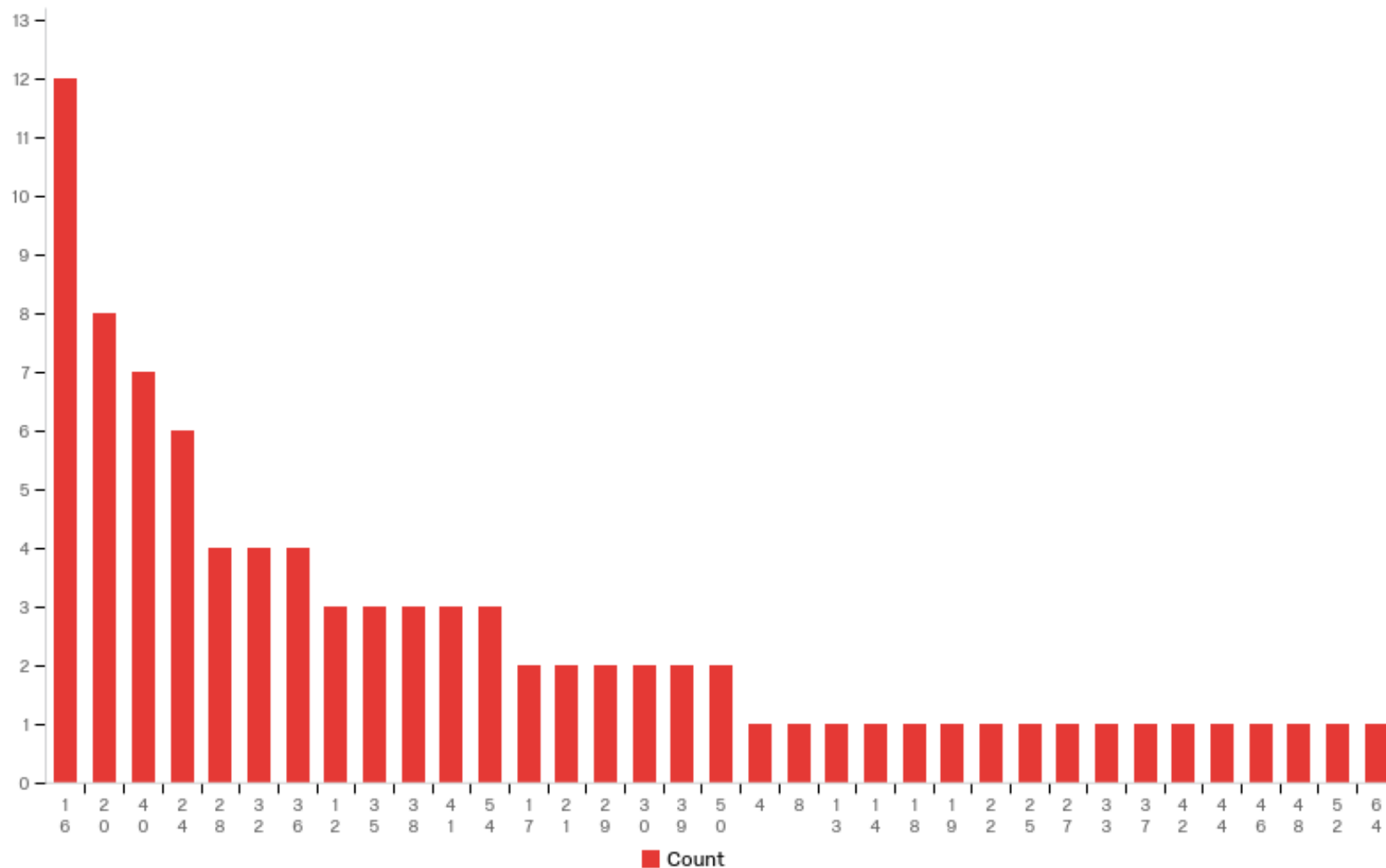


# 2019 APDR Annual Survey

q1 - How many residents are in your residency program (PGY2-PGY5 only, if categorical program)?

#	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	4.00	64.00	29.08	12.38	153.35	89

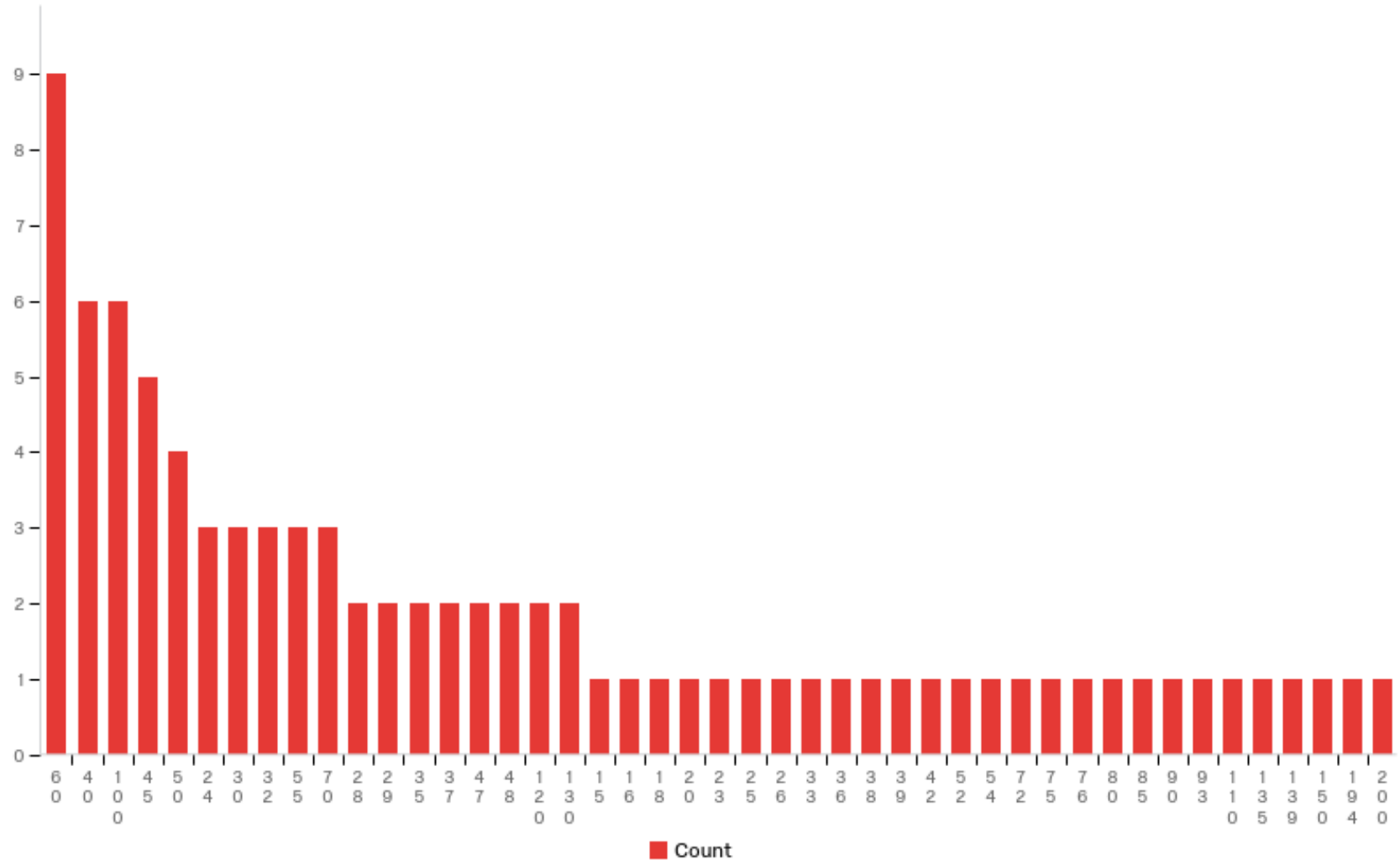
q1 - How many residents are in your residency program (PGY2-PGY5 only, if categorical program)?



q2 - How many clinical faculty are associated with your residency program? (1-200)

#	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	15.00	200.00	60.48	37.56	1410.39	88

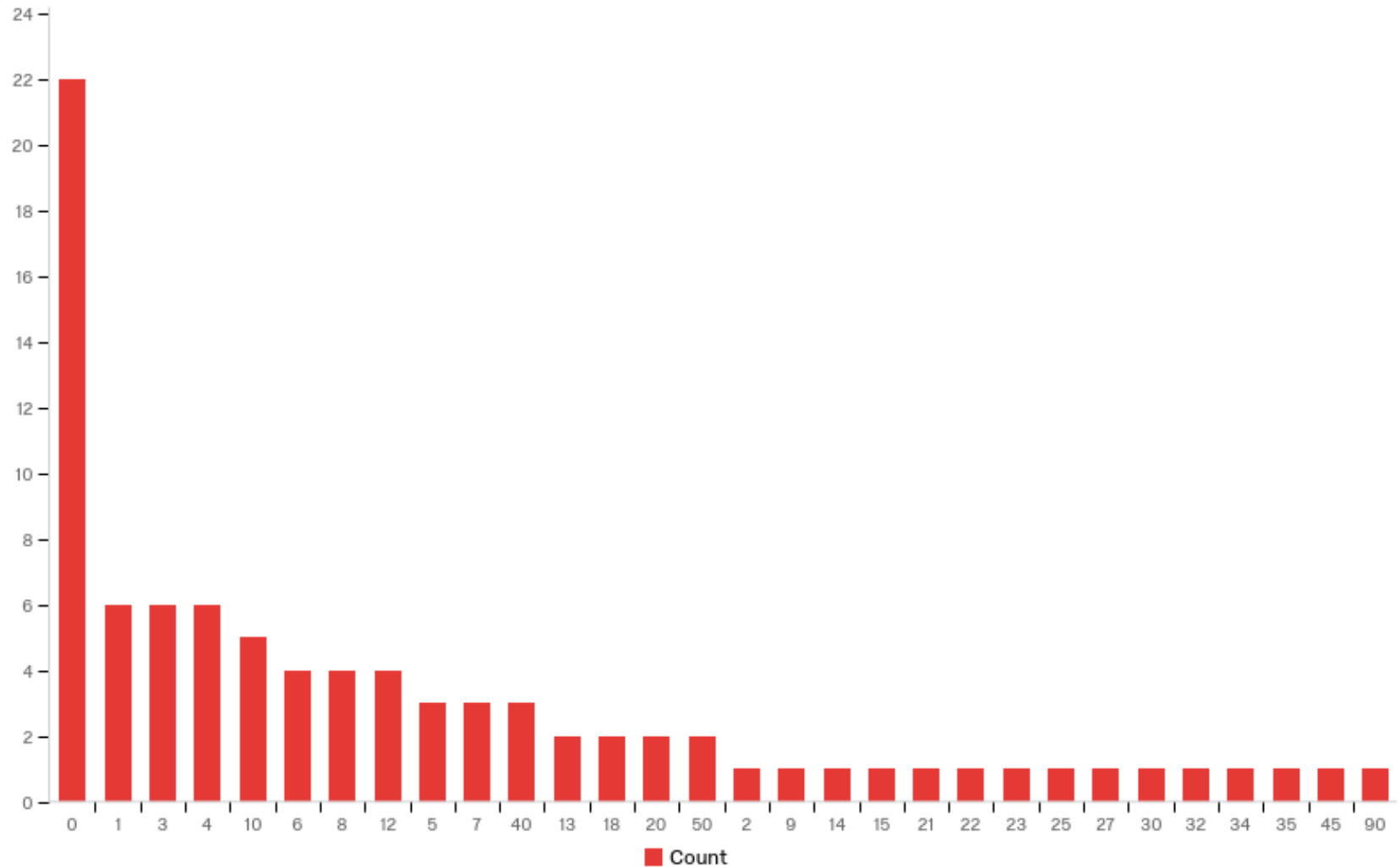
q2 - How many clinical faculty are associated with your residency program? (1-200)



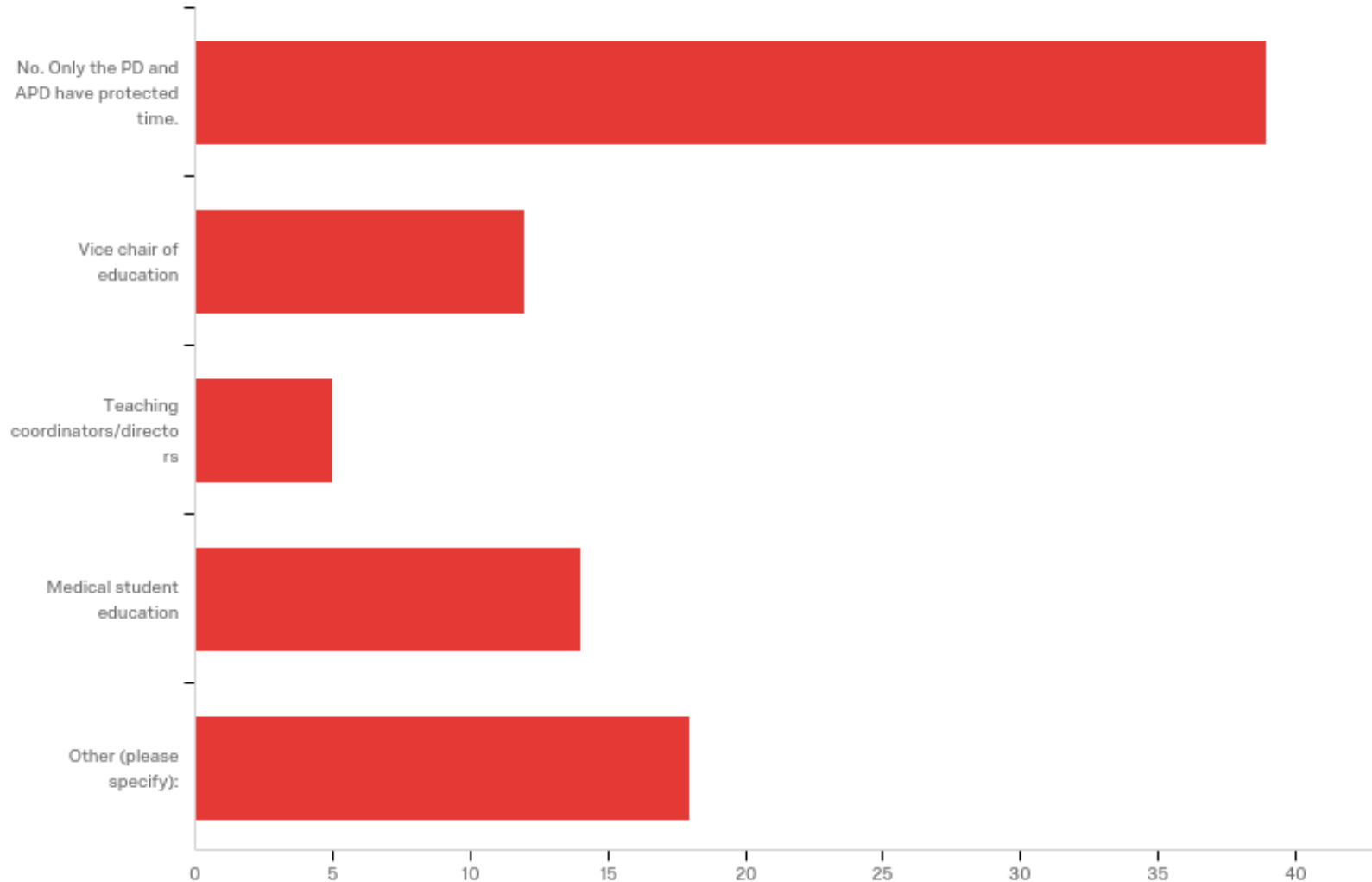
q3 - How many clinical fellows are in your program? (0-100)

#	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	0.00	90.00	11.06	15.10	228.14	89

q3 - How many clinical fellows are in your program? (0-100)



q4 - Aside from program/associate program directors, do other faculty have protected administrative time dedicated to education? (Select all that apply.)





q4 - Aside from program/associate program directors, do other faculty have protected administrative time dedicated to education? (Select all that apply.)

#	Answer	%	Count
1	No. Only the PD and APD have protected time.	44.32%	39
2	Vice chair of education	13.64%	12
3	Teaching coordinators/directors	5.68%	5
4	Medical student education	15.91%	14
5	Other (please specify):	20.45%	18
	Total	100%	88

q4 - Aside from program/associate program directors, do other faculty have protected administrative time dedicated to education? (Select all that apply.)

q4\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

fellowship directors, med student education lead

yes everyone has a little

Vice Chair of Education gets time, as well as each member of the residency selection committee (these individuals conduct all day interviews and so are given administrative time on those days)

vice chair of operations and VC of research

lecture time

All staff involved in resident education and research are provided at least a half day a week of academic time.

all faculty have admin/acad days to use as they see fit. I don't know how each faculty distributes that to education/research/administrative duties.

Vice Chair of Education and Med student education

Core faculty has protected time

q4 - Aside from program/associate program directors, do other faculty have protected administrative time dedicated to education? (Select all that apply.)

q4\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

Could not select more than one

VC of Education, subspecialty division directors

cannot select more than one option so putting response here: protected time for VC of education, teaching coor/directors and those leading medical student education

Protected time is for administration, not education. Even for PD, APD, VCE

faculty

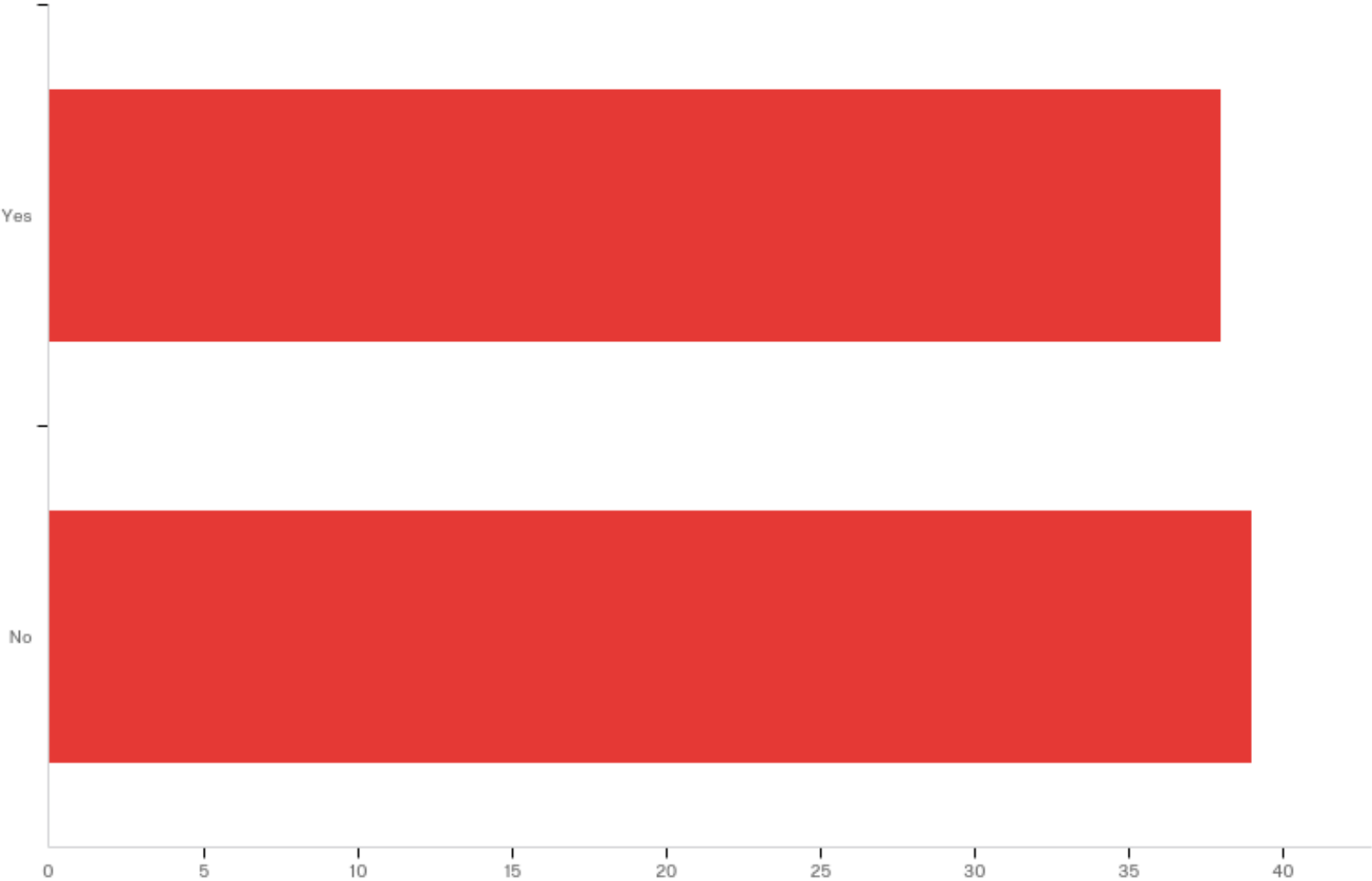
All faculty have academic/administrative time which can be used for teaching

members of pec

Vice Chair Education, Medical Student Education, Course Directors

Everyone has 1 academic day per week

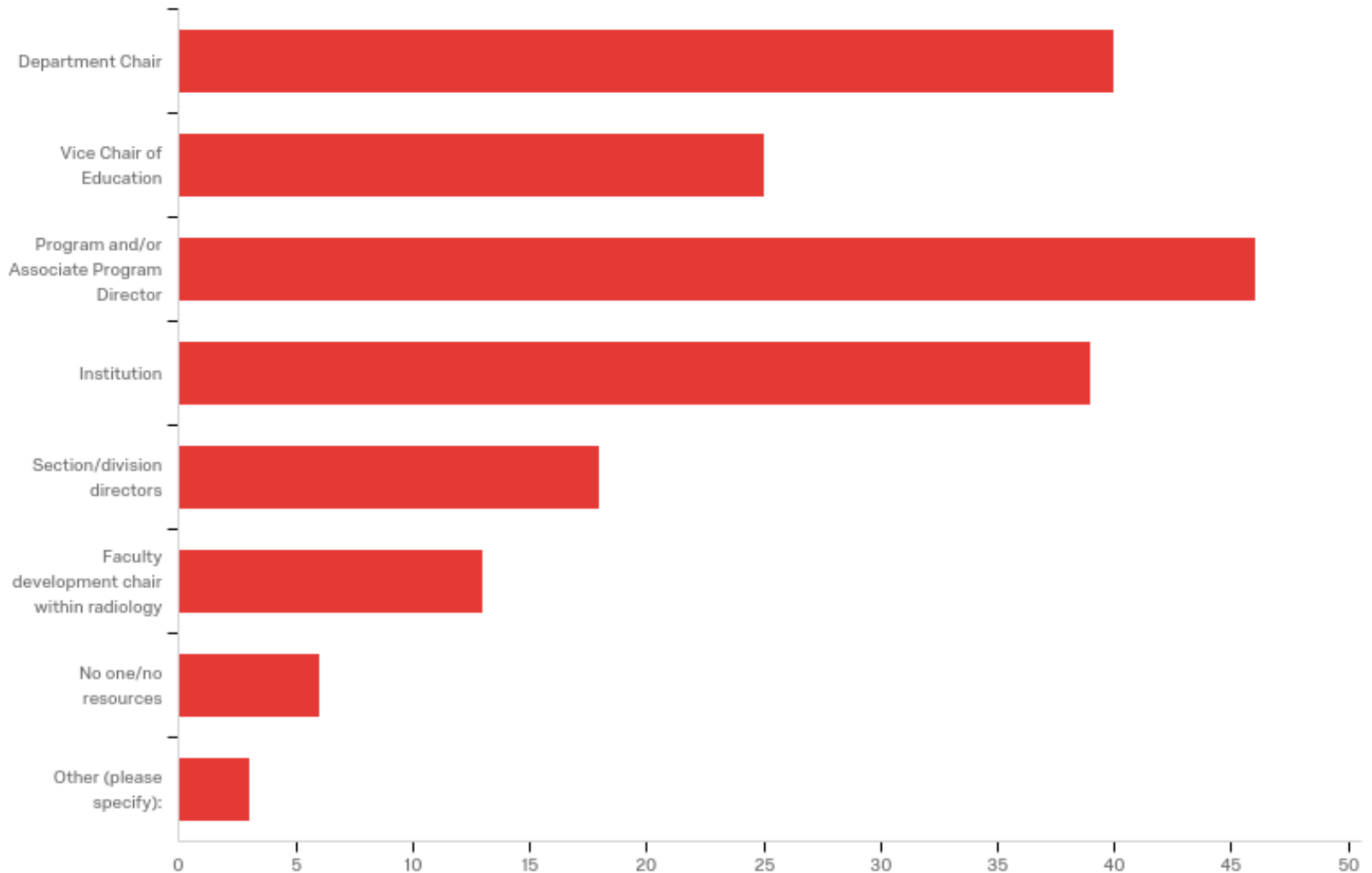
q5 - Do you have a Vice-Chair of Education?



## q5 - Do you have a Vice-Chair of Education?

#	Answer	%	Count
1	Yes	49.35%	38
2	No	50.65%	39
	Total	100%	77

q6 - Who is responsible for faculty development at your institution?  
(Select all that apply.)



q6 - Who is responsible for faculty development at your institution? (Select all that apply.)

#	Answer	%	Count
1	Department Chair	21.05%	40
2	Vice Chair of Education	13.16%	25
3	Program and/or Associate Program Director	24.21%	46
4	Institution	20.53%	39
5	Section/division directors	9.47%	18
6	Faculty development chair within radiology	6.84%	13
7	No one/no resources	3.16%	6
8	Other (please specify):	1.58%	3

q6 - Who is responsible for faculty development at your institution? (Select all that apply.)

#	Answer	%	Count
	Total	100%	190



q6 - Who is responsible for faculty development at your institution? (Select all that apply.)

q6\_8\_TEXT - Other (please specify):

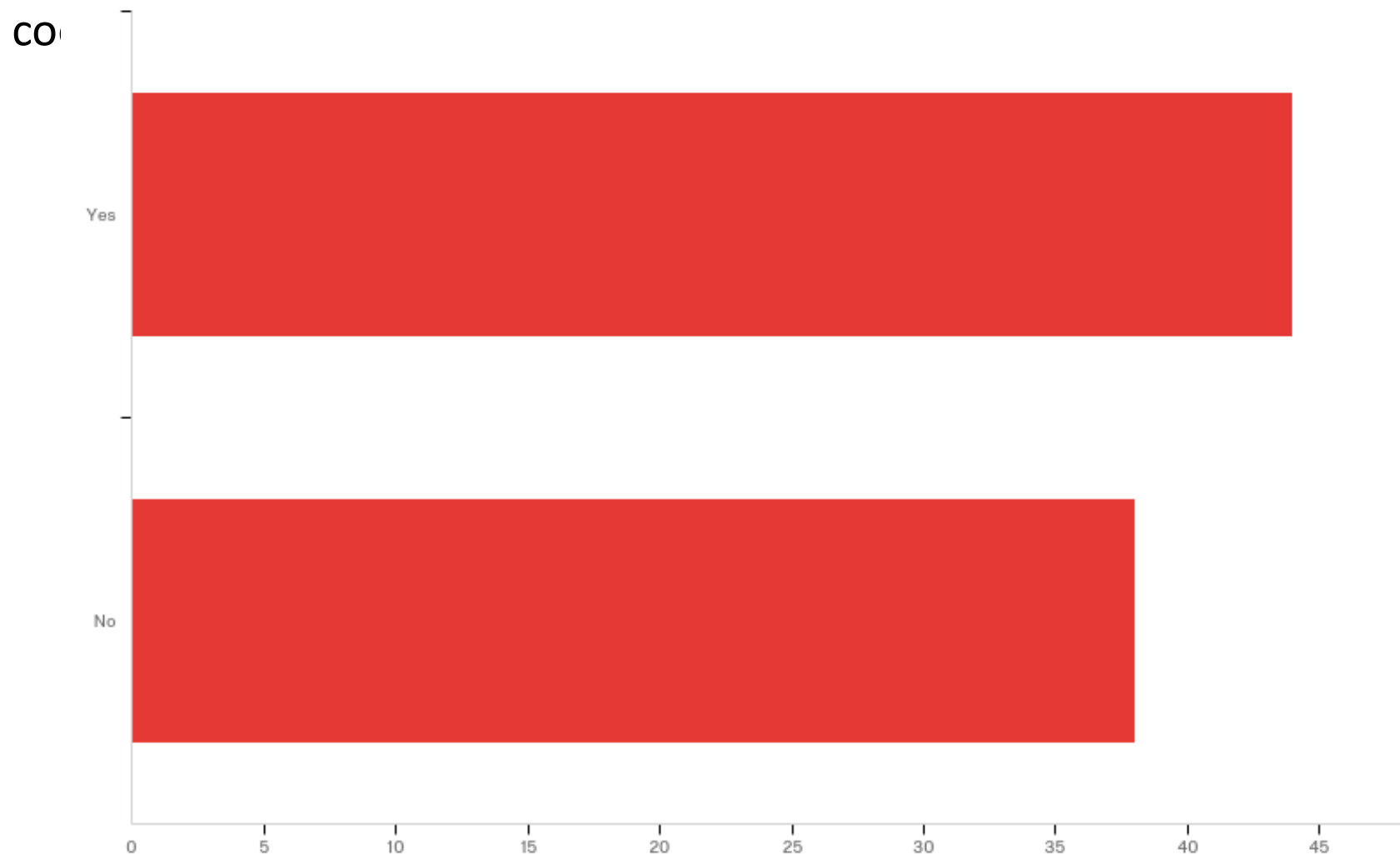
**Other (please specify): - Text**

we have a faculty member who is trying to get a faculty development program started--starting with junior faculty. As PD; I am often sending information their way that I think should come from faculty development side (I have too many other tasks to keep up with)

institutional GME committee

vice chair of academic affairs

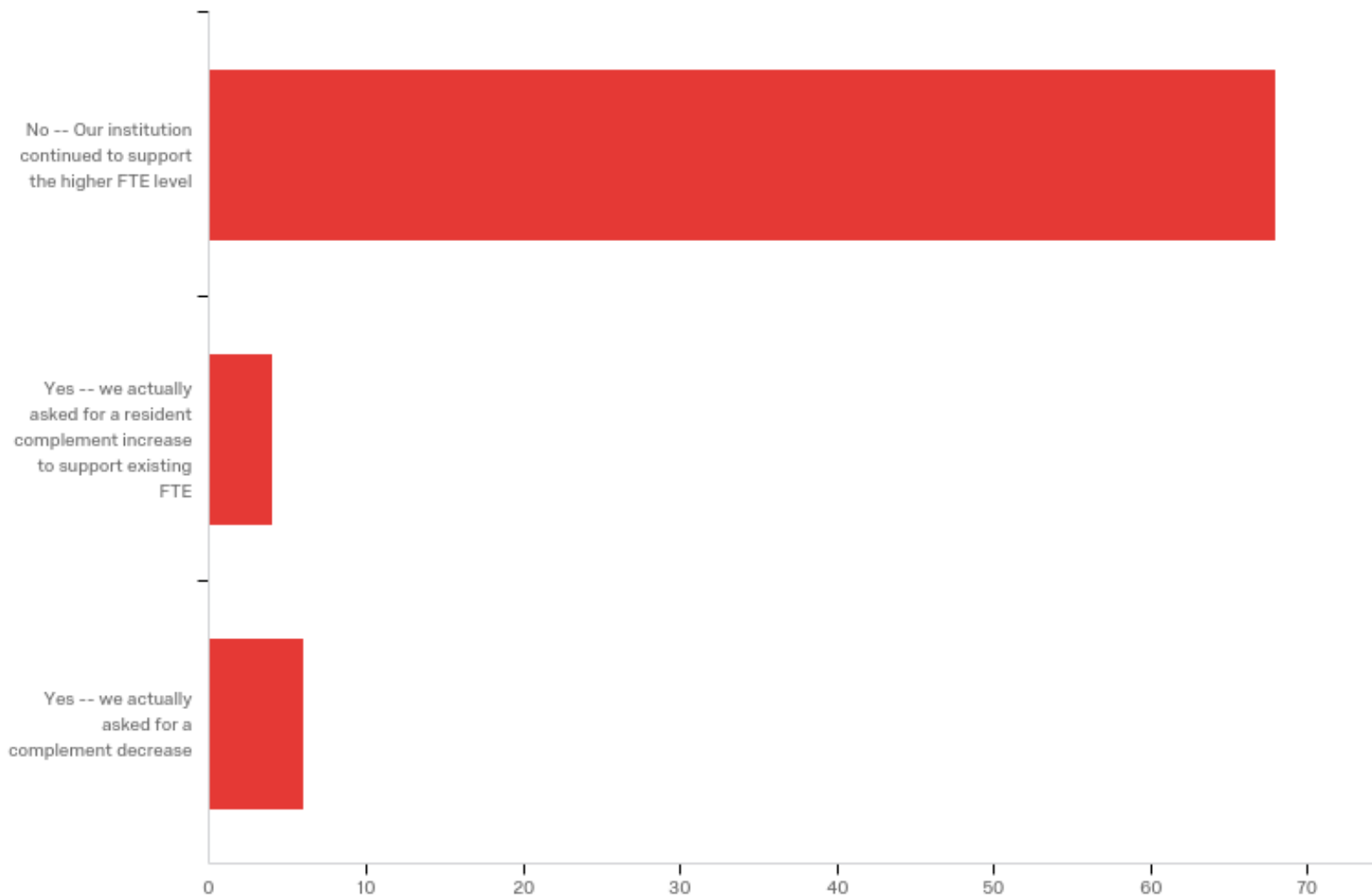
q7a - Did the creation of an integrated IR residency at your institution result in a decreased allotment of DR positions AND/OR move you into a lower ACGME category of protected administrative time for program



q7a - Did the creation of an integrated IR residency at your institution result in a decreased allotment of DR positions AND/OR move you into a lower ACGME category of protected administrative time for program coordinator and director time?

