PROGRAM APPLICATION

RADIOLOGY-DIAGNOSTIC

OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES PROGRAM - [4203900160]

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Common Program Information

THE RESIDENCY REVIEW COMMITTEE FOR RADIOLOGY-DIAGNOSTIC
515 North State Street, Suite 2000 Chicago, Illinois 60654

PROGRAM INFORMATION FORM - RADIOLOGY-DIAGNOSTIC

ACCREDITATION INFORMATION

Date of First Class: **10/11/2015**		
Date: **2/14/2016**		
Title of Program: **Oklahoma State University Center for Health Sciences Program**		
Address: **OSU Center for Health Sciences** **1111 West 17th Street** **Tulsa, OK 74107**		
Program Director: **Jeremy S. Fullingim, DO**	Email: **jeremy.fullingim@gmail.com**	
Program Coordinator: **Brenda J. Davidson, MS**	Email: **brenda.davidson@okstate.edu**	
Program Coordinator: **Christa Arnold**	Email: **christa@diarads.net**	
10 Digit ACGME Program ID# (for accredited programs): **4203900160**		
Accreditation Status:	Effective Date: **N/A**	Number of Requested Positions: **12**
Original Accreditation Date: **N/A**	Accredited Length of Training: **N/A**	
The signatures of the director of the program and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.		
--------------------- Electronic Signature of Program Director (and date) ---------------------		
Name: Not signed by Program Director	Date:	
--------------------- Electronic Signature of Designated Institutional Official (DIO) (and date) ---------------------		
Name: Not signed by DIO	Date:	

MAJOR CHANGES

Please provide a brief update explaining any major changes to the training program since the last academic year. Please limit your response to 8000 characters.

PARTICIPATING SITES

SPONSORING INSTITUTION: (The university, hospital, or foundation that has ultimate responsibility for this program.)	
Name of Sponsor: **Oklahoma State University Center for Health Sciences [398059]**	
Address: **1111 W 17th Street** **Tulsa, OK 74107**	Single/Limited Site Sponsor: **NO**
Healthcare Entity Recognized by: **Commission on Osteopathic College Accreditation (COCA)**	
Type of Institution: **Academic Medical Center/Medical School**	
Name of Designated Institutional Official: **Gary L. Slick, DO**	Email: **gary.slick@okstate.edu**
Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution): **NO**	

All rotation sites may be entered but only required sites appear.

Primary Site (Site #1)	
Name: **Oklahoma State University Medical Center [399552]**	
Address: **744 West 9th Street** **Tulsa, Oklahoma 74127-9028**	Type of Relationship with Program: **Participating Site *** Joint Commission Approved: **NO**
Length of Rotation (in months): ***Year 1*: 12 *Year 2*: 11 *Year 3*: 10 *Year 4*: 11**	
Brief Educational Rationale: **OSUMC is the central site for resident education/experience. The radiology residency is trained by OSU Teaching Faculty Members of Diagnostic Imaging Associates (DIA). Due to DIA's integrated RIS/PACS systems, the entire group volume at any time is available for viewing or interpretation/dictation by residents (in conjunction with any attending) which encompase all imaging available in the field of radiology. DIA covers all its sites (contracted sites) 24 hours a day/7 days a week which includes OSUMC. There is always adequate faculty coverage and the volume of studies available to residents is over abundant. Residents have exposure at OSUMC to a large procedure volume which includes all imaging modalities as standard diagnostic procedures and the more advanced interventional & vascular procedures in dedicated interventional radiology rooms not shared by other specialties.**	
PLA Between Program and Site: **NA (the site is under the governance of sponsoring institution)**	
The following items are available within this institution for residents (check all that apply): ☑ **Sleeping Rooms** ☑ **Shower** ☑ **Secure areas (lockers or rooms that can be locked)** ☑ **Cafeteria** ☑ **Vending machines** ☑ **Parking within 5 minutes of facility** ☑ **Wifi**	

