ABOUT SOCIETY OF INTERVENTIONAL RADIOLOGY

The Society of Interventional Radiology (SIR) is a national organization of physicians, scientists and allied health professionals dedicated to improving public health through disease management and minimally invasive, image-guided therapeutic interventions. SIR's membership consists of more than 6,000 members involved in all aspects of interventional radiology. Members enjoy access to resources, advocacy and engagement at every stage of their career.

SIR is particularly concerned with attracting quality medical students and residents to interventional radiology (IR) programs. As such, SIR envisioned creating an online directory containing all of the active fellowships available throughout the United States and Canada. While not a survey platform, this new type of model was a perfect fit for Dynamic Benchmarking and the SIR Training Program Directory was born. Developed with one database, but two views, this directory allows IR Program Directors to provide important information about their own programs and medical students, and residents to search for IR programs of interest. SIR added critical filters for looking at subsets of programs, such as location, as well as detailed reports comparing the various procedures that are performed at different programs. SIR predicts that this new model will be of great interest to medical program associations around the world.

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Founded in the early 1960s, interventional radiology (IR) allows minimally invasive treatment by reaching the source of a medical problem through blood vessels or directly through a tiny incision in the skin to deliver a precise, targeted treatment. Interventional radiology treatments can deliver solutions with less risk, less pain and less recovery time than traditional surgery. In 2012, the American Board of Medical Specialties approved interventional radiology as an official medical specialty. SIR created the Interventional Radiology Program Directory as a means for trainees to compare the composition of different IR programs while at the same time providing IR programs with relevant benchmarking data.

"As far as medical specialties are concerned, IR is relatively new. Some students aren't even aware that it's an option," comments Joy Gornal, Director of Membership, Marketing and Graduate Medical Affairs for SIR. "Giving students a tool that presents current and accurate IR program data in a uniform manner will make it easier to compare the programs available to them."

The Interventional Radiology Program Directory had traditionally been offered as a printed directory to medical students and professionals with data compiled manually from IR program directors. While moving the directory to the SIR website made the information more accessible, the directory was not uniform, consisted primarily of basic contact information, and had no means by which to compare program offerings to each other. SIR wanted to create a resource that allowed students to compare program offerings in detail as well as let IR program directors compare the training capacity of their programs, both year over year and to other programs.

To simplify data collection as well as improve data quality, security and program comparison capabilities, SIR contracted with Dynamic Benchmarking to create an online tool to not only collect data from the programs, but also allow for the comparison of key procedural areas and demographics to create the more useful tool that it envisioned.

The uniqueness of both the industry and the organization's needs required heavy customization of the Dynamic Benchmarking platform.

"One of the most important factors in choosing Dynamic Benchmarking was the ability to protect raw data while still providing detailed insight into program composition," adds Jennifer Goubeaux, SIR Program Manager of Graduate Medical Affairs. "For example, while program directors wanted to compare the number of procedures performed, none of them want to make their raw numbers public. We needed a way to present this data while being sensitive to the needs of the individual program."

The Dynamic Benchmarking platform was designed to address the need for anonymity when it came to sensitive program information like this. All data entered by programs is aggregated and individual performance statistics are always presented in an anonymous fashion. Additionally, raw data for IR procedures was further protected by expressing these key benchmarking indicators as percentages rather than numbers.

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"We understand the balance of wanting detailed data on peers and competitors while not revealing too much about the inner workings of each operation," comments Betsy Delfosse, Chief Operating Officer for Dynamic Benchmarking. "It's why we built our platform the way we did, offering maximum visibility to key training data without compromising participants' privacy."

In addition to protecting each participant's raw data, Dynamic Benchmarking worked closely with the SIR IT department to use membership data to regulate which reporting view was accessible based on member type.

"Because of the two very different audiences we serve, program directors and trainees, we needed to be confident they were accessing the data in the way meant for them," adds Goubeaux. "The ability to create a single sign on using our member database was vitally important, yet surprisingly easy to accomplish."

Confident that data was secure and the different audience needs could be met, SIR was able to build the tool they had envisioned, collecting more details about programs including salary, program demographics and information on the number and types of procedures performed.

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To incent program directors to participate fully, SIR wanted to make sure they could deliver maximum value from the study's resulting reports.

Dynamic Benchmarking
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"A great deal of time was spent on examining how reports could be interpreted and how data could be presented," adds Goubeaux. "We really appreciated the time that Dynamic Benchmarking dedicated to this aspect of the project to ensure that program directors had access to the most meaningful data possible."

SIR started collecting data in June 2016. Within the first 4-6 weeks, most member programs had already entered their data. In September 2016, the directory was opened to use by members and the feedback to date has been very positive.

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SIR expects usage of the directory to peak around application season, but expects that its directory will soon establish itself as the go-to source for IR program information. With medical training constantly evolving, SIR is already planning to make adjustments to the directory to accommodate recent innovations.

"We've already seen a shift in the training pathways IR professionals are taking as well as a change in our primary audience from fellowship candidates to medical students," continues Goubeaux. "Thanks to the flexibility of both the Dynamic Benchmarking platform and team, we're confident that we can evolve our directory to meet the needs of this developing medical specialty."

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http://www.dynamicbenchmarking.com/ clients/society-interventional-radiology

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