#	Answer	%	Count
1	Yes	53.66%	44
2	No	46.34%	38
	Total	100%	82

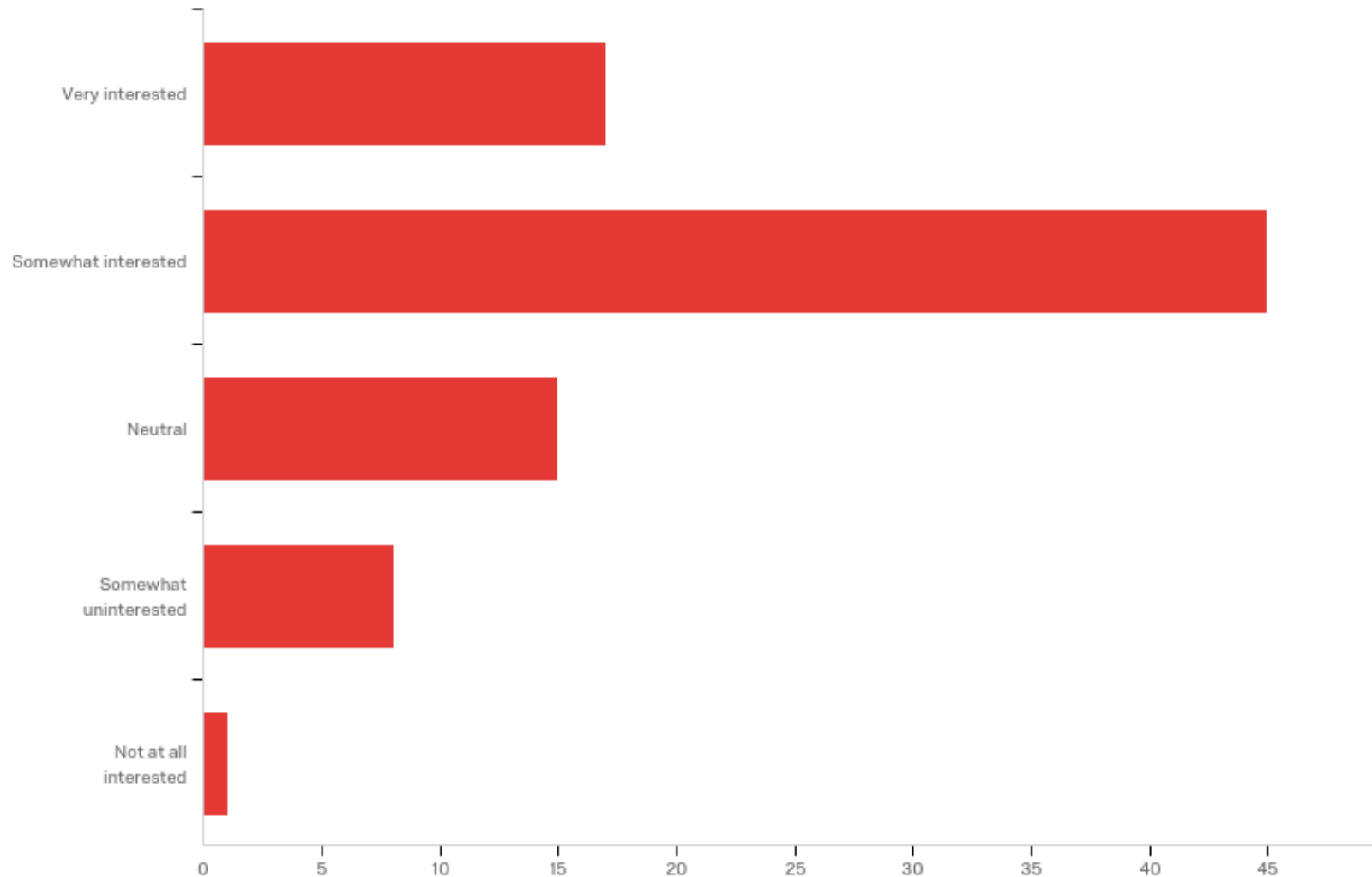
q7b - Did you change the approved ACGME resident complement of your DR residency program in response to the new program requirements mandating specified program coordinator and director tin



q7b - Did you change the approved ACGME resident complement of your DR residency program in response to the new program requirements mandating specified program coordinator and director time?

#	Answer	%	Count
1	No -- Our institution continued to support the higher FTE level	87.18%	68
2	Yes -- we actually asked for a resident complement increase to support existing FTE	5.13%	4
3	Yes -- we actually asked for a complement decrease	7.69%	6
	Total	100%	78

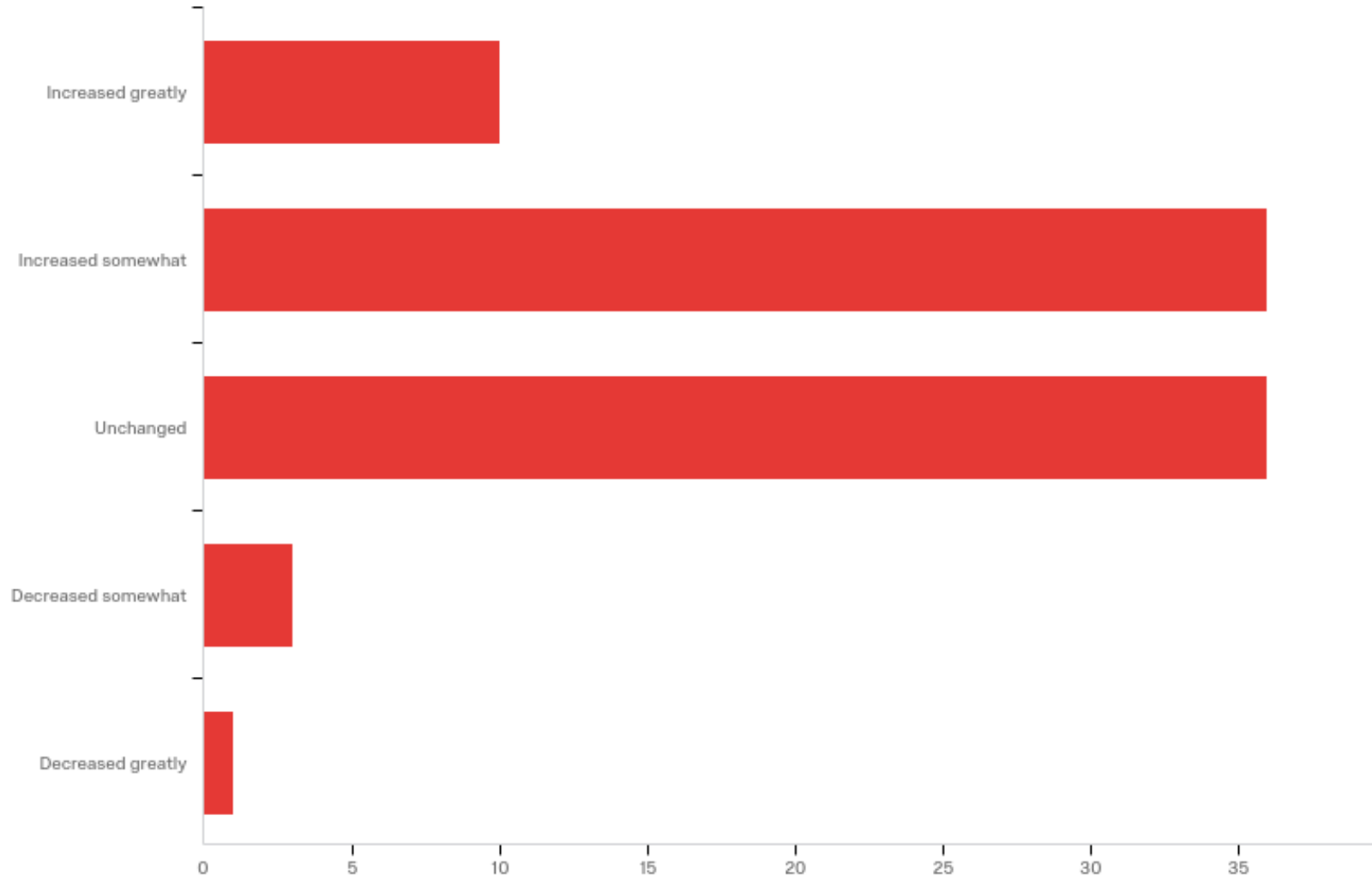
q8 - What is the interest level amongst residents and applicants at your institution in learning about imaging informatics?



q8 - What is the interest level amongst residents and applicants at your institution in learning about imaging informatics?

#	Answer	%	Count
1	Very interested	19.77%	17
2	Somewhat interested	52.33%	45
3	Neutral	17.44%	15
4	Somewhat uninterested	9.30%	8
5	Not at all interested	1.16%	1
	Total	100%	86

q9 - Compared to prior years, would you say that the interest in imaging informatics amongst residents and applicants is increased, decreased, or unchanged?

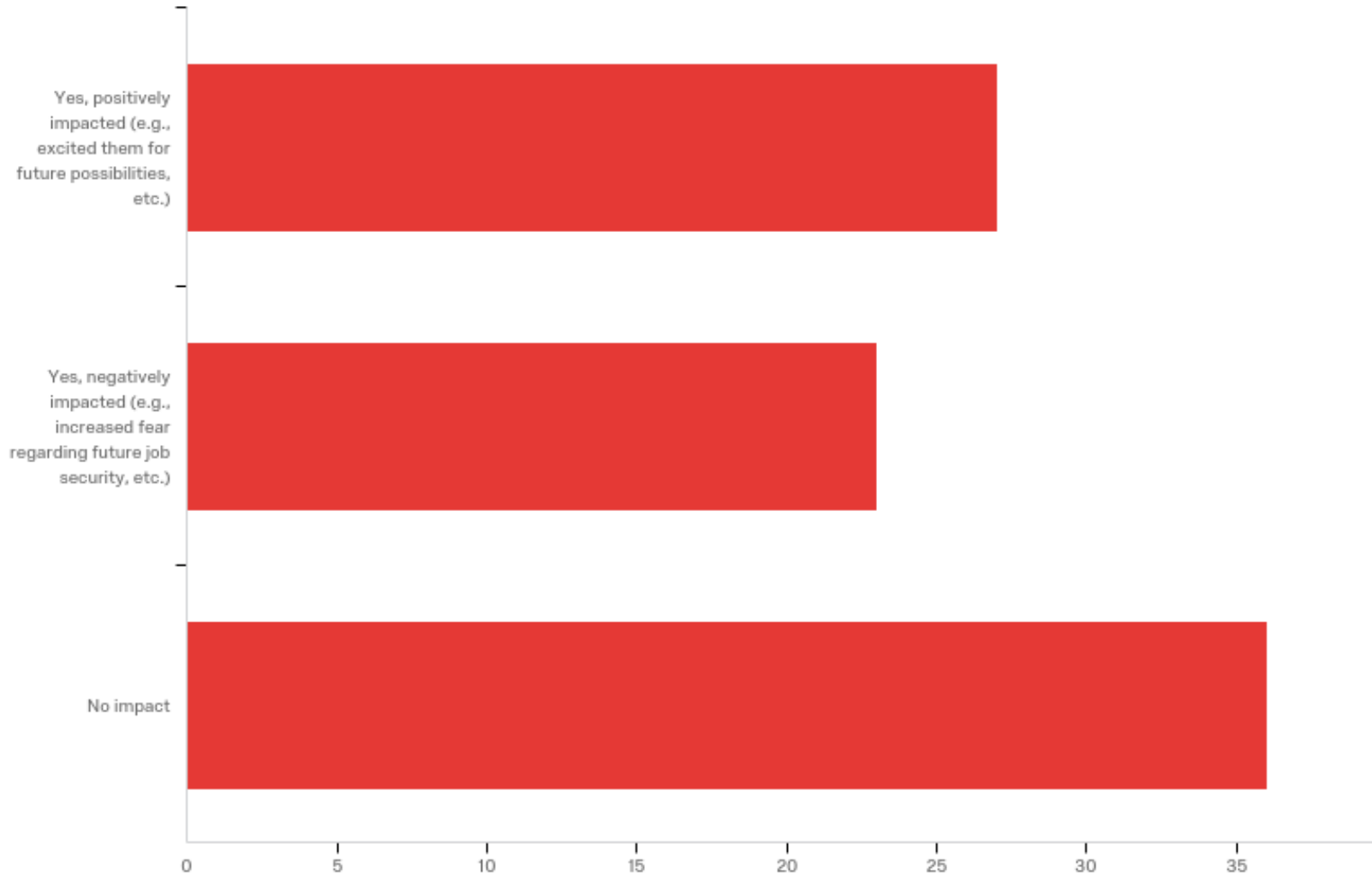




q9 - Compared to prior years, would you say that the interest in imaging informatics amongst residents and applicants is increased, decreased, or unchanged?

#	Answer	%	Count
1	Increased greatly	11.63%	10
2	Increased somewhat	41.86%	36
3	Unchanged	41.86%	36
4	Decreased somewhat	3.49%	3
5	Decreased greatly	1.16%	1
	Total	100%	86

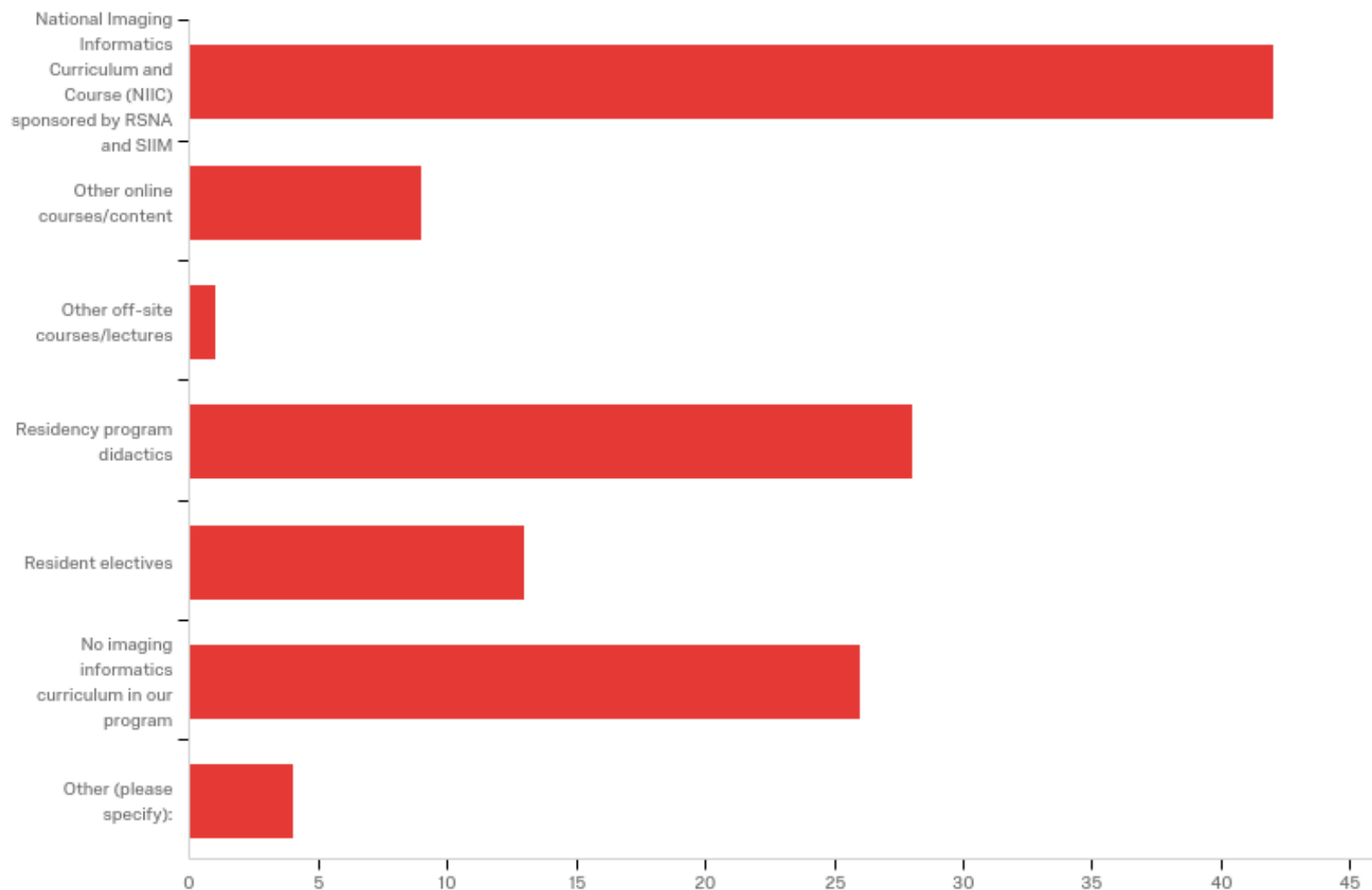
q10 - Do you believe that the recent press regarding Machine Learning and Artificial Intelligence (and their potential impact on radiology) has impacted your trainees and applicants?



q10 - Do you believe that the recent press regarding Machine Learning and Artificial Intelligence (and their potential impact on radiology) has impacted your trainees and applicants?

#	Answer	%	Count
1	Yes, positively impacted (e.g., excited them for future possibilities, etc.)	31.40%	27
2	Yes, negatively impacted (e.g., increased fear regarding future job security, etc.)	26.74%	23
3	No impact	41.86%	36
	Total	100%	86

q11 - How does your program incorporate imaging informatics into the residency curriculum? (Select all that apply.)



q11 - How does your program incorporate imaging informatics into the residency curriculum?  
(Select all that apply.)

#	Answer	%	Count
1	National Imaging Informatics Curriculum and Course (NIIC) sponsored by RSNA and SIIM	34.15%	42
2	Other online courses/content	7.32%	9
3	Other off-site courses/lectures	0.81%	1
4	Residency program didactics	22.76%	28
5	Resident electives	10.57%	13
6	No imaging informatics curriculum in our program	21.14%	26
7	Other (please specify):	3.25%	4

q11 - How does your program incorporate imaging informatics into the residency curriculum?  
(Select all that apply.)

#	Answer	%	Count
	Total	100%	123

q11 - How does your program incorporate imaging informatics into the residency curriculum?  
(Select all that apply.)

q11\_7\_TEXT - Other (please specify):

**Other (please specify): - Text**

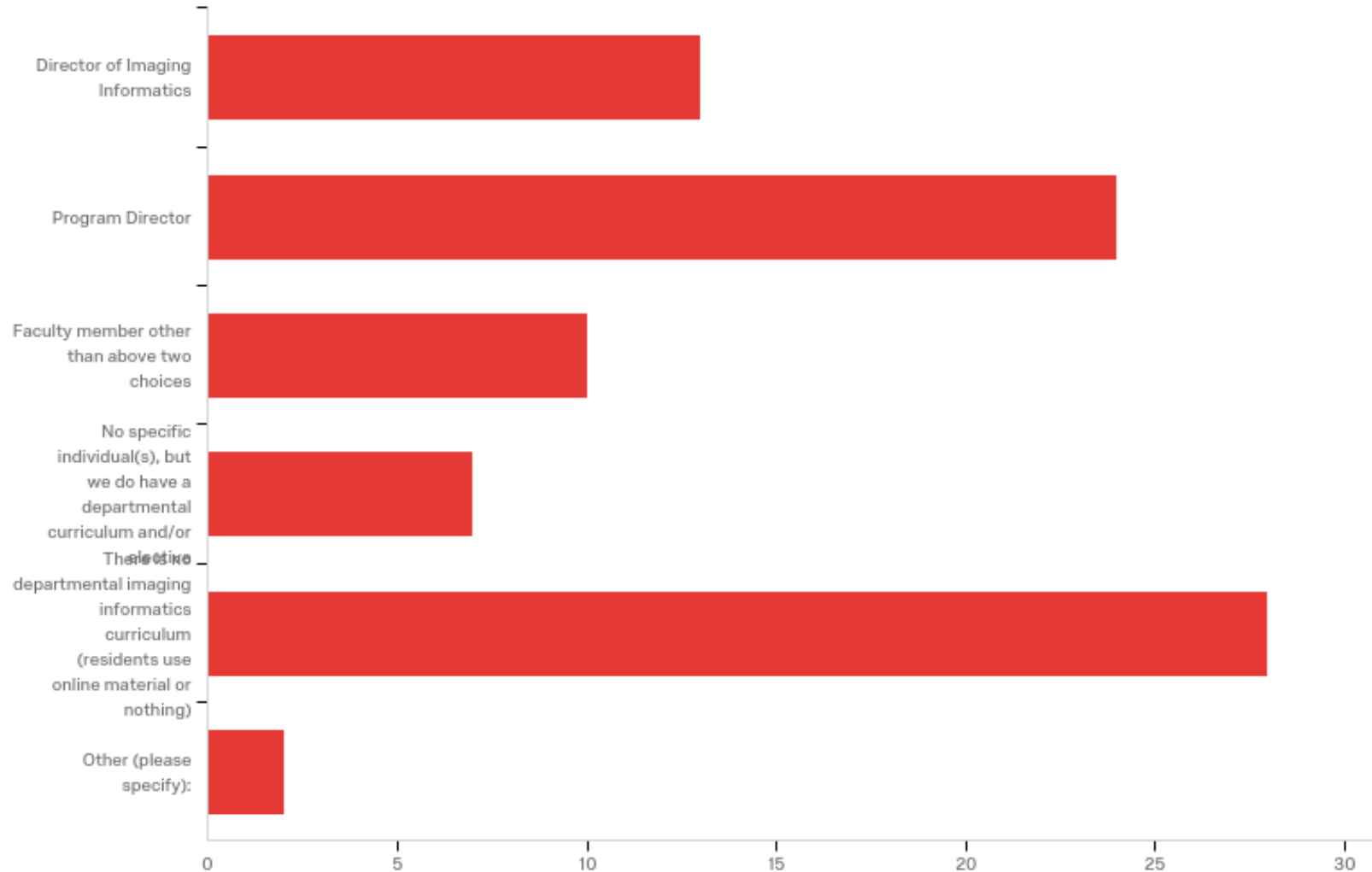
Senior mini-fellowship

Informatics committee

Residents are involved in several scholarly activities and learn how to access and utilize our data systems.

Resident-created course on AI

## q12 - Who is responsible for overseeing the imaging informatics curriculum within your department?





q12 - Who is responsible for overseeing the imaging informatics curriculum within your department?

#	Answer	%	Count
1	Director of Imaging Informatics	15.48%	13
2	Program Director	28.57%	24
3	Faculty member other than above two choices	11.90%	10
4	No specific individual(s), but we do have a departmental curriculum and/or elective	8.33%	7
5	There is no departmental imaging informatics curriculum (residents use online material or nothing)	33.33%	28

q12 - Who is responsible for overseeing the imaging informatics curriculum within your department?

#	Answer	%	Count
6	Other (please specify):	2.38%	2
	Total	100%	84

q12 - Who is responsible for overseeing the imaging informatics curriculum within your department?

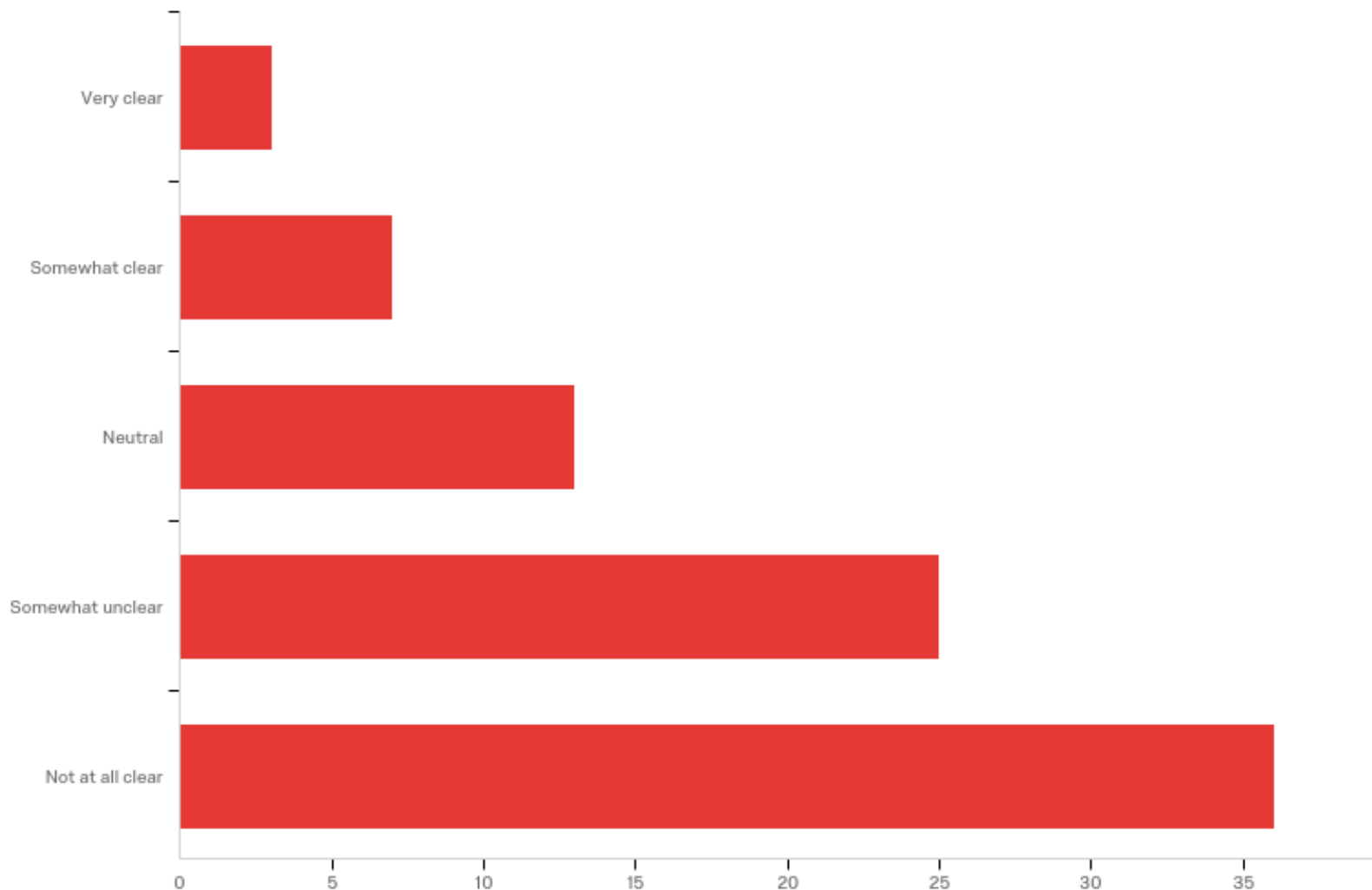
q12\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

no formal curriculum, periodic didactic lectures

VC of Education, Director of Informatics, PD

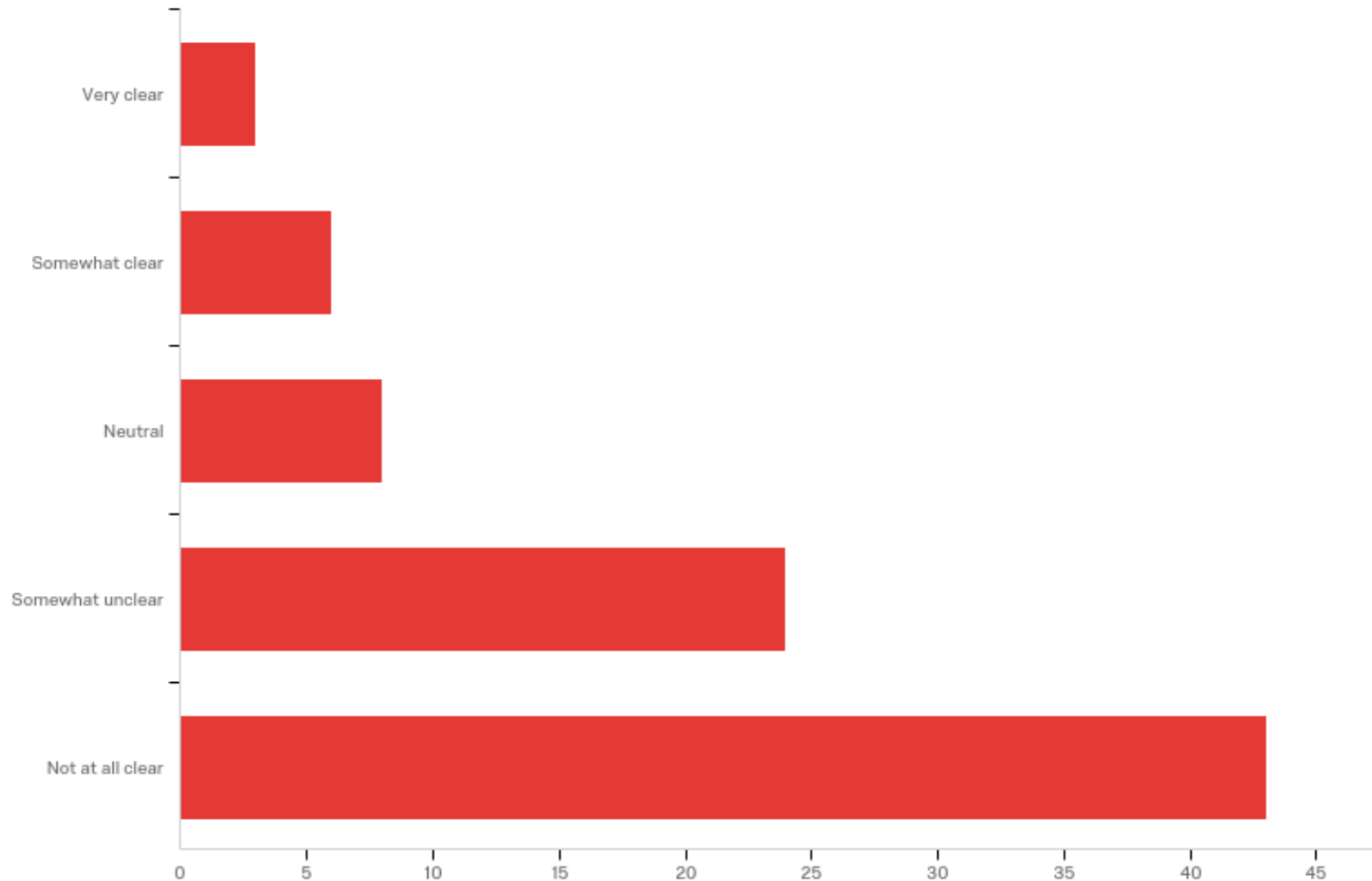
q13 - How would YOU rate the clarity of the ACGME survey question as it pertains to radiology residency: "Provided data about practice habits"?



q13 - How would YOU rate the clarity of the ACGME survey question as it pertains to radiology residency: "Provided data about practice habits"?

#	Answer	%	Count
1	Very clear	3.57%	3
2	Somewhat clear	8.33%	7
3	Neutral	15.48%	13
4	Somewhat unclear	29.76%	25
5	Not at all clear	42.86%	36
	Total	100%	84

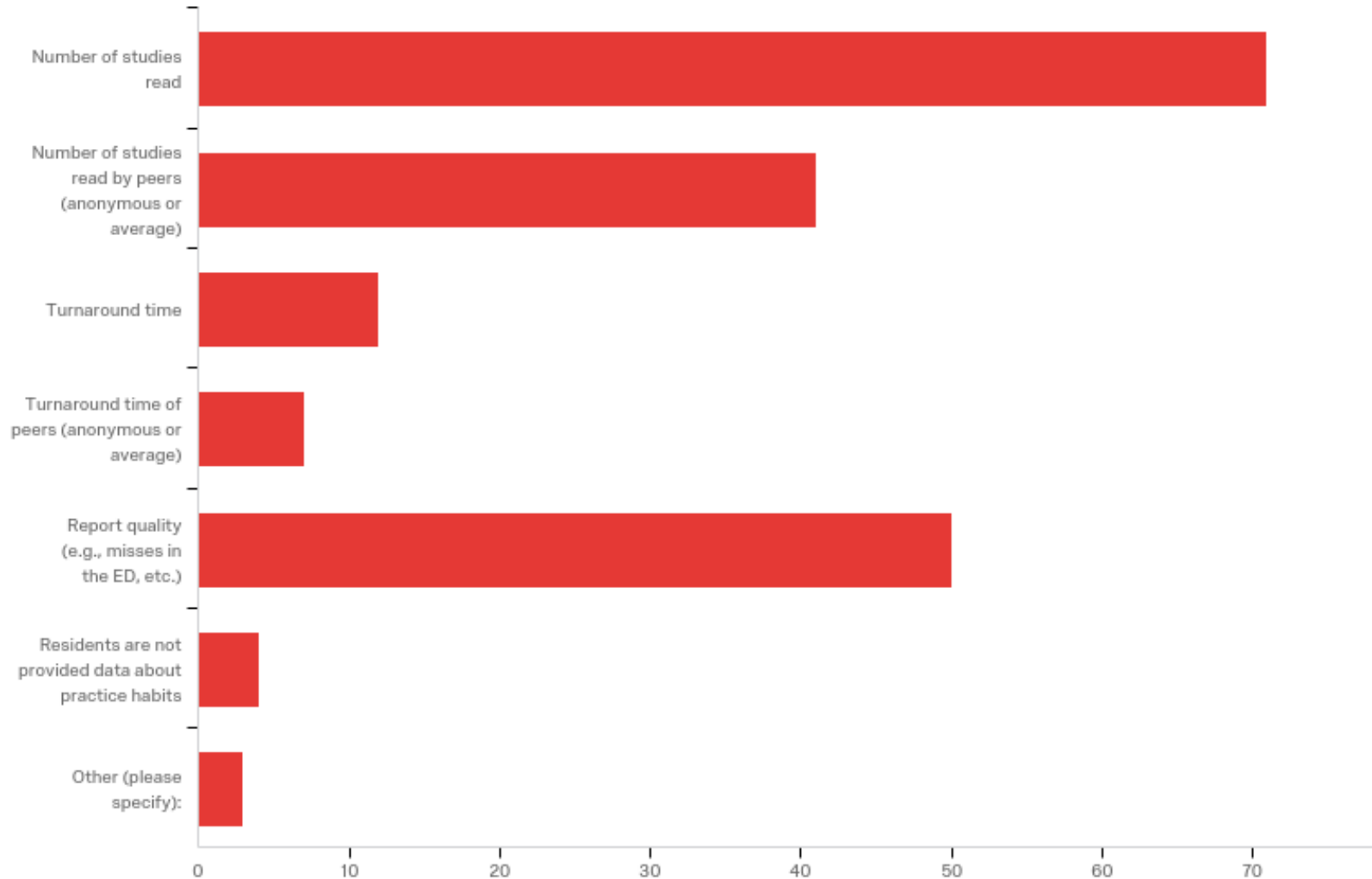
q14 - How do you think your RESIDENTS would rate the clarity of the ACGME survey question as it pertains to radiology residency:  
"Provided data about practice habits"?



q14 - How do you think your RESIDENTS would rate the clarity of the ACGME survey question as it pertains to radiology residency: "Provided data about practice habits"?

