ Reliance on other staff or residents to provide transport
- ○ Sleeping rooms available for residents post call
- ○ Not applicable: residents do not take in-house call
- ○ Other (specify below)

Only specify if Other is selected

You have **5000** *characters remaining of the 5000 characters allowed for your entries...*

Save

Are residents at the PGY-2-level or above permitted to moonlight? *

○ Yes ○ No

(if yes) Under what circumstances?

You have **5000** *characters remaining of the 5000 characters allowed for your entries...*

Save

When averaged over 4 weeks, do residents have 1 full day out of 7 free from educational and clinical responsibilities? *

○ Yes ○ No

How often do residents have the required amount of rest between daily duty periods and after in-house call (As defined by the specialty specific requirements for their level of training)? *

Year 1 Residents:

○ Very Often ○ Often ○ Sometimes ○ Rarely ○ Never

Does the program use ambulatory and/or non-hospital settings in the education of residents (experiences other than inpatient)? *

Yes	No

If yes, indicate the type of settings used. Check all that apply.

Hospital Based Continuity Clinic
Community or Federal Public Health Centers
Ambulatory Surgery Centers (Surgical or specialty centers)
Veterans Administration (VA) Ambulatory Services
Faculty Ambulatory Practice, Institutionally Based
Private Physician's Offices
Ambulatory / outpatient settings
Other (specify below)

Only specify if Other is selected

You have **5000** *characters remaining of the 5000 characters allowed for your entries...*

Save

Save

Do you use an electronic medical record in your primary teaching hospital? *

○ Yes ○ No

If yes, what percentage of your residents use the electronic medical record system to improve the health in a population of patients (eg, determining the appropriate protocol for a specific chronic illness stage, assessing symptoms or treatment patterns in ambulatory clinic, improving preventive care, etc)? ____ %

Block Rotation Grid for ACGME.xls

	A	B	C	D	E	F	G	H	I	J
1	Institution:	1	Long Island Jewish Medical Center (LIJ)							
2		2	North Shore University Hospital (NSUH)							
3										
4										
5						**R1**				
6	Block	1	2	3	4	5	6	7	8	9
7	Rotation	Chest Radiology	Neuro Radiology	GI/GU	Ultrasound	Nuclear Medicine	Pediatric Radiology	Body CT	MSK Radiology	Vacat
8	Institution	1	1	1	1	1	1	1	1	
9	Duration in weeks	7	6	10	5	4	4	8	4	4
10										
11						**R2**				
12	Block	1	2	3	4	5	6	7	8	9
13	Rotation	Chest Radiology	Neuro Radiology	GI/GU	Ultrasound	Nuclear Medicine	Pediatric Radiology	Interventional Radiology	Body CT	Emerg Radiol
14	Institution	1	1	1	1	1	1	1	1	1
15	Duration in weeks	4	4	2	3	4	4	4	4	7
16										

Sheet1 Sheet2 Sheet3

Block Rotation Grid for ACGME.xls

	A	B	C	D	E	F	G
29		**Rotation**	**R1**	**R2**	**R3**	**R4**	**Total**
30		**Chest**	7	4	3	2	16
31		**Neuroradiology**	6	4	4	3	17
32		**GI/GU**	10	2	2	0	14
33		**US**	5	3	2	4	14
34		**Vascular US**	0	0	0	2	2
35		**Nuclear Med.**	4	4	4	3	15
36		**Pet CT**	0	0	2	1	3
37		**Pediatric Rad.**	4	4	4	4	16
38		**Body CT**	8	4	4	8	24
39		**MSK Rad.**	4	3	4	3	14
40		**Interventional Rad**	0	4	4	4	12
41		**Emergency Rad**	0	7	5	0	12
42		**Mammography**	0	4	4	4	12
43		**Cardiac Rad.**	0	0	2	2	4
44		**Elective**	0	5	0	8	13
45		**AIRP**	0	0	4	0	4
46		**Vacation**	4	4	4	4	16
47		**Totals**	52	52	52	52	208

Sheet1 Sheet2 Sheet3

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, progressing from beginning of residency thru graduation
- Joint venture between ACGME and ABMS
  - Multiple face to face meetings

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Radiology Milestones Committee

- **Kay Vydareny, Chair**

- **Advisory Group**
  - Steve Amis
  - Gary Becker
  - Duane Mezwa

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

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ACGME Timeline for Milestones

- All specialties to complete development of Milestones by end of 2012
- Milestones to go into effect by July 1, 2013
- First assessment Winter 2013 then Q 6 months
- Alpha and Beta test groups

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Milestones

- Establishment of Clinical Competence Committee
- CCC uses current evaluation methods and devises new ones to make consensus decisions- APDR Role
- Programs will get a ACGME Report for each resident to compare to resident's peers and can use for formative or summative feedback, curriculum changes or program assessment
- Consider resident ranking him/herself as part of self-assessment

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Milestones

- Initially, RRC will review the progress on the milestones of a program's resident cohort over time.
- Development of national data will take several years
- Entire CCC review every resident or just problem residents??

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NEXT ACCREDITATION SYSTEM

- Because of NAS, all Core and Subspecialty Program Requirements re-categorized into:
  - Core Process
  - Detail Process
  - Outcomes

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NEXT ACCREDITATION SYSTEM

- CORE requirement-statements that define structure, resource or process elements essential to every GME program

- DETAIL requirement-statements that describe a specific structure, resource or process, for achieving compliance with a CORE requirement. Programs in substantial compliance with the OUTCOMES requirements may utilize alternative or innovative approaches to met CORE requirement.

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NEXT ACCREDITATION SYSTEM

- OUTCOME requirement-statements that specify expected measurable or observable attributes (knowledge, abilities, skills or attitudes) of residents and fellows at key stages of their graduate medical education.

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II.B.2.d) No faculty member may have primary responsibility for the educational content of more than one subspecialty area, although faculty may have clinical responsibility and/or teaching responsibilities in several subspecialty areas. (Core)

II.B.2.d).(1) A pediatric radiologist may have a primary appointment at another site and still be the designated faculty member supervising pediatric radiologic education. (Detail)

II.B.3. The physician faculty must possess current medical licensure and appropriate medical staff appointment. (Core)

II.B.4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)

II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)

II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)

II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

II.B.5.b).(1) peer-reviewed funding; (Detail)

II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)

principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. **Residents should participate in scholarly activity.** (Core)

IV.B.2.a) Residents must have training in critical thinking skills and research design (e.g., lectures, journal club, etc.). (Core)

IV.B.2.b) During their training, all residents must engage in a scholarly project under faculty supervision. (Core)

IV.B.2.b).(1) This may take the form of laboratory research, or clinical research, or the analysis of disease processes, imaging techniques, or practice management issues. (Detail)

IV.B.2.b).(2) The results of such projects must be published or presented at institutional, local, regional, or national meetings, and included in the resident's learning portfolio. (Outcome)

IV.B.2.b).(3) The program must specify how each project will be evaluated. (Detail)

NEXT ACCREDITATION SYSTEM

- Focus on Outcomes
- Programs with demonstrated good educational outcomes will not be assessed for compliance with “DETAILED PROCESSES”
- Programs with good outcomes will be allowed to innovate
- Detailed processes will be mandatory for new programs and those with poor outcomes

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NEXT ACCREDITATION SYSTEM

- Focused or diagnostic site visit if annual data report suggests potential problem
  - Targeted review of a specific problem area(s) identified during the continuous review of annual data submission
  - Complaint against program
  - Diagnostic visit to explore factors underlying a deterioration of programs performance over time
  - Site visitor may offer suggestions & ideas to program
  - Few weeks advance notice—NO PIF

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NEXT ACCREDITATION SYSTEM

- **Program level site visit ~q10 yrs**
  - LCME-like self study: several site visitors
  - Describe how program creates an effective learning and working environment and how this leads to the desired outcomes
  - Analysis of strengths, weaknesses and plans for improvement & establish goals for next 10 years
  - Site visit verifies educational outcomes and their measurements and how the learning environment contributes to these outcomes
  - 12-15 mo notice and 120D notice of specific date

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NEXT ACCREDITATION SYSTEM

- Effect on Subspecialty programs
  - Annual data submission reviewed with the core diagnostic radiology residency program
  - Annual data elements same as the core
  - Self study visit concurrent with the core

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IR/DR New Specialty Application Process

- The proposal will be sent to ACGME Chief Executive Officer -- Dr. Nasca

- The Chair of the ACGME Board of Directors with the approval of the Executive Committee, shall appoint an ad hoc committee to review each proposal (estimate of February 2013)

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IR/DR New Specialty Application Process

- If the ad hoc committee recommends to the ACGME that the proposal for accreditation of programs in a new medical specialty be processed for *preliminary development* with the length of the educational program tentatively proposed for one or more years…(estimate of June 2013)
  - Then development of program requirements for the new specialty in coordination with ACGME staff can begin.

New Specialty Application Process

- Following established ACGME procedures:
- (a) The proposed program requirements shall be distributed for review and comment to the Review Committees, program director groups, ACGME and Review Committee appointing organizations, ACGME member organizations, and other interested groups and organizations.

New Specialty Application Process

- (b) The ad hoc committee shall collect comments and make a recommendation to the ACGME whether or not to proceed with the further development of accreditation of programs in the new specialty. (estimate of February 2014)

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New Specialty Application Process

- (c) The program requirements developed for the new specialty must be reviewed by the Committee on Requirements prior to approval by the ACGME Board of Directors, as described in these *Policies and Procedures*. (estimate of June 2014 with an immediate effective date)

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New Programs

- What does this mean?
  - PIF application
  - Must have separate program director
  - Review by RC
  - If approved, then initial accreditation and a new program ID

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New Programs

- What does this mean?
  - Process may take up to a year once PIF application is received.
  - Anticipate **earliest** effective date for new programs would be July 2015.
  - As new programs are approved, then there would be a concurrent phase out period for VIR fellowships at the same institution

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PUBLIC MEMBER

- Public member on all RRCs-2014
  - Similar to ACGME board and LCME
  - Member nominated by the RRC, approved by ACGME board
  - Background in: public health, pt safety, medical education, stats
  - Role to be defined by RRC

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Questions/Comments?

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Don’t Hesitate to Ask…

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

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