

# RRC NEWS

## DIAGNOSTIC RADIOLOGY



Accreditation Council for Graduate Medical Education

MAY 2009

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

### RRC Member Fiduciary Responsibilities

by Stephen Amis, Jr., MD, RRC Chair

The RRC as a group, as well as its individual members, function in the best interests of radiology education and the ACGME. The RRC creates and updates, as needed, the program requirements for educating diagnostic radiologists and the accreditation of programs that meet those requirements. Each member of the RRC, whether nominated by the America College of Radiologists, the American Board of Radiology (ABR), or the American Medical Association, signs a member agreement to ensure that he/she exercises fealty to ensuring quality radiology education, rather than to any special interest of their nominating organization.

However, the RRC cannot function in a vacuum. Like the RRC, the ABR functions relatively autonomously and is responsible to the public and the profession to ensure that radiologists possess the ability, after completing an accredited program, to function independently in providing quality imaging and interventional services. Therefore, it is especially important that the RRC and the ABR coordinate their activities to ensure that requirements are in sync with the testing that bestows certification. To this end, the RRC, its staff, and the ABR regularly meet to consider this synchronization, and the specifics of these interactions have been recently described in an article published in the *Journal of the American College of Radiology*, (2009;6:103-105).

### Objective Criteria for Assessing Scholarly Activity

The RRC aims to objectively review and accredit programs to ensure that a consistent standard is being applied in accreditation decisions. For the past several years, the RRC used the same criteria to decide the length of an accreditation cycle. A subcommittee, chaired by RRC member Tom Berquist, MD, recently defined the criteria for reasonable scholarly activity for faculty and residents. In reviewing previous citations to determine criteria for scholarly activity, subcommittee members found a steady increase in citations for inadequate scholarly activity over the past four years. These citations were generated by issues with the program, the faculty, and the residents/ fellows.

For programs, one of the most common issues was the lack of instruction in research methodology. For faculty, inadequate publications promoted the large majority of citations. For residents and fellows, citations were given

### MEETING AND AGENDA CLOSING DATES

MEETING:	NOVEMBER 12-14, 2009
AGENDA CLOSING:	SEPTEMBER 22, 2009
MEETING:	APRIL 8-10, 2010
AGENDA CLOSING:	FEBRUARY 13, 2010

predominantly for minimal involvement in research projects and for not giving presentations. As a result, the RRC has agreed to adopt the following criteria for scholarly activity within a program, and these details will be available on the RRC website in the next few weeks.

The program requirements are similar for residents and fellows; they emphasize completion of at least one project that is either published or presented at a recognized meeting. This may include a presentation at an institutional or local meeting. Therefore, each resident and fellow must document completion of one project that is published or presented or demonstrates involvement in a newly implemented project. One point is awarded for each documented resident/fellow project. The new online PIF requests entry of these data which makes it easy for RRC reviewers to ascertain compliance. The points awarded should equal or exceed the number of residents/fellows in a program; if less, the program will be cited.

For faculty, credit is given for grants, peer-reviewed publications, other published articles, chapters and textbooks, presentations at the local, regional, or national level, and for service on committees of national organizations. One point is awarded for each activity in these categories. Over the past five years, there must be an average of two points per faculty member for satisfactory fulfillment of the requirements.

RRC members hope that these criteria will provide a useful guide to programs with respect to expectations for compliance with the scholarly activity requirements. Commendations will be forthcoming for programs that significantly exceed these criteria.

## **RRC Updates at RSNA and Other National Meetings**

At the 2008 RSNA Annual Meeting in Chicago, the RRC offered a 90-minute refresher course on accreditation issues. In the past, the refresher course was presented jointly with the ABR, and there was never adequate time for discussion. The 2008 format for the refresher course was rated very highly by the attendees who recommended that another course should be included on the 2009 agenda. The RSNA has approved inclusion of another refresher course; so, please plan to attend the session at the 2009 Annual Meeting. A similar presentation will take place at the APDR meeting in conjunction with AUR in Arlington, VA on May 13, 2009 and was offered at the ACGME Educational Conference on March 6, 2009.