#	Answer	%	Count
1	Very clear	3.57%	3
2	Somewhat clear	7.14%	6
3	Neutral	9.52%	8
4	Somewhat unclear	28.57%	24
5	Not at all clear	51.19%	43
	Total	100%	84

q15 - What type(s) of data do you provide your residents with regards to their practice habits? (Select all that apply.)





q15 - What type(s) of data do you provide your residents with regards to their practice habits?  
(Select all that apply.)

#	Answer	%	Count
1	Number of studies read	37.77%	71
2	Number of studies read by peers (anonymous or average)	21.81%	41
3	Turnaround time	6.38%	12
4	Turnaround time of peers (anonymous or average)	3.72%	7
5	Report quality (e.g., misses in the ED, etc.)	26.60%	50
6	Residents are not provided data about practice habits	2.13%	4
7	Other (please specify):	1.60%	3

q15 - What type(s) of data do you provide your residents with regards to their practice habits?  
(Select all that apply.)

#	Answer	%	Count
	Total	100%	188

q15 - What type(s) of data do you provide your residents with regards to their practice habits?  
(Select all that apply.)

q15\_7\_TEXT - Other (please specify):

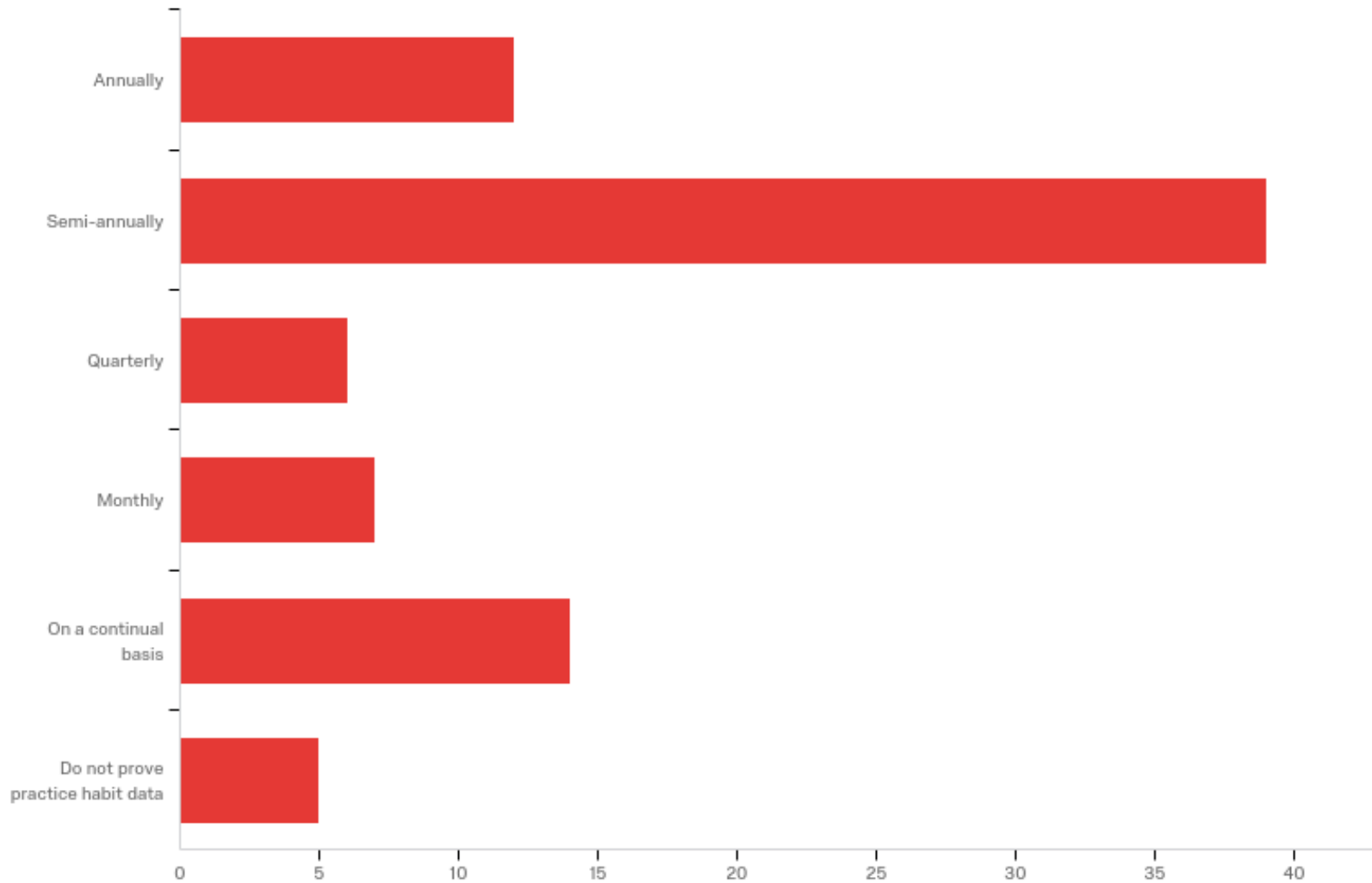
**Other (please specify): - Text**

we go through their numbers but it is just a piece of the entire "habit"

Number of studies read in ACGME required categories

degree of editing needed - we have a program that can track that

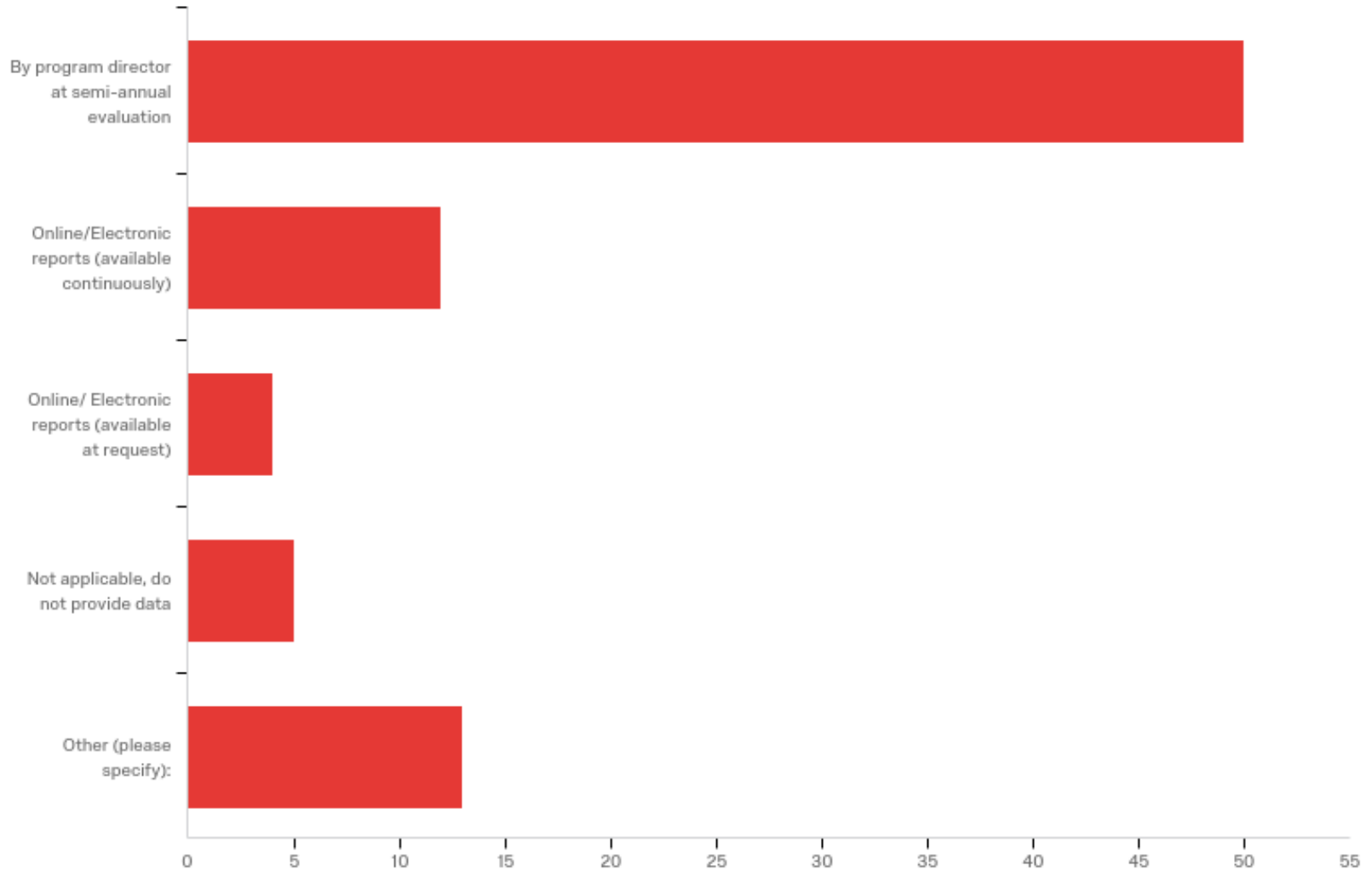
## q16 - How often do residents receive practice habit data?



## q16 - How often do residents receive practice habit data?

#	Answer	%	Count
1	Annually	14.46%	12
2	Semi-annually	46.99%	39
3	Quarterly	7.23%	6
4	Monthly	8.43%	7
5	On a continual basis	16.87%	14
6	Do not provide practice habit data	6.02%	5
	Total	100%	83

## q17 - How is this practice habit data feedback given to residents?



## q17 - How is this practice habit data feedback given to residents?

#	Answer	%	Count
1	By program director at semi-annual evaluation	59.52%	50
2	Online/Electronic reports (available continuously)	14.29%	12
3	Online/ Electronic reports (available at request)	4.76%	4
4	Not applicable, do not provide data	5.95%	5
5	Other (please specify):	15.48%	13
	Total	100%	84

## q17 - How is this practice habit data feedback given to residents?

q17\_5\_TEXT - Other (please specify):

### Other (please specify): - Text

Some misses are discussed with the resident privately soon after they occur

pushed via email quarterly

PD and APD at semi-annual evaluation

Quarterly by the program administrator and reviewed with them semi-annually by their CCC representative.

by email

Monthly email from quality lead

PD and also online database (available continuously)

resident meetings

both electronic upon request (or resident initiated search) and during semi annual eval

on paper quarterly

they get this information at the beginning of each academic year.



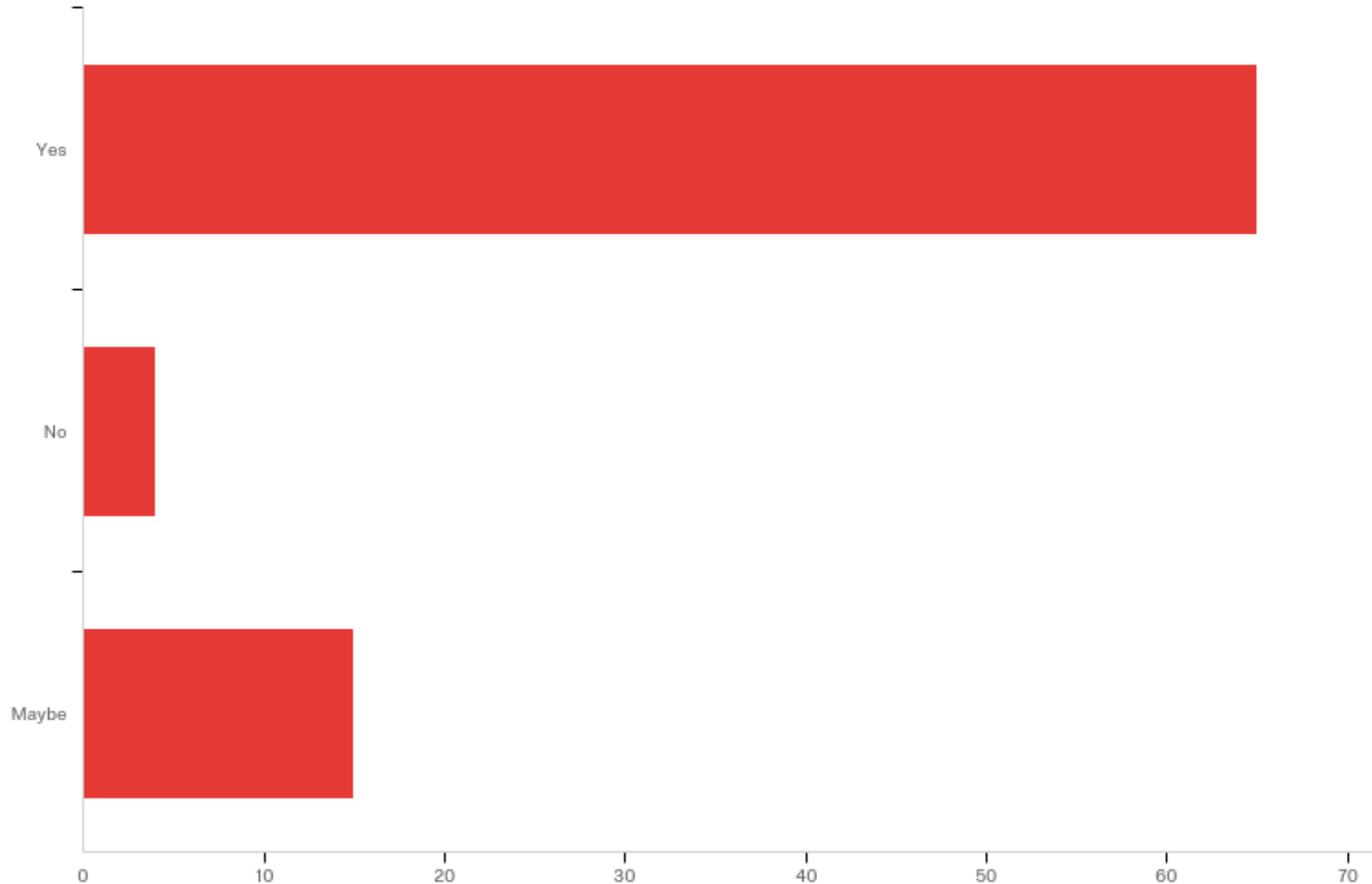
q17 - How is this practice habit data feedback given to residents?

q17\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

quarterly reports created by IT and sent by email from coordinator

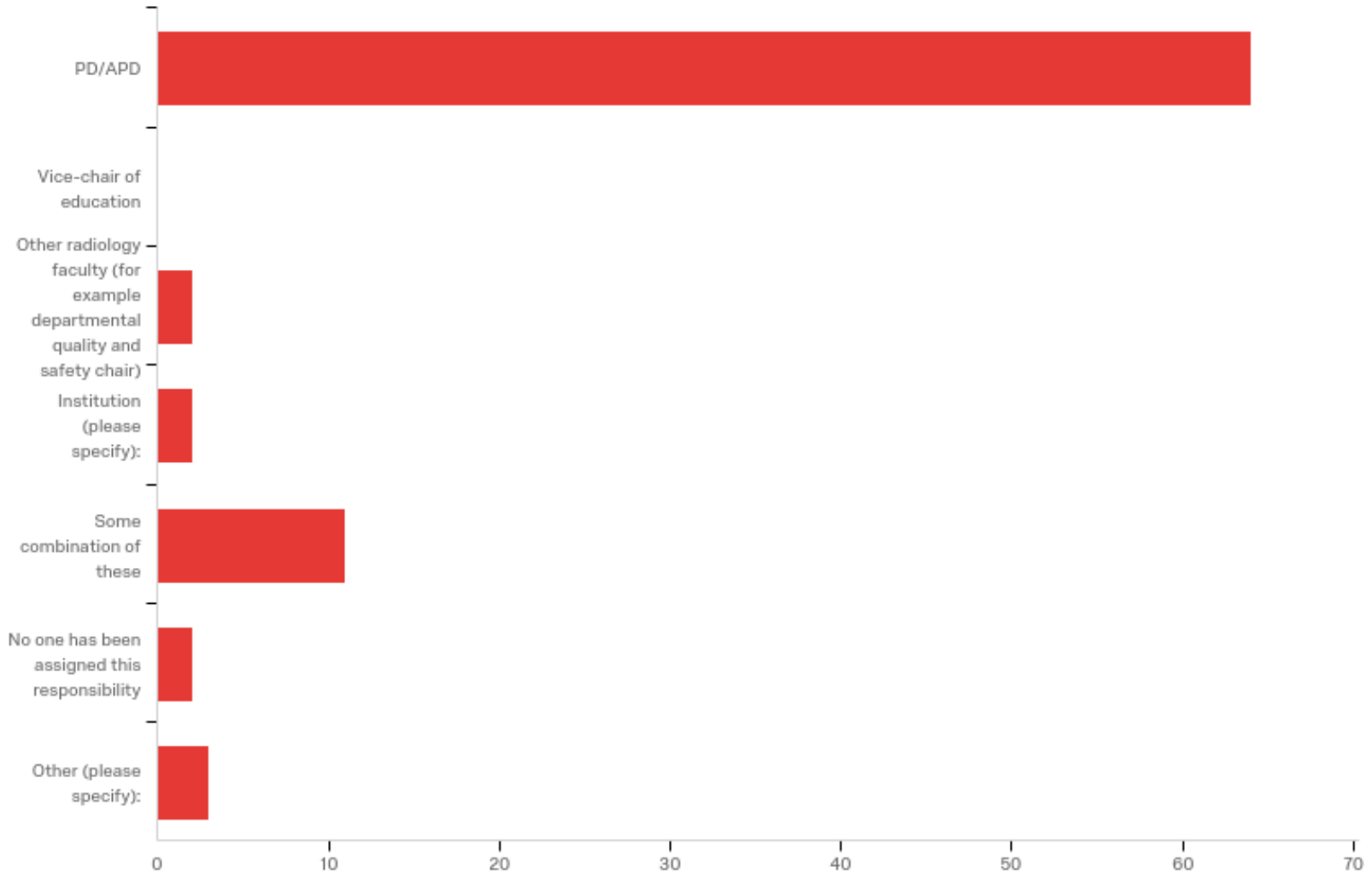
q18 - Would a "best practices" session or report on this topic ("resident practice habits data") be of interest to you?



q18 - Would a "best practices" session or report on this topic ("resident practice habits data") be of interest to you?

#	Answer	%	Count
1	Yes	77.38%	65
2	No	4.76%	4
3	Maybe	17.86%	15
	Total	100%	84

q19 - Who is primarily responsible for meeting the recent ACGME requirements for new curriculum/programing (patient-centered care, well-being, quality improvement/safety, etc.)?



q19 - Who is primarily responsible for meeting the recent ACGME requirements for new curriculum/programing (patient-centered care, well-being, quality improvement/safety, etc.)?

#	Answer	%	Count
1	PD/APD	76.19%	64
2	Vice-chair of education	0.00%	0
3	Other radiology faculty (for example departmental quality and safety chair)	2.38%	2
4	Institution (please specify):	2.38%	2
5	Some combination of these	13.10%	11
6	No one has been assigned this responsibility	2.38%	2
7	Other (please specify):	3.57%	3

q19 - Who is primarily responsible for meeting the recent ACGME requirements for new curriculum/programing (patient-centered care, well-being, quality improvement/safety, etc.)?

#	Answer	%	Count
	Total	100%	84

q19 - Who is primarily responsible for meeting the recent ACGME requirements for new curriculum/programing (patient-centered care, well-being, quality improvement/safety, etc.)?

q19\_4\_TEXT - Institution (please specify):

**Institution (please specify): - Text**

wellness office in GME office

q19 - Who is primarily responsible for meeting the recent ACGME requirements for new curriculum/programing (patient-centered care, well-being, quality improvement/safety, etc.)?

q19\_7\_TEXT - Other (please specify):

**Other (please specify): - Text**

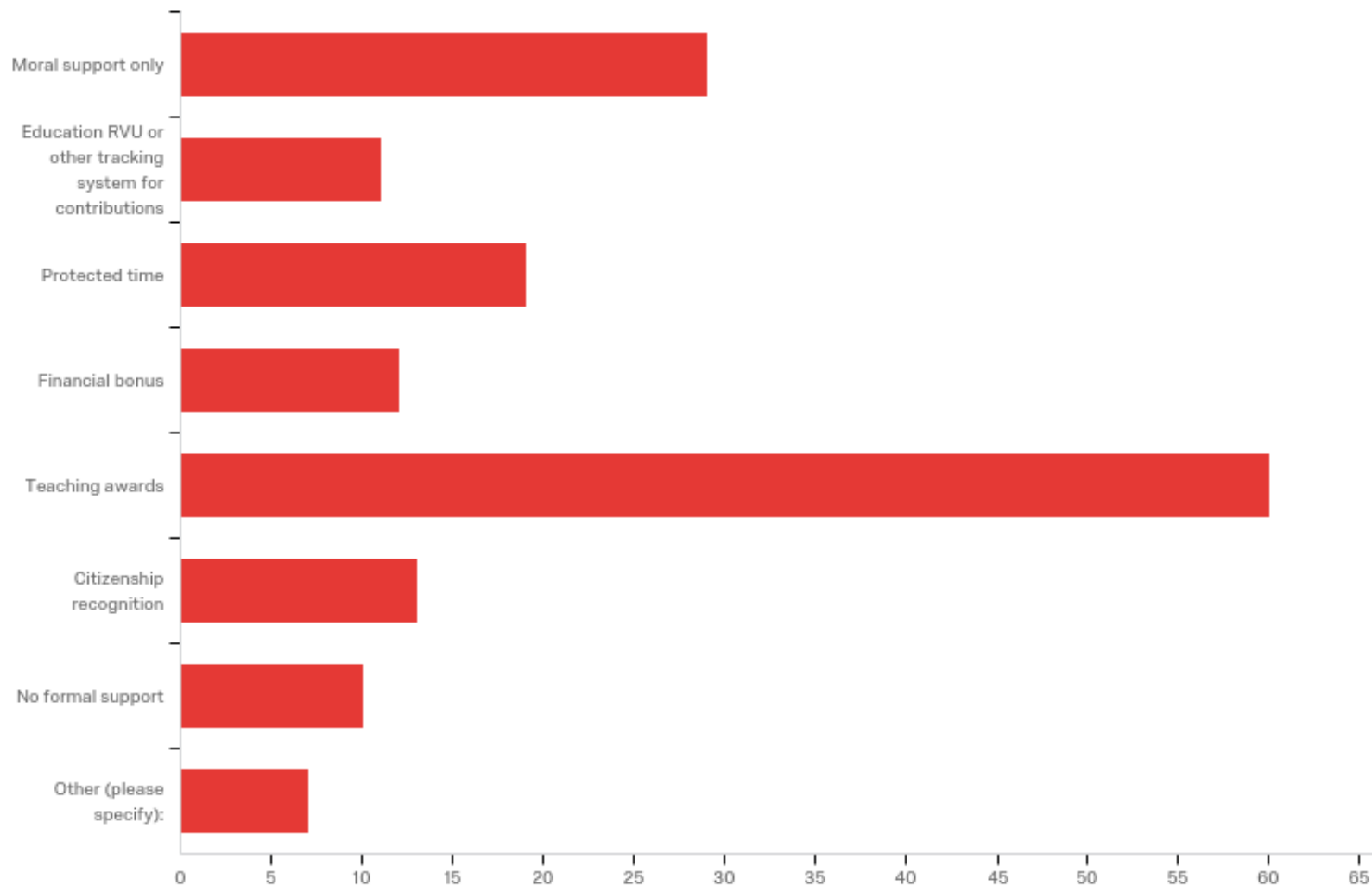
PD/APD, Dept. Quality Committee

PD, but our institution has some global initiatives that satisfy the requirements so both PD and institution

Vice Chair of Faculty Development



q20 - How does your department encourage/support your faculty's teaching efforts? (Select all that apply.)



q20 - How does your department encourage/support your faculty's teaching efforts? (Select all that apply.)

#	Answer	%	Count
1	Moral support only	18.01%	29
2	Education RVU or other tracking system for contributions	6.83%	11
3	Protected time	11.80%	19
4	Financial bonus	7.45%	12
5	Teaching awards	37.27%	60
6	Citizenship recognition	8.07%	13
7	No formal support	6.21%	10
8	Other (please specify):	4.35%	7
	Total	100%	161

q20 - How does your department encourage/support your faculty's teaching efforts? (Select all that apply.)

q20\_8\_TEXT - Other (please specify):

**Other (please specify): - Text**

Supportive culture throughout the department from administration and fellow faculty members helping one another.

As a new PD; I have decided to try to increase formal recognition be that time or a piece in the newsletter or somehow recognizing the time and effort. A best practice on this would be nice!

Resident evaluation of lectures

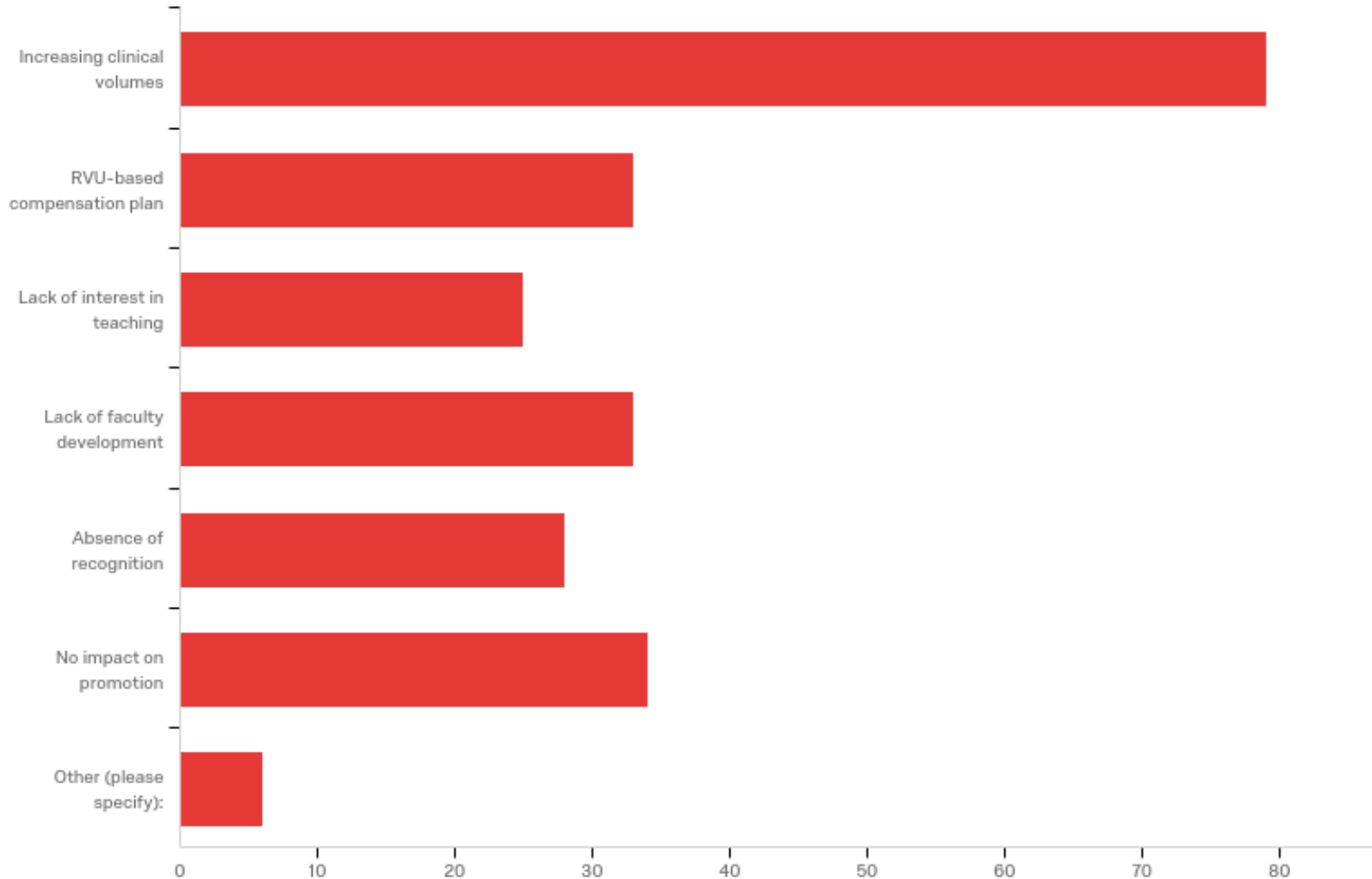
teaching contributions are included in annual self-eval reviewed by division directors and chair

starbucks gift cards

10% bonus is chair's discretion

recognition for promotion

q21 - Which of the following are barriers to teaching for your faculty?  
(Select all that apply.)



q21 - Which of the following are barriers to teaching for your faculty? (Select all that apply.)

#	Answer	%	Count
1	Increasing clinical volumes	33.19%	79
2	RVU-based compensation plan	13.87%	33
3	Lack of interest in teaching	10.50%	25
4	Lack of faculty development	13.87%	33
5	Absence of recognition	11.76%	28
6	No impact on promotion	14.29%	34
7	Other (please specify):	2.52%	6
	Total	100%	238

q21 - Which of the following are barriers to teaching for your faculty? (Select all that apply.)

q21\_7\_TEXT - Other (please specify):

**Other (please specify): - Text**

Priority (for example, there are after hours and online faculty development sessions, but this comes out of individual personal time and so does not get prioritized by the individual)

Lack of time for teaching

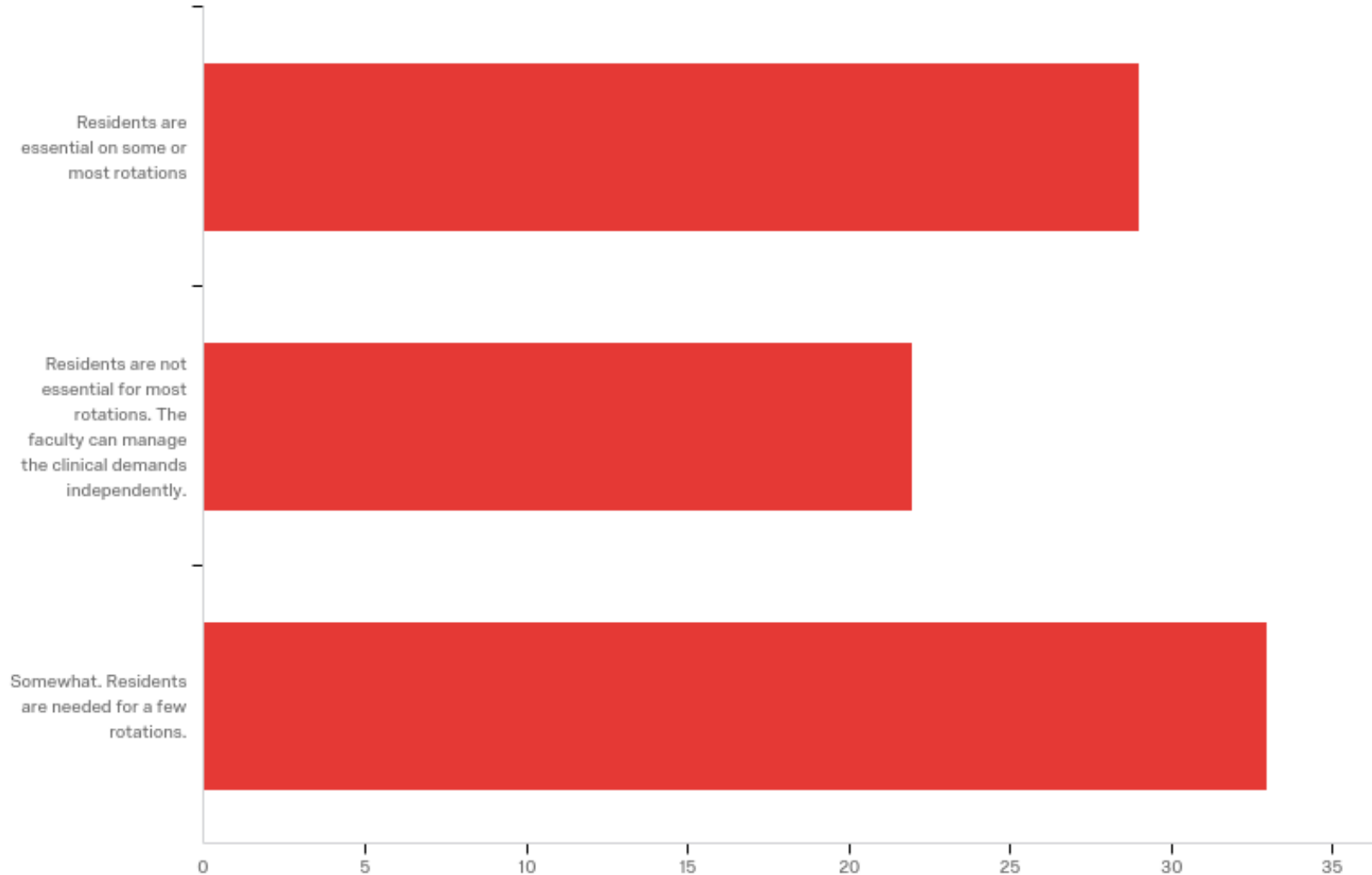
Not clear how much teaching affects promotion

no financial remuneration

No disincentive for not teaching

primary institution who employs residents limits off-site rotations to work with faculty at affiliated sites

q22 - To what extent do your faculty rely on the residents to meet clinical demands on certain services/rotations (excluding independent night/weekend coverage, if you have it)?

