Diagnostic Radiology

RRC **News**

ACGME

Accreditation Council for Graduate Medical Education

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Internal Reviews

by E. Stephen Amis, Jr., MD
RRC Chair

The sponsoring institution is required to conduct an internal review of each training program under its purview at approximately the midpoint of the accreditation cycle. The accreditation cycle is the time between the date of the most recent accreditation action and the time of the next site visit. The internal review committee, which must include at least one faculty member and at least one resident from within the sponsoring institution (but not from within the program being reviewed), must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

The goal of the internal review is to identify issues in the program that may adversely affect the upcoming accreditation site visit while still allowing time to resolve those issues before the visit occurs. While the ultimate responsibility for proper timing and conduct of the internal reviews lies with the institution, program directors and coordinators should be familiar with when and how these should occur. Also, they should work with the DIO and GMEC to ensure compliance is assured.

Baylor Program Receives RRC Commendation*

by Jannette Collins, MD

The Baylor College of Medicine Diagnostic Radiology Residency Program was recently reviewed by the RRC and received continued accreditation with no citations and commendation. Over the past five years, the program's board pass rate was 100%. The program was also commended for its physics instruction, which is ongoing throughout all training years, and tests residents after they complete web-based learning modules.

When asked about the secret to his program's success, Pedro Diaz-Marchan, MD, the program director indicated that the most important factors for a successful site visit are adequate preparation and teamwork.

"Preparation for this event is not something that can be accomplished in three or four months, but a process that requires planning and that has already started for our next visit in five years," said Dr. Diaz-Marchan; he went on to state that "great residents are a valuable resource for innovation and advice."

**For the full version of this article, please visit the RRC website: http://www.acgme.org/acWebsite/RRC_420_news/420n_index.asp*

Best Practices in Diagnostic Radiology Residencies

Programs across the country have developed innovative methods of complying with program requirements. The following list highlights some of these programs, and describes how they enhance their residents' learning experiences.

At the **University of Medicine and Dentistry** in Newark, NJ, residents demonstrate their communication skills by producing high quality radiology reports. Every six weeks, ten completed reports dictated by each resident are reviewed by the program director. Each report is rated through a system that awards points for the following categories on a scale of 1-3: absence of jargon, succinctness, clarity, and appropriate recommendations. From a maximum of 12 points, first year residents are expected to score above 7, second year residents above 8, third year residents above 9, and senior residents above 10. For residents not meeting these expectations, a more intensive review of reports occurs. For residents exceeding expectations, a three-month reprieve from report review is awarded.

The **David Grant Medical Center Program (Travis AFB)** stresses the importance of certification. Only after each resident demonstrates an understanding of the indications for a procedure, is aware of the potential complications and their management, and is technically facile in executing the procedure, does a faculty member "certify" that the resident is capable of independently performing the procedure.

The **Creighton University** program participates in a unique teaching opportunity for medical students in the anatomy lab. A full body CT of the cadaver is performed at the beginning of the course, and on several occasions thereafter, a faculty member and resident team provide anatomy/imaging correlation sessions.

The **University of Florida** program in Jacksonville uses the College of Medicine Simulation Center for training in hands-on ultrasound imaging and for identification and treatment of contrast reactions.

At the **University of Alabama at Birmingham,** the physics education program is extensive during the first two years of residency and involves didactic lectures, laboratory experience, and examinations. To integrate imaging physics and clinical imaging, there are quarterly physics/clinical correlation lectures which are attended by all residents.

The **Madigan Army Medical Center** program reviews the results of the ACGME Resident Survey every two years and, if there are areas of concern identified, a group within the department evaluates the issues and develops implementable solutions.

Expanded Data Entry Requirements for Resident Case Log System

The Radiology Case Log System now has expanded data entry requirements for resident involvement in various modalities and procedures. This additional information helps capture data useful to determining valid benchmarks for good training. Therefore, additional CPT codes for CTA and MRA now include head and extremities. Further, a new category, MRI of the spine, has been added. Data for these additional CPT codes should be gathered for the academic year 2008-2009, and can be submitted throughout the year or at the end of the year by August 1, 2009.

New Transitional Year Recommendations for Trainees Entering Radiology

The Radiology RRC and Transitional Year RC have been working together to optimize the clinical experience for trainees who will be entering a radiology residency following the

internship year. The purpose of the transitional year is to provide a "*prerequisite one year of fundamental clinical education*." However, to allow flexibility and focus, the TY program requirements state that "*this education may also contain certain specific experiences for development of desired skills."* The TY program has its own set of requirements with which all interns must comply. However, within that framework, the TY staff has been very responsive to the Radiology RRC's recommendations for the first year rotations.

