

Michael J. Shortsleeve, MD

APDR President – 2004-05

I had the honor of serving as the 12th President of the APDR (2004-2005). You never serve alone in the APDR! Vijay Rao and Janet Strife preceded me, while Spencer Gay and Janni Collins followed me. They each contributed to our collective success.

In a tongue in cheek effort to support the development of one of the six basic competencies “communication,” we successfully started “The Beer and Pretzels” reception at the annual meeting. The reception for residents, program directors and chairmen was jointly funded by the APDR and SCARD. It was an immediate success and continues to this day.

As president, I represented the APDR at the intersociety meeting sponsored by the ACR in Quebec July 2004. The theme centered on appropriate and inappropriate utilization of imaging procedures. My personal interest was the effect of self-referral imaging on Radiology Residency Training. This led to a collaborative paper with Bill Herring, M.D. entitled: “The Impact of Self-Referral on Radiology Residency Training Programs” *JACR*/Vol 2 No. 5 May 2005. The areas most affected were vascular interventional, obstetric ultrasound, and nuclear cardiology.

A major effort was made to attract more program directors. Issues of interest to fellowship program directors were included in the annual meeting. The APDR made a formal presentation at the annual meeting of the Association of Program Directors in Interventional Radiology. We invited the nuclear medicine program directors to an organizational meeting at the Fairmont The Queen Elizabeth Hotel site of the annual meeting in May 2005. An ad hoc committee for Nuclear Medicine was formed with Jay Harolds, M.D. serving as Chair. Formal nuclear medicine sessions were scheduled for the subsequent annual meeting. Membership continued to grow (456 members) under the watchful eye of Martha Mainiero, M.D., Chair of the Membership Committee.

The APCR under the umbrella of the APDR continued to grow. APDR asked SCARD to support their coordinators with funding of APCR dues and attendance at the annual meeting. George Curry, M.D., the APDR liaison to APCR, helped and advised the fledgling APCR throughout its early years.

The Academic Council (composed of equal representation of the RSNA, AUR, SCARD and APDR) focused on three main issues:

1. Interface with the AFIP which was threatened with loss of funding.
2. Development of a list of academic/leadership courses.
3. Development of a Radiology Education Grant. This grant (\$20,000) was successfully funded by the four members and continues to this day.

The APDR, under the leadership of Vijay Rao, M.D. and Janet Strife, M.D., had selected the RSNA to provide management services. We updated and signed the three year Management agreement. This has proven to be a wise decision over the years.

The close working relationships (fostered by earlier Presidents) with other radiology organizations bore significant fruit:

1) The APDR, through ABR liaison Bruce Baumgartner, M.D., asked the ABR to alter their fee schedule to lessen the financial burden on the resident. The ABR agreed to spread the fee structure over the four-year period thus lessening the financial pressure on the resident.

2) The APDR, through the combined efforts of Spencer Gay, M.D. and myself, asked the RRR to change the calculation of the 50% pass rule on the oral boards. We pointed out that a resident who had a conditional pass on the June oral exam and a straight pass on the November exam five months later had passed because of his positive resident educational experience. After RRR discussion of the number of conditional categories to be included, the RRR agreed to expand the first time pass rate to include both the count of first time candidates passing the entire exam and the count of candidates who conditioned one category at the June oral exam and later passed it at their first opportunity to do so. Members of the RRR later told us that this expansion of the 50% pass rule on the orals helped to distinguish solid programs from programs with significant deficiencies.

Near the end of my presidency, Jerry Arndt, M.D., the founding father of the APDR, asked me to assume responsibility for the Archives Committee. The Archives Committee made up of Sheila and Jerry Arndt, M.D. was based in their home on their personal computers! Jerry, with Sheila's help, maintained all the APDR historical data and all correspondence with the ABR regarding the oral examinations since the inception of the APDR in 1993. In a real team effort typical of the APDR, Jerry Arndt, Spencer Gay, and Lise Thorsby (thank God for Lise) and I transferred all the archives data to a new APDR database supported by the IT department of the RSNA. Today the Archives Committee

1) maintains the historical data of the APDR, 2) updates the list of oral board examiners recommended by the APDR to the ABR. The information is secure in the APDR database and available to future generations of APDR members.

In closing, it was a privilege to serve in a leadership position with so many wonderful people who shared a common interest in training the next generation of radiologists.