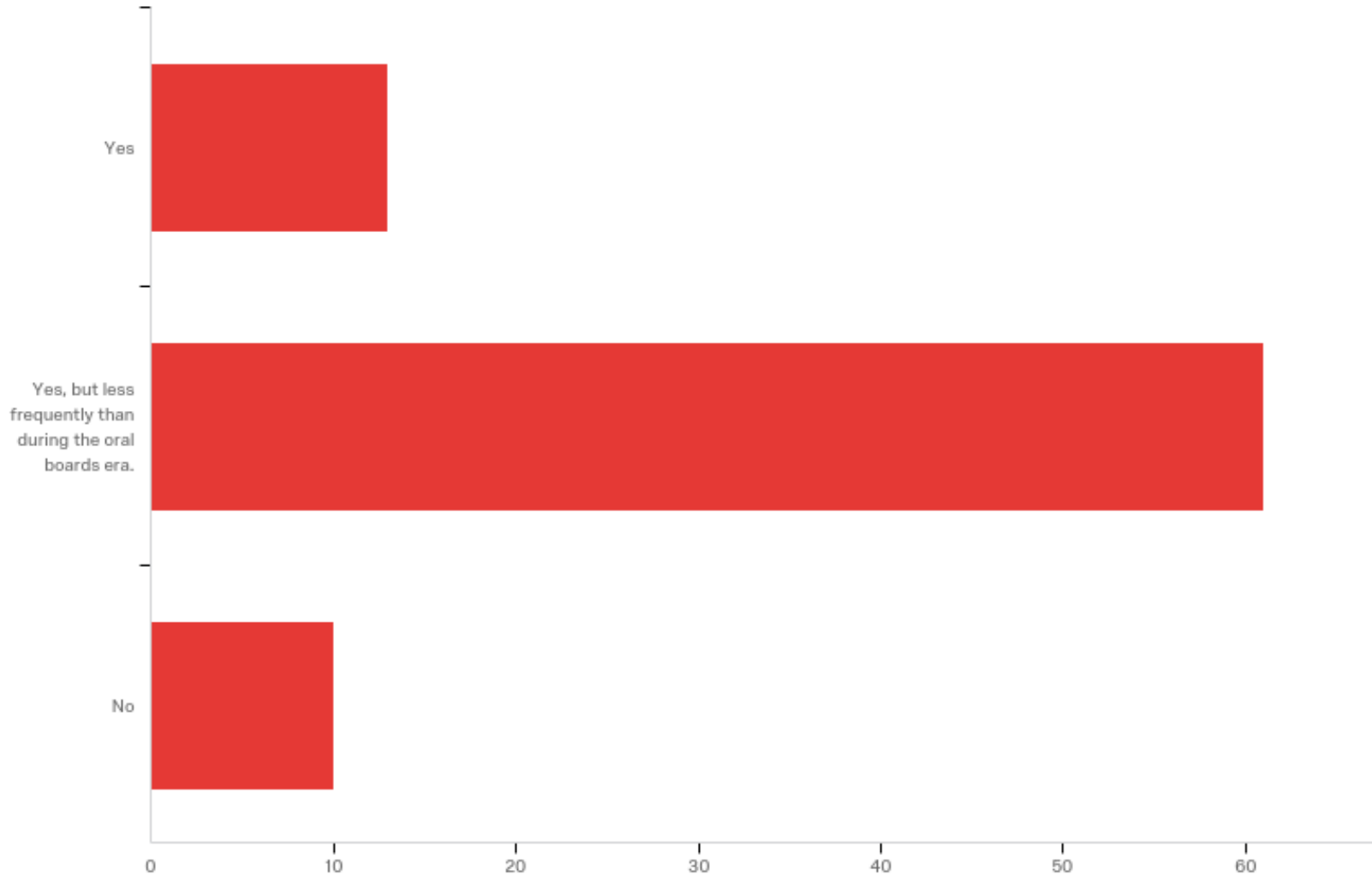


q22 - To what extent do your faculty rely on the residents to meet clinical demands on certain services/rotations (excluding independent night/weekend coverage, if you have it)?

#	Answer	%	Count
1	Residents are essential on some or most rotations	34.52%	29
2	Residents are not essential for most rotations. The faculty can manage the clinical demands independently.	26.19%	22
3	Somewhat. Residents are needed for a few rotations.	39.29%	33
	Total	100%	84



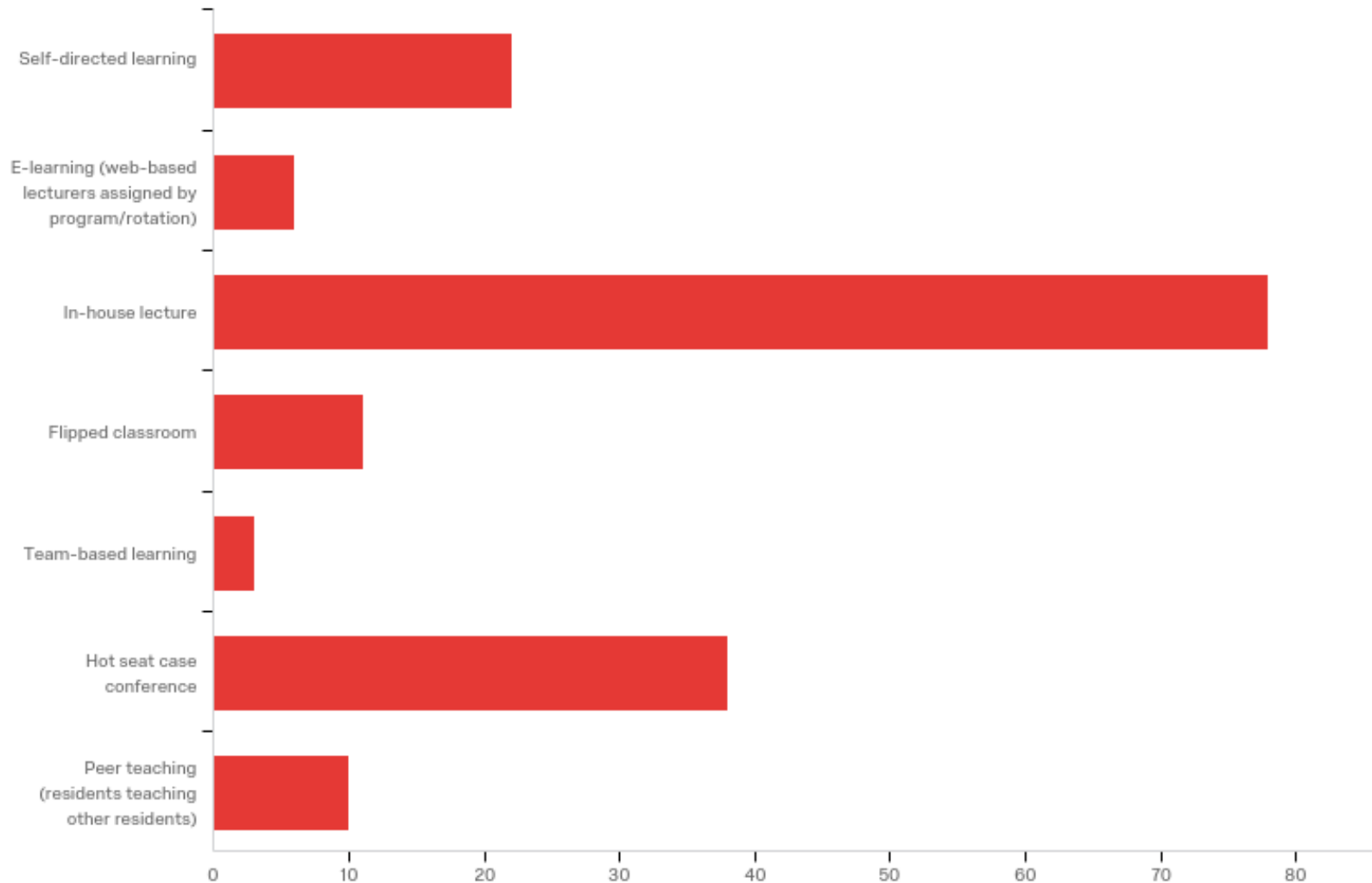
q23a - In the post oral board era, does your program still regularly use the hot-seat format to educate residents?



q23a - In the post oral board era, does your program still regularly use the hot-seat format to educate residents?

#	Answer	%	Count
1	Yes	15.48%	13
2	Yes, but less frequently than during the oral boards era.	72.62%	61
3	No	11.90%	10
	Total	100%	84

q23b - What are the two most common education formats to which your learners are exposed? (Select two.)



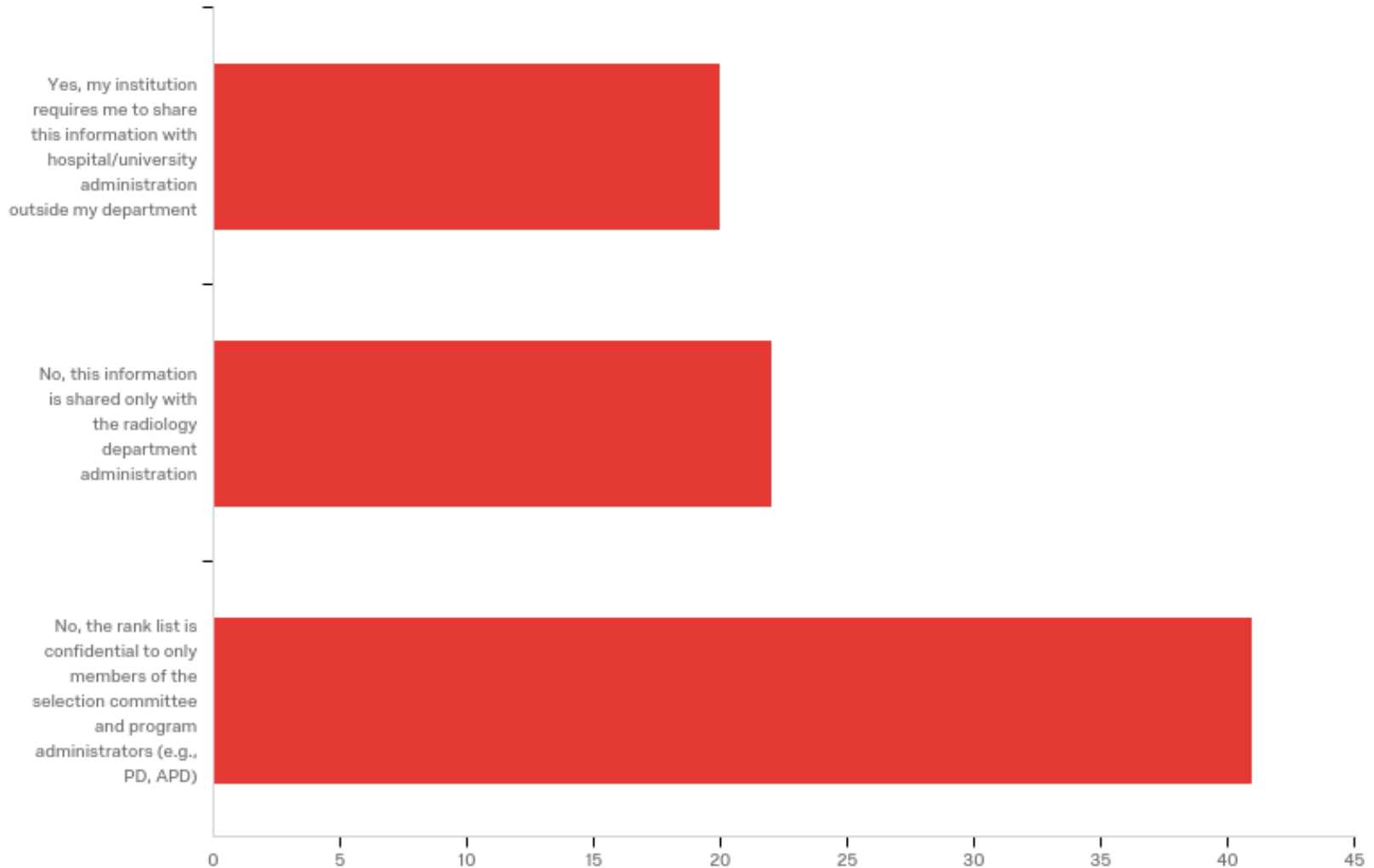
q23b - What are the two most common education formats to which your learners are exposed?  
(Select two.)

#	Answer	%	Count
1	Self-directed learning	13.10%	22
2	E-learning (web-based lecturers assigned by program/rotation)	3.57%	6
3	In-house lecture	46.43%	78
4	Flipped classroom	6.55%	11
5	Team-based learning	1.79%	3
6	Hot seat case conference	22.62%	38
7	Peer teaching (residents teaching other residents)	5.95%	10

q23b - What are the two most common education formats to which your learners are exposed?  
(Select two.)

#	Answer	%	Count
	Total	100%	168

## q23c - Does your institution ask you to share how far you go down your program's rank list in the match?



q23c - Does your institution ask you to share how far you go down your program's rank list in the match?

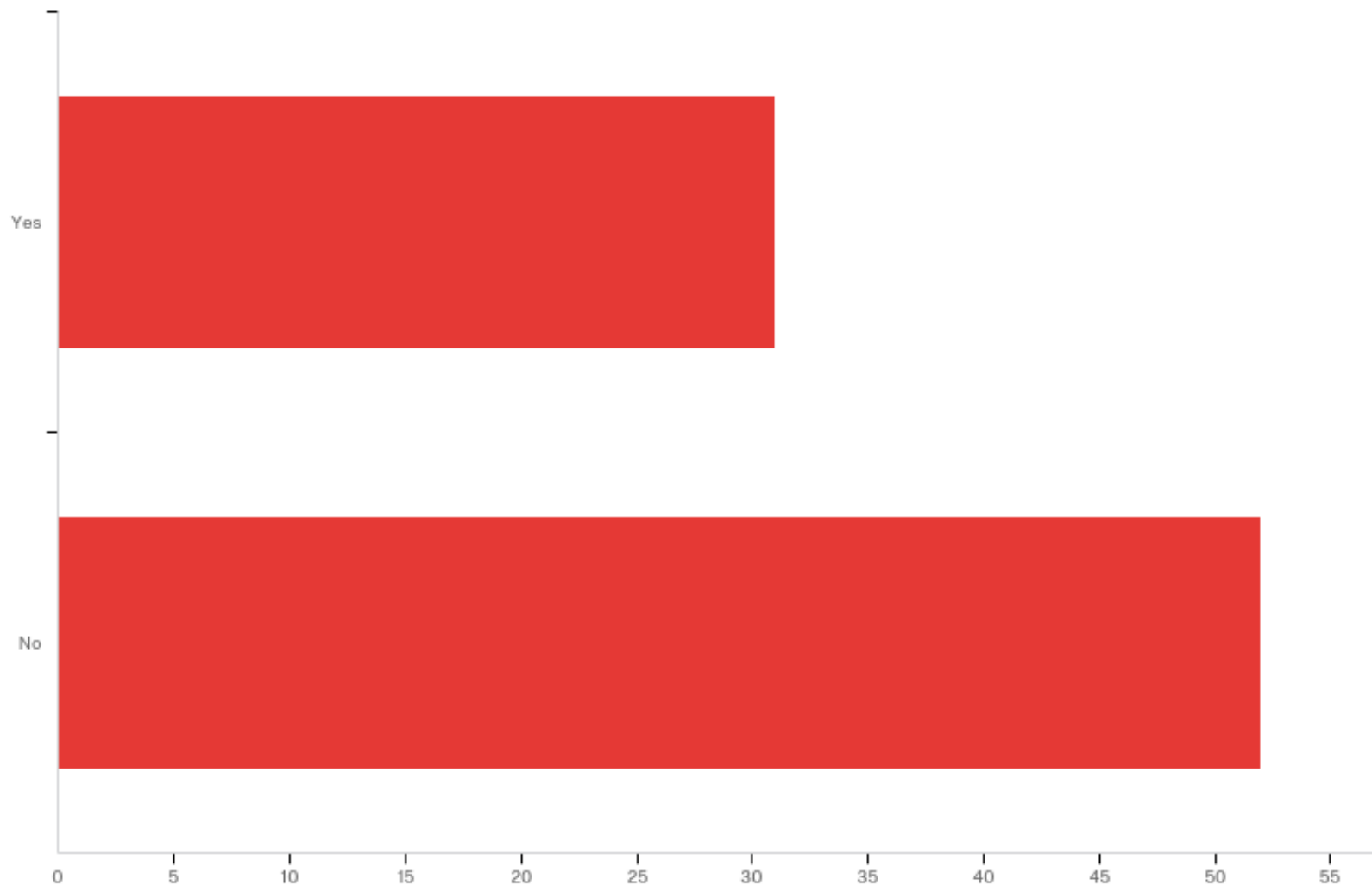
#	Answer	%	Count
1	Yes, my institution requires me to share this information with hospital/university administration outside my department	24.10%	20
2	No, this information is shared only with the radiology department administration	26.51%	22
3	No, the rank list is confidential to only members of the selection committee and program administrators (e.g., PD, APD)	49.40%	41

q23c - Does your institution ask you to share how far you go down your program's rank list in the match?

#	Answer	%	Count
	Total	100%	83



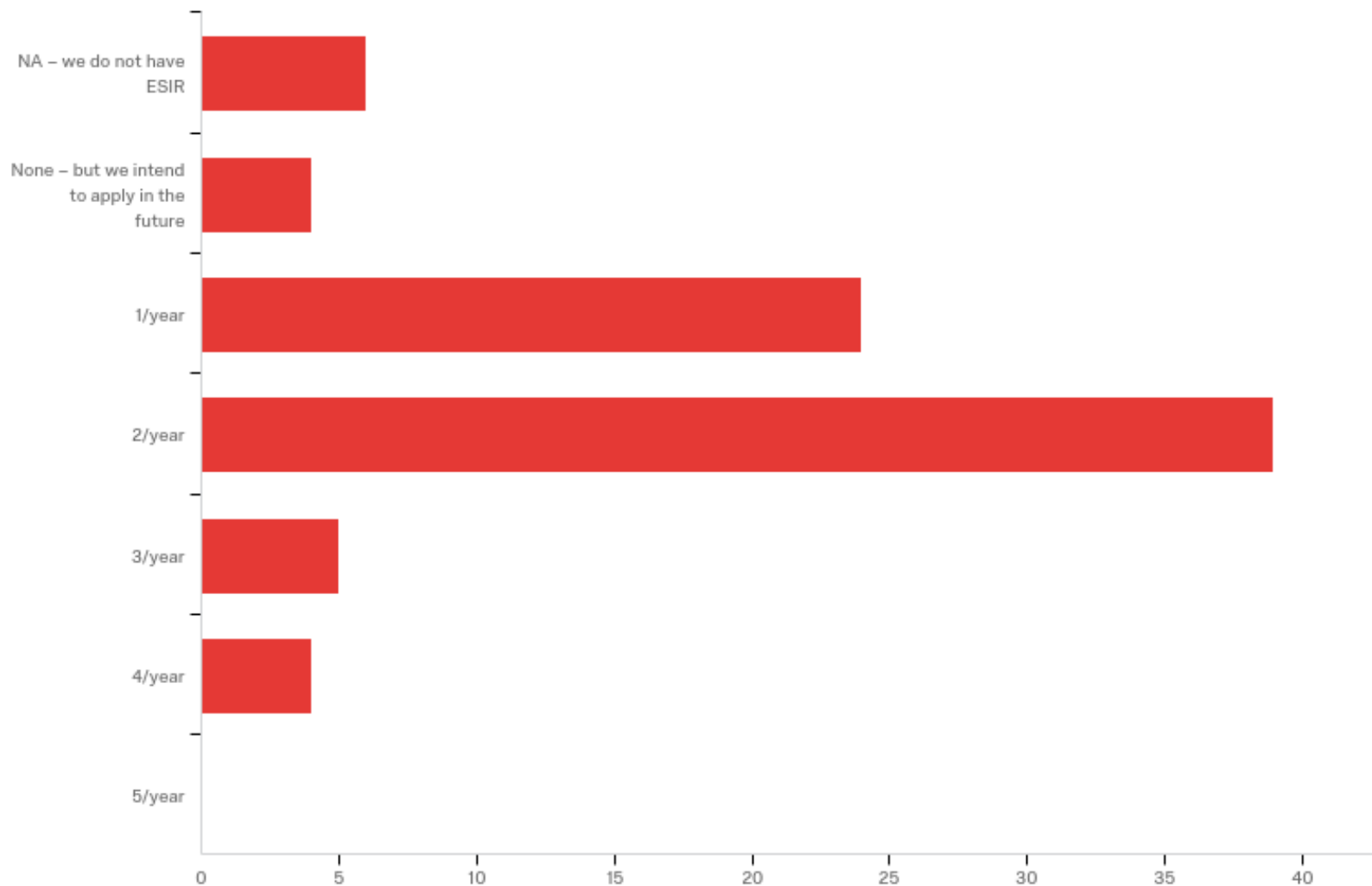
q23d - Do you feel pressure to match applicants from the top of your list in order to improve the perceived "success" of the match?



q23d - Do you feel pressure to match applicants from the top of your list in order to improve the perceived "success" of the match?

#	Answer	%	Count
1	Yes	37.35%	31
2	No	62.65%	52
	Total	100%	83

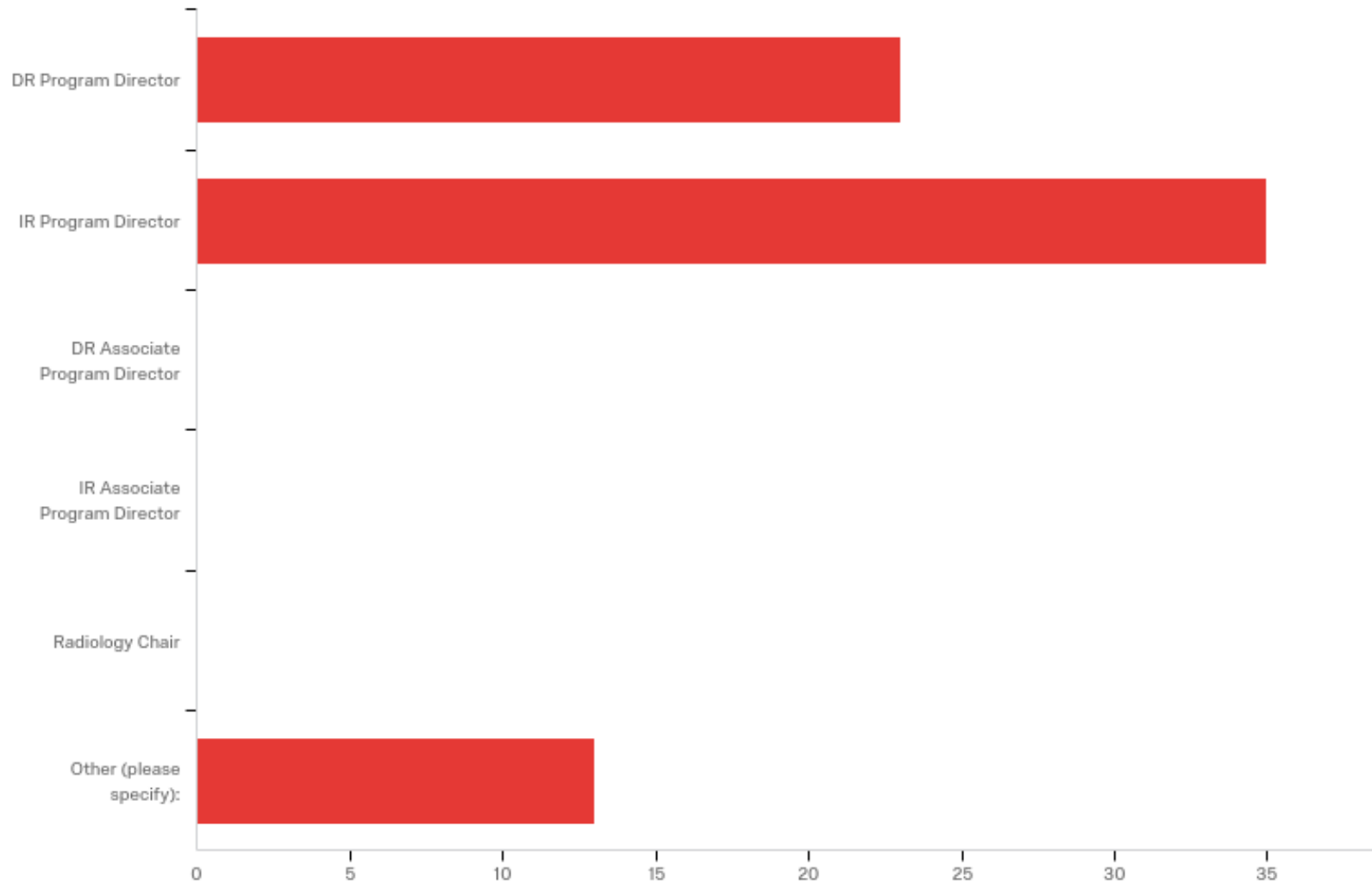
## q24a - How many Early Specialization in Interventional Radiology (ESIR) positions is your program approved for?



q24a - How many Early Specialization in Interventional Radiology (ESIR) positions is your program approved for?

#	Answer	%	Count
1	NA – we do not have ESIR	7.32%	6
2	None – but we intend to apply in the future	4.88%	4
3	1/year	29.27%	24
4	2/year	47.56%	39
5	3/year	6.10%	5
6	4/year	4.88%	4
7	5/year	0.00%	0
	Total	100%	82

## q24b - Who is in charge of your ESIR selection committee?



## q24b - Who is in charge of your ESIR selection committee?

#	Answer	%	Count
1	DR Program Director	32.39%	23
2	IR Program Director	49.30%	35
3	DR Associate Program Director	0.00%	0
4	IR Associate Program Director	0.00%	0
5	Radiology Chair	0.00%	0
6	Other (please specify):	18.31%	13
	Total	100%	71

## q24b - Who is in charge of your ESIR selection committee?

q24b\_6\_TEXT - Other (please specify):

### Other (please specify): - Text

jointly with IR/DR PDs

All 5 IR faculty are involved but is led by an IR faculty who is the PD of both the DR and Independent IR/DR programs

ESIR Director

DR PD with section head IR

Combination of DR and IR program directors

DR and IR PDs

IR and DR PD have equal say

IR teaching coordinator (faculty IR attending)

Selection committee of IR PD, DR PDs

dr and ir

IR Faculty and DR PD

## q24b - Who is in charge of your ESIR selection committee?

q24b\_6\_TEXT - Other (please specify):

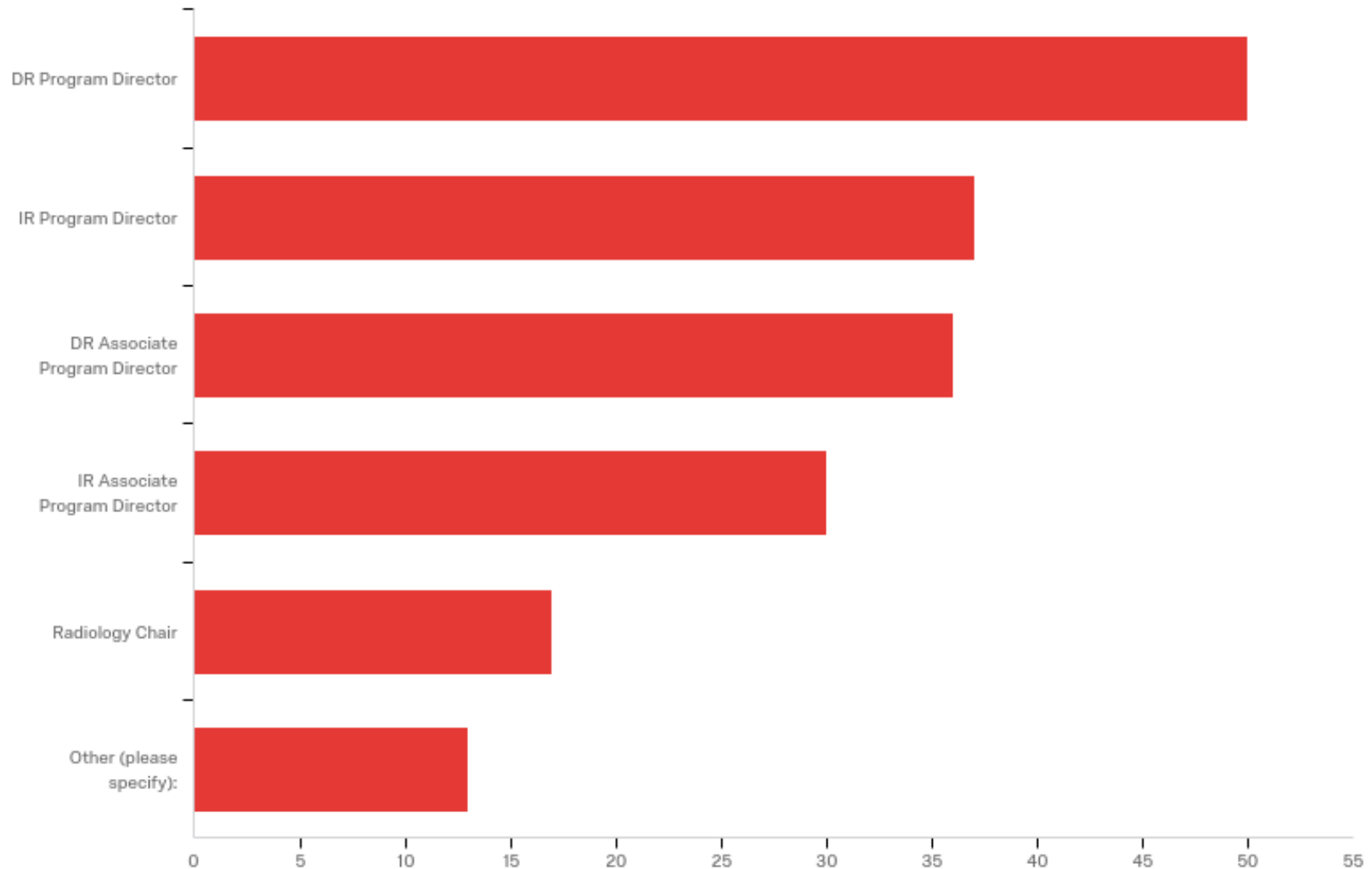
**Other (please specify): - Text**

Faculty

Both DR and IRDR Program Directors



q24c - In addition to the ESIR selection committee chair, who is included on your ESIR selection committee? (Select all that apply.)



q24c - In addition to the ESIR selection committee chair, who is included on your ESIR selection committee? (Select all that apply.)

#	Answer	%	Count
1	DR Program Director	27.32%	50
2	IR Program Director	20.22%	37
3	DR Associate Program Director	19.67%	36
4	IR Associate Program Director	16.39%	30
5	Radiology Chair	9.29%	17
6	Other (please specify):	7.10%	13
	Total	100%	183

q24c - In addition to the ESIR selection committee chair, who is included on your ESIR selection committee? (Select all that apply.)

q24c\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

All IR faculty (5)

ESIR Director

IR faculty

IR Faculty, Surgery PD

DR and IR PD's with input from the CCC

Entire CCC committee

IR section head

DR CCC members

a second IR faculty member

IR faculty

IR faculty

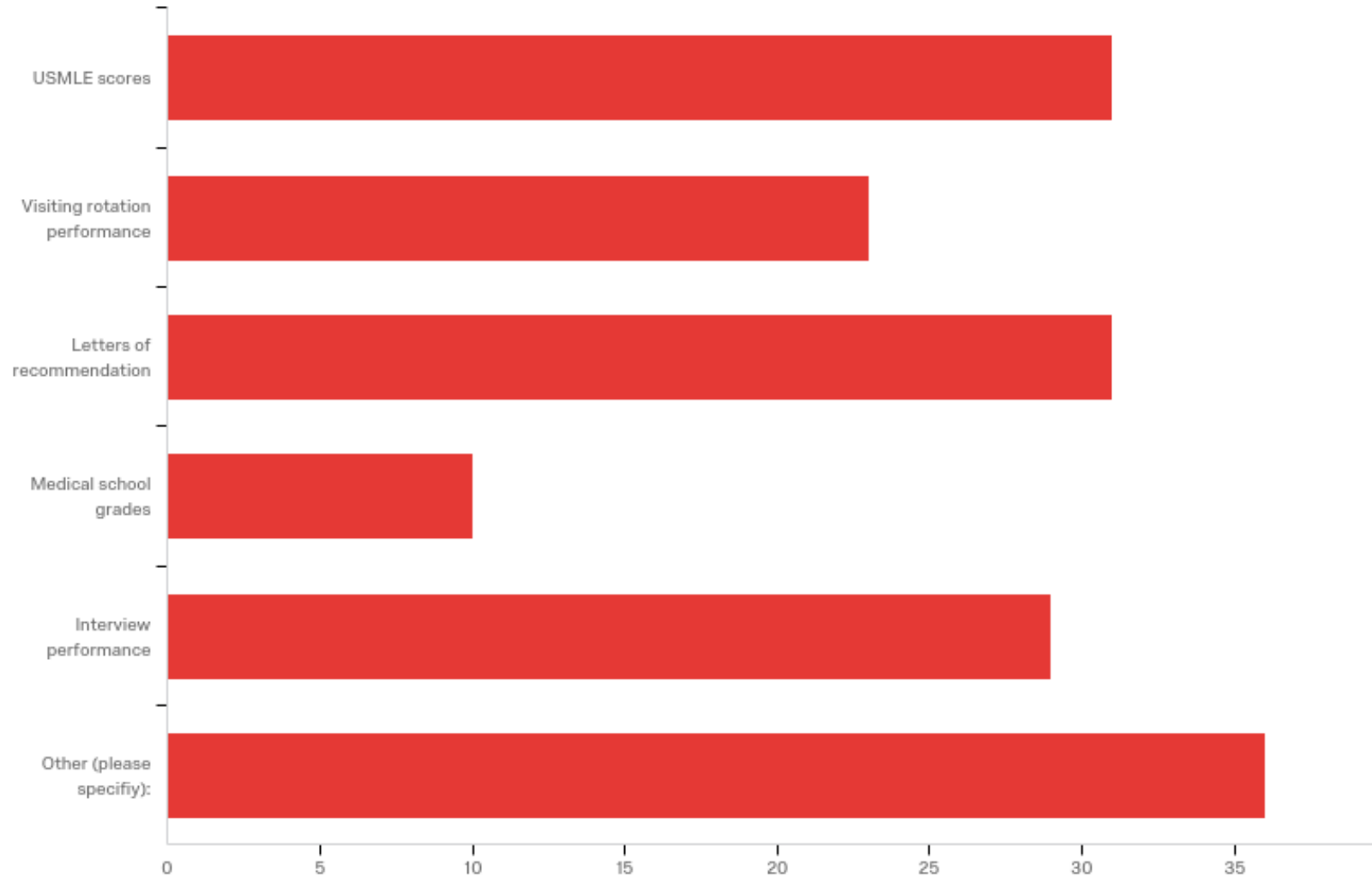
q24c - In addition to the ESIR selection committee chair, who is included on your ESIR selection committee? (Select all that apply.)

q24c\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

All other IR faculty

q24d - What are the TOP THREE criteria you are using for selection of ESIR residents? (Select three.)



q24d - What are the TOP THREE criteria you are using for selection of ESIR residents? (Select three.)

