



Example Citation Responses

This document contains examples of responses to citations. The first and third examples show well-written responses along with details on why the response is effective. The second and fourth examples depict poorly written responses and provide feedback on what could be improved to make the response better. This handout can be used as a reference for programs when responding to citations to ensure that they clearly and accurately address the Committees concerns.

Example 1—Well-Written Response

Citation: Fellow Evaluations - Multiple Evaluators Program Requirement: V.A.2.b). (2) The program must: use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff). (Detail)

It is unclear whether the program uses multiple evaluators to evaluate fellow performance. Evaluation forms provided in the updated application materials included a faculty of fellow evaluation and a 360 evaluation. However, the 360 evaluation does not indicate who will be completing the form, so it is unclear who is evaluating the fellows aside from the program faculty.

Program Response: Our program already had a 360 evaluation in place at the time of site visit, which was completed in the past by a medical assistant and by a nurse. This may not have been clear at the time of the site visit but it was already in place and we have the documentation to show this. However, we have recently increased the number of people completing this evaluation to include peers (i.e. the fellows will evaluate each other) and have also increased the number of medical assistants completing the evaluation to two, as well as adding a second nurse and one to two clinic ATCs, so we will receive more 360 evaluations for each fellow each year.

Comments: A citation may occur based on the information available to the committee, which may be incomplete or misunderstood. This response is concise and describes the program that was in place previously, and then adds detail about how it has been enhanced. It provides a clear description rather than merely reporting that the citation has been addressed.



Example Citation Responses

Example 2-Poorly Written Response

Citation: Program Director – Failure to Provide Information Program Requirement: II.A.4.g) & II.A.4.g). (1) The program director must: prepare and submit all information required and requested by the ACGME. (Core) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. (Core)

A review of the program's 2015-2016 ADS Annual Update data showed that some of the information provided was inaccurate or incomplete. Most notably, in the Patient Population Statistics table, the percentage of ED patients primarily assessed by the various providers added up to over 100 percent for Institution 3 (General City Hospital). Additionally, the faculty roster indicated multiple faculty members whose board certifications appeared to be out of date. It was also noted that numerous faculty members reported spending an average of 0 hours per week in any aspect of the program.

Program Response: The St. Elsewhere hospital data was collected and reviewed with their administrators and site director. The data for providers adds up to 100%. The faculty roster was reviewed and updated for all faculty members.

Comments: Inaccurate and incomplete information is a common citation and while this may seem like a straightforward and direct response, only the examples in the citation were addressed. Frequently, there are many areas of inaccurate information submitted. Since the program director did not proofread the rest of the document to correct all the other mistakes, the citation was extended.



Example Citation Responses

Example 3—Well-Written Response

Citation: Service over Education Program Requirement: VI.A.4.a) The learning objectives of the program must: be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)

At the time of the site visit, it was noted that there has been a significant increase in endoscopies at the institution over the past few years. It was also noted that this increase has been absorbed by the department without a concurrent increase in staffing, which has resulted in a stressful working environment for both the faculty and residents. According to the site visit report, several of the faculty members do not perform new patient evaluations, which has further exacerbated the problem by causing an increase in the volume of evaluations done by the residents. Additionally, residents noted that they do not have protected time for research, and currently research efforts are pursued during their spare time; however, opportunities to do so have been limited due to the increase in the volume of new patient evaluations.

Program Response: We have been working on the challenge of service vs. education since our ACGME survey results demonstrated low compliance in 2016. We have taken a multipronged approach to this very important issue. As alluded to in the citation, the clinical growth of the hospital led to coverage challenges but this has improved with hiring of new faculty and staff. Five of the six open clinical faculty positions were filled between January and July. Equally important, we have been changing the culture of the faculty; the expectation now is that the faculty step up to cover cases and/or services when a trainee is excused or when the workload surges. In addition to the primary benefit of protecting the resident to attend a weekly block lecture format for teaching purposes, this practice has allowed us to schedule additional faculty one afternoon per week to ensure that services can run smoothly in the absence of residents. The positive effect on morale is evident in the monthly residency meeting and coincides with the most recent ACGME survey where our compliance on education compromised by service improved to 76% from 36%. We still have some work to do but are pleased that we are going in the right direction.

Comments: This response identifies the underlying problems and a quantified program response with the number of new faculty rather than just a general statement about more faculty. Rather than just describing a change in scheduling, the program supports the improvement by measuring and reporting post-intervention outcomes. These include comments by residents that can be verified in a prospective site visit, as well as citing better performance on relevant measures on the resident survey. The promise to do more is unnecessary and may result in a continued citation or an Area for Improvement as a way for the review committee to encourage ongoing progress.