## **New Program Requirements Approved To Meet ABR Examination Changes**

Residents who enter radiology residency programs on July 1, 2010 or thereafter, will take the newly structured and sequenced ABR certifying examination. In order to prepare residents for these examinations, the RRC proposed focused changes for the program requirements. These focused changes recently completed the ACGME review and approval process (as described in the subsequent article) and they are effective July 1, 2010.

The changes include the following:

- Residents will be allowed to spend up to 16 months in one subspecialty area instead of the current maximum of 12 months.
- During the first 36 months of radiology education, each resident will have to complete rotations in all subspecialty and core areas of radiology to prepare for the “core” examination that covers the entire field of radiology.
- During the final year of radiology education, programs and residents will need to work together to allow, within program resources, tailored subspecialty rotations that reflect the areas of practice that residents want to pursue after graduation.
- Residents must take in-house call through the second, third, and final years of radiology residency, though program directors are given latitude to allow “short” periods of relief from call before either the core examination (for residents entering radiology residencies on or after July 1, 2010) or the currently given oral examination (for residents entering radiology residencies before July 1, 2010).
- Resident case log data must be submitted only for PGY-2, PGY-3, and PGY-4 residents, and not for the final year of radiology education.
- During the clinical year, whether in a TY program or categorical internship, radiology electives are limited to two month of radiology that take place in an ACGME-accredited radiology residency program.

## **Program Requirements Revision Process**

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 18 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and program information form (PIF) and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration.

Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs are notified through the ACGME weekly e-Communication that the proposed requirements are available for review and comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments and the Review Committee's response to these comments must accompany the requirements when they are submitted to the Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

## **Institute of Medicine Duty Hour Recommendations**

The IOM recommendations to change the current duty hour standards are probably familiar to most of our newsletter readers. While the total of 80 hours per week remains intact, there are multiple changes regarding how those hours can be apportioned. The IOM has given the ACGME two years to implement most of these changes. The ACGME takes this responsibility seriously and has assigned a task force including members of its Board of Directors and several RRC chairs to study the IOM report and recommend a course of action. An interactive conference on duty hour standards was held on March 4-5, 2009 in conjunction with the ACGME Educational Conference. One IOM recommendation that may affect radiology

pertains to in-hospital night call – a maximum of four consecutive days followed by 48 hours off. Currently, the RRC has been allowing up to nine consecutive nights of night float duty before mandatory time off. Reactions to the IOM recommendations from the radiology community have been submitted to the ACGME for consideration. Recommendations from all specialties will be made available by the ACGME after the Duty Hours Congress in June 2009.

## **Extending the Term of Chair**

At its February 2009 meeting, the ACGME Board of Directors approved revisions to the Manual of Policies and Procedures that included changing the name of the ACGME Council of Review Committee Chairs to the ACGME Council of Review Committees (CRC) and extending the term length of Review Committee Chairs from two years to three years (Manual, pg 36), including endorsement of the implementation of the transition plan.

The primary rationale for these changes is to facilitate greater interaction and improved communication with the ACGME Board of Directors by helping ensure institutional memory as the Council undertakes its initiatives through the coming years. Under the scope of its redesign, the CRC also structured three subcommittees: Standardization, Innovation, and Common Program Requirements and identified three specialty groups – Surgical, Medical, Hospital-based and Ancillary. These subcommittees and sections will become pivotal to the CRC in accomplishing its work.

## **RRC Welcomes New Resident Member**

Jason Itri, MD, PhD, the new resident member for the RRC, recently attended his first committee meeting. Jason is a second-year resident at the University of Pennsylvania, and will spend two one-year terms on the RRC. While his first meeting was primarily spent becoming familiar with RRC policies and procedures, at the fall meeting, he will participate fully in reviewing programs and reaching accreditation decisions.

With two young children, Jason says that all interests and hobbies are on-hold for the time being. However, Jason loves to cook and has spent several months in Italy taking cooking classes. Jason's current academic interests focus primarily on body imaging, but he still has interests in other subspecialties.

## Program Director Qualifications

The ACGME common program requirements stipulate that directors of radiology programs must have current certification in the specialty by the American Board of Radiology, or specialty qualifications that are acceptable to the review committee. The RRC reviews the appointments of new program directors to determine compliance with this requirement. Although the RRC expects that program directors who are not certified by the ABR are in the process of obtaining certification, all program director qualifications are reviewed on a case-by-case basis.