#	Answer	%	Count
1	USMLE scores	19.38%	31
2	Visiting rotation performance	14.37%	23
3	Letters of recommendation	19.38%	31
4	Medical school grades	6.25%	10
5	Interview performance	18.13%	29
6	Other (please specify):	22.50%	36
	Total	100%	160

q24d - What are the TOP THREE criteria you are using for selection of ESIR residents? (Select three.)

q24d\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

Only had 1 thus far, internal candidate

performance history (Residents selected for ESIR are our own residents who've already completed 2 years of DR training before they apply for ESIR--at end of R2 year--so we use their in-house residency performance to decide--since this is new, we've not had a situation in which more people have applied to do ESIR than we can accomodate, since we only have 4 residents/year and up to 2 can do ESIR

Performance on IR rotations and IR research projects, ESIR residents only come from our DR program

performance in the residency

routine evaluations and rotation performance

performance on IR rotation

performance during first 2.5 years of residency

We do an internal selection of our Resident's interested in IR

Residency performance

q24d - What are the TOP THREE criteria you are using for selection of ESIR residents? (Select three.)

q24d\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

ESIR are internal to program, based on their performance to date

Rotation evaluations.

ESIR residents are internal: their performance on IR and, to a lesser extent, DR

DR Residency performance

Too early to tell. We were just approved

Choose from current residents based on performance

Clinical performance in R1 year

performance on IR rotation as a resident

Inservice scores/ DIXIT, IR attending subjective opinion after required R1 rotation.

What? Do you even know what ESIR is? These are our own residents

DXIT and RadExam grades



q24d - What are the TOP THREE criteria you are using for selection of ESIR residents? (Select three.)

q24d\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

ESIRs chosen at end of PGY-3

They are chosen after the R2 year, so performance in the first 2 years is important

performance on PGY2 IR rotation; overall performance during PGY2 year

We decide at the end of the PGY-3 year based on residency performance.

Performance on DR rotations and IR and dedication to IR prior to selection.

Performance in residency

Are we talking about ESIR candidates or residents for independent program with ESIR qualification? This is all very confusing.

Performance on the IR rotation

rotation performance

Performance during R1 and R2 years

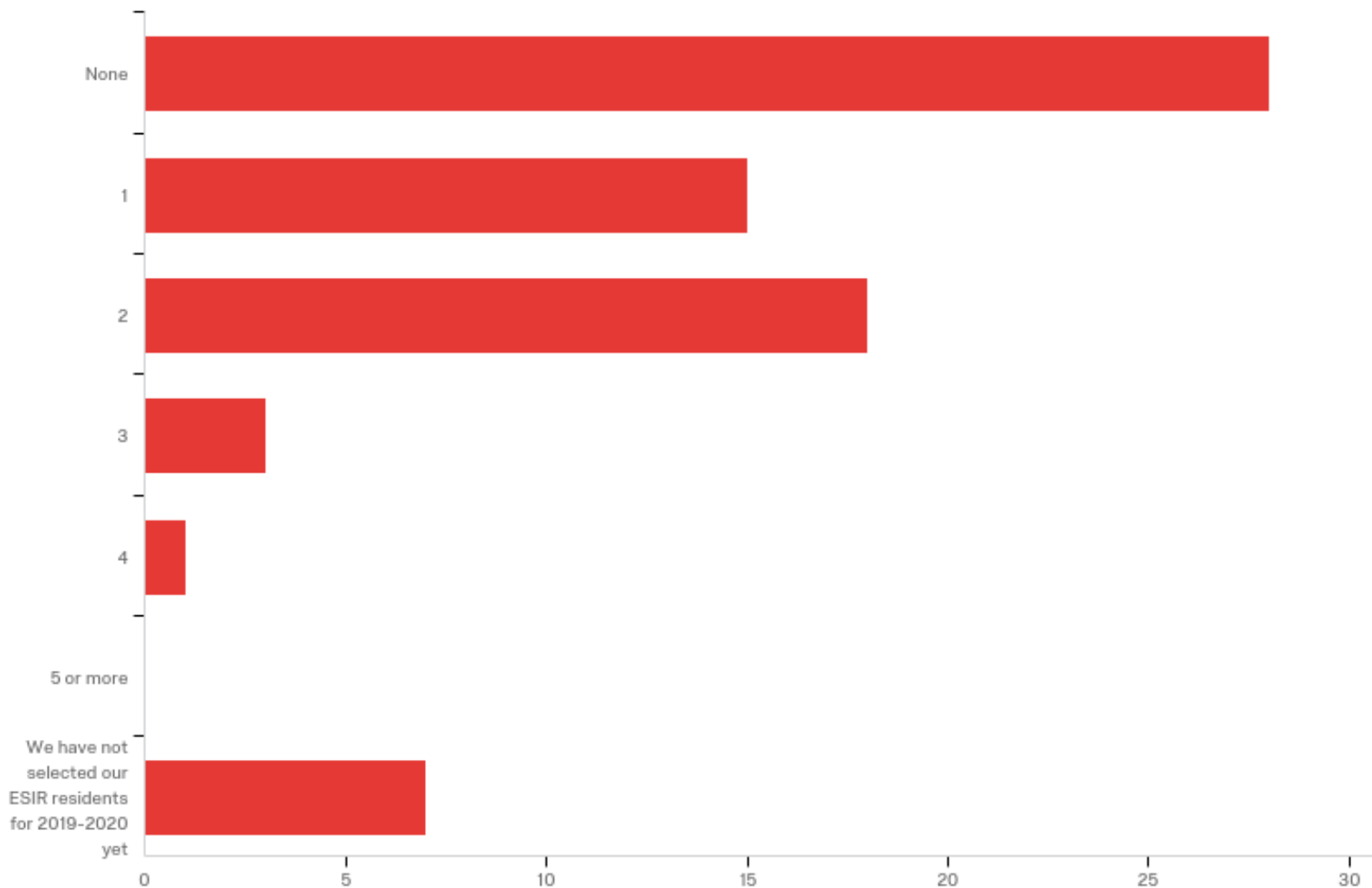
Rotation evaluations

q24d - What are the TOP THREE criteria you are using for selection of ESIR residents? (Select three.)

q24d\_6\_TEXT - Other (please specify):

Other (please specify): - Text
R1 performance, inservice scores
dont you mean ir residency and not esir
Performance during PGY2 year
Performance during 1st and 2nd year

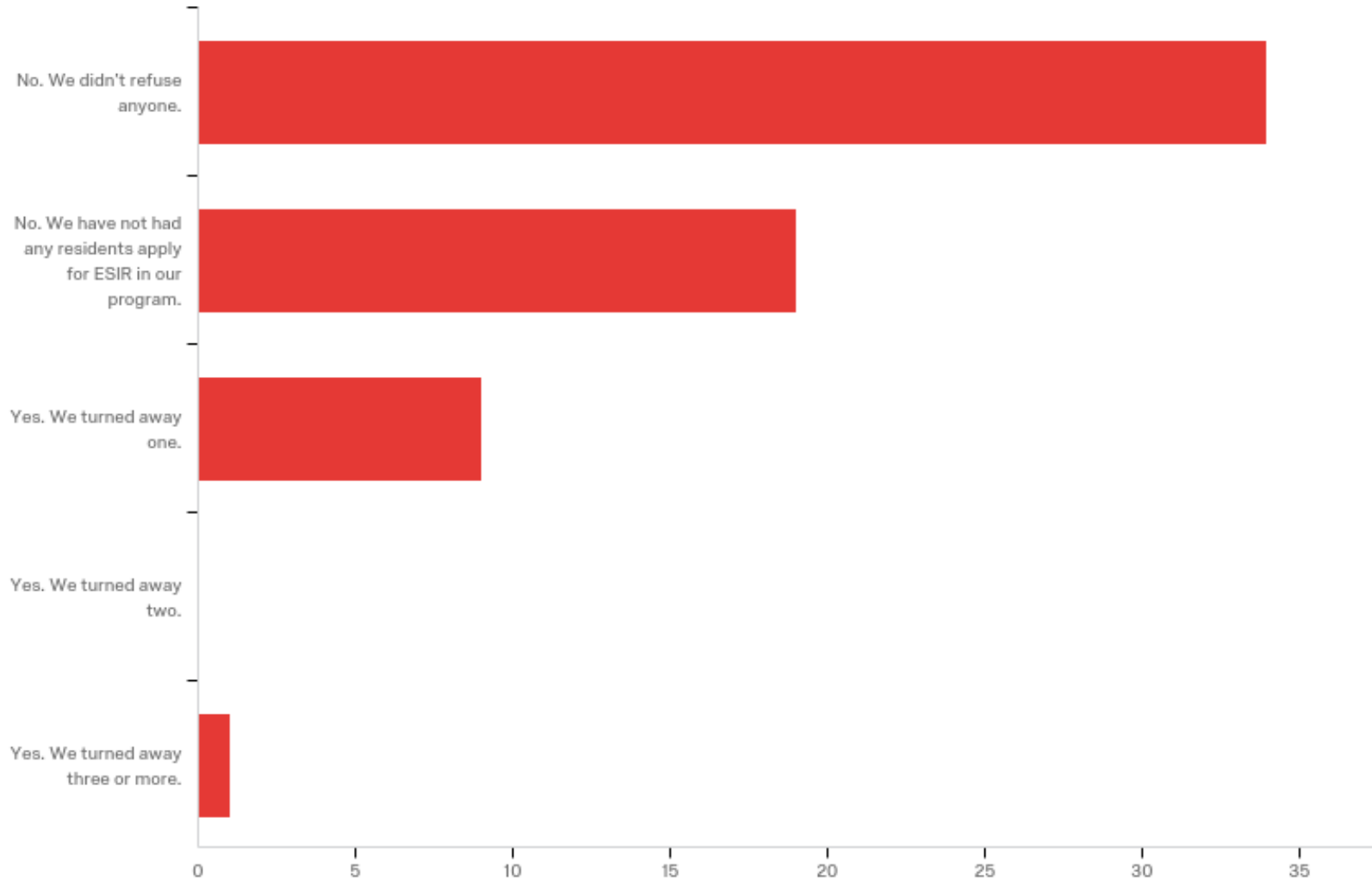
q24e - For the 2019-2020 academic year, how many of your R4 residents have been accepted to do an ESIR year at your institution?



q24e - For the 2019-2020 academic year, how many of your R4 residents have been accepted to do an ESIR year at your institution?

#	Answer	%	Count
1	None	38.89%	28
2	1	20.83%	15
3	2	25.00%	18
4	3	4.17%	3
5	4	1.39%	1
6	5 or more	0.00%	0
7	We have not selected our ESIR residents for 2019-2020 yet	9.72%	7
	Total	100%	72

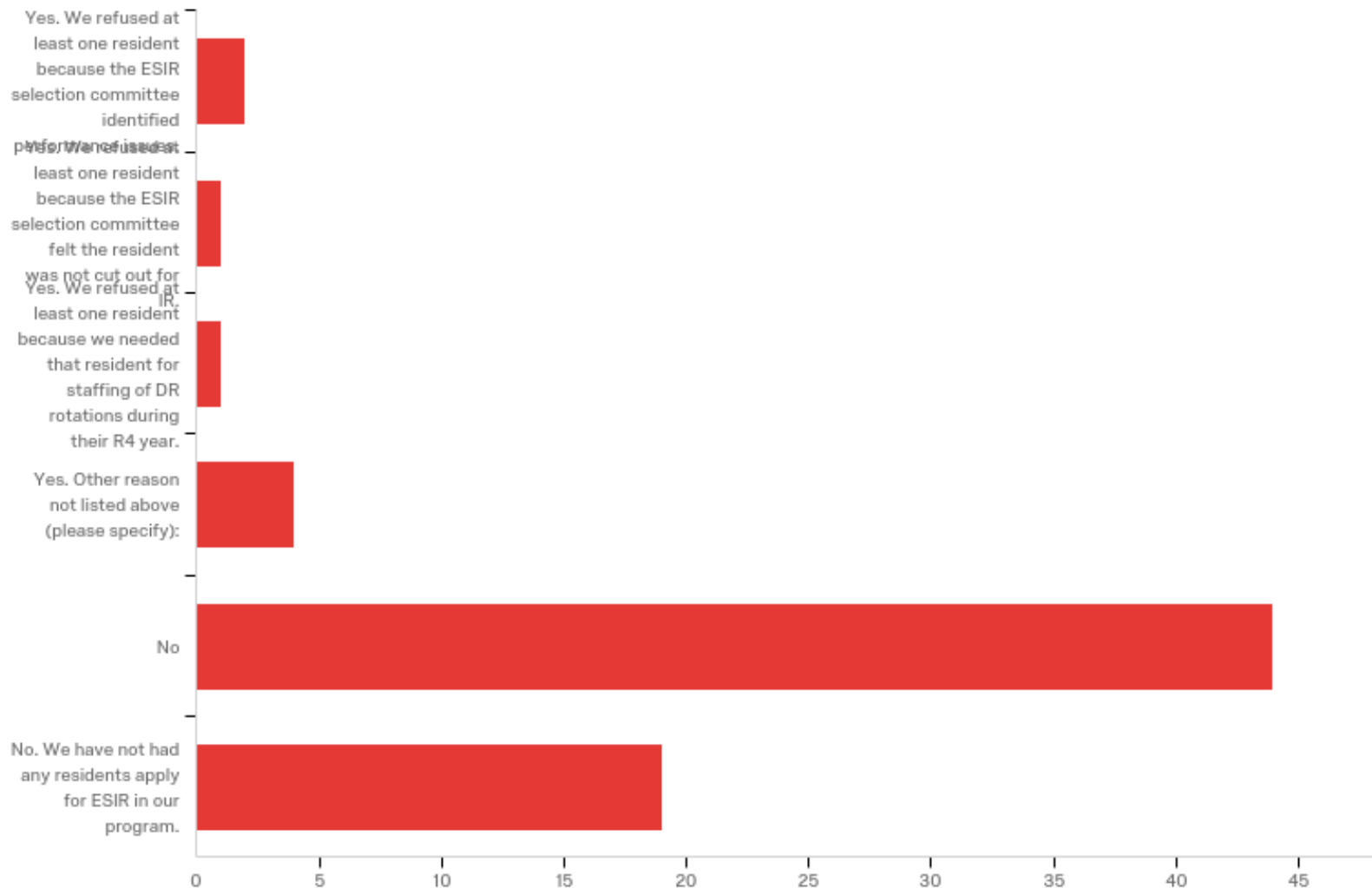
q24f - Did you have to refuse one or more residents the opportunity to do ESIR because you lacked adequate approved positions?



q24f - Did you have to refuse one or more residents the opportunity to do ESIR because you lacked adequate approved positions?

#	Answer	%	Count
1	No. We didn't refuse anyone.	53.97%	34
2	No. We have not had any residents apply for ESIR in our program.	30.16%	19
3	Yes. We turned away one.	14.29%	9
4	Yes. We turned away two.	0.00%	0
5	Yes. We turned away three or more.	1.59%	1
	Total	100%	63

q24g - Did you refuse one or more residents the opportunity to do ESIR even though you had available approved positions? (Select all that apply.)



q24g - Did you refuse one or more residents the opportunity to do ESIR even though you had available approved positions? (Select all that apply.)

#	Answer	%	Count
1	Yes. We refused at least one resident because the ESIR selection committee identified performance issues.	2.82%	2
2	Yes. We refused at least one resident because the ESIR selection committee felt the resident was not cut out for IR.	1.41%	1
3	Yes. We refused at least one resident because we needed that resident for staffing of DR rotations during their R4 year.	1.41%	1



q24g - Did you refuse one or more residents the opportunity to do ESIR even though you had available approved positions? (Select all that apply.)

#	Answer	%	Count
4	Yes. Other reason not listed above (please specify):	5.63%	4
5	No	61.97%	44
6	No. We have not had any residents apply for ESIR in our program.	26.76%	19
	Total	100%	71

q24g - Did you refuse one or more residents the opportunity to do ESIR even though you had available approved positions? (Select all that apply.)

q24g\_4\_TEXT - Yes. Other reason not listed above (please specify):

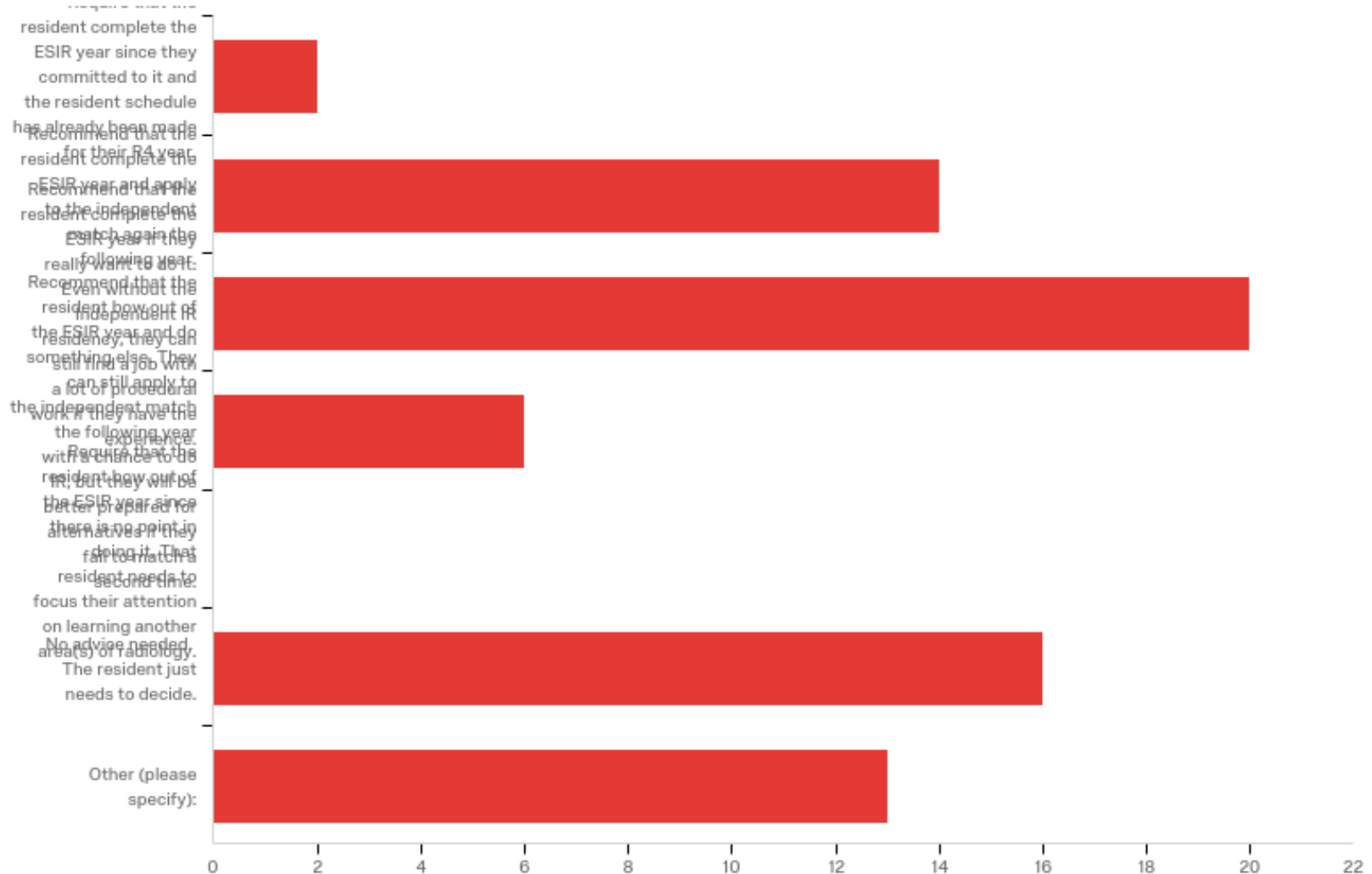
**Yes. Other reason not listed above (please specify): - Text**

funding for second year of ESIR

we have transferred residents into intergrated program so not necessary until steady state - not sure there will be enough volume for integrated residents and esir residents - sont really "match" for ESIR since we have ingrated program.

We allow only 1 per year per most years. This is per the department written ESIR selection criteria. We would only take more than one resident in the ESIR program if there were attrition from the IR Integrated program

q24h - How do you intend to advise and manage a resident who plans to do ESIR but does not match to an independent IR residency?



q24h - How do you intend to advise and manage a resident who plans to do ESIR but does not match to an independent IR residency?

#	Answer	%	Count
1	Require that the resident complete the ESIR year since they committed to it and the resident schedule has already been made for their R4 year.	2.82%	2
2	Recommend that the resident complete the ESIR year and apply to the independent match again the following year.	19.72%	14
3	Recommend that the resident complete the ESIR year if they really want to do it. Even without the Independent IR residency, they can still find a job with a lot of	28.17%	20

q24h - How do you intend to advise and manage a resident who plans to do ESIR but does not match to an independent IR residency?

#	Answer	%	Count
4	Recommend that the resident bow out of the ESIR year and do something else. They can still apply to the independent match the following year with a chance to do IR, but they will be better prepared for alternatives if they fail to match a second time.	8.45%	6
5	Require that the resident bow out of the ESIR year since there is no point in doing it. That resident needs to focus their attention on learning another area(s) of radiology.	0.00%	0

q24h - How do you intend to advise and manage a resident who plans to do ESIR but does not match to an independent IR residency?

#	Answer	%	Count
6	No advice needed. The resident just needs to decide.	22.54%	16
7	Other (please specify):	18.31%	13
	Total	100%	71

q24h - How do you intend to advise and manage a resident who plans to do ESIR but does not match to an independent IR residency?

q24h\_7\_TEXT - Other (please specify):

**Other (please specify): - Text**

Depends on individual career goals

only accept the number we can keep in our own Ind. IR spot so they don't have to find a spot.

Depending on the resident, would discuss options 2 + 3 above but will likely adjust advice in the future when we know how many independent IR spots will actually be available and after we've seen a couple of Independent matches

Haven't thought that far ahead. Will tackle that problem when and if we face it. I suspect it will be different for each resident

one of the MANY problems associated with ESIR and Integrated programs - there was LITTLE discussion of this plan by DR community - all planned by IR

Individual discussion with the resident about their long term goals and opportunities. Advice will depend on their particular situation.

should not occur as the ESIR is guaranteed a position the following year at this institution

I am not sure

q24h - How do you intend to advise and manage a resident who plans to do ESIR but does not match to an independent IR residency?

q24h\_7\_TEXT - Other (please specify):

**Other (please specify): - Text**

don't know yet.

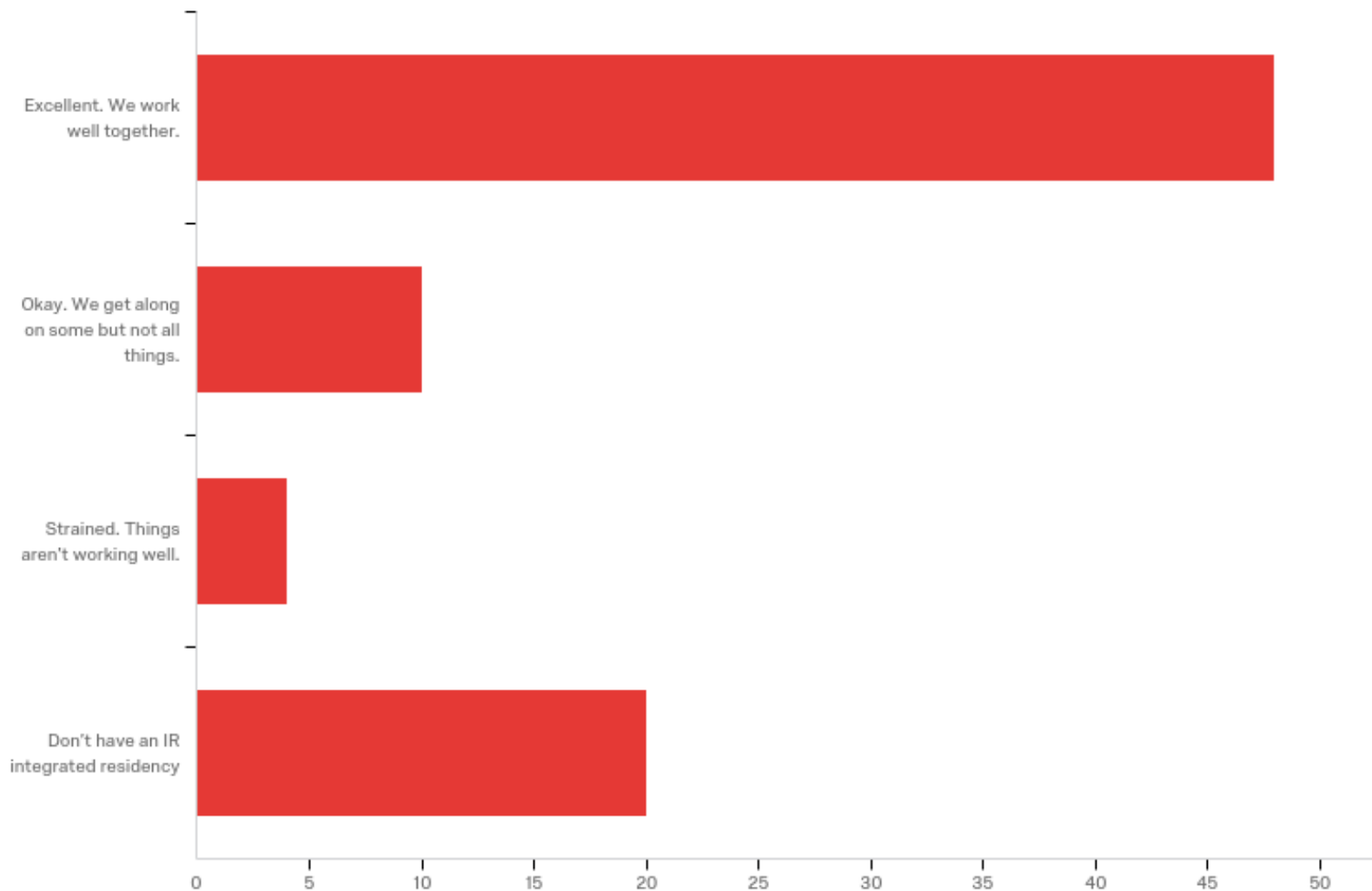
I would advise and work with the residents as s/he makes a very difficult decision

Applying to RRC for an increase in my ESIR complement.

Case by case scenario. There is no data yet to support any one particular advising plan



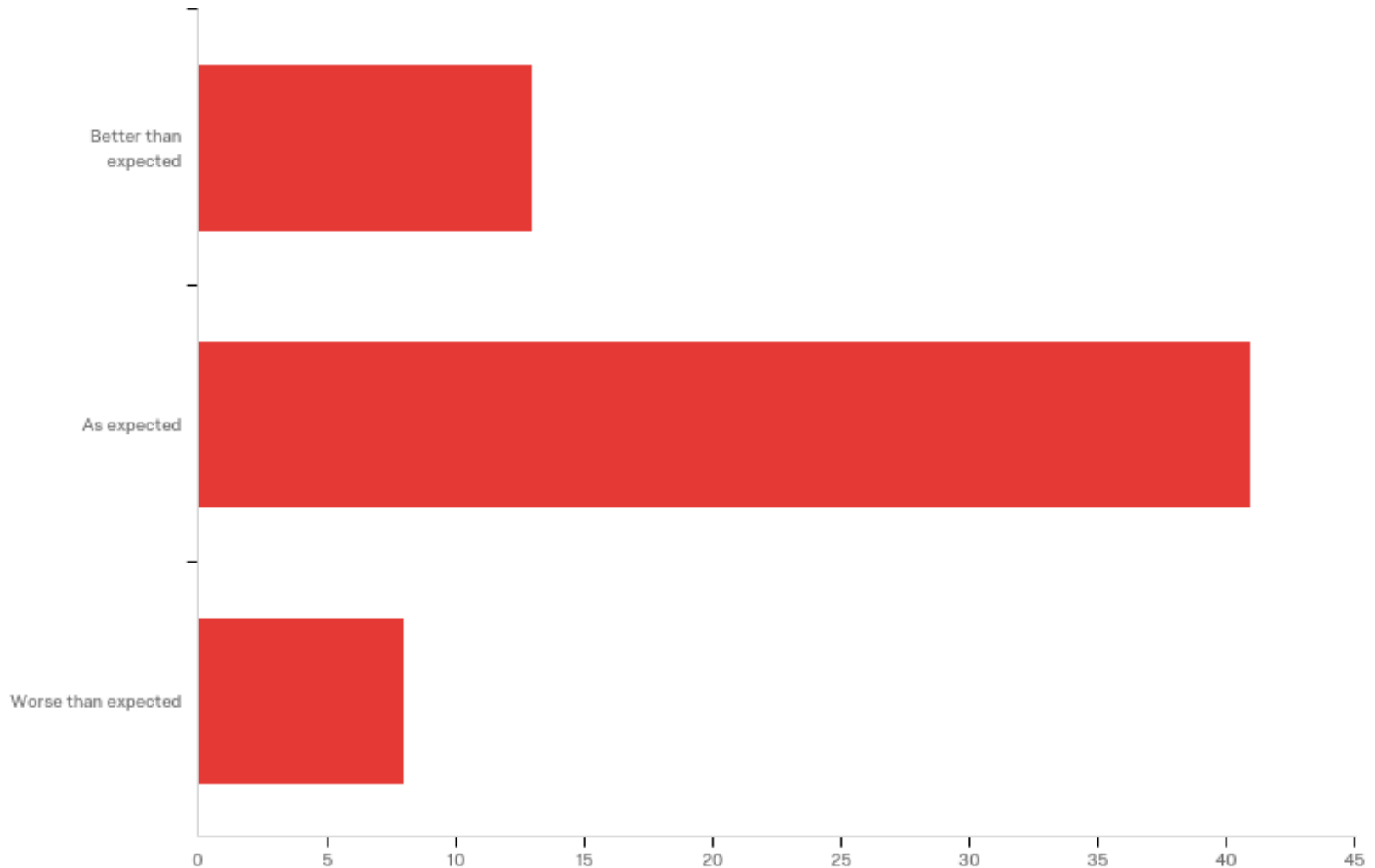
q25a - How would you describe the relationship between you as the DR PD and your IR integrated residency PD?



q25a - How would you describe the relationship between you as the DR PD and your IR integrated residency PD?

#	Answer	%	Count
1	Excellent. We work well together.	58.54%	48
2	Okay. We get along on some but not all things.	12.20%	10
3	Strained. Things aren't working well.	4.88%	4
4	Don't have an IR integrated residency	24.39%	20
	Total	100%	82

q25b - Has the interplay between the IR residency and the DR residency gone better or worse than you expected?



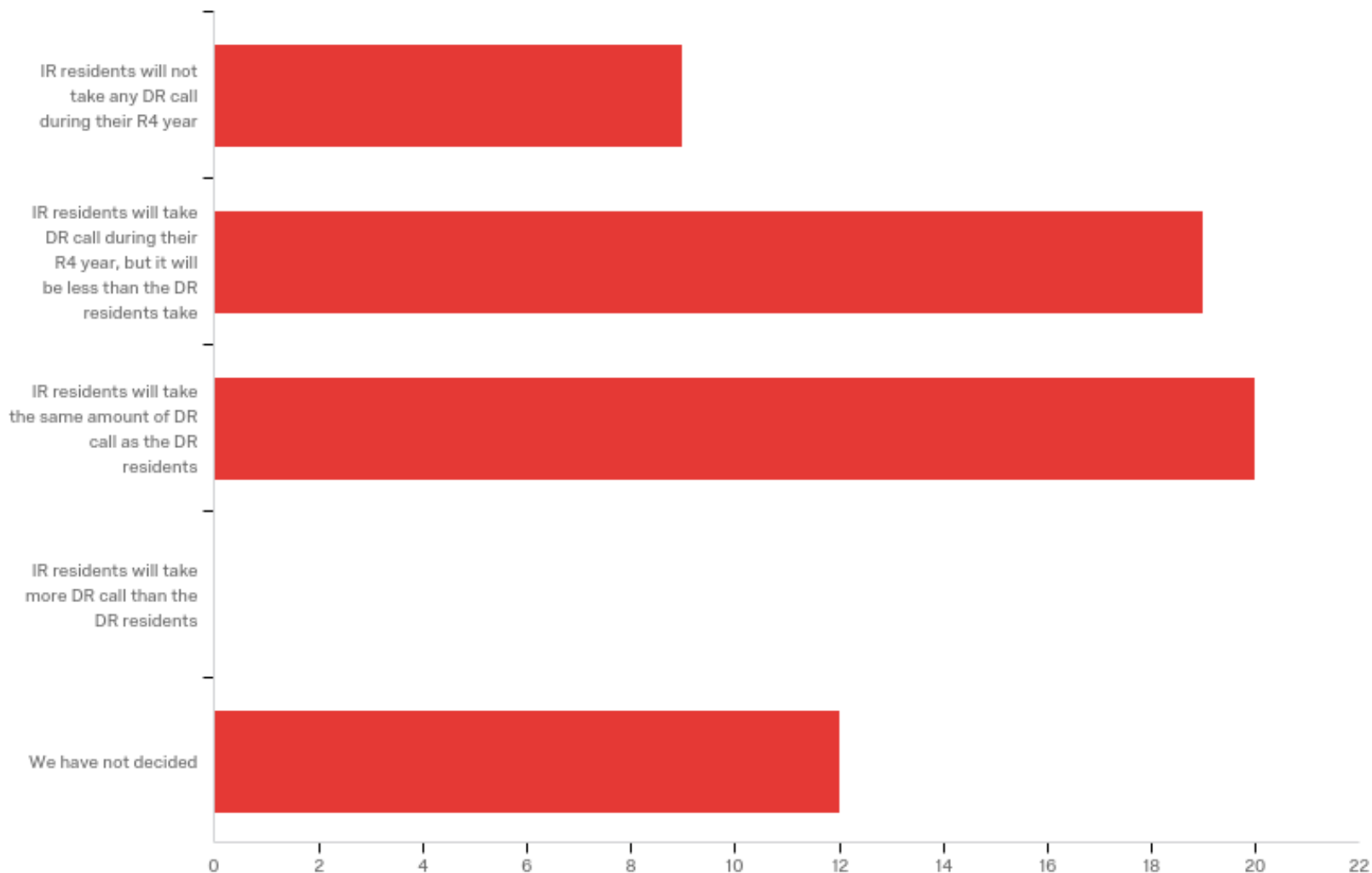
q25b - Has the interplay between the IR residency and the DR residency gone better or worse than you expected?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has the interplay between the IR residency and the DR residency gone better or worse than you expected?	1.00	3.00	1.92	0.58	0.33	62

q25b - Has the interplay between the IR residency and the DR residency gone better or worse than you expected?