☐ **None of the Above**
Date Added to ADS as Rotation Site: **10/11/2015**

Participating Site (Site #2)
Name: **Children's Mercy Hospital [280426]**
Address: **Children's Mercy Hospital** **2401 Gillham Road** **Kansas City, Missouri 64108**
Does this institution also sponsor its own program in this specialty? **NO**
Does it participate in any other ACGME accredited programs in this specialty? **YES**
Distance between 2 & 1: Miles: **230.0** Minutes: **210.0**
Length of Rotation (in months): ***Year 1*: 0 *Year 2*: 1 *Year 3*: 1 *Year 4*: 1**
Brief Educational Rationale: **Children's Mercy Hospital in Kansas City provides the required exposure to pediatrics and meets the 3 month (3 separate 4 week blocks) requirement needed for resident training. The faculty at Children's Mercy has over 20 full time radiologists who provide the full spectrum of imaging and procedures** **on site. The teaching faculty onsite outnumber assigned radiology residents for the blocks assigned to our residents and 2 other radiology residencies that rotate their residents through Children's Mercy.**
PLA Agreement Between Program and Site: **YES**
The following items are available within this institution for residents (check all that apply): ☑ **Sleeping Rooms** ☑ **Shower** ☑ **Secure areas (lockers or rooms that can be locked)** ☑ **Cafeteria** ☑ **Vending machines** ☑ **Parking within 5 minutes of facility** ☑ **Wifi** ☐ **None of the Above**
Date Added to ADS as Rotation Site: **12/1/2015**

* Participating Site = Major and/or Other

If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation:
Y3 - AIRP (4 weeks) in Washington D.C.

FACULTY/TEACHING STAFF

Program Director Information

Name: **Jeremy S. Fullingim, DO**			
Title: **Program Director, Diagnostic Radiology**			
Address: **OSU Center for Health Sciences** **1111 West 17th Street** **Tulsa, OK 74107**			
Telephone: **918-269-3359**	Fax: **918-512-4822**	Email: **jeremy.fullingim@gmail.com**	
Date First Appointed as Program Director: **8/1/2012**			
Number of Hours Per Week Director Devotes to Program Activities In The Following:			
Clinical Supervision: **15**	Administration: **8**	Research: **1**	Didactics/Teaching: **2**
Primary Certification:**Radiology-diagnostic**	Orig Year:**2008**	Re-cert Year:	Cert Type: **AOA** Cert Status: **Original Certification Currently Valid**
Secondary Certification:**Pediatric radiology**	Cert Year:**2009**	Re-cert Year:	Cert Type: **AOA** Cert Status: **Original Certification Currently Valid**

PHYSICIAN FACULTY ROSTER

List alphabetically and by site all physician faculty who have a significant role (teaching or mentoring) in the education of residents/fellows and who have documented qualifications to instruct and supervise. List the Program Director first.

All physician faculty must:
• devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in resident education;
• administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas;
• participate in faculty development programs designed to enhance the effectiveness of their teaching and to promote scholarly activity;
• establish and maintain an environment of inquiry and scholarship with an active research component;
• regularly participate in organized clinical discussions, rounds, journal clubs, and conferences;
• encourage and support residents in pursuing scholarly activities

A portion of the faculty must be indicated as core physician faculty. All physicians who devote at least 15 hours per week to resident education and administration are designated as core faculty. All core physician faculty should teach and advise residents as well as participate in at least 1 of the following:

• evaluate the competency domains;
• work closely with and support the program director; and
• assist in developing and implementing evaluation systems.

Program directors will not be designated as core faculty.

Continued Accreditation programs: A CV is only required for the program director.

New Applications and Initial Accreditation programs: A CV is required for the program director and each active physician faculty member that has been designated as a "Core" faculty member on your roster.

Name	Core Faculty	Based Mainly at Inst. #	Primary and Secondary Specialties / Fields					No. of Years Teaching in This Specialty	Average Hours Per Week Spent On			
			Specialty / Field	Cert	Original Cert Year	Cert Status	Re-cert Year		Clinical Super-vision	Admin	Didac-tic Teach-ing	Re-search
Fullingim Jeremy, DO (Program Director, Diagnostic Radiology)	N	1	Radiology-diagnostic	AOA	2008	O	-	7	15	8	2	1
			Pediatric radiology	AOA	2009	O	-					
Dennis John, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	1982	N	-	31	15	1	1	0
			Nuclear radiology	AOA	1983	N	-					
Erbacher George, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	1991	N	-	24	15	1	1	0
			Vascular and interventional radiology	AOA	1992	N	-					
Fullingim Dean, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	1976	N	-	40	15	1	1	0
			Nuclear radiology	AOA	1976	N	-					
Kirkland Jonathon, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2012	O	-	3	15	1	1	1
			Vascular and interventional radiology	AOA	2013	O	-					
McCay Timothy, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2004	R	2014	11	15	1	1	0
			--	--	--	--	--					
Vassiliou Christos, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2010	O	-	6	20	1	2	0
			--	--	--	--	--					
Weber Jessica, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2011	O	-	4	15	1	1	1
			Vascular and interventional radiology	AOA	2012	O	-					
White Brooke, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2014	O	-	2	15	1	1	0
			Breast Imaging	NONE								
Yoon Hooby, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2009	O	-	6	15	1	1	1
			Body Imaging	NONE								
Mostert Peter, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2013	O	-	2	15	1	1	0
			Musculoskeletal	NONE								
Walton John, DO (Adjunct Assistant Professor Radiology)	Y	1	Radiology-diagnostic	AOA	2006	O	-	10	15	1	2	0