The two RRCs plan to continue deliberations in an effort to further define the intent of the clinical year: is it about development as a physician or development as a radiologist? In the interim, the TYRC recommends the following guidelines for interns who will be entering radiology:

- 6 months of internal medicine, general surgery, ob-gyn, and/or pediatrics (included in this six months should be one month of ICU experience)
- 1 month of emergency medicine
- 1 month of ambulatory experience
- A radiology elective, if chosen, must be done in an ACGME-accredited diagnostic radiology program and *cannot exceed two months*
- Other electives should be chosen among specialties that heavily use diagnostic imaging, including cardiology, pulmonology, gastroenterology, rheumatology, neurology, neurosurgery, orthopedics, otolaryngology, urology and anatomic pathology

RRC Will No Longer Offer Accreditation for Cardiothoracic Radiology Fellowship

Accreditation for fellowship training in Cardiothoracic Radiology has been available for about five years. To date, there are only two programs currently accredited and there is only one fellow actively enrolled overall and no applications are pending. In view of this undersubscription, the RRC has voted to discontinue offering accreditation for the one year fellowship in Cardiothoracic Radiology. This decision was made after soliciting input from the Society of Thoracic Radiology (STR) and the Society of Chairmen of Academic Radiology Departments (SCARD). The two programs currently accredited will retain that status for the period granted during the initial accreditation process.

New FAQs

Listed below are some of the most recent FAQs. These questions and responses are being added to the RRC webpage.

Q. In scheduling night float, how many consecutive days can the resident cover?

A. The ACGME duty hours requirements indicate that there must be one day off in every seven, averaged over a one month period. The RRC supports scheduling residents for up to nine consecutive days of night float before a day off becomes mandatory.

Q. As a program director, what are my responsibilities with respect to the timing of and conducting of internal reviews?

A. The RRC realizes that scheduling your internal review and who conducts it are the purview of the sponsoring institution, usually through the GMEC. Program directors and coordinators need to be aware of the timeframe during which the internal review should occur to be as prepared as possible. Also, the program should ensure that the required interviewees (program director, key faculty members, and at least one peer-selected resident from each year group) are available at the time of the internal review.

Q. As a program director, what should I be

doing to annually evaluate my program? Please clarify what the RRC expects.

A. The RRC requires a process wherein the faculty discusses the program at least annually and identifies recommendations for improvement. This can occur at a meeting dedicated to this purpose or during one already scheduled. Resident input is required and should be written, anonymously, and include evaluation of individual faculty members and the program as a whole. Faculty should be invited to provide written input about the program if they wish, but written input is not required. Valid suggestions for improvement should be implemented and the process should be documented fully.

Q. Where should my program be with regard to integration of the basic competencies?

A. The addition of the competencies as an integral part of resident education has been an evolutionary process. Initially, program directors and faculty were expected to be aware of the six competencies and what they are. Then they were to be integrated into the goals and objectives to make sure they were competency-based for each level of training. They were also to be added to resident evaluations to ensure residents were fully compliant with the competencies. Now, the RRC expects programs to measure the outcomes of competency-based training programs. The RRC has developed some sample measures and these are posted on the APDR web site. However, the RRC encourages programs to be innovative in developing and using their own outcome measures.

Q. We require our residents to attend the four week AFIP course to meet the need for education in radiologic-pathologic correlation. Do we have to provide funding for our residents to attend AFIP?

A. There is a tuition fee for attending AFIP. Also, residents from outside the Washington, DC area must pay for housing there while continuing to pay rent or a mortgage at home. Since attending AFIP constitutes a significant financial burden for most residents, the RRC has adopted the position that programs should provide reasonable financial support for this activity. If no funding is available, the program should provide an alternative radiologic-pathologic correlation experience at the home institution.

Q. In some fellowships, it is required that the fellow be allowed to attend a national meeting related to the subspecialty. Does the program have to fund such meeting attendance?

A. Yes. Most programs have designated a fixed amount per resident for this purpose, usually in the range of $1,200 to $1,500.

Q. Our program has several IMG faculty members. What does the RRC expect regarding board certification for these faculty members?

A. IMGs who have completed residency training in another country are eligible to participate in the ABR process to obtain board certification. The RRC expects such faculty members to actively seek ABR certification. Program directors, in preparing the PIF, are expected to document that process for each IMG not holding a board certificate from the ABR. This documentation should include the following: dates and place of training outside the US; dates of any training in the US; dates of present position; written notification from the ABR regarding eligibility for taking ABR exam; and, planned dates for completing ABR exams. Alternatively, the program director should provide detailed documentation of equivalent qualifications to be reviewed by the RRC.

Q. We have one or more faculty members who trained in the U.S. but who are not board certified. What does the RRC expect from the

program director regarding these individuals?