#	Answer	%	Count
1	Better than expected	20.97%	13
2	As expected	66.13%	41
3	Worse than expected	12.90%	8
	Total	100%	62

q25c - If you have current R4 residents in an integrated IR residency or will have R4 residents in an integrated IR residency next year, how do you intend to handle DR call?



q25c - If you have current R4 residents in an integrated IR residency or will have R4 residents in an integrated IR residency next year, how do you intend to handle DR call?

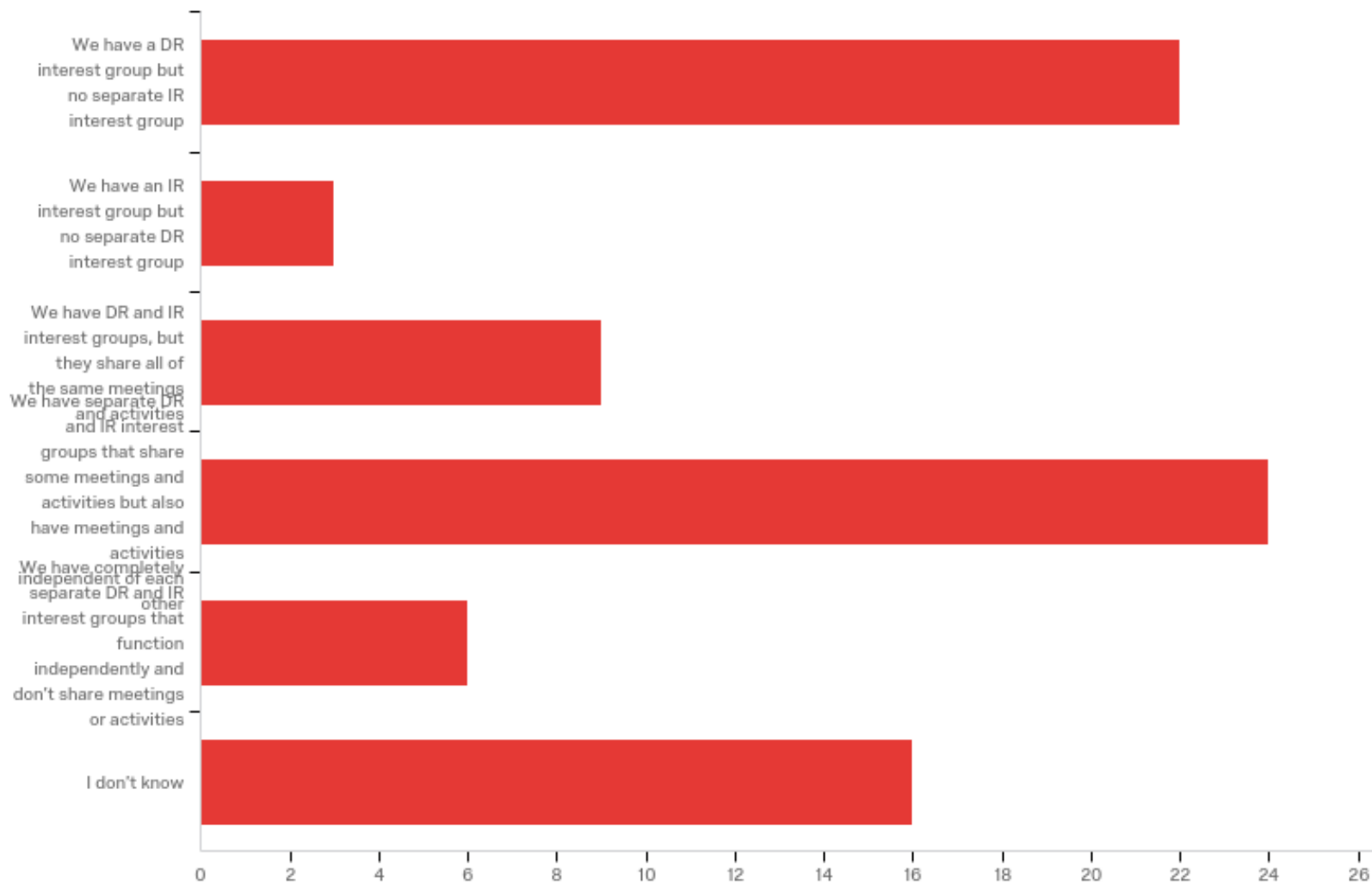
#	Answer	%	Count
1	IR residents will not take any DR call during their R4 year	15.00%	9
2	IR residents will take DR call during their R4 year, but it will be less than the DR residents take	31.67%	19
3	IR residents will take the same amount of DR call as the DR residents	33.33%	20
4	IR residents will take more DR call than the DR residents	0.00%	0

q25c - If you have current R4 residents in an integrated IR residency or will have R4 residents in an integrated IR residency next year, how do you intend to handle DR call?

#	Answer	%	Count
5	We have not decided	20.00%	12
	Total	100%	60



## q26 - What is the status of medical student interest groups at your institution?



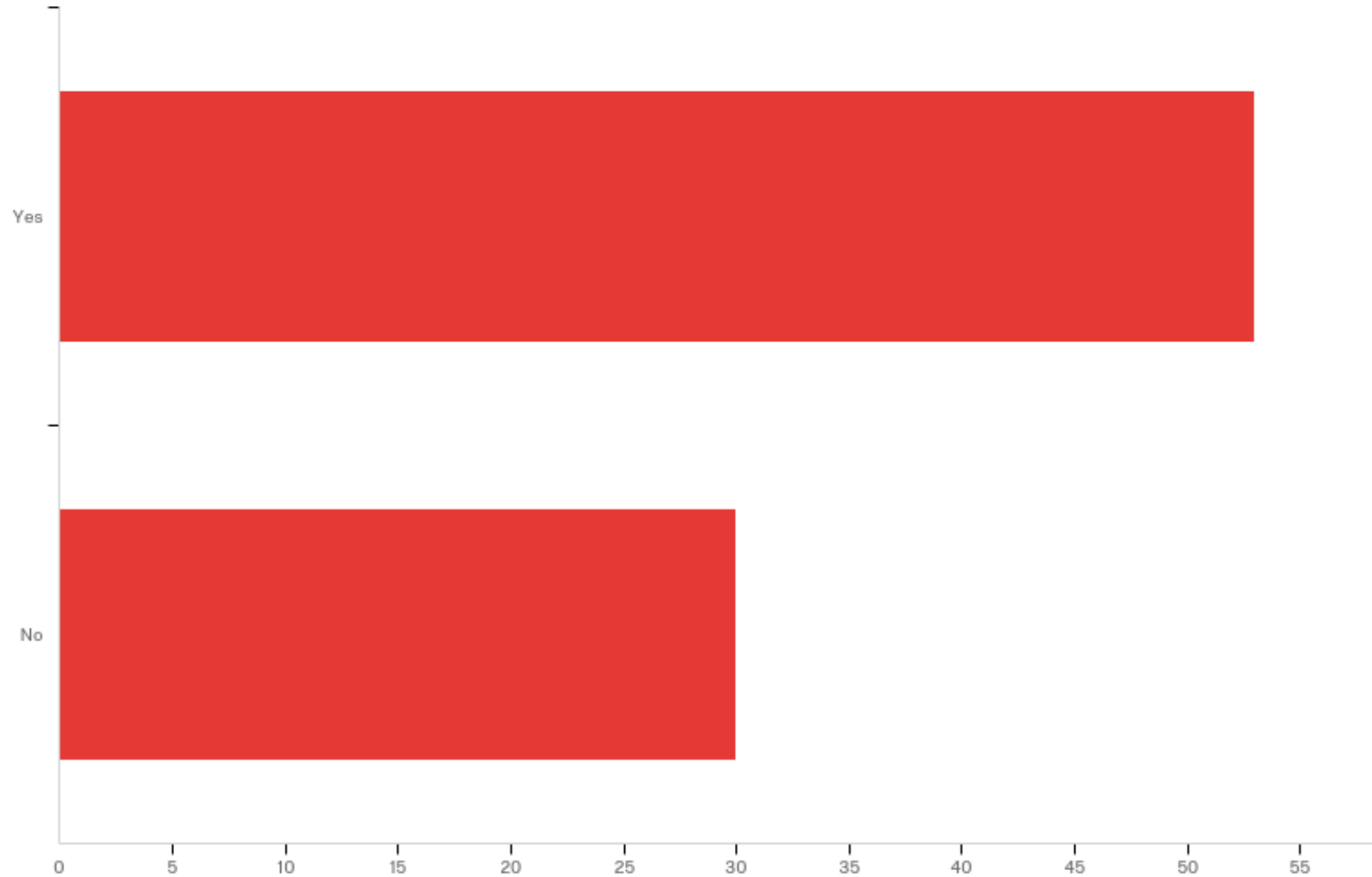
q26 - What is the status of medical student interest groups at your institution?

#	Answer	%	Count
1	We have a DR interest group but no separate IR interest group	27.50%	22
2	We have an IR interest group but no separate DR interest group	3.75%	3
3	We have DR and IR interest groups, but they share all of the same meetings and activities	11.25%	9
4	We have separate DR and IR interest groups that share some meetings and activities but also have meetings and activities independent of each other	30.00%	24

q26 - What is the status of medical student interest groups at your institution?

#	Answer	%	Count
5	We have completely separate DR and IR interest groups that function independently and don't share meetings or activities	7.50%	6
6	I don't know	20.00%	16
	Total	100%	80

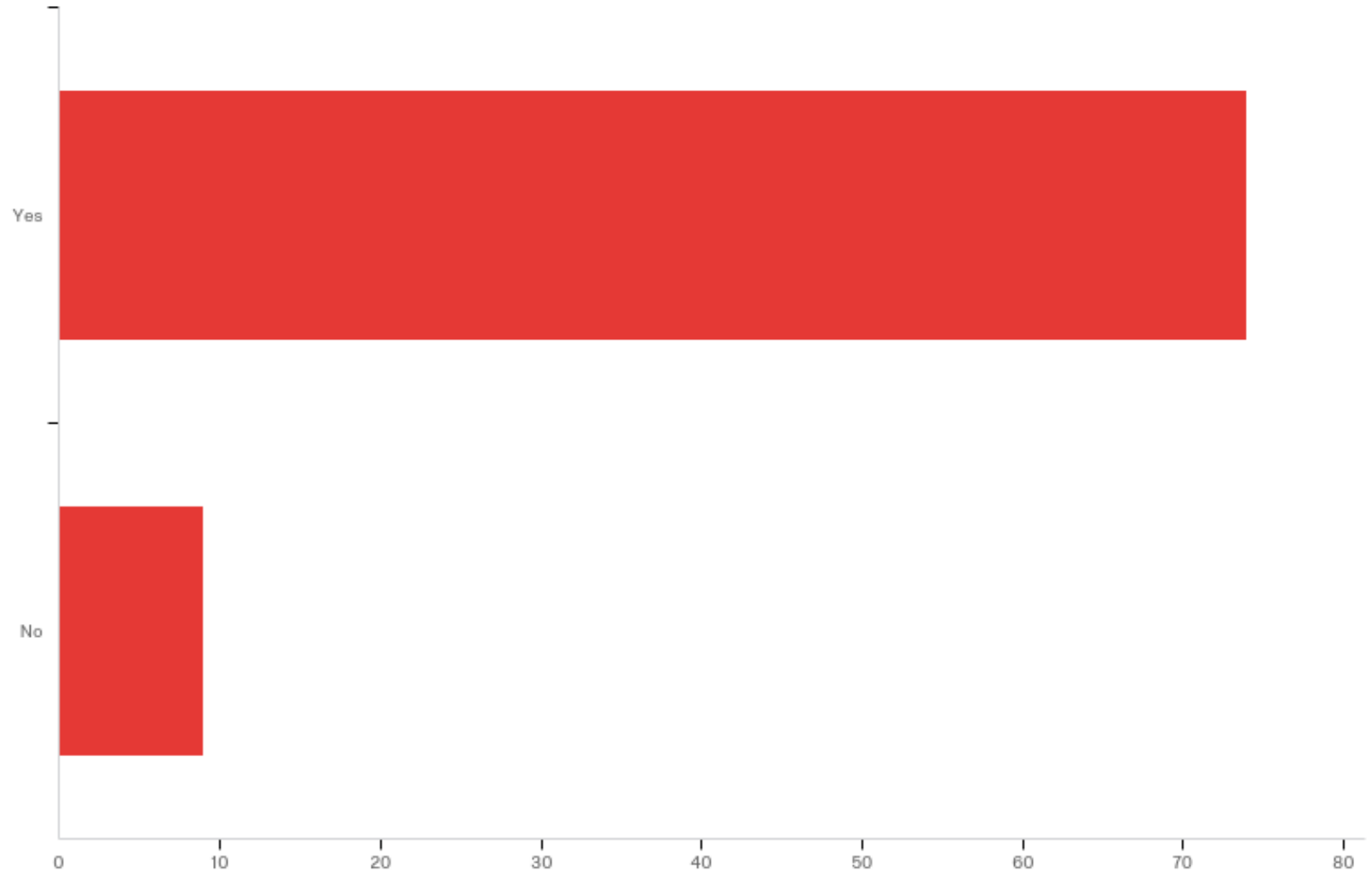
q27 - Do residents take independent call at your institution?



q27 - Do residents take independent call at your institution?

#	Answer	%	Count
1	Yes	63.86%	53
2	No	36.14%	30
	Total	100%	83

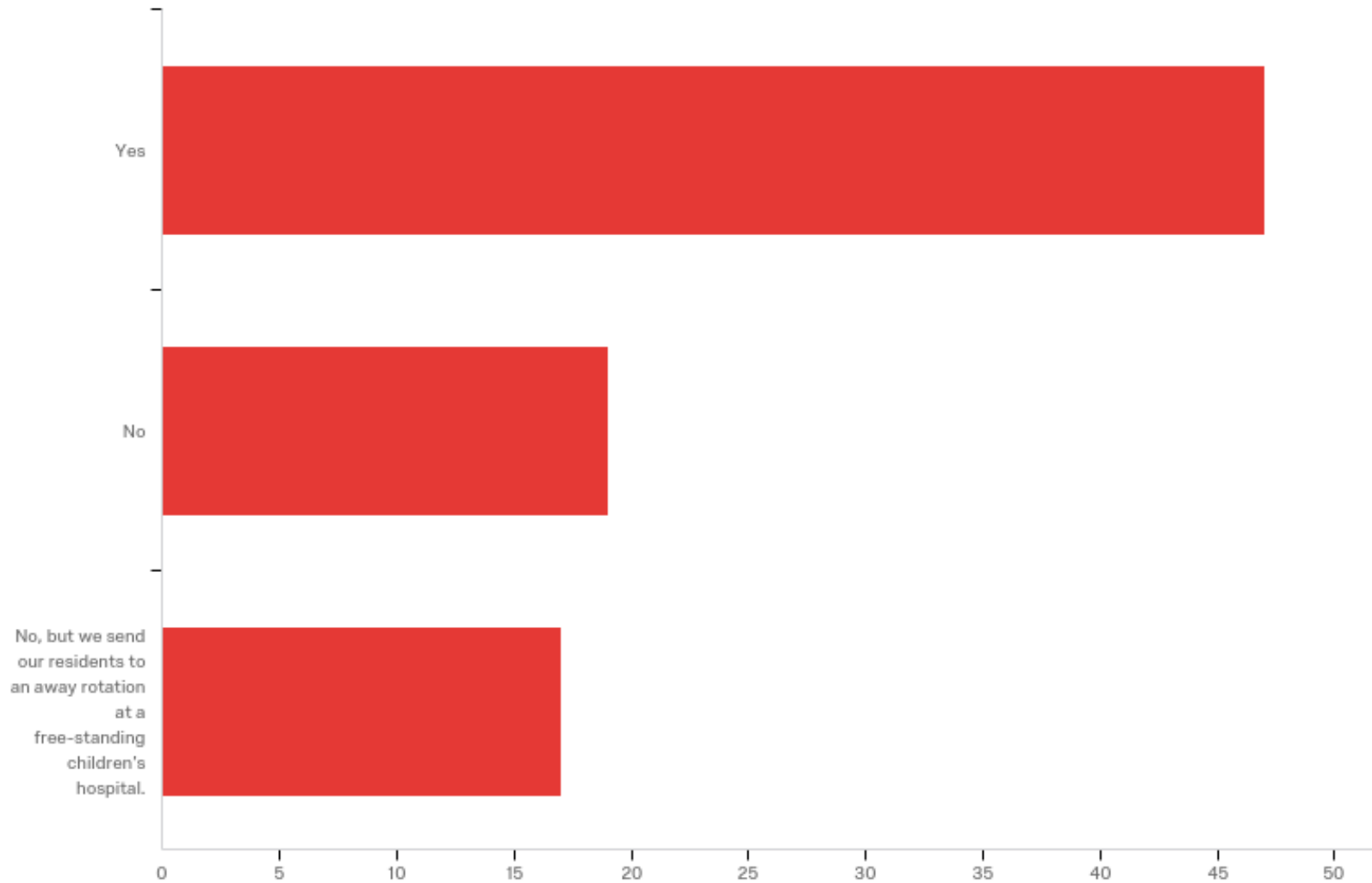
q28 - Do you think residents benefit from independent call?



q28 - Do you think residents benefit from independent call?

#	Answer	%	Count
1	Yes	89.16%	74
2	No	10.84%	9
	Total	100%	83

## q29 - Does your program have a free-standing children's hospital?

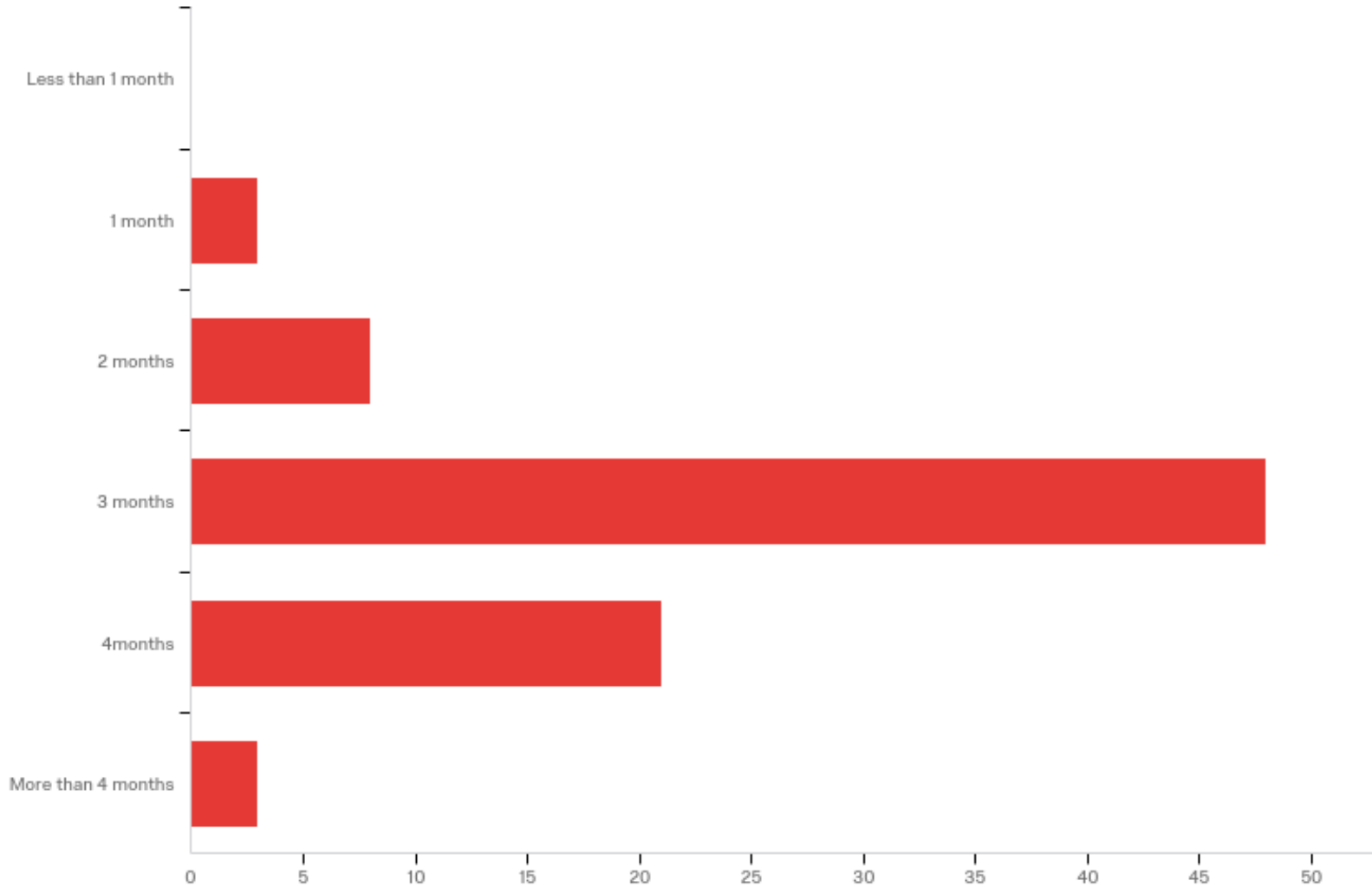




## q29 - Does your program have a free-standing children's hospital?

#	Answer	%	Count
1	Yes	56.63%	47
2	No	22.89%	19
3	No, but we send our residents to an away rotation at a free-standing children's hospital.	20.48%	17
	Total	100%	83

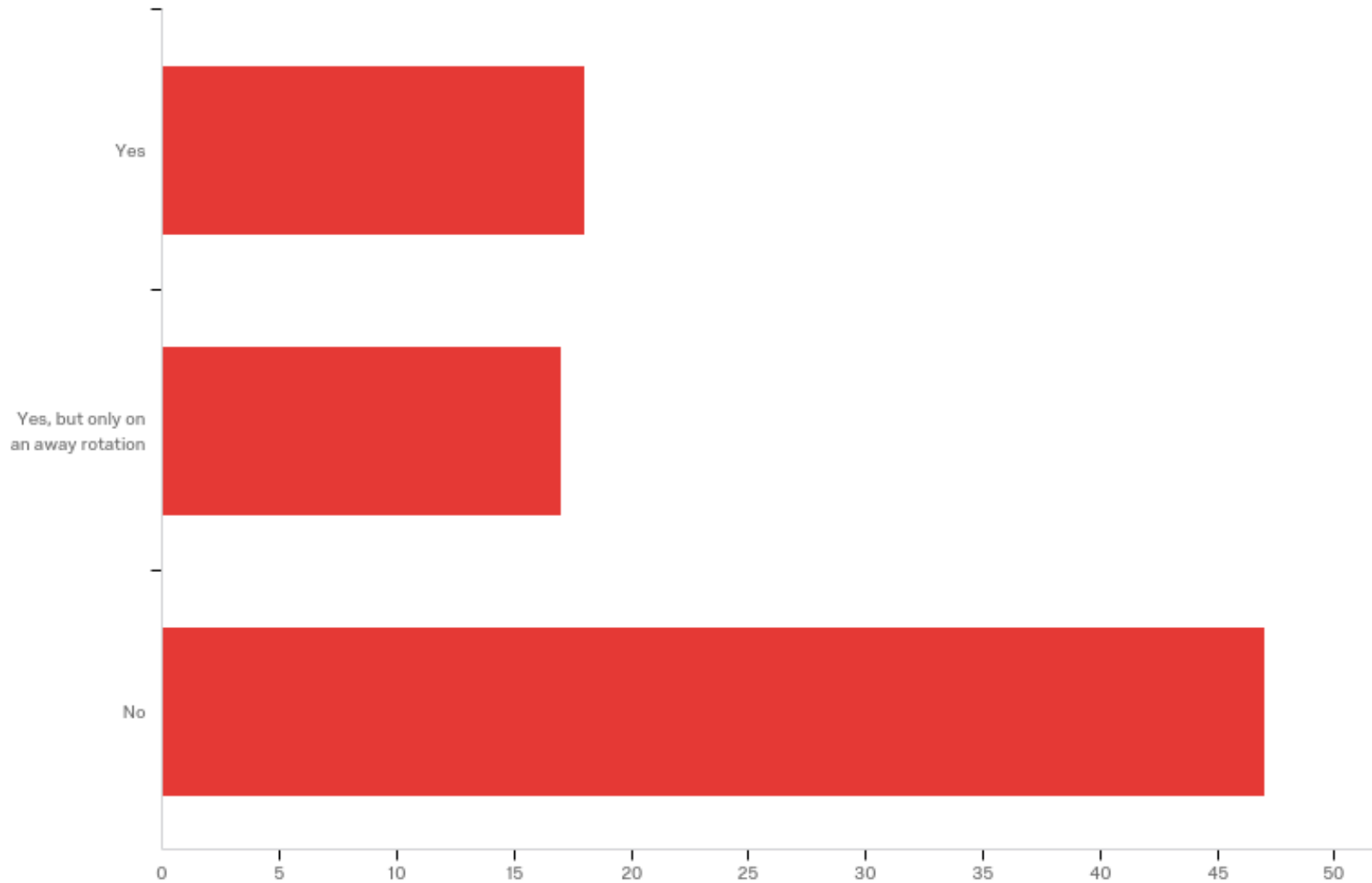
q30a - How many MONTHS of pediatric radiology does the average resident take during their four years?



q30a - How many MONTHS of pediatric radiology does the average resident take during their four years?

#	Answer	%	Count
1	Less than 1 month	0.00%	0
2	1 month	3.61%	3
3	2 months	9.64%	8
4	3 months	57.83%	48
5	4months	25.30%	21
6	More than 4 months	3.61%	3
	Total	100%	83

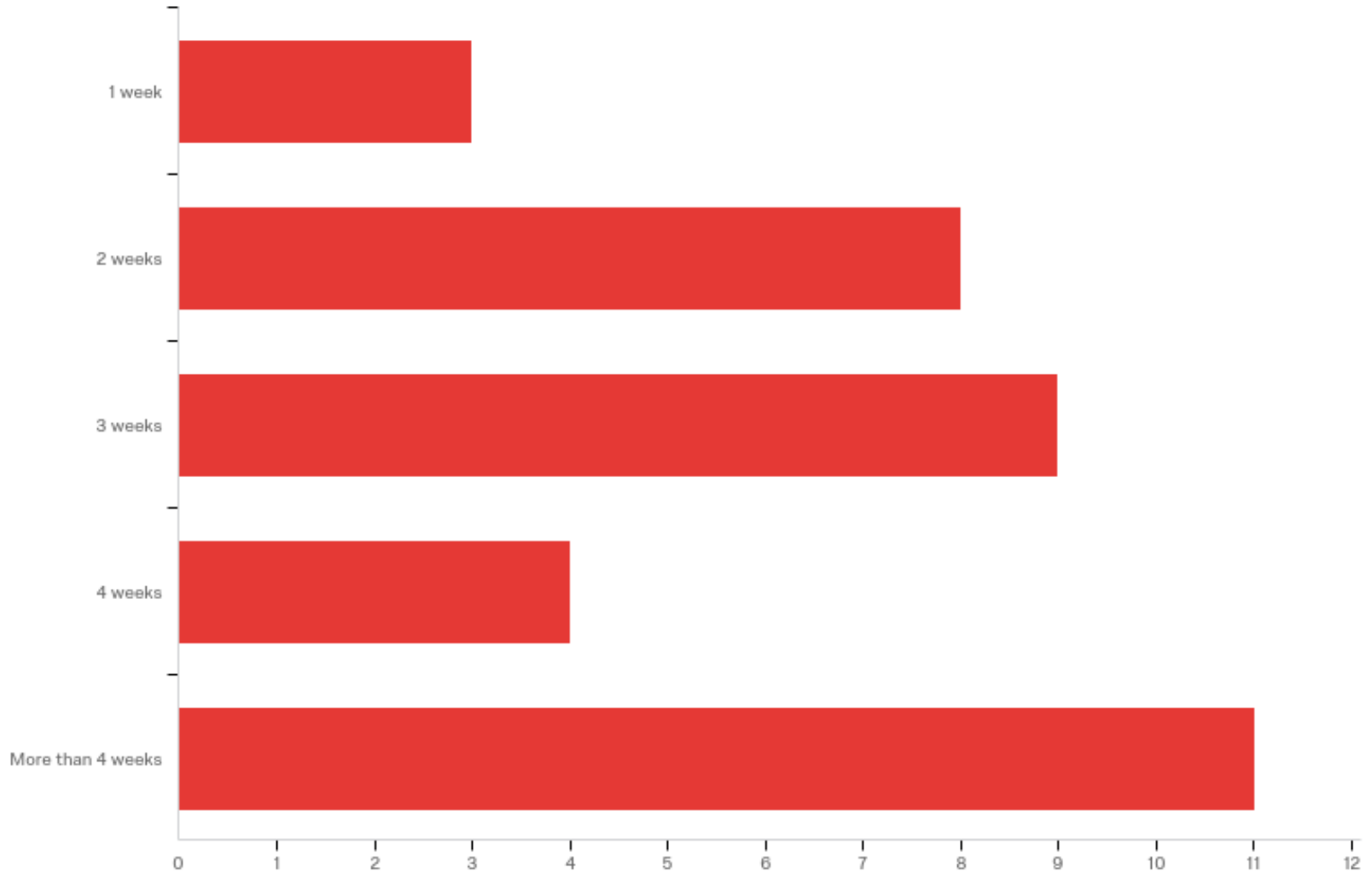
## q30b - Do your residents take dedicated pediatric radiology call?



## q30b - Do your residents take dedicated pediatric radiology call?

#	Answer	%	Count
1	Yes	21.95%	18
3	Yes, but only on an away rotation	20.73%	17
2	No	57.32%	47
	Total	100%	82

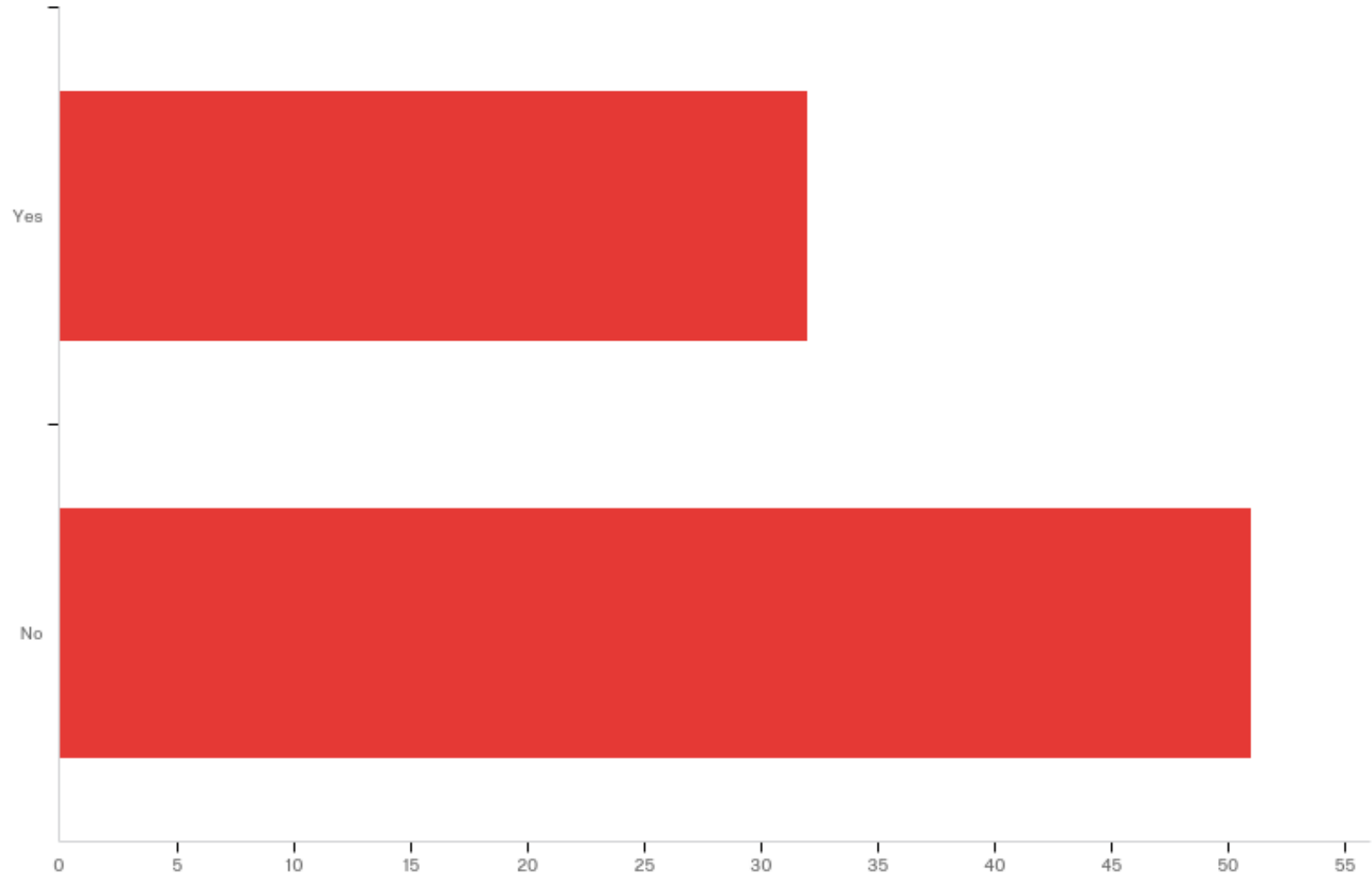
q30c - How many WEEKS of pediatric radiology call does a resident take during their four years?



q30c - How many WEEKS of pediatric radiology call does a resident take during their four years?

#	Answer	%	Count
1	1 week	8.57%	3
2	2 weeks	22.86%	8
3	3 weeks	25.71%	9
4	4 weeks	11.43%	4
5	More than 4 weeks	31.43%	11
	Total	100%	35

q31a - Do you target specific learners in your didactic conference(s)?

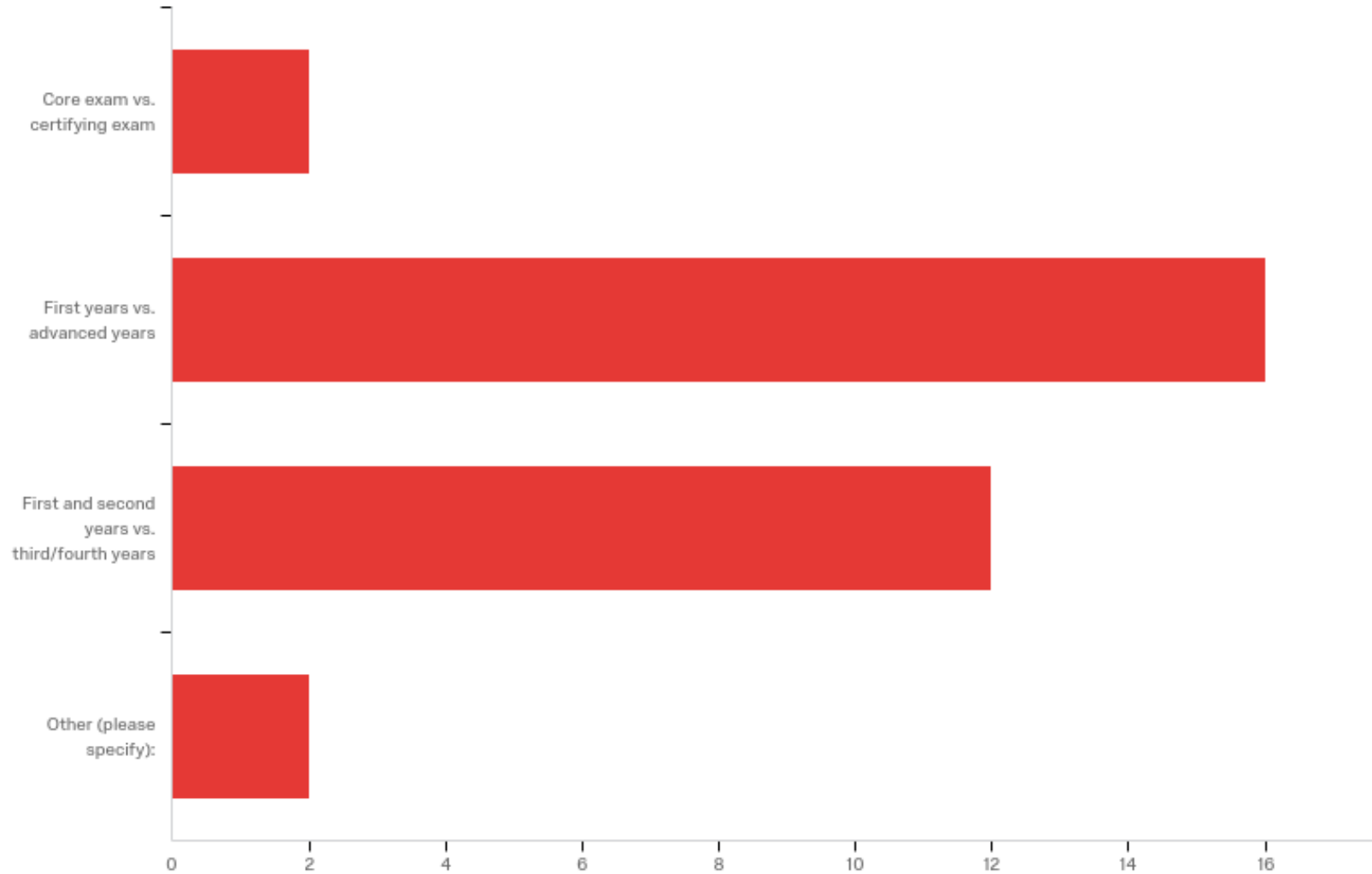




q31a - Do you target specific learners in your didactic conference(s)?

#	Answer	%	Count
1	Yes	38.55%	32
2	No	61.45%	51
	Total	100%	83

## q31b - What subgroups do you create with your targeted curriculum?



## q31b - What subgroups do you create with your targeted curriculum?

#	Answer	%	Count
1	Core exam vs. certifying exam	6.25%	2
2	First years vs. advanced years	50.00%	16
3	First and second years vs. third/fourth years	37.50%	12
4	Other (please specify):	6.25%	2
	Total	100%	32

q31b - What subgroups do you create with your targeted curriculum?

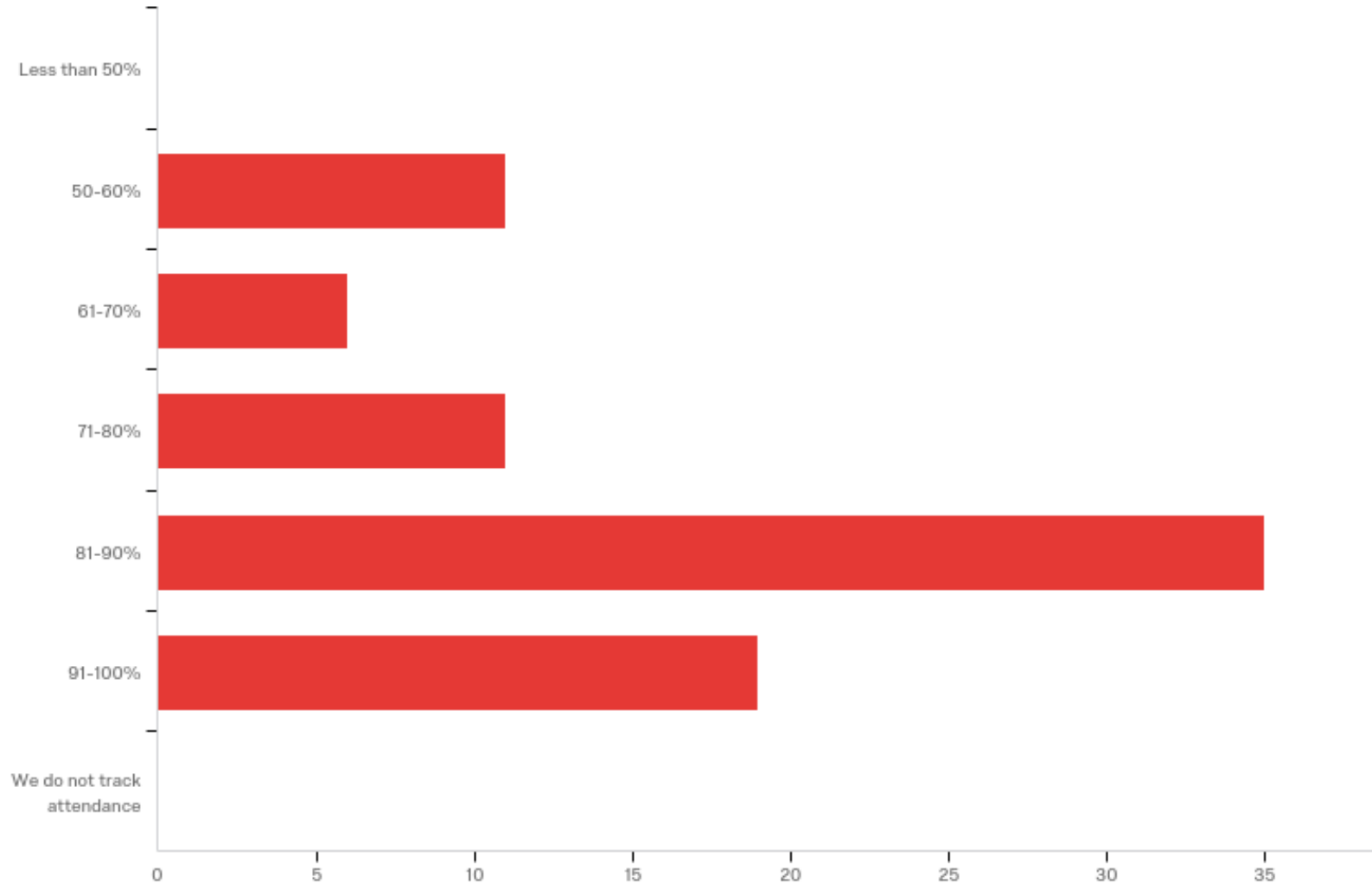
q31b\_4\_TEXT - Other (please specify):

**Other (please specify): - Text**

We do a mix, some lectures targeted specifically to new residents and for call preparation. Most lectures are not targeted.

Physics for Core Exam

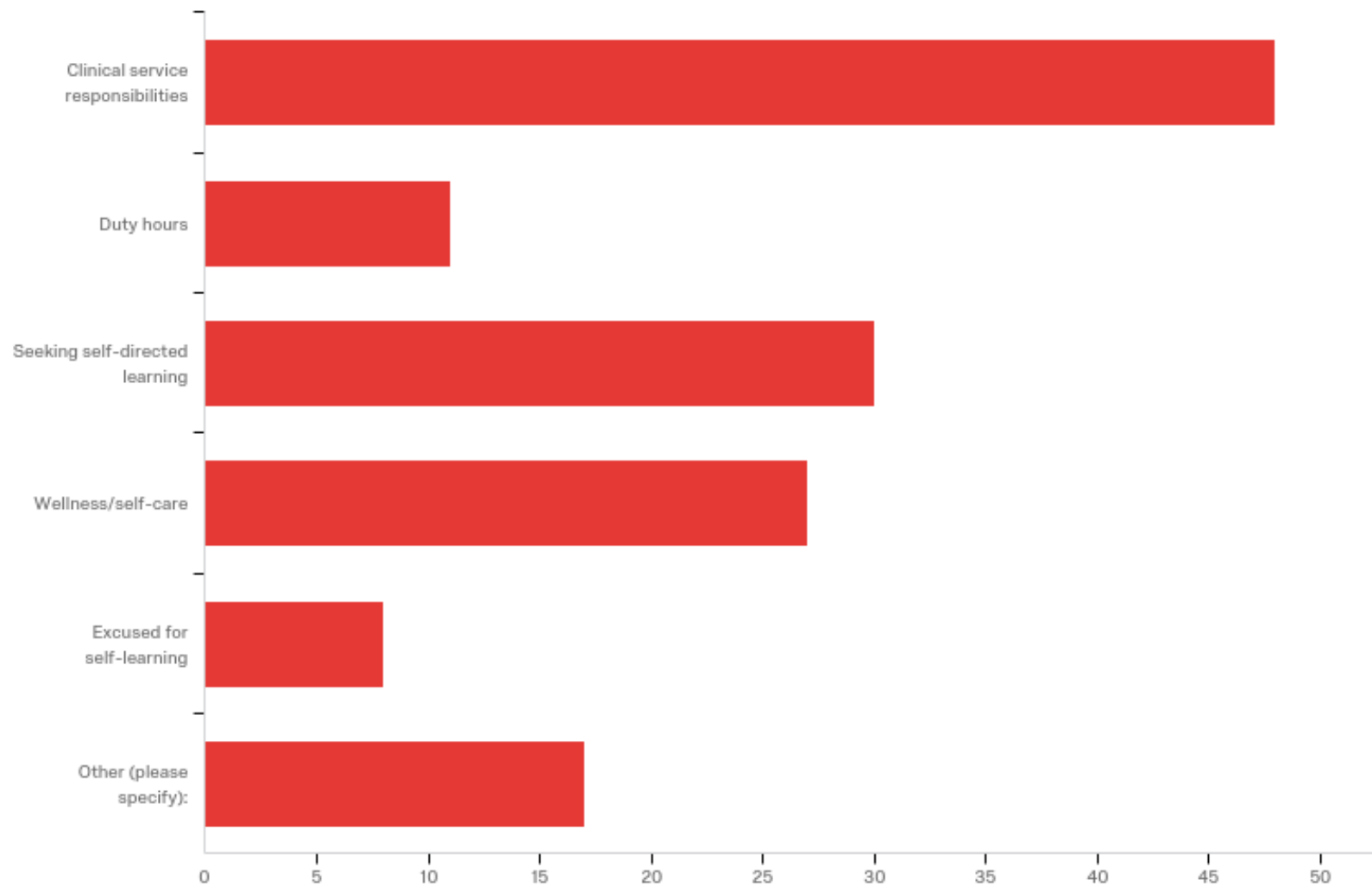
q32 - Although the ACGME mandates  $> 80\%$  attendance at conferences, in reality, what would you estimate is the attendance rate of the average resident at your institution?



q32 - Although the ACGME mandates > 80% attendance at conferences, in reality, what would you estimate is the attendance rate of the average resident at your institution?

#	Answer	%	Count
1	Less than 50%	0.00%	0
2	50-60%	13.41%	11
3	61-70%	7.32%	6
4	71-80%	13.41%	11
5	81-90%	42.68%	35
6	91-100%	23.17%	19
7	We do not track attendance	0.00%	0
	Total	100%	82

q33 - What are the main contributing factors as to why your residents miss conferences? (Select all that apply.)



q33 - What are the main contributing factors as to why your residents miss conferences? (Select all that apply.)

#	Answer	%	Count
1	Clinical service responsibilities	34.04%	48
2	Duty hours	7.80%	11
3	Seeking self-directed learning	21.28%	30
4	Wellness/self-care	19.15%	27
5	Excused for self-learning	5.67%	8
6	Other (please specify):	12.06%	17
	Total	100%	141



q33 - What are the main contributing factors as to why your residents miss conferences? (Select all that apply.)

q33\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

post call and away rotations at other places like the VA

vacation/trip/post call

Post call

On Float and being a fourth year

Night float. Away rotations (ie Pediatrics and AIRP). Vacation time.

Involved in IR case

the belief that it is not beneficial. Wanting "off" time.

On mini-fellowships and attend those learning opportunities

May be involved in a clinical case (e.g. in IR) and they think there is more "educational" value in completing the case than trying to get to conference on time. They are 'required' to go to conference, but given some leeway as adults who should know what they need to be doing to get the best experience/training.

They don't miss conference unless sick or on vacation.

q33 - What are the main contributing factors as to why your residents miss conferences? (Select all that apply.)

q33\_6\_TEXT - Other (please specify):

**Other (please specify): - Text**

Forgetting to sign in/text conference code to receive attendance credit

apathy

disinterested, unprofessional

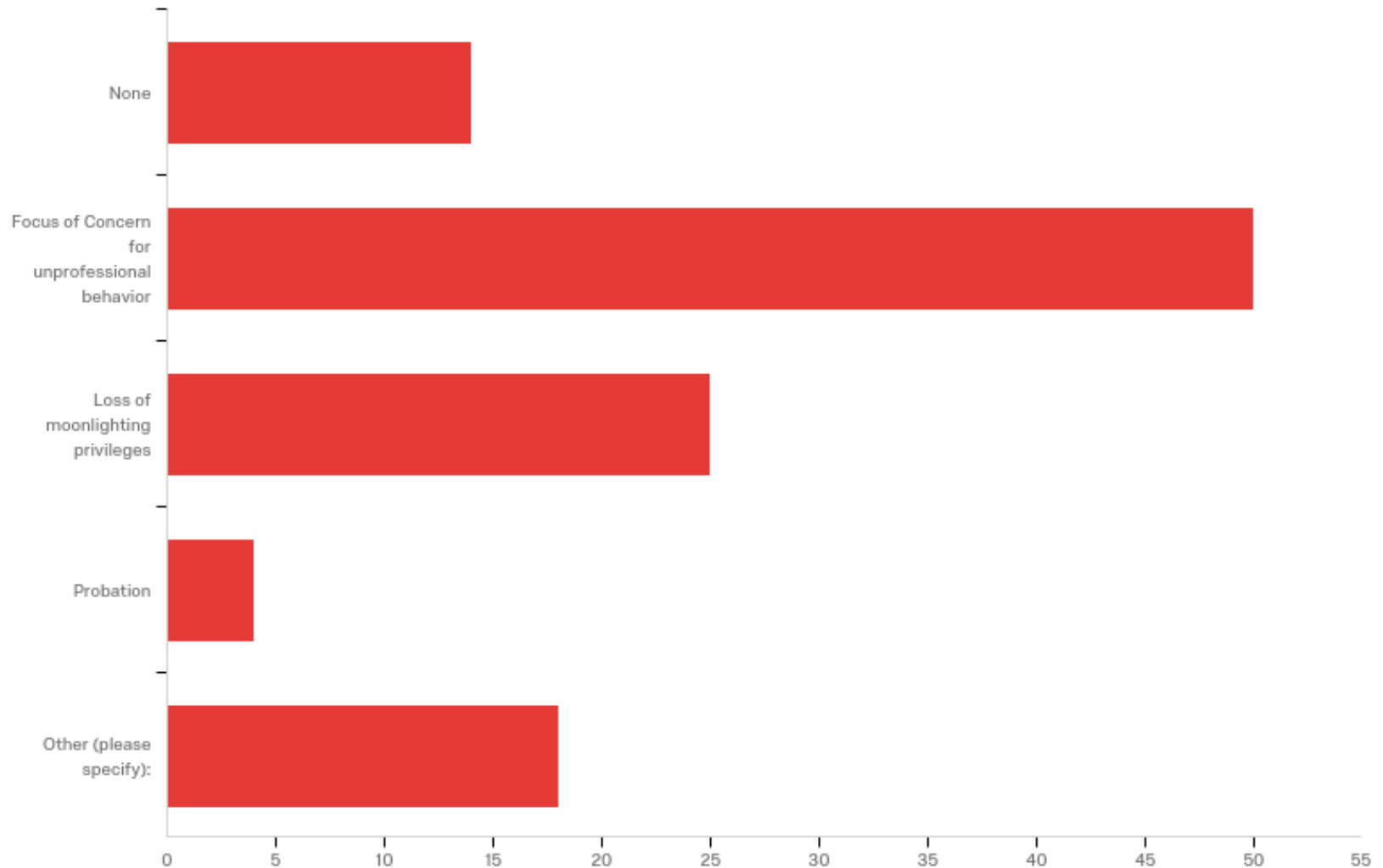
Excused for tumor board or other learning/teaching opportunities

We don't track this specifically. I supposed not going to conference would fit into "self-care", but our resident are expected to come to conference as a part of their professional responsibility

excused for clinical conference such as tumor board

Post-call, AIRP, excused absence, procedural rotations

q34 - What are the repercussions for low conference attendance?  
(Select all that apply.)



q34 - What are the repercussions for low conference attendance? (Select all that apply.)

#	Answer	%	Count
1	None	12.61%	14
2	Focus of Concern for unprofessional behavior	45.05%	50
3	Loss of moonlighting privileges	22.52%	25
4	Probation	3.60%	4
5	Other (please specify):	16.22%	18
	Total	100%	111

q34 - What are the repercussions for low conference attendance? (Select all that apply.)

q34\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

not applicable

academic warning followed by probation

Not an issue

Do not have low attendance

as long as they are performing well in rotations and on formative assessments...none.

counselled

Extra Weekend Call shifts

less time off

Decrease in professionalism Milestone score

additional weekend clinical responsibilities

Have not had this issue, but would be professionalism issue.

q34 - What are the repercussions for low conference attendance? (Select all that apply.)

q34\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

We put them on the winter holiday call schedule.

its not a problem

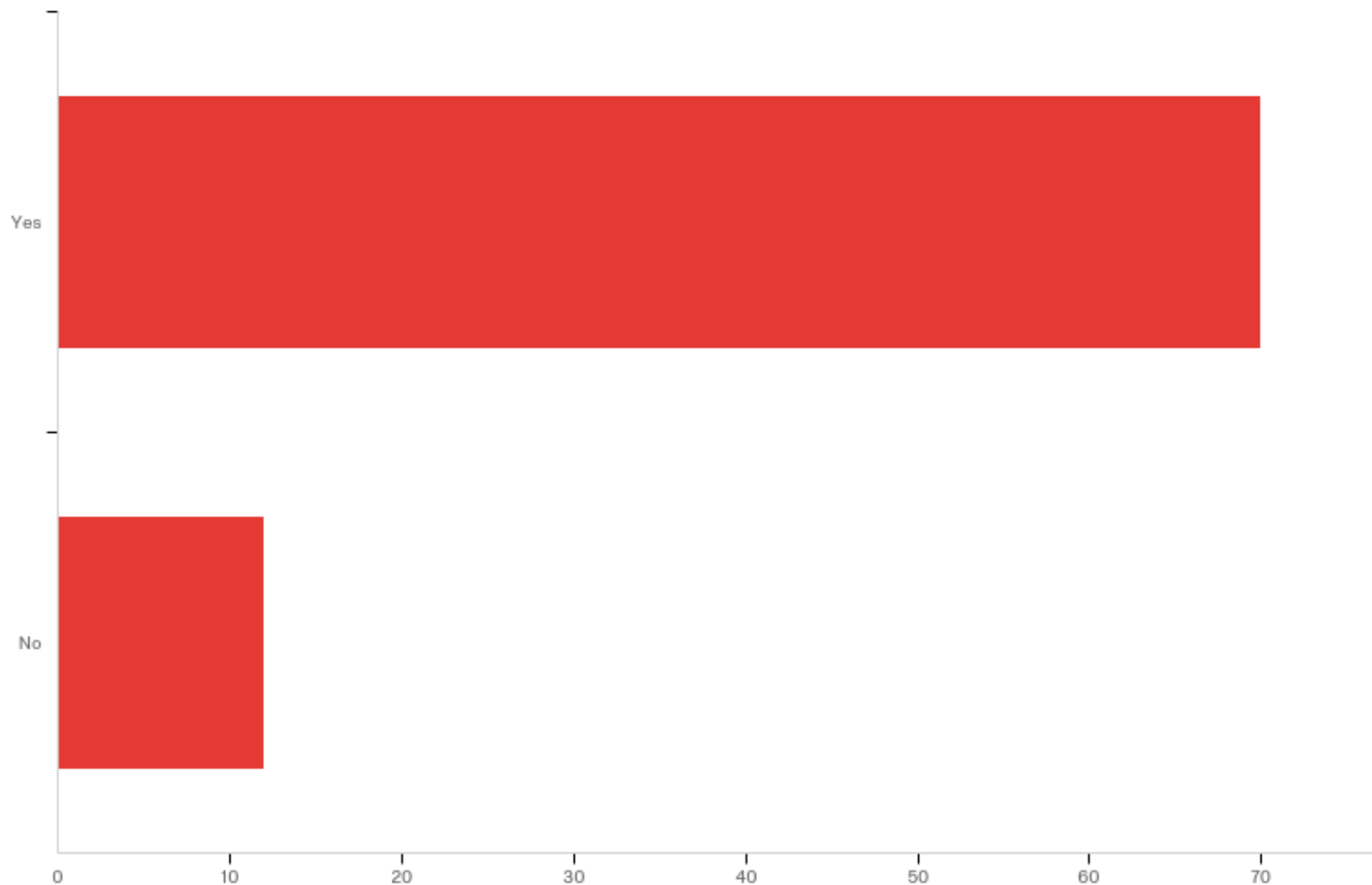
additional tumor board assignments

70% get academic half days the next month; 80% get moonlighting opportunities the next month;  
90% for 6 months get extra day off

Discussed at CCC meeting but no real repercussions

are not able to receive time off to attend meetings or reimbursement for meetings that they have  
abstracts or posters accepted.

q35a - Do you require the fourth year residents to attend didactic conferences?

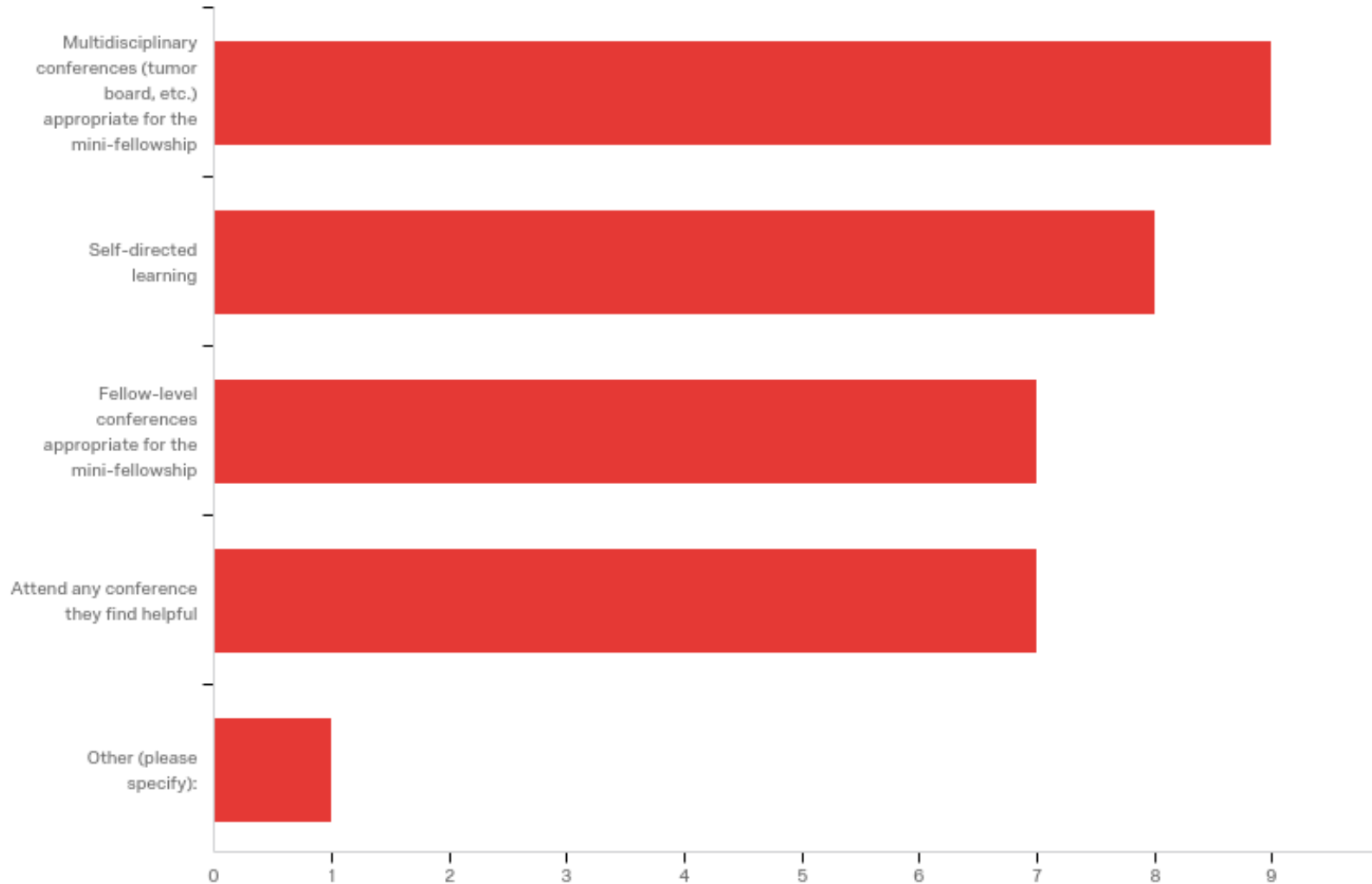


q35a - Do you require the fourth year residents to attend didactic conferences?

#	Answer	%	Count
1	Yes	85.37%	70
2	No	14.63%	12
	Total	100%	82



q35b - What alternative educational opportunities do the fourth year residents have? (Select all that apply.)



q35b - What alternative educational opportunities do the fourth year residents have? (Select all that apply.)

#	Answer	%	Count
1	Multidisciplinary conferences (tumor board, etc.) appropriate for the mini-fellowship	28.13%	9
2	Self-directed learning	25.00%	8
3	Fellow-level conferences appropriate for the mini-fellowship	21.88%	7
4	Attend any conference they find helpful	21.88%	7
5	Other (please specify):	3.13%	1
	Total	100%	32

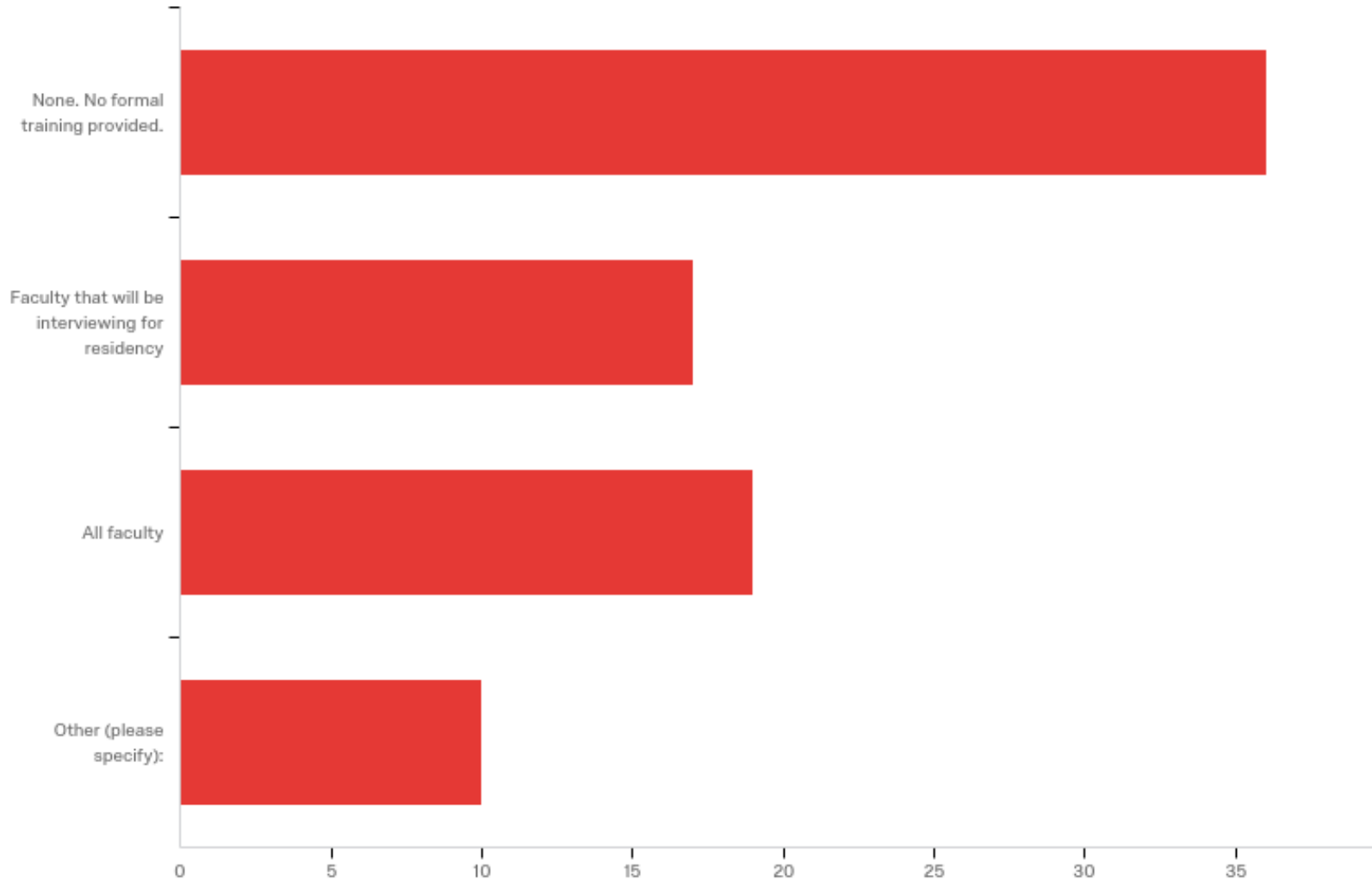
q35b - What alternative educational opportunities do the fourth year residents have? (Select all that apply.)

q35b\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

they must document 5 hours of fellow level conferences per week;

q36 - Which FACULTY groups undergo training in unconscious bias at your institution?



q36 - Which FACULTY groups undergo training in unconscious bias at your institution?

#	Answer	%	Count
1	None. No formal training provided.	43.90%	36
2	Faculty that will be interviewing for residency	20.73%	17
3	All faculty	23.17%	19
4	Other (please specify):	12.20%	10
	Total	100%	82

q36 - Which FACULTY groups undergo training in unconscious bias at your institution?

q36\_4\_TEXT - Other (please specify):

**Other (please specify): - Text**

faculty on any selection committee (residency selection and new faculty hire selection)

All Program Directors receive unconscious bias training

Optional faculty training course attendance

voluntary - rare since no one has time

Institutional leadership including the PD

Leaders in the department

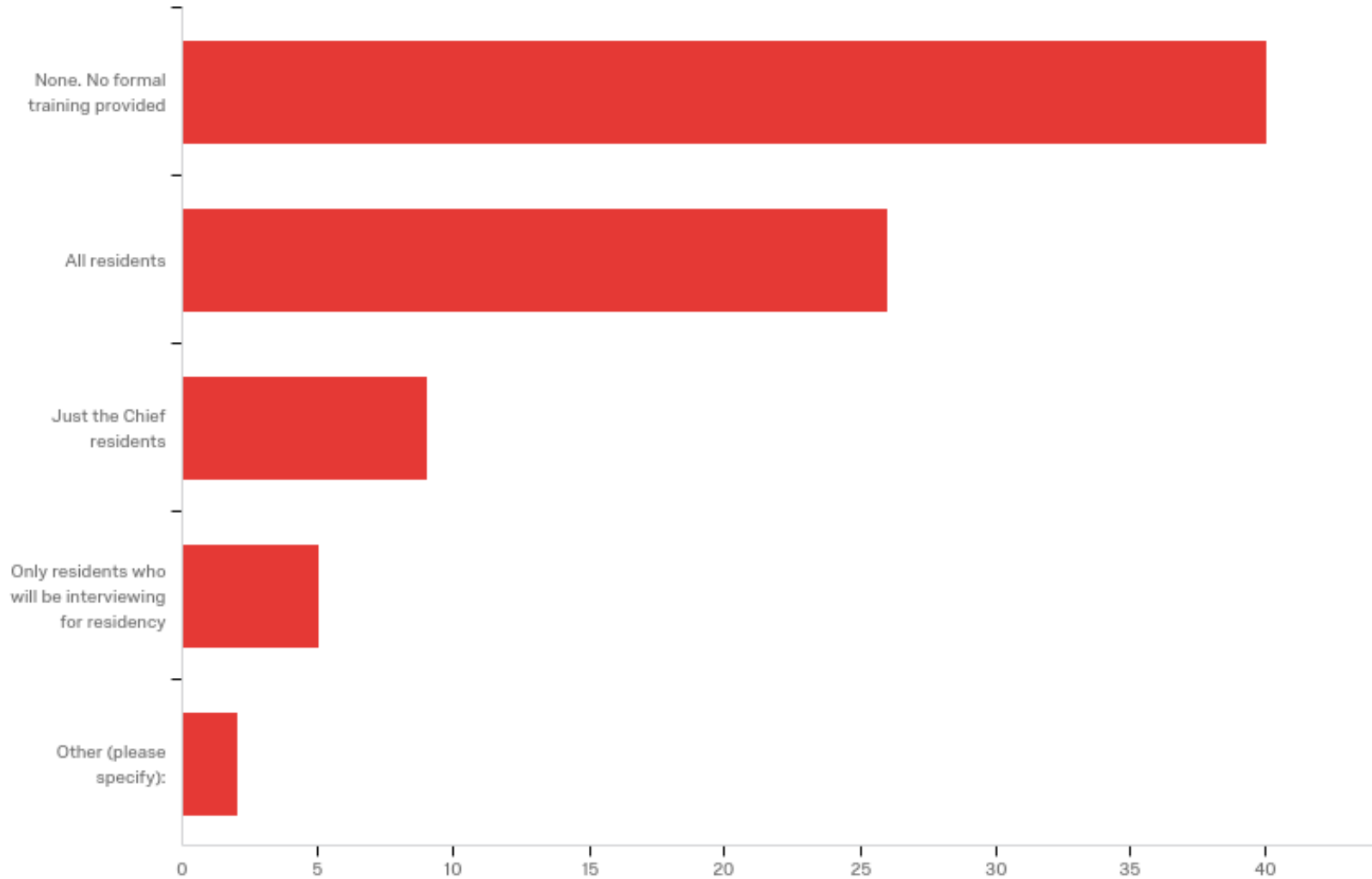
Faculty interviewing faculty candidates

political concept, not scientifically valid

None currently. Planned for next academic year.

institution sponsors training, not all faculty attend

## q37 - Which RESIDENT groups undergo training in unconscious bias at your institution?



q37 - Which RESIDENT groups undergo training in unconscious bias at your institution?

#	Answer	%	Count
1	None. No formal training provided	48.78%	40
2	All residents	31.71%	26
3	Just the Chief residents	10.98%	9
4	Only residents who will be interviewing for residency	6.10%	5
5	Other (please specify):	2.44%	2
	Total	100%	82



q37 - Which RESIDENT groups undergo training in unconscious bias at your institution?

q37\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

political concept, not scientifically valid

## q38 - How does your department promote diversity?

### How does your department promote diversity?

It is considered in the recruitment of new faculty. We are lucky to have a fairly diverse department.

we have lectures provided by the university.

Keep it in mind during ranking process. Our understanding is that it is not legal to make it a formal selection criterion (i.e., can't add to "points" if a point system is used, etc)

Attempt to increase diversity with recruitment

culture of respect and inclusivity starting with the selection process. success based on ability and performance alone

We are very diverse in regards to sex but not diverse racially.

Module training for faculty and residents and by having a very diverse faculty and resident groups.

No specific promotion

Nothing formal done despite the fact that the Chair "claims" to be supportive of diversity

## q38 - How does your department promote diversity?

### How does your department promote diversity?

By positively discriminating female and non-white resident candidates during selection of interviewees. (I personally do not agree to this practice)

Annual training session for all staff, provided by an attorney specializing in harassment/discrimination, to understand the legal basis, and recognize patterns of behavior.

Annual Institutional guidelines and support for discrimination and promotion of diversity.

Departmental recognition of different cultures, backgrounds and perspectives.

PD

We really don't.

The institution has a diversity committee.

I have reached out to the Medical School and the diversity committee and we are in the process of trying to work out a program

Encourage advancement for ALL members. No specific quotas.

We look for and interview diverse candidates for all positions.

.

residency selection committee emphasizes recruiting a diverse class

## q38 - How does your department promote diversity?

### How does your department promote diversity?

We are a very diverse department by nature of our location.  
Diversity plays a role in resident recruitment.

We recruit for diversity

Department Diversity and Inclusion Committee with activities including "Lunch and Learns"

We are very diverse to begin with, we see a very diverse population. So already being done without needing to 'promote' this.

The same way other departments do.

We have 1 resident per year from SACM, we consciously promote diversity when choosing med student applicants, because AUR promotes this behavior.

department and institution policy

Not really at the attending level  
It is considered in resident applicants ranking

Participate in health system diversity activities. Multicultural activities within department. Strive to have balanced faculty and trainees

## q38 - How does your department promote diversity?

### How does your department promote diversity?

Diversity committee and activities.

It is a major topic that is discussed frequently, we bring in lots of speakers and have institutional leaders on diversity in our department

Variety of resident and faculty applicants and recruitment.

yes

We actively seek diversity in trainees during selection. There is a strong minority house staff association that helps us recruit minorities with second visits and mentors.

We will not discriminate for or against any race. Purely meritocratic

We sponsor a diagnostic radiology visiting URM medical student elective

LEctures from the office for diveristy and inclusion. INstitution gatherings

No formal departmental program. Rely on institutional required programs.

It doesn't and we have virtually none.

## q38 - How does your department promote diversity?

### How does your department promote diversity?

Discussion and inclusion. Striving to increase a diverse faculty and resident group. Institution-wide promotion of diversity.

Meetings, flyers, social events

Cultural competency training from health system

hiring practices

Existing diversity in faculty and resident group helps promote and sustain itself.

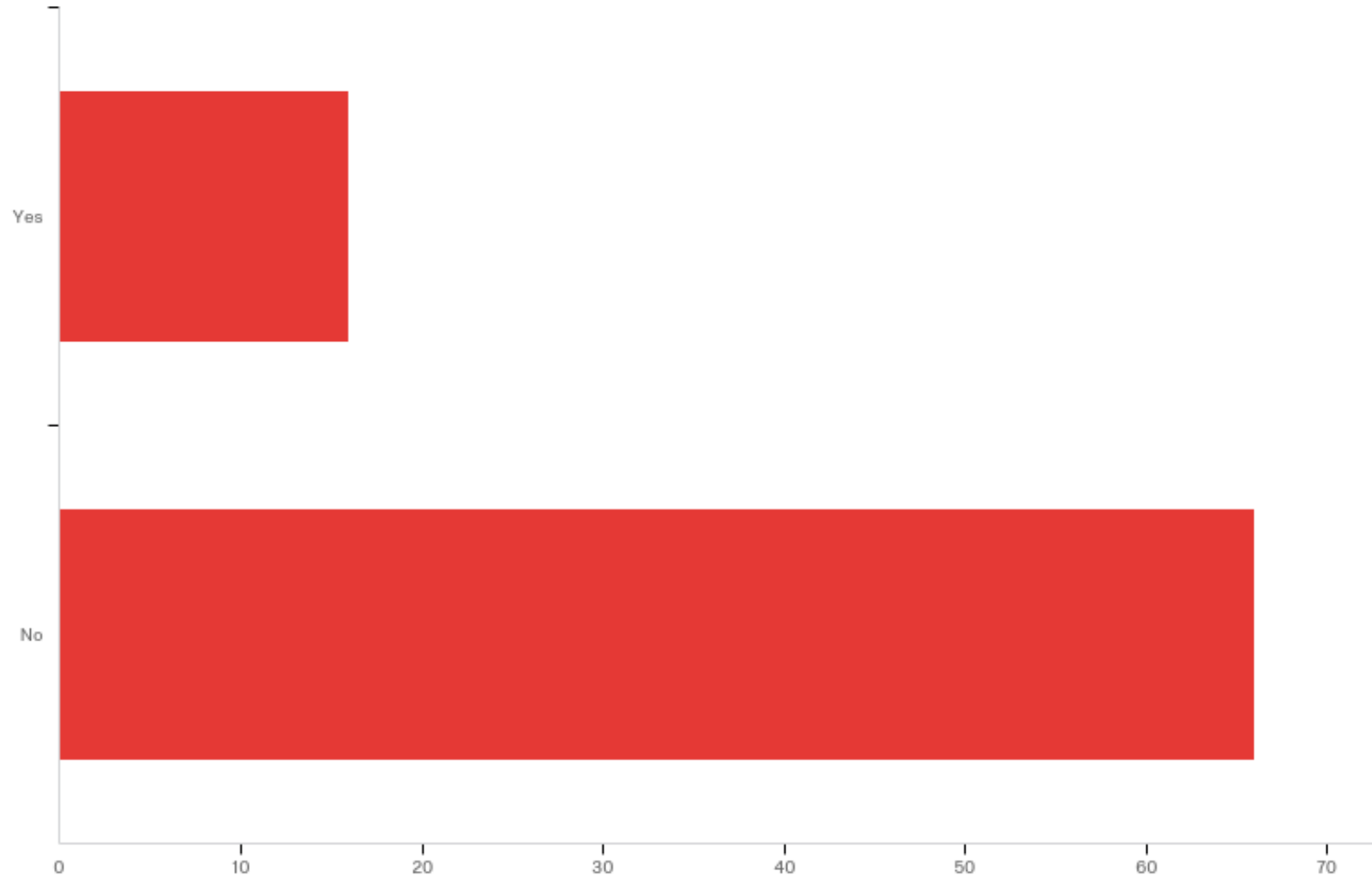
we have a map of the world in our resident lounge ; trainees when they enter the program place a pin on their country of origin

Diversity Committee, Vice Chair Diversity, Grand Rounds, Recruiting (second look weekends), mentor under-represented medical students

No formal way. Just through informal discussions on the need for diversity

Lectures

q39a - Does your program incorporate social media into resident education?

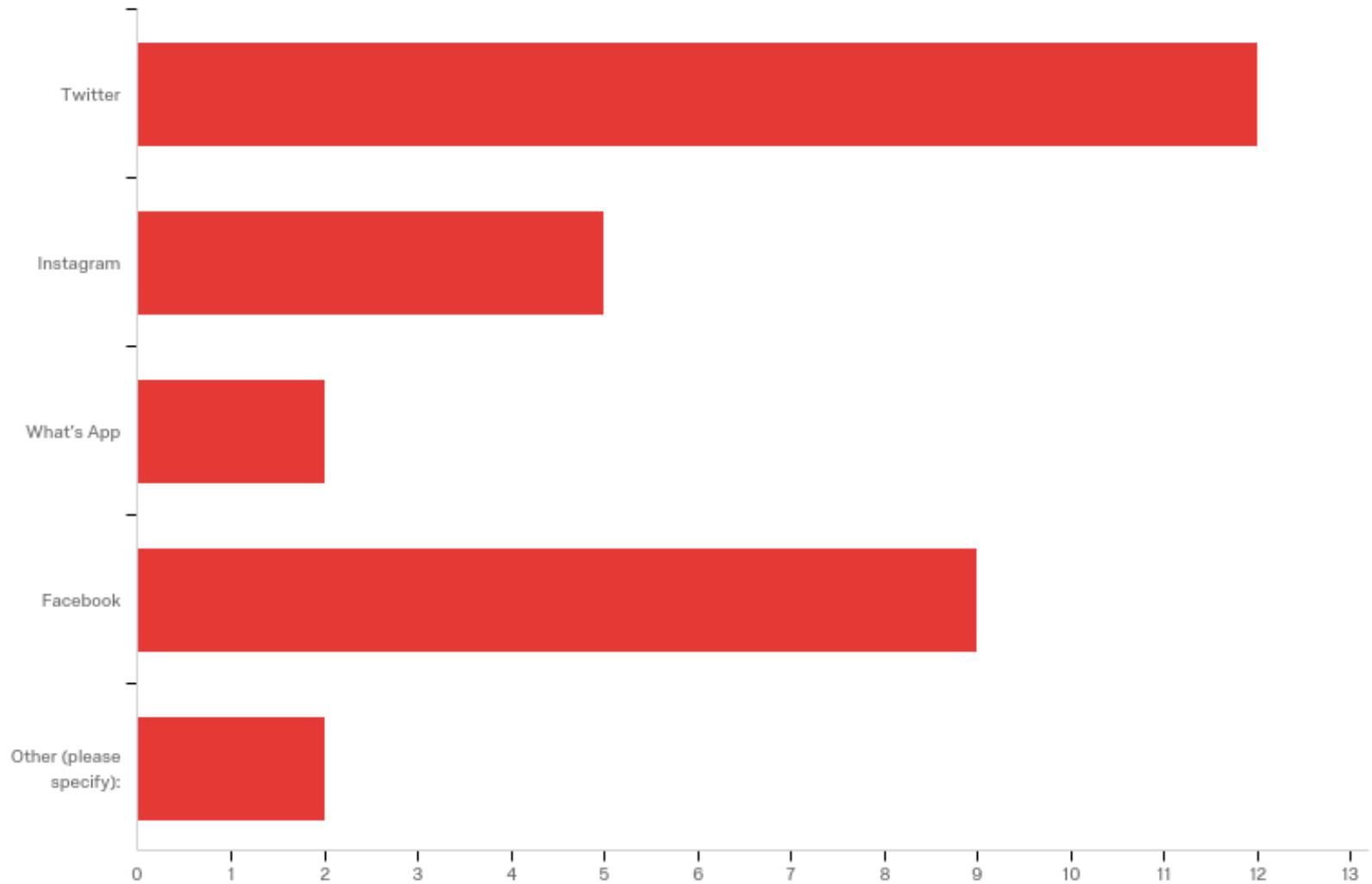


q39a - Does your program incorporate social media into resident education?

#	Answer	%	Count
1	Yes	19.51%	16
2	No	80.49%	66
	Total	100%	82



q39b - What specific apps are you using? (Select all that apply.)



q39b - What specific apps are you using? (Select all that apply.)

#	Answer	%	Count
1	Twitter	40.00%	12
2	Instagram	16.67%	5
3	What's App	6.67%	2
4	Facebook	30.00%	9
5	Other (please specify):	6.67%	2
	Total	100%	30

q39b - What specific apps are you using? (Select all that apply.)

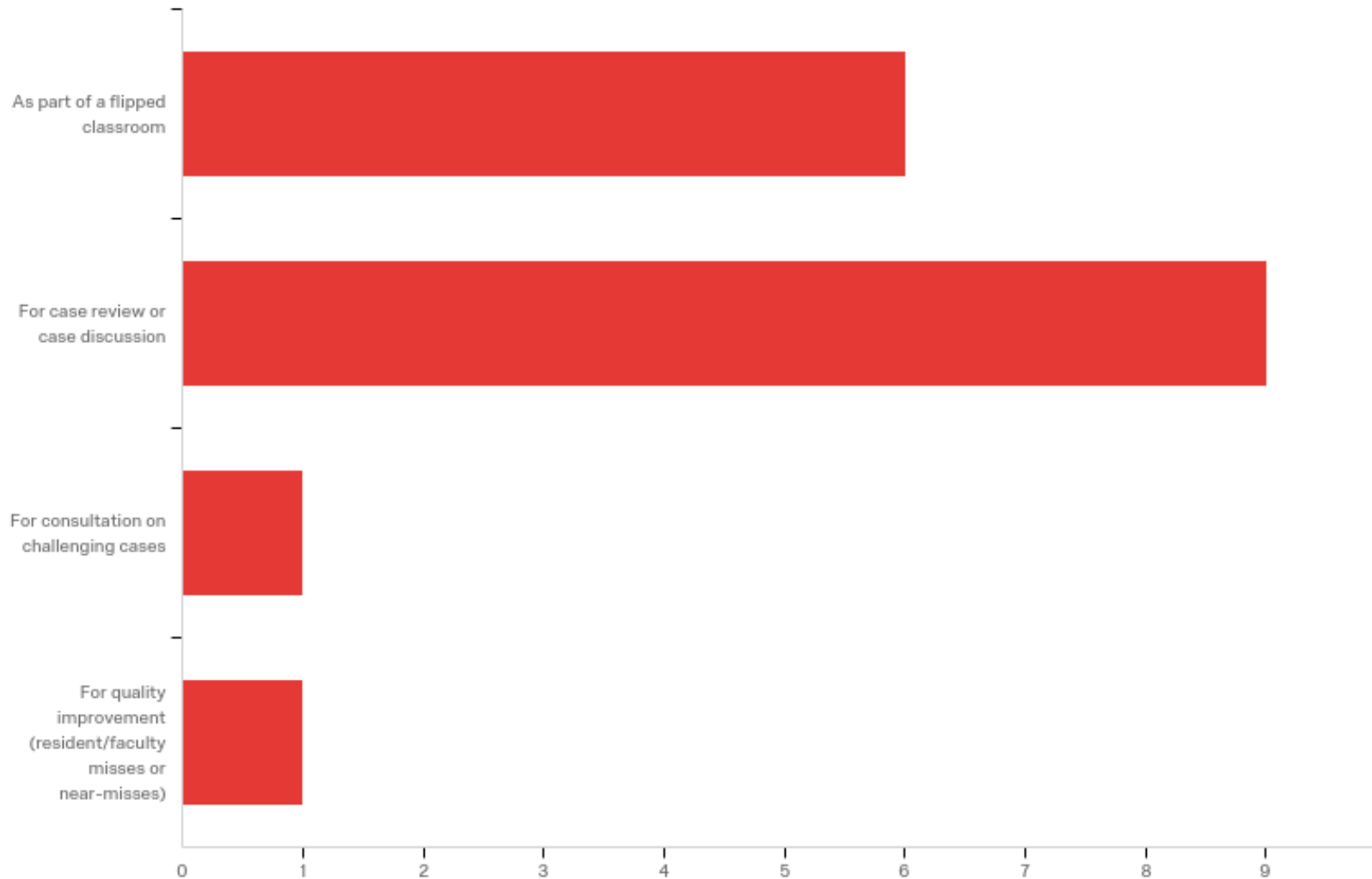
q39b\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

we use SurveyMonkey to do resident lecture evals; these can be done on a smartphone

Institution developed app

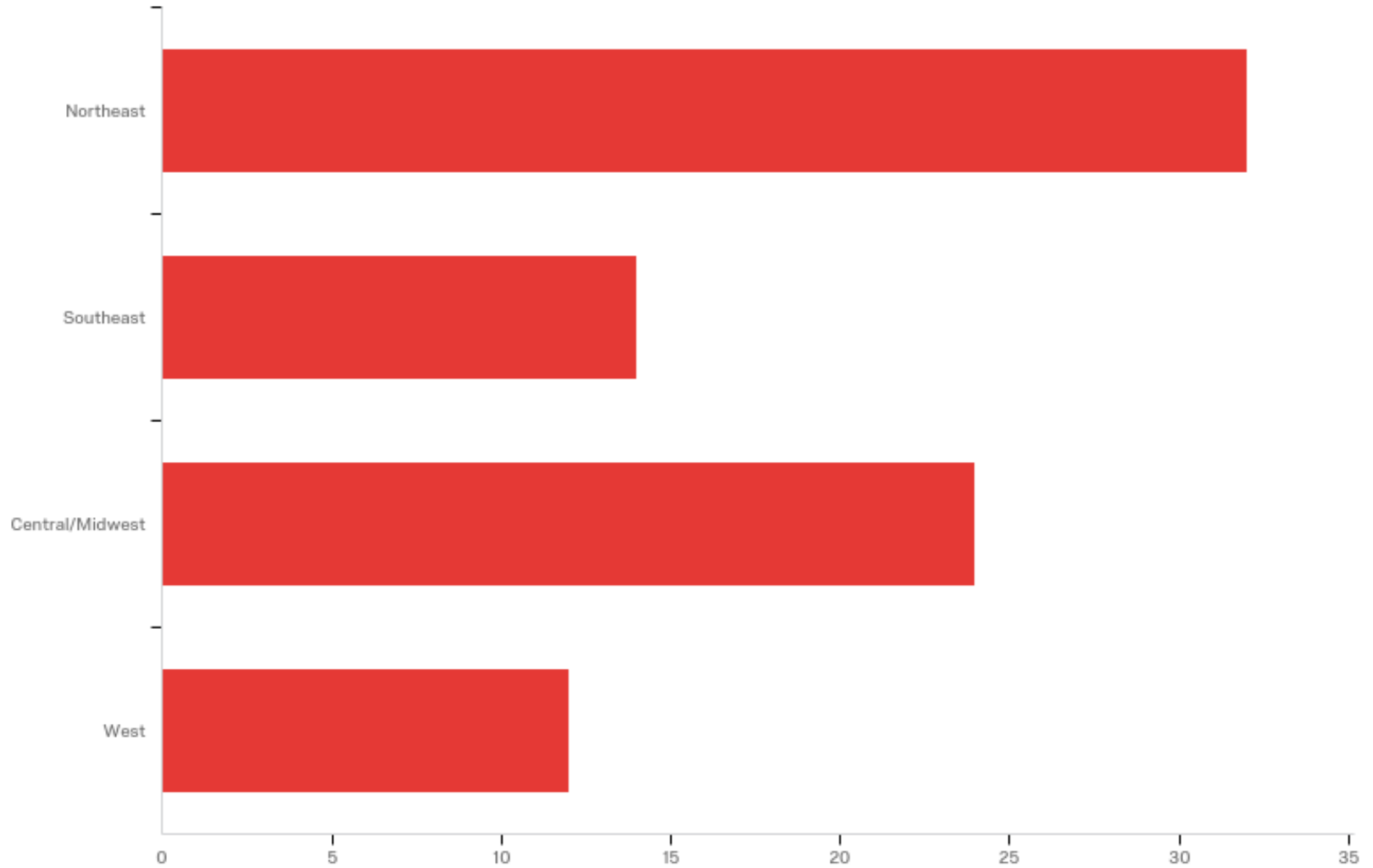
q39c - What formats are you using social media in your residency?  
(Select all that apply.)



q39c - What formats are you using social media in your residency? (Select all that apply.)

#	Answer	%	Count
1	As part of a flipped classroom	35.29%	6
2	For case review or case discussion	52.94%	9
3	For consultation on challenging cases	5.88%	1
4	For quality improvement (resident/faculty misses or near-misses)	5.88%	1
	Total	100%	17

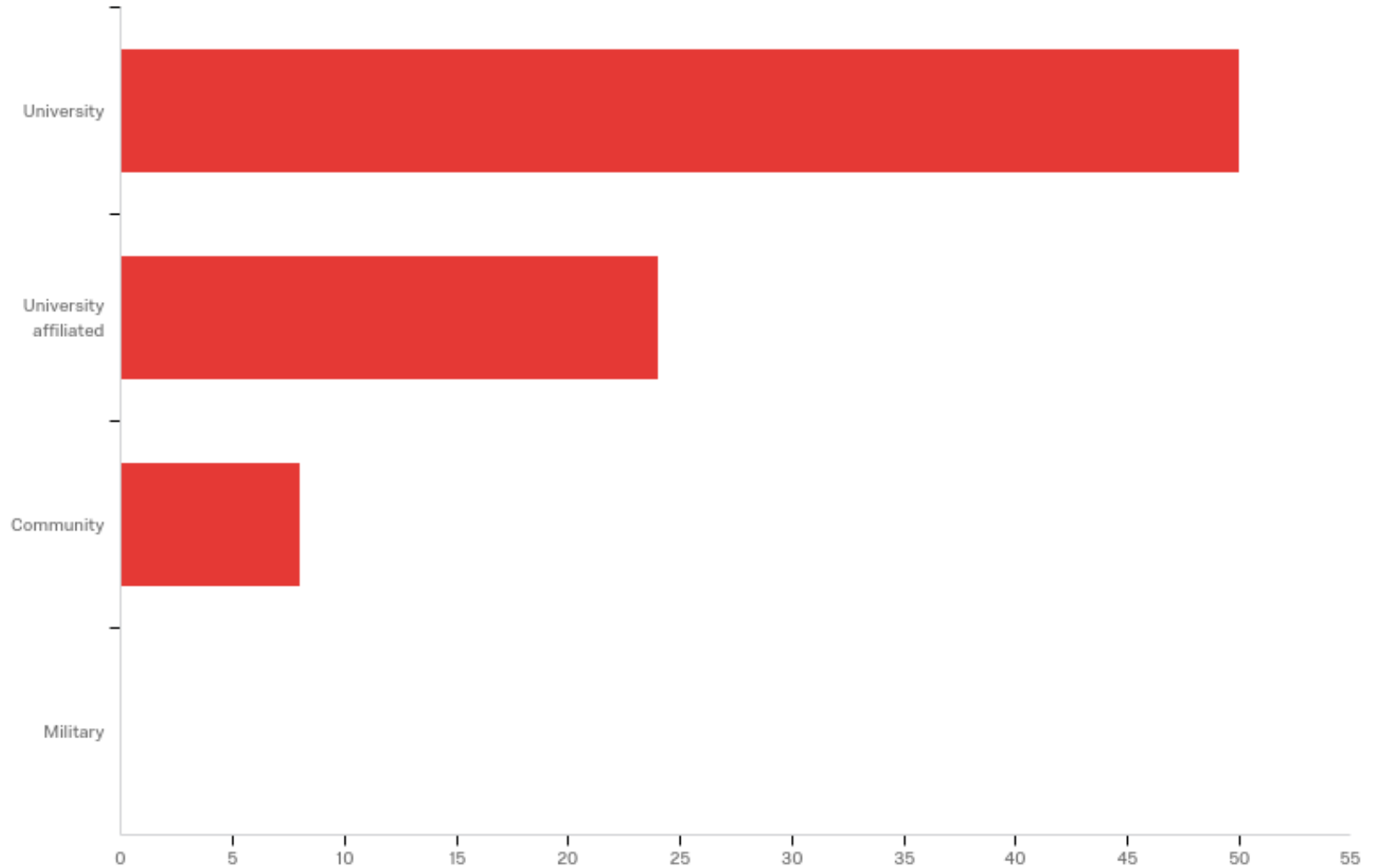
## q40 - Geographic region:



## q40 - Geographic region:

#	Answer	%	Count
1	Northeast	39.02%	32
2	Southeast	17.07%	14
3	Central/Midwest	29.27%	24
4	West	14.63%	12
	Total	100%	82

## q41 - What type of program do you oversee?

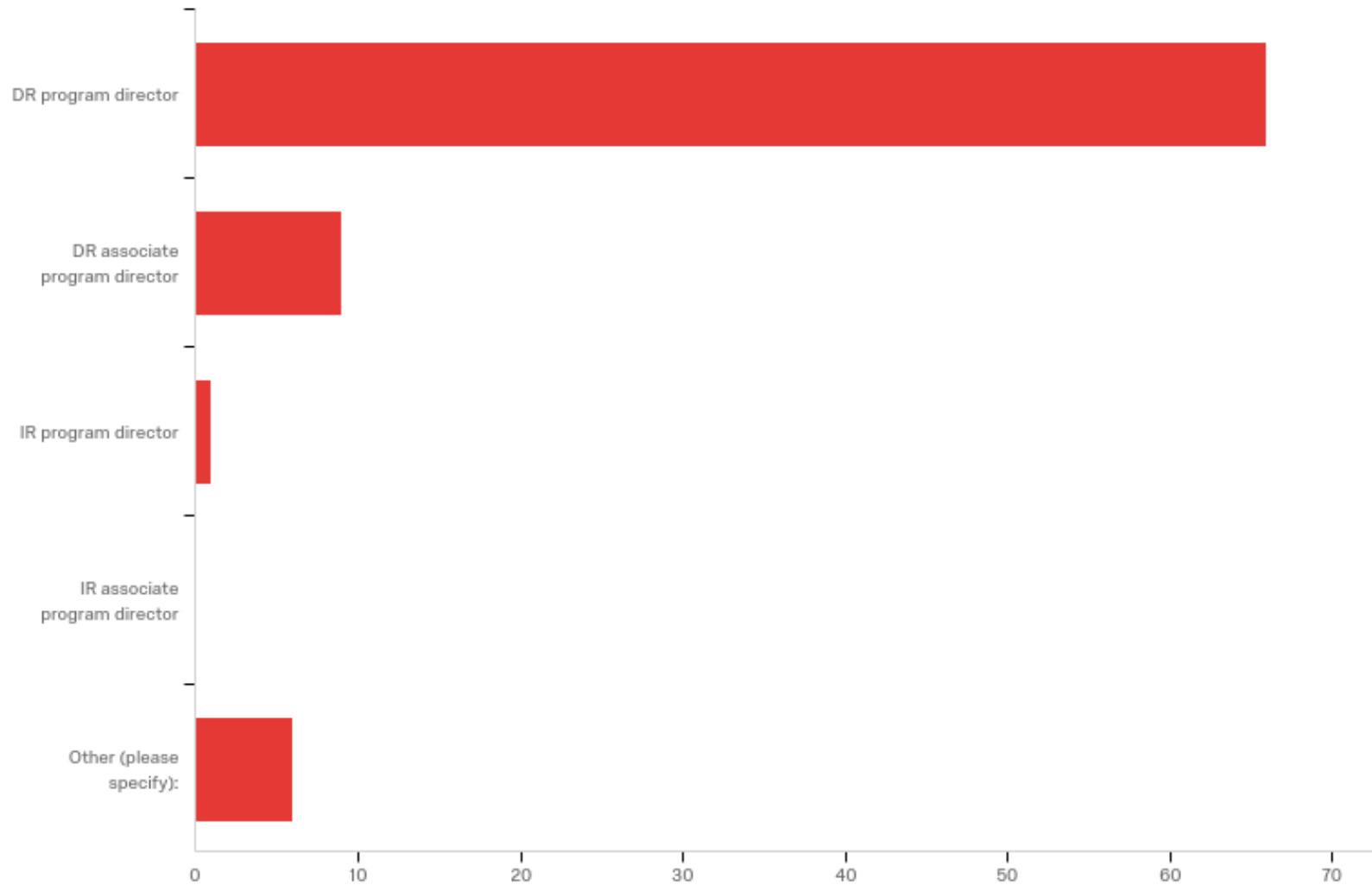




## q41 - What type of program do you oversee?

#	Answer	%	Count
1	University	60.98%	50
2	University affiliated	29.27%	24
3	Community	9.76%	8
4	Military	0.00%	0
	Total	100%	82

## q42 - What is your primary role?



## q42 - What is your primary role?

#	Answer	%	Count
1	DR program director	80.49%	66
2	DR associate program director	10.98%	9
3	IR program director	1.22%	1
4	IR associate program director	0.00%	0
5	Other (please specify):	7.32%	6
	Total	100%	82

## q42 - What is your primary role?

q42\_5\_TEXT - Other (please specify):

**Other (please specify): - Text**

DR PD and VCE

I am the DR PD and will be the Independent IR/DR PD when it starts July 2020

Vice Chair for Education

Educational lead and former PD

Vice Chair Education

## q43 - What would you like APDR to provide to support your PD efforts?

### What would you like APDR to provide to support your PD efforts?

Provide guidances on methods for remediation of residents - the curriculum is full in the three years before the ABR CORE and changing rotations for remediation is disruptive to the rest of the program. How do other programs help a struggling resident? Do departments provide time for faculty to engage in extra education?

Directives on protected time.

1. Make a statement or somehow facilitate that fellowship programs not start (no orientation, etc) before July 1.

Continue current efforts

coordinating with SCARD to ensure that chairs adhere to the new paradigm of ACGME required support for PDs in spirit and on ground. Already many chairs are trying to manipulate the system and avoiding giving the support required. (for eg by including faculty other than the APD such as vice chairs etc to dilute FTE support for PD)

more educational resources such as open access didactic lectures for all sub-specialties

Help with resident and faculty wellness training.

online materials for faculty development

## q43 - What would you like APDR to provide to support your PD efforts?

### What would you like APDR to provide to support your PD efforts?

More standardized curricula to meet the non-interpretative skills requirements and the new common program requirements.

Standard curriculum development.

Coordinator support.

Time off policy now that the ABR removed the six week per year policy.

Budgeting education.

Wellness initiatives

Imaging informatics curriculum for programs that do not have a Director of imaging informatics

i. How do we assist residents prep for the Core exam?

ii. Provide material we can use for didactics/resident education (particularly areas such as Informatics, Future of Radiology, Practice guidelines) that can be completed at their discretion (e.g. webinar, on-line module etc.)

Reassess the Integrated/ ESIR tracks - for instance - we are assessed by our Rank Index but Integrated residents rank our IR program high and our DR program low (since they want Integrated) - yet we are asked to be "blind" in the Ranking process - the system is seriously flawed - prob because it was instituted without any significant input from the DR community

more templates for common ACGME requirements. help educating our ACGME partners that a lot of what they are mandating are not based on data and at best intuitive or feel good in nature without actually improving education.

## q43 - What would you like APDR to provide to support your PD efforts?

### What would you like APDR to provide to support your PD efforts?

I wish we had a internet forum to bounce questions off of each other. As a new PD trying to make changes; hearing from experienced PDs about approaches to problems would be great. Maybe there is and I have not found it yet!

Continue to support resources like RadExam

Regular "Connect" emails for questions, successful practices, etc..

I would like more published data

- average case volumes, by year and overall
- number of calls (types of calls)
- independent versus non-independent call
- amount of moonlighting, average number of hours and reimbursement
- detailed information on academic funds
- meeting reimbursement, namely what is required for a resident to be reimbursed for a meeting...ie podium presentation or poster only.
- How much money do they get for attending a meeting: is it capped or can they submit all the costs. If there is a cap, what is it.

Push the ACGME to give greater credence to PD protected time by making it a reportable event on ADS and making it a citable offense with risk of probation or losing accreditation.

Guidance on how to deal with residents leaving early to attend fellowship orientations which occur prior to July 1.

## q43 - What would you like APDR to provide to support your PD efforts?

### What would you like APDR to provide to support your PD efforts?

Guidance on how realistically to implement certain new ACGME requirements, for example "patient centered care"

Fight for relaxed regulations from ACGME/ more control in hands of individual programs/PDs

A genuine and tangible decrease in the amount of documentation needed for DR residency. I truly don't want more protected time. I would much rather have fewer administrative and documentation requirements.

Provide on line resources for wellness and safety

Best practices in: professionalism, interpersonal/communication. Depoliticize GME.

Data from this survey! More resources on the website. Social media or web based forum to post questions (like ACR). Thank you!

Online learning tools for resident education (not just scanned in papers and not multi-day workshops). Develop a APDR board/Core review program to mirror the MKSAP done by internal Medicine.

Updates on new information, rules, regulations



## q43 - What would you like APDR to provide to support your PD efforts?

### What would you like APDR to provide to support your PD efforts?

Standard curriculum for all modalities and sub specialties.

once monthly webinar covering all of the topics in this survey

Resources for unconscious bias and emotional intelligence training.

Develop a web-based, online curriculum/lecture series available to all residents in the country (similar to what has recently been done in MSK)

Better canned curricula