



KEATS SOCIETY

DEPARTMENT OF RADIOLOGY
AND MEDICAL IMAGING
ALUMNI SOCIETY



CHAIR'S CORNER

The New Interventional Radiology Residency: What Would Tunk Think?

In 1973, Dr. Charles J. "Tunk" Tegtmeier created the Division of Angiography, Interventional Radiology (IR) and Special Procedures at the University of Virginia. In 1977, he started a fellowship program. Tunk believed that IRs needed to be clinically-oriented and accountable for the care of the patients who were treated by the service. Building on that vision, the Division foresaw the need to develop a more clinically-oriented training pathway for the next generation of IRs. In 2001, a novel, ABR-approved clinical Vascular and Interventional Radiology (VIR) pathway was established at UVA in which medical students were matched directly from medical school into a 6-year VIR training program.

Dr. Warren Swee, who had been planning to pursue a career in Orthopedics until he did an IR elective as a 4th year medical student, was the inaugural clinical VIR resident at UVA. After an internship in general surgery, Dr. Swee spent his next four years of training in Diagnostic Radiology during which he was required to take multiple four-week clinical rotations, such as Cardiology, Vascular Surgery, Gastroenterology, and the ICU. He also spent extra time in IR or IR-related rotations such as cardiovascular imaging. Upon completion of his Residency, he took and passed his Diagnostic Radiology Boards and after finishing his Fellowship year in VIR, he completed his Certificate of Added Qualifications in VIR. UVA was one of a handful of programs able to implement this VIR training pathway and is very proud to have trained such clinically-committed and talented IR physicians.

Fast forward to 2015, and things have evolved further in IR training. In late 2012, the American Board of Medical Specialties (ABMS) officially recognized IR as the 37th specialty in Medicine with its own primary certificate. As a reference, in 1987, Radiation Oncology was the 35th specialty recognized by the ABMS. In September of 2014, the Accreditation Council for Graduate Medical Education (ACGME) also approved the program requirements for the new IR residency. Therefore, in 2020, the IR fellowship will disappear. The structure of the ACGME-accredited IR residency will still reside within the Department of Radiology and Board Certification will be via the American Board of Radiology (ABR). However, there will be a requirement to have separate IR Residency and Diagnostic Residency Program Directors.



The program requirements for the new IR Residency allow for three different training paths:

1. The Integrated IR Residency: This path is designed to run parallel to Diagnostic Radiology (DR) Residency. Candidates match directly into an Integrated IR Residency from medical school using the standard NRMP match process and begin their Residency after completing a clinical internship (PGY 1) year. The Integrated IR Residency is five years long (PGY 2 – 6) and must be completed at one institution. The first three years will be identical to a DR residency and both IR and DR Residents will take the ABR Core Exam at the end of their PGY 4 year. The PGY 5 – 6 years are comprised of IR or IR-related rotations, clinical inpatient and outpatient experience, and an ICU rotation. The clinical training component is the key to the IR Residency program curriculum. The Integrated IR residency will be very similar to the clinical VIR pathway implemented at UVA in 2001, so other than the necessary paperwork, the transition will be relatively seamless for our Department. We hope to match for our first class of Integrated IR residents in March of 2016, with our first IR residents (PGY 2) starting in July 2017.

GRADUATING RESIDENTS



Amanda Beer, M.D.
Fellowship, Interventional
Radiology
University of Virginia



Dustin Boatman, M.D.
Fellowship, Musculoskeletal
Radiology
University of Virginia



David Clopton, M.D.
Private Practice
James H. Quillan VA
Medical Center, TN



John Crudup, M.D.
Fellowship, Musculoskeletal
University of Virginia



Joseph Donahue, M.D.
Fellowship,
Neuroradiology
University of Virginia



Jamie Doster, M.D.
Fellowship, Interventional
Radiology
University of Virginia



Hannes Kroll, M.D.
Fellowship, Neuroradiology
Stanford Health Care, CA



Allison Lippert-Boatman, M.D.
Fellowship, Breast Imaging
University of Virginia

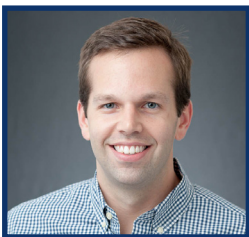


Kareem Rahbar, M.D.
Fellowship, Breast Imaging
Sloan Kettering, NY

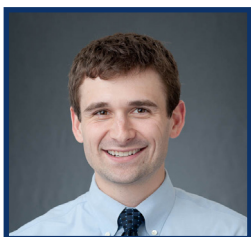


Arman Yaghoubian, M.D.
Fellowship, Interventional
Radiology
University of Virginia

NEW RESIDENTS CLASS OF 2019



Brian Burress, M.D.
University of Tennessee



Benjamin Contrella, M.D.
University of Virginia



Adam Donithan, M.D.
Virginia Commonwealth
University



Robert Dufour, M.D.
George Washington
University



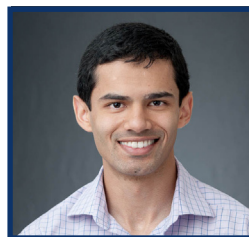
Steven Hang, M.D.
Brown University



Nicole Keefe, M.D.
State University of NY,
Upstate Medical Ctr.



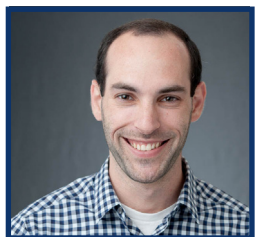
Paul Mathew, M.D.
Pennsylvania State
University



Nabeel Mecci, M.D.
University of Texas
Medical Branch



Katherine Sterner, M.D.
West Virginia University



Adam Zelickson, M.D.
University of Alabama

PRESIDENT'S CORNER

The 2015 Keats Society meeting was fantastic and it was great to see so many friends. The cocktail party, held at the home of Patt Keats, was wonderful (Thank you, Patt) and although clouds threatened rain, the result was a beautiful sunset over the Blue Ridge.

On Saturday morning, Dr. Giles Boland gave a presentation titled "Healthcare Reform: Radiology's Role, Responsibility and Response" explaining new payment strategies for reimbursement in medicine based on value. This concept has become a quick reality and is now upon us. Dr. Boland's Power Point slides are available for review and you can request a copy from Karen Barden at karen.barden@virginia.edu. The information he provides is particularly useful going forward to understand and adapt to changing healthcare reimbursement strategies.



The golf outing, at the newly constructed Full Cry Course designed by Pete Dye at Keswick Hall, turned out to be such a beautiful day. Since I have selective memory and only remember my good shots, I had a fabulous round. I saw some beautiful scenery and I know that everybody who played, had fun. The folks at the wine tasting said the wines were delicious, the vineyards accommodating and the company very congenial indeed.

As I look back, I feel so fortunate to have had the opportunity to train at UVA in such a challenging, but supportive, environment. Everyone who has benefitted from a rewarding career in Radiology owes a debt of gratitude to the department as our careers have been enhanced by outstanding trainees and colleagues. I'd like to give a special thanks to the fabulous techs, nurses, administrative assistants, IT personnel and all who make our department run so well. I feel so incredibly indebted to UVA and my mentors, that I have gladly given of my time and resources to help keep the dream alive for future trainees. I hope that you feel likewise.

Spencer B. Gay M.D.



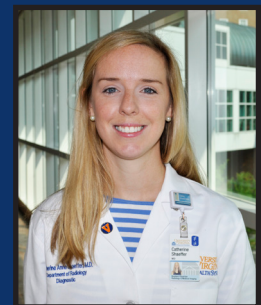
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Questions: Call Karen at 877-882-9729

RESIDENT CORNER

Now that the 2014-2015 academic year has ended, we have welcomed another class of incoming residents. For me, it is a time of reflection looking forward to advancing my training at such a fabulous institution. I, along with my co-residents, have learned a tremendous amount since starting in our training just two short years ago. This is thanks in large part to the amazing faculty that foster our education and to the Keats Society for its generous donation of vital resources.

I join my fellow residents in thanking those of you who make financial donations to the Keats Society so that we can have continual access to on-line learning modules such as StatDX and e-Anatomy, which act as a vital resource in learning and patient care, especially during call shifts. While the prospect of starting call was intimidating, these resources have allowed us to sharpen our skills and boost our confidence in decision-making. The Rad Primer subscription has also been an invaluable tool to the third year class in preparation for the Radiology board exam. Second year residents have already started using the question bank in preparation for the board exam. Furthermore, the opportunity to attend the Huda Physics course thanks to the generosity of the Keats Society, will provide an invaluable educational experience.



As a member of the UVa Radiology Class of 2017 I look forward to the remaining two years of training with enthusiasm. Anticipating the increased responsibility of upper level call, I look to the classes that have come before me as models for success. As we watch the graduating class advance into prestigious fellowships or go forth into practice, I know that their achievements are founded in the strong educational background offered at UVa and the generous network of the Keats Society and alumni. I speak for all my co-residents when I say thank you for your continued support!

Catherine Shaeffer , Third Year Resident

2. The Independent IR Residency: This path is designed to allow graduates of DR Residencies to pursue training in IR. This program is two years in length (PGY 6 – 7). Candidates match into this program while in the PGY 4 year of their DR Residency. Again, the additional clinical training component is the key to this curriculum. The DR and IR Residencies may be done at different institutions.

3. The Early Specialization in IR (ESIR) Independent Residency: With the change by the ABR to the Core (at the end of the PGY 4 year) and Certifying (15 months after the PGY 5 year) exams for Board Certification, current DR Residency training allows for, and indeed expects, some degree of focus or specialization during the PGY 5 year (i.e. mini-fellowships). Many DR Residency programs now allow senior residents six or more months of elective time to pursue a subspecialty interest. A DR resident who obtains sufficient IR experience in the PGY 5 year (i.e. nine months of IR-related or clinical rotations, one of which must include an ICU rotation) will be termed "ESIR." The ESIR resident may match during their PGY 4 year into an Independent IR Residency for one additional year of IR training. This allows an ESIR resident the ability to complete all IR Residency training requirements in six, rather than seven years (as with the Independent IR Residency). Diagnostic Radiology Residencies must apply to the ACGME for approval to offer the ESIR pathway. ESIR pathway residents must complete specific program requirements and caseloads to qualify, and may do their last year at a different institution. We plan to also have the ESIR path for resident training in place by 2020.

The new IR Residency and primary certificate is a big step forward for the specialty of IR. Fortunately, UVA is well-positioned to implement this new IR Residency and build on its clinically-oriented training program. I believe Tunk would think, "It's about time!"

Best wishes,



SAVE THE DATE

RSNA Alumni & Friends Reception

Monday, November 30, 2015

Intercontinental Hotel

6:30 - 8:30 pm

NOTE: The date has changed from our usual Tuesday night gathering

Keats Society Homecoming Reunion Weekend

May 5-6, 2017

Mark your calendar and plan to join us!