A. Faculty members who work in a department with a residency training program are expected by the RRC to attain board certification. The program director, in completing the PIF, should outline the plan for such faculty members to become board certified. There are no alternative qualifications in these situations.

Q. We have a dedicated program coordinator for our diagnostic radiology residency program. What is required for our fellowship programs as far as a program coordinator?

A. A program coordinator is required to be "dedicated" to radiology. A program coordinator is required for subspecialty fellowship programs, as well as one for the core diagnostic radiology program. However, in neither instance is there the requirement that the program coordinator be dedicated full time to any given radiology program. The same person may be able to cover both the core and the subspecialties depending on the size of the core program and the number and size of the subspecialty programs.

Clarification of the Accreditation Review Process

Procedure Logs, Resident Case Logs

Procedure logs should be maintained for or by each resident in the program and should document direct participation by each resident in any and all interventional procedures. Direct participation may include the resident actually performing the procedure or assisting in a significant way in performing the procedure. These logs can be maintained in an electronic database (such as HI-IQ, developed by the Society of Interventional Radiology) or can be paper-based. Site visitors are asked to confirm the presence and completeness of these procedure logs.

The **Resident Case Log** system is quite different. The program is required to enter data into the ACGME Resident Case Log system regarding the experience of each resident in interpreting various types of cases. The resident must have either dictated the case or given a preliminary interpretation on the case (i.e., during night float) to claim credit. The cases to be entered are defined by CPT codes that are listed on the RRC webpage. All that is expected of the site visitors is to verify that programs are entering data into the system for each resident.

The Resident Learning Portfolio

The Resident Learning Portfolio is a new requirement in diagnostic radiology beginning July 1, 2008. The portfolio contains documentation of compliance with competency-based education. They can be maintained in an electronic database or on paper. The RRC expects program directors to review these portfolios during each resident counseling session. The site visitor will verify that the program directors are reviewing and documenting the portfolios. Site visitors are not expected to perform actual reviews of the portfolios.

Radiology RRC to Present Full Refresher Course at RSNA 2008

In past years, the Radiology RRC and the American Board of Radiology (ABR) have presented a refresher course together at RSNA. In their allotted 45 minutes, each organization updated the audience about changes to the program requirements or board examinations, respectively. Given the short timeframe, there wasn't much time left for questions. To better accommodate the attendees and the presenters, RRC and ABR will conduct separate refresher courses in 2008.

During its refresher course this year, the Radiology RRC will discuss in detail the new program requirements that go into effect July 1, 2008. The RRC presentation at RSNA will occur about five months after that date, so any

issues with the requirements or difficulty in completing the new online PIF can be addressed. Program directors and coordinators, as well as academic faculty, residents and anyone else interested in radiology education are invited to attend.

ACGME Learning Portfolio

ACGME staff have developed a number of resources for programs that want to become more familiar with the ACGME Learning Portfolio (ALP). http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf: The Frequently Asked Questions (FAQs) include a description of the portfolio and its benefits to both residents and program directors, in addition to information about how ALP can be used. An updated timeline for development provides additional information on the alpha and beta testing phases. http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf. A demonstration of the portfolio will be added soon to the ACGME website.

A total of 10 diagnostic radiology programs have been accepted to participate in the beta ALP development phase. This newsletter will feature additional information from the beta phase as it becomes available. More information is available on the ACGME Learning Portfolio website: http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

Retooling the Diagnostic Radiology Program Information Form

by Kathleen Holt, PhD

During the last two RRC meetings, RRC members and ACGME staff have edited the Program Information Form (PIF). They have eliminated open-ended or free text items, checked that PIF questions parallel the program requirements, and reframed questions to be more outcomes-based. ACGME programmers are now converting the PIF questions into a web-based environment so that it may be completed by program directors just as annual updates and common PIFs are done now. The new electronic PIF is expected to be available by July 1, 2008.

Having a fully electronic PIF (e-PIF) is a crucial step towards the ACGME's goal of a fully Electronic Accreditation System (EASy). EASy will allow all parts of the program review (PIF completion, SV interviews and report, review by the committee, and program notification) to be completed and available within the ACGME's web-based system.

Since the new web-based PIF and the new program requirements will go into effect during the same timeframe, the ACGME will not schedule site visits for programs due for a survey in the second half of 2008 until after October 1st. This should give program directors and coordinators time to fully complete the new e-PIF.

AJR Publishes Commentary on New Program Requirements

The January issue of AJR contained a detailed commentary written by E. Stephen Amis, Jr, MD, RRC Chair on the new program requirements for diagnostic radiology, including the ACGME approval process for those requirements. This article offers some insights into the new requirements for program directors, program coordinators, radiology faculty, and residents. The article reference is as follows: Amis ES Jr. New program requirements for diagnostic radiology: update and discussion of the more complex requirements. AJR 2008; 190:2-3

Radiology RRC Undergoes Review by ACGME Monitoring Committee

Just as residency programs must undergo review and accreditation every few years, RRCs also are subject to a review of their accreditation practices before they are

delegated authority to render accreditation decisions. RRCs undergo review about every five years. The RRC chair and the RRC staff work closely together to prepare and submit a report to the ACGME Monitoring Committee. This report is similar to the PIF submitted by training programs. The Monitoring Committee reviews the report and then formally discusses the RRCs functions with the RRC chair and staff. This meeting is equivalent to the site visit of a residency program. The Monitoring Committee then issues a written decision, similar to the letter a program receives after its review.

The Diagnostic Radiology RRC chair and staff met with the Monitoring Committee in Chicago on February 11, 2008. Issuing it's final report on March 17th, the Monitoring Committee recommended continued delegation of accreditation authority to the RRC for Diagnostic Radiology for a period of five years.

CI Pilot Projects

The Committee on Innovation (CI) announced a set of duty hour and competency pilots in Fall 2007. Ingrid Philibert, Senior Vice President, Department of Field Activities, quoted from the first formal report of the committee, which was approved at the September 2007, meeting of the ACGME Board of Directors: "The ultimate aim of these pilots is to test proposed revisions to the common duty hour standards and refinements to the approaches for teaching and assessing the general competencies to ensure they are based on valid and 'actionable' evidence of their effectiveness."

The Radiology RRC has identified three CI pilot options for which programs are encouraged to apply. These include:

- Teaching and Assessment of a Comprehensive Patient Safety Curriculum
- Basic Training for Incoming First-Year Residents
- Residency Program Participating in the Beta Test of the NBME's Professional Behaviors Assessment Tool

More information regarding the pilot projects will be available from the ACGME website under Innovation/CI. For questions, contact Mary Joyce Johnston in the Department of Field Activities at 312/755-5013.

Accreditation Data System

The ACGME's online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update the ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement)
- Submit the academic year "Annual Update" (ADS staff will e-mail the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is now the ACGME's major form of communication. Please ensure that e-mail addresses in the ADS are correct.

Address your questions or concerns about ADS to the ADS representative for Diagnostic Radiology, Emilio Villatoro at 312/755-7117, evillatoro@acgme.org.

ACGME Educational Conference 2008 Recap

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours. This year's conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp

Congratulations to Tom Berquist, MD

The RRC extends its heartiest congratulations to one of its members, Tom Berquist, MD. Dr. Berquist was recently selected as the new Editor-in-Chief of AJR, replacing Bob Stanley, MD. We look forward to continued excellence and growth for AJR under Dr. Berquist's wise guidance.

The RRC Welcomes Gary Becker, MD as Ex Officio Member

The RRC welcomes Gary Becker, MD as an ex officio member of the committee. Dr. Becker was appointed as the Executive Director of the ABR on January 1, 2008, replacing Bob Hattery. Dr. Becker began his radiology career at Indiana University and has since held leadership positions in the Baptist Cardiac & Vascular Institute of Miami, the National Cancer Institute, and the University of Arizona. He is a fellow in the Society of Interventional Radiology and the American College of Radiology, and is a member of the Board of Directors of RSNA.

In his ex officio status, Dr. Becker will advise and consult with the RRC on issues related to board certification, including training requirements leading to board eligibility, maintenance of certification, timing of the board examinations, and board pass rates. He is the only ex officio member of the RRC, and will not be involved in discussing accreditation decisions for programs.

Introducing Linda Thorsen, MA

Linda Thorsen, MA is an Associate Executive Director at the ACGME. She staffs the Residency Review Committee for Diagnostic Radiology, among other specialties. Those responsibilities include preparing text for notification letters for all radiology subspecialty programs. In addition, Ms. Thorsen assists the RRC and ACGME consultants in revising both the program requirements and the PIF.

Ms. Thorsen enjoys working with each RRC she staffs, but when pressed, she admits that Diagnostic Radiology "is at the top." In working with RRCs, Ms. Thorsen looks forward to getting to know and collaborate with the many outstanding members.

Apart from work, Ms Thorsen has interests in music and gardening, and considers herself a yoga neophyte. Ms. Thorsen lives in the northwest Chicago suburbs with her husband; she has two children, now adults with their own families.

RRC Meeting and Agenda Closing Dates

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these

deadlines if you have submissions for future RRC meetings. The dates and deadlines are as follows:

Meeting:	Nov 5-7, 2008
Agenda Closing:	Sept 10, 2008

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

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