## Five-Year Programs

In the past several months, a number of radiology programs have expressed an interest in becoming 5-year programs by including the clinical year in their curricula. The RRC is seriously considering this option. At this time, programs with a strong interest in this option should send a comprehensive proposal to Executive Director Dr. Missy Fleming, [mfleming@acgme.org](mailto:mfleming@acgme.org) who will share it with the RRC for review.

## Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of a (requested) progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

## 2009 ACGME Annual Educational Conference: Keynote speaker K. Anders Ericsson, PhD

The 2009 ACGME Annual Educational Conference took place March 5-8 at the Gaylord Texan Resort and Convention Center in Grapevine, Texas. About 1,400 program directors, program coordinators, designated institutional officials, and others involved in graduate medical education attended the sold-out conference.

Dr. Ericsson, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Fla., presented his keynote address, "The Making of Superior Doctors through Deliberate Practice: What Can We Learn from the Training of Chess Masters, Elite Athletes and Musicians" on March 7. He discussed how the study of optimal training techniques for chess players, athletes, and musicians can be applied to the education of residents.

Dr. Ericsson noted that excellence in a certain field requires solid fundamentals and that excellence is a result of deliberate practice. He described deliberate practice as "individualized training activities designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement." This sort of training has a dramatic effect on performance.

It's also important for individuals to challenge themselves by putting themselves in harder and harder situations. Dr. Ericsson observed that "Elite athletes always are trying to do the things they cannot yet do, which means they will fall and fail more. Failure is linked to stretching one's self to do what you cannot yet do."

In medicine, simulators are a good way for physicians to challenge themselves by trying out new procedures and techniques. Simulators allow residents to try things they couldn't do with real patients, and they allow residents to train when they are ready to stretch themselves.

The 2010 ACGME Annual Educational Conference will be held March 4-7 at the Gaylord Opryland in Nashville, Tenn.

## 2010 Parker J. Palmer Courage to Teach Award, Courage to Lead Award, and David C. Leach, MD Award

The ACGME is accepting nominations for the 2010 Parker J. Palmer Courage to Teach and Courage to Lead Awards, and the David C. Leach, MD Award.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote the *Courage to Teach* and other books on teaching and vocation – is given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching.

The *Courage to Lead Award*, also named after Dr. Palmer, is presented yearly to three designated institutional officials who have created an optimal environment for resident education. One award is given to a designated institutional official in each of the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs). Each nomination must include a completed application form, three letters of recommendation and the nominee's curriculum vitae. Each winner will receive \$1,000 and a plaque, and will also be invited to a retreat in May. In addition, awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

More information about these awards is available in these FAQs: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>.

The *David C. Leach, MD, Award* is named in honor of the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This new annual award will recognize residents and resident teams for improving graduate medical education. The award will be given to residents or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education in one or more of the following areas:

- fostering innovation and improvement in the learning environment
- increasing the program's emphasis on educational outcomes
- increasing efficiency and reducing non-educational burden
- improving communication and collaboration in education and patient care within the program or institution
- advancing humanism in patient care and among health care professionals

Five awards will be given to residents or resident teams. Residents and teams may be nominated by program directors, designated institutional officials,

program coordinators, ACGME Review Committees, or chief executive officers of teaching hospitals. Nominations must include a completed application form and three recommendation letters.

Winners will receive \$2500 and a plaque. Awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn. For more information, FAQs are available here: [http://www.acgme.org/acWebsite/dcl\\_award/DCLaward-FAQs.pdf](http://www.acgme.org/acWebsite/dcl_award/DCLaward-FAQs.pdf).

The ACGME Awards Committee will choose the 2010 *Courage to Teach*, *Courage to Lead*, and *David C. Leach, MD* award recipients in September, 2009. Nominations for all three awards are due July 1, 2009. The application is located on the ACGME website ([www.acgme.org](http://www.acgme.org)). Completed applications and supporting materials should be sent to Emily Vasiliou at [evasiliou@acgme.org](mailto:evasiliou@acgme.org).