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Example 4—Poorly-Written Response

Citation: Faculty Interest in Education Program Requirement: II.B.1.a The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents (Core)

It is unclear whether the program faculty members devote sufficient time to the educational program and demonstrate a strong interest in resident education. At the time of the site visit, it was noted that in recent years there has been high faculty turnover in the department. The most recent transitions will occur by the end of the 2015-2016 academic year, during which the department will lose seven more faculty members due to resignation or retirement. The residents expressed ongoing concerns regarding the overall faculty stability and retention in the department. They further commented to the site visitor that faculty morale, while somewhat improved, remains “fairly” low in some understaffed areas such as abdominal and pediatric radiology. Finally, residents commented that the institution’s reward policy places emphasis on certain types of academic work, which makes it difficult for faculty members to spend quality time with the residents.

Continued Non-Compliance: 01/26/2017 The Review Committee evaluated the program’s response to the citation and determined that further follow up is needed. The program’s response indicated that of the seven faculty members who resigned during the 2015-2016 academic year, only two have been replaced. The Committee noted the response indicated that recruitment efforts were underway to fill the remaining vacancies and also noted the robust description of the faculty performance review and reward process; however, there are still faculty deficiencies in the areas of nuclear medicine, interventional radiology, and pediatric radiology. The Committee will continue to monitor the program’s recruitment efforts regarding the open faculty positions for continued improvement.

Program Response: As of July 1, 2016, the Department has recruited ten new faculty members: one Abdominal & Emergency Radiology, one Emergency Radiology, one Musculoskeletal Radiology, one Nuclear Medicine & Molecular Imaging, two Pediatric Radiology, one Pediatric Radiology/Pediatric Interventional Radiology, one Vascular & Interventional Radiology, and two Women's Radiology. During this same time, the program lost one faculty position in Nuclear Medicine & Molecular Imaging to retirement after 39 years of service (effective June 30, 2017). The Department is actively recruiting to fill this recently vacated position and will appoint a locum tenens physician in the interim to assist with clinical volume and ensure the current faculty have sufficient time for resident education. Otherwise, the Pediatric Radiology Division has filled all vacant faculty positions as of September 1, 2017 and we anticipate the Abdominal & Emergency Radiology Division will have a full faculty complement as of September 8, 2017. All other Divisions (with the recent exception of Nuclear Medicine & Molecular Imaging) are also filled. To keep pace with institution-wide expansion, the Department received approval for two brand new faculty positions in Abdominal radiology and Interventional radiology. The Department is actively recruiting to fill these additional positions. In support of the educational program, faculty continue to receive, on average, approximately 10% non-clinical time during which they can prepare instructional materials, perform scholarly work, or participate in committee work or other professional development activities through the Medical School, the hospital, or external professional organizations/societies. Faculty deliver the



Example Citation Responses

core curriculum and present extra conferences during the Monday-Friday workweek; residents have at least 7.5 hours, often 10 hours, per week of protected time for formal conferences. The faculty's teaching efforts are also recognized during the annual evaluation process and are rewarded with an end-of-year performance bonus determined by an objective, self-directed process. Faculty performance criteria were determined by a departmental faculty work group and vetted by the entire faculty in spring 2016 for the 2016-2017 academic year. Of the 40 contributors to the performance evaluation, 16 (40%) are related to instruction, including: General Academic Instruction (1. lectures at University level or higher; 2. case conferences, workshops, or laboratory instruction; 3. participation on institutional/college committees related to instruction); Instructional Supervision & Advising (4. with medical students; 5. scholarship with trainee); Curriculum Development (6. participation as content experts; 7. small-group activities; 8. course development/syllabus/evaluation tools; 9. examination question-writing for specialty board or board preparation); Continuing Education (10. Grand Rounds presentation; 11. lecture/workshop presentation; 12. Moderator/panelist participation); Other Instruction/Citizenship (13. participation in CCC/PEC; 14. participation in student/resident/fellow recruitment); Quality of Instruction (15. recognitions/awards-teaching/instruction; 16. timeliness and quality of trainee evaluations).

Comments: The long response gives too much information but does not actually explain how this will resolve the citation. A more targeted response would describe how the changes made specifically improved the resident experience. A listing of the metrics used to evaluate the faculty does not directly improve the education of the resident. It would be better to provide evidence that shows that the faculty were more engaged, for example, and cite the increased number of conferences or scholarly projects undertaken by faculty with residents. Additional support in the form of an explanation of how improvements were measured using an internal survey or mechanism for feedback would enhance the response as well.