			--	--	--	--	--					
Brooks Damon, DO (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	AOA	2008	O	-	7	10	0	0	0
			Body Imaging	NONE								
Back Stephen, DO (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	AOA	2011	O	-	5	10	1	1	0
			--	--	--	--	--					
Handel Stanley, MD (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	ABMS	1971	N	-	11	10	1	3	0
			Neuroradiology	ABMS	1971	N	-					
O'Hayre Patrick, DO (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	AOA	2012	O	-	4	10	1	0	0
			--	--	--	--	--					
Noah Ralph, MD (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	ABMS	1995	N	-	7	10	0	0	0
			--	--	--	--	--					
Niblett Randy , MD (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	ABMS	2005	N	-	4	2	0	0	0
			Neuroradiology	ABMS	2016	O	-					
Pascual Felino, DO (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	AOA	1994	N	-	17	5	1	0	0
			Vascular and interventional radiology	AOA	1995	N	-					
See L. Danielle, DO (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	AOA	2012	O	-	4	10	0	0	0
			--	--	--	--	--					
Songrug Tanakorn, MD (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	ABMS	2014	O	-	1	5	0	1	0
			Vascular and interventional radiology	AOA	2015	O	-					
von Borstel Donald, DO (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	AOA	2010	O	-	1	6	0	0	0
			--	--	--	--	--					
Wolfstein Judith, MD (Adjunct Assistant Professor Radiology)	N	1	Radiology-diagnostic	ABMS	1996	N	-	8	5	0	0	0
			Neuroradiology	ABMS	1997	N	-					
Lowe Lisa, MD (Pediatric Radiologist Teaching Faculty)	N	2	Radiology-diagnostic	ABMS	1995	N	-	20	10	0	3	0
			Pediatric radiology	ABMS	1997	N	-					

Certification Status:
Certification in the primary specialty refers to Board Certification. Certification for the secondary specialty refers to sub-board certification. If the secondary specialty is a core ACGME specialty (e.g., Internal Medicine, Pediatrics, etc.), the certification question refers to Board Certification.

R = Re-Certified
O = Original Certification Currently Valid
L = Certification Lapsed
N = Time-unlimited certificate/no Re-Certification
M = Meets MOC Requirements

Based Mainly at Institution #:
1=[399552] Oklahoma State University Medical Center
2=[280426] Children's Mercy Hospital
*=Institution is an elective rotation site.
**=Institution not on list of active participating sites.
Educational Focus:
† = Osteopathic Focused Faculty

PHYSICIAN CURRICULUM VITAE

<table>
<tr><td colspan="2">First Name: Jeremy</td><td colspan="2">MI: S</td><td colspan="2">Last Name: Fullingim</td></tr>
<tr><td colspan="6">Present Position: Program Director, Diagnostic Radiology</td></tr>
<tr><td colspan="6">Medical School Name: Oklahoma State University College of Osteopathic Medicine, Tulsa, OK</td></tr>
<tr><td colspan="3">Degree Awarded: DO</td><td colspan="3">Year Completed: 2003</td></tr>
<tr><td colspan="6">Graduate Medical Education Program Name: Oklahoma State University Medical Center</td></tr>
<tr><td colspan="4">Specialty/Field: Radiology-diagnostic</td><td>Date From: 6/2003</td><td>Date To: 6/2008</td></tr>
<tr><td colspan="6">Graduate Medical Education Program Name: The Childrens Mercy Hospital</td></tr>
<tr><td colspan="4">Specialty/Field: Pediatric radiology</td><td>Date From: 7/2008</td><td>Date To: 6/2009</td></tr>
<tr><th colspan="4">Certification Information</th><th colspan="2">Current Licensure Data</th></tr>
<tr><th>Specialty</th><th>Certification Year</th><th>Certification Status</th><th>Re-Cert Year</th><th>State</th><th>Date of Expiration</th></tr>
<tr><td>Radiology-diagnostic</td><td>2008</td><td>Original Certification Valid</td><td></td><td>Missouri</td><td>1/2016</td></tr>
</table>

Pediatric radiology	2009	Original Certification Valid		New Mexico	7/2016
				Oklahoma	6/2016

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2009	Present	OSU Adjunct Professor

Concise Summary of Role in Program:
Program Director for the Diagnostic Radiology Residency Program

Current Professional Activities / Committees (limit of 10):
- [2010 - Present] American Osteopathic Association, American Osteopathic College of Radiology, American College of Radiology, Society of Pediatric Radiology, American Roentgen Ray Society, Radiological Society of North America, Association of Program Directors in Radiology, American Osteopathic College of Radiology E2S Committee.

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- Multiple Grand Rounds at OSU Medical Center
- Oklahoma Osteopathic Association Annual Convention 2015 Lecture

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **John**	MI: **S**	Last Name: **Dennis**		
Present Position: **Adjunct Assistant Professor Radiology**				
Medical School Name: **Chicago Coll of Osteopathic Med, Midwestern Univ, Downers Grove, IL**				
Degree Awarded: **DO**		Year Completed: **1978**		
Graduate Medical Education Program Name: **CCOM**				
Specialty/Field: **Radiology-diagnostic**			Date From: **6/1978**	Date To: **6/1982**
Graduate Medical Education Program Name: **Michael Reese Medical Center**				
Specialty/Field: **Nuclear radiology**			Date From: **6/1982**	Date To: **6/1983**
Graduate Medical Education Program Name: **Harper Hospital**				
Specialty/Field: **Neuroradiology**			Date From: **7/1983**	Date To: **7/1984**

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	1982	Time Unlimited Certification / No Re-Certification		New Mexico	7/2016
Nuclear radiology	1983	Time Unlimited Certification / No Re-Certification		Oklahoma	6/2016
Neuroradiology	1984	Time Unlimited Certification / No Re-Certification			N/A

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/1985	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and lecturing.

Current Professional Activities / Committees (limit of 10):
- [2000 - Present] American Osteopathic Association and American Osteopathic College of Radiology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- None

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **George**	MI:	Last Name: **Erbacher**
Present Position: **Adjunct Assistant Professor Radiology**		
Medical School Name: **Kansas City Univ Of Med & Biosci, Coll Of Osteo Med, Kansas City, MO**		
Degree Awarded: **DO**		Year Completed: **1980**

Graduate Medical Education Program Name: **TRMC**		
Specialty/Field: **Radiology-diagnostic**	Date From: **7/1988**	Date To: **7/1991**
Graduate Medical Education Program Name: **University of Cincinnati**		
Specialty/Field: **Interventional radiology - Independent**	Date From: **8/1991**	Date To: **7/1992**

Certification Information				**Current Licensure Data**	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	1991	Time Unlimited Certification / No Re-Certification		Colorado	4/2017
Vascular and interventional radiology	1992	Time Unlimited Certification / No Re-Certification		New Mexico	10/2016
				Oklahoma	6/2016

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
8/1992	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and lecturing.

Current Professional Activities / Committees (limit of 10):
- [2010 - Present] American Osteopathic College of Radiology, American College of Radiology, Society of Interventional Radiology, Mid-America Interventional Radiology Society, American Heart Association, ACGME Diagnostic Radiology Review Committee.

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- Multiple Grand Rounds at OSU Medical Center

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **Dean**	MI: **R**	Last Name: **Fullingim**
Present Position: **Adjunct Assistant Professor Radiology**		
Medical School Name: **Kansas City Univ Of Med & Biosci, Coll Of Osteo Med, Kansas City, MO**		
Degree Awarded: **DO**		Year Completed: **1971**

Graduate Medical Education Program Name: **Oklahoma Osteopathic Hospital**		
Specialty/Field: **Radiology-diagnostic**	Date From: **7/1971**	Date To: **8/1974**
Graduate Medical Education Program Name: **Donner Labs-UC at Berkley**		
Specialty/Field: **Nuclear medicine**	Date From: **9/1974**	Date To: **8/1975**
Graduate Medical Education Program Name: **Oklahoma Osteopathic Hospital**		
Specialty/Field: **Radiology-diagnostic**	Date From: **9/1975**	Date To: **7/1976**

Certification Information				**Current Licensure Data**	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	1976	Time Unlimited Certification / No Re-Certification		Colorado	4/2017
Nuclear radiology	1976	Time Unlimited Certification / No Re-Certification		Kansas	9/2016
				Missouri	1/2016
				New Mexico	7/2016
				Oklahoma	10/2016

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	**End Date**	**Description of Position(s)**
9/1976	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):
- [2010 - Present] American Board of Nuclear Medicine, American Osteopathic Board of Nuclear Medicine, American Osteopathic Board of Radiology Fellow, American Osteopathic College of Radiology, American College of Radiology, Diagnostic Radiology core lecturer for 1st year medical student course provided at OSUCHS.

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- none

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **Jonathon**		MI:	Last Name: **Kirkland**		
Present Position: **Adjunct Assistant Professor Radiology**					
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**					
Degree Awarded: **DO**			Year Completed: **2007**		
Graduate Medical Education Program Name: **CCOM Midwestern University**					
Specialty/Field: **Radiology-diagnostic**				Date From: **6/2007**	Date To: **6/2012**
Graduate Medical Education Program Name: **University of Minnesota**					
Specialty/Field: **Vascular and interventional radiology**				Date From: **7/2012**	Date To: **6/2013**
Certification Information				**Current Licensure Data**	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2012	Original Certification Valid		Oklahoma	6/2016
Vascular and interventional radiology	2013	Original Certification Valid			N/A
Academic Appointments - List the past ten years, beginning with your current position.					
Start Date	**End Date**	**Description of Position(s)**			
7/2013	Present	OSU Medical Center Adjunct Assistant Professor Radiology			

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and lecturing.

Current Professional Activities / Committees (limit of 10):
- [2011 - Present] American Osteopathic College of Radiology, Radiological Society of North America, Society of Interventional Radiology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- Lecturer at 31st Annual Osteopathic Primary Care Update November 2014
- Grand Rounds at OSU Medical Center June 2015

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **Timothy**		MI:		Last Name: **McCay**	
Present Position: **Adjunct Assistant Professor Radiology**					
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**					
Degree Awarded: **DO**				Year Completed: **1999**	
Graduate Medical Education Program Name: **Tulsa Regional Medical Center**					
Specialty/Field: **Radiology-diagnostic**				Date From: **7/1999**	Date To: **12/2004**
Certification Information				**Current Licensure Data**	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2004	Re-Certified	2014	Oklahoma	6/2016

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
8/2012	Present	Associate Professor of Anatomy, OSU
11/2005	Present	Adjunct Assistant Professor OSU Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):
- [2000 - Present] American Osteopathic Association, Oklahoma Osteopathic Association, American Osteopathic College of Radiology, Diagnostic Radiology core lecturer for 1st year medical student course provided at OSUCHS

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference.
(limit of 10):
- Lecturer at the Deaconess Women's Health Outreach Center, 2013
- Lecturer at the Southwest Chapter of the Society of Nuclear Medicine, 2014

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **Christos**		MI:	Last Name: **Vassiliou**		
Present Position: **Adjunct Assistant Professor Radiology**					
Medical School Name: **Texas Coll of Osteopathic Med, Fort Worth, TX**					
Degree Awarded: **DO**			Year Completed: **2005**		
Graduate Medical Education Program Name: **OSU Medical Center**					
Specialty/Field: **Radiology-diagnostic**				Date From: **7/2005**	Date To: **6/2010**
Certification Information				**Current Licensure Data**	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2010	Original Certification Valid		Oklahoma	6/2016
				Pennsylvania	10/2016

Academic Appointments - List the past ten years, beginning with your current position.		
Start Date	**End Date**	**Description of Position(s)**
7/2010	Present	Adjunct Assistant Professor OSU

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and lecturing.

Current Professional Activities / Committees (limit of 10):
- [2014 - Present] OSU Medical Center Medical Center Medical Executive Committee
- [2010 - Present] American Osteopathic Association, Oklahoma Osteopathic Association, American Osteopathic College of Radiology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference.
(limit of 10):
- Lecturer at the "Seventeenth Annual Emergency Medicine Review" held June 6-8, 2014 at the Doubletree Hotel in Tulsa, OK.
- Lecturer for the University of Oklahoma Physician Assistant program yearly for the Spring and Fall semesters

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **Jessica**	MI:	Last Name: **Weber**
Present Position: **Adjunct Assistant Professor Radiology**		
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**		
Degree Awarded: **DO**		Year Completed: **2006**

Graduate Medical Education Program Name	Specialty/Field	Date From	Date To
Des Peres Hospital	**Transitional year**	**7/2006**	**6/2007**
OSU Medical Center	**Radiology-diagnostic**	**7/2007**	**6/2011**
University of Texas	**Interventional radiology - Independent**	**7/2011**	**6/2012**

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2011	Original Certification Valid		Oklahoma	6/2016
Vascular and interventional radiology	2012	Original Certification Valid			N/A

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2012	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):
- [2011 - Present] American Osteopathic Association, American College of Radiology, Radiological Society of North America, American Roentgen Ray Society, American Osteopathic College of Radiology, Society of Interventional Radiology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

**Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference.
(limit of 10):**
- Speaker at Oklahoma Osteopathic Association Spring and Summer Conferences 2015
- Scheduled to speak at AOCR April 2016

If not ABMS board certified, explain equivalent qualifications for RC consideration:

First Name: **Brooke**		MI:	Last Name: **White**		
Present Position: **Adjunct Assistant Professor Radiology**					
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**					
Degree Awarded: **DO**			Year Completed: **2009**		
Graduate Medical Education Program Name: **OSU Medical Center**					
Specialty/Field: **Radiology-diagnostic**				Date From: **6/2009**	Date To: **6/2014**
Graduate Medical Education Program Name: **OU Breast Institute**					
Specialty/Field: **Breast Imaging**				Date From: **7/2014**	Date To: **6/2015**

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2014	Original Certification Valid		Oklahoma	6/2016
Breast Imaging					N/A

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2014	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):

- [2013 - Present] American Osteopathic Association, American Osteopathic College of Radiology, American College of Radiology, Radiological Society of North America

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):

- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):

- None

If not ABMS board certified, explain equivalent qualifications for RC consideration:
[Breast Imaging] [NONE] Breast Imaging Fellowship

First Name: **Hooby**		MI: **P**	Last Name: **Yoon**		
Present Position: **Adjunct Assistant Professor Radiology**					
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**					
Degree Awarded: **DO**			Year Completed: **2004**		
Graduate Medical Education Program Name: **OSU Medical Center**					
Specialty/Field: **Radiology-diagnostic**				Date From: **6/2004**	Date To: **6/2009**
Graduate Medical Education Program Name: **UT Southwest**					
Specialty/Field: **Body Fellowship**				Date From: **7/2009**	Date To: **6/2010**

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2009	Original Certification Valid		Oklahoma	6/2016
Body Imaging				Texas	11/2015

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2010	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):
- [2010 - Present] American Osteopathic Association, American Osteopathic College of Radiology, American College of Radiology, Radiological Society of North America

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

**Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference.
(limit of 10):**
- None

If not ABMS board certified, explain equivalent qualifications for RC consideration:
[Body Imaging] [NONE] Body Imaging Fellowship

First Name: **Peter**	MI: **J**	Last Name: **Mostert**
Present Position: **Adjunct Assistant Professor Radiology**		
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**		
Degree Awarded: **DO**		Year Completed: **2008**
Graduate Medical Education Program Name: **Oklahoma State Univerersity Medical Center**		

Specialty/Field: **Radiology-diagnostic**	Date From: **7/2008**	Date To: **6/2013**

Graduate Medical Education Program Name: **University of California Irvine**

Specialty/Field: **Musculoskeletal radiology**	Date From: **7/2013**	Date To: **6/2014**

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2013	Original Certification Valid		California	3/2017
Musculoskeletal				Oklahoma	6/2016

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2014	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):
- [2012 - Present] American College of Radiology, American Osteopathic Association, American Osteopathic College of Radiology, Radiologic Society of North America, American Roentgen Ray Society

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- None

If not ABMS board certified, explain equivalent qualifications for RC consideration:
[Musculoskeletal] [NONE] Musculoskeletal Fellowship

First Name: **John**	MI: **D**	Last Name: **Walton**
Present Position: **Adjunct Assistant Professor Radiology**		
Medical School Name: **Oklahoma State University College of Osteopathic Medicine, Tulsa, OK**		
Degree Awarded: **DO**		Year Completed: **2001**
Graduate Medical Education Program Name: **OSU Medical Center**		

Specialty/Field: **Radiology-diagnostic**	Date From: **6/2001**	Date To: **6/2006**

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**
Radiology-diagnostic	2006	Original Certification Valid		Oklahoma	6/2016

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2006	Present	Adjunct Assistant Professor Radiology

Concise Summary of Role in Program:
Serves as faculty preceptor for diagnostic radiology residents primarily by teaching while interpreting studies and performing procedures as well as lecturing.

Current Professional Activities / Committees (limit of 10):
- [2006 - Present] American Osteopathic Association, American Osteopathic College of Radiology, Radiological Society of North America

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
- None

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):
- None

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years - this does not include attending a meeting or conference. (limit of 10):
- None

If not ABMS board certified, explain equivalent qualifications for RC consideration:

Faculty Members with Certification Equivalencies

Faculty Member: Brooke White, Adjunct Assistant Professor Radiology	
Specialty: Breast Imaging	**Certification Type:** NONE
Equivalency Explanation: Breast Imaging Fellowship	
Faculty Member: Hooby P Yoon, Adjunct Assistant Professor Radiology	
Specialty: Body Imaging	**Certification Type:** NONE
Equivalency Explanation: Body Imaging Fellowship	
Faculty Member: Peter J Mostert, Adjunct Assistant Professor Radiology	
Specialty: Musculoskeletal	**Certification Type:** NONE
Equivalency Explanation: Musculoskeletal Fellowship	
Faculty Member: Damon L Brooks, Adjunct Assistant Professor Radiology	
Specialty: Body Imaging	**Certification Type:** NONE
Equivalency Explanation: Abdominal Imaging Equivalent due to 1 year fellowship in Body Imaging at MD Anderson which has added to Oncology imaging which includes added competences in MRI Body and Breast imaging.	

NON-PHYSICIAN FACULTY ROSTER

List alphabetically the non-physician faculty who provide required instruction or supervision of residents/fellows in the program.

Name	Degree	Based Mainly at Inst. #	Specialty / Field	No. of Years Teaching in This Specialty
Shi Hairong, PhD (Medical Physicist)	PhD	1	Medical physics --	2

PROGRAM RESOURCES

How will the program ensure that faculty (physician and nonphysician) have sufficient time to supervise and teach residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc. if relevant.

There are designated weekly eductional time periods that have been specifically dedicated for conferences. The time slots are 1 hour in length and occur at 7 am and 12 pm. Monthly journal club, tumor board and other conferences outside of the radiology department typically occur at these times as well. Attendings are responsible when rotating with residents to attend these various educational activities along with the residents. Our group (DIA), through volume allocation, allows for these acitivies to occur to enable attendings/faculty to participate in these activities. Our attendings have sufficient time daily to supervise and teach residents ensured through our integrated RIS/PACS system to our entire private group.

Briefly describe the educational and clinical resources available for resident education.

We have a dedicated Resident Conference room with updated audio/visual technology and computer systems with integrated RIS/PACS system that is able to be viewed on a large viewing screen. Educational resources are primarily provided for by DIA through their website and have purchased numerous books for each speciality available via a password site protected online library, purchased ACR Teaching file discs, Statdx, Rad Primer, and E-antaomy. Membership is required by residents in the societies of the AOCR, ACR, RSNA, and ARRS which each individually provide free journal access. The hospital library and medical school library provide free access of any journal or book needed if not already available through our group's online website. Online media is also available for each subspeciality in Radiology for lectures and review at any time. These are also routinely used for supplemental dicatatic material facilitated by our faculty during conference time. Multiplatform DIA teaching file system is available through a propriety program develped by DIA.

NUMBER OF POSITIONS

Position	TOTAL
Number of ACGME Requested Positions	12

Number of Filled Positions	11

ACTIVELY ENROLLED RESIDENTS

Resident	Program Start Date	Expected Completion Date	Type of Pos.	Year in Prog.	Years Prior Training	Prior Training Type	Specialty of Most Recent Prior GME	Medical School	Date of Med School Graduation
Jeff H Lee	07/01/2014	06/30/2019	C	1 *(y**)	0		N/A	Texas Coll of Osteopathic Med, Fort Worth, TX	05/2014
Cameron P Smith	07/01/2014	06/30/2019	C	1 *(y**)	0		N/A	Lake Erie Coll Of Osteo Med Bradenton Campus, Bradenton, FL	05/2014
Nicholas A Strle	07/01/2014	06/30/2019	C	1 *(y**)	0		N/A	Kansas City Univ Of Med & Biosci, Coll Of Osteo Med, Kansas City, MO	05/2014
Rebecca A Dennis	07/01/2014	06/30/2018	C	2 *(y**)	0		N/A	Oklahoma State University College of Osteopathic Medicine, Tulsa, OK	05/2013
Brandon R Mason	07/01/2013	06/30/2018	C	2 *(y**)	0		N/A	Oklahoma State University College of Osteopathic Medicine, Tulsa, OK	05/2013
Kyle F Summers	07/01/2013	06/30/2018	C	2 *(y**)	0		N/A	Oklahoma State University College of Osteopathic Medicine, Tulsa, OK	05/2013
Anna L Ward	07/01/2013	07/30/2018	C	2 *(y**)	0		N/A	Oklahoma State University College of Osteopathic Medicine, Tulsa, OK	05/2013
Justin M Becker	07/01/2012	06/30/2017	C	3 *(y**)	0		N/A	Lincoln Mem Univ - DeBusk, Coll of Osteo Med, Harrogate, TN	05/2012
Brian Do	07/01/2012	06/30/2017	C	3 *(y**)	0		N/A	Nova Southeastern Univ Coll of Osteopathic Med, Miami, FL	05/2012
Adam B Foster	07/01/2012	06/30/2017	C	3 *(y**)	0		N/A	AZ Coll of Osteo Med, Midwestern Univ, Glendale, AZ	05/2012
Katherine E Rankin	07/01/2011	06/30/2016	C	4 *(y**)	0		N/A	Kansas City Univ Of Med & Biosci, Coll Of Osteo Med, Kansas City, MO	05/2011

* Indicates resident was accepted as a transfer or completed prerequisite, preliminary training. Documentation of previous experience should be available for review by the site visitor.
**(y/n) Did you obtain documentation of previous educational experience and competency-based performance evaluation?

Type of Position
P = Preliminary
C = Categorical
Educational Focus:
† = Osteopathic Focused Resident
Prior Training Type
A = ACGME Accredited
O = AOA Accredited
C = RCPCS Accredited
AI = ACGME-I Accredited

PHYSICIAN FACULTY TO RESIDENT RATIO

Reduced Ratio	
Physician Faculty / Residents:	**1.0 : 0.5**
Core Physician Faculty / Residents:	**1.0 : 1.0**
Actual Ratio	
Physician Faculty / Residents:	**24 : 11.0**
Core Physician Faculty / Residents:	**11 : 11.0**
Program Director is not included in core faculty	

RESIDENT APPOINTMENTS

*The term resident is used to describe any physician in graduate medical education; this includes interns, residents, subspecialty residents and fellows.

Describe how the residents will be informed about their assignments and duties during residency. [The answer must confirm that there are skills and competencies for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents.]

Resident's assignments and duties are initially informed formaly during the begining of the rotation by the attending/faculty and are provided for primarily through online/electronic method (downloadable option) on DIA's website and New Innovations.

Will there be other learners (such as residents from other specialties, subspecialty fellows, nurse practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.

Our radiology department has a mix of medical students (some prospective applicants), interns and other speciality residents rotatating weekly. Both attendings and residents take the primary role in teaching all that rotate through our department. Residents are required to engange in teaching acitivities as this directly enhances their learning process. Our program limits the time medical students, interns and residents stay in the department. The time slot for rotations is from 7am to 1pm. All people that rotate are encouraged to attend conferences at 7 am and 12pm with the exeption of physics lectures. After 1pm daily all medical students, interns and residents are dismissed so the radiology residents are able to focus on their assigned rotations without teaching responsiblities. Having a mix of people routinely rotating through our department has only had a positive impact in the professional and academic growth of our residents.

Describe how the program will handle complaints or concerns the residents raise with faculty or the program director. (The answer must describe the mechanism by which individual residents can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

Complaints or concerns are typically taken to the Chief Resident or Program Director. These concerns are addressed in a one on one fashion, and a resolution is sought out with the Program Director. If the Resident does not feel they can talk to the Program Director, they can discuss concerns with our designated chief of the radiology department or any other faculty member. If they do not feel they can talk to any Radiology Faculty, they are able to submit an anonymous complaint to the Director of Medical Education or Human Resources. These complaints are then addressed with the Program Director.

We have a no retaliation policy in our Department and at OSU Medical Center. Any form of retaliation is met with a response by the General Medical Education Committee. The residents also have access to the DIO and the OSU COM Grievance Policy. In addition, after the Clinical Competency Committee meets in regards to the Residents' progress, the Program Director meets with each individual resident to review their evaluation. They are given the opportunity to air any grievances and/or recommendations for improvement on the program at this time.

EVALUATION

Using the tool below (Add new assessment method):

- **a.** Provide the methods of evaluation used for assessing resident competence in each of the six required ACGME competencies
- **b.** Identify the evaluators for each method (e.g., If performance in patient care is evaluated at the end of a rotation using a global form completed by faculty and senior residents and also using a checklist to evaluate observed histories and physicals by the ward attending and continuity clinic preceptor, then under patient care select global assessment for a method and faculty member and senior resident for evaluators and care. Then add patient care again as a competency and select direct observation for a method and attending and preceptor as the evaluators).

Competency	Assessment Method	Evaluator(s)
Interpersonal & Communication Skills	Direct observation	Evaluation Committee Faculty Member Nurse Other Patient/Family Member Peer Resident Program Director Technicians
Interpersonal & Communication Skills	Oral Examination	Other
Medical Knowledge	Direct observation	Evaluation Committee Faculty Member Nurse Patient/Family Member Peer Resident Program Director Self Technicians
Medical Knowledge	In-training examination	Other
Medical Knowledge	Oral Examination	Other
Patient Care	Direct observation	Evaluation Committee Faculty Member Nurse Patient/Family Member Peer Resident Program Director Self Technicians
Patient Care	Patient survey	Patient/Family Member
Patient Care	Review of case or procedure log	Evaluation Committee Faculty Member Program Director

Practice-based Learning & Improvement	Direct observation	Evaluation Committee Faculty Member Nurse Peer Resident Program Director Self
Practice-based Learning & Improvement	In-training examination	Other
Professionalism	Direct observation	Evaluation Committee Faculty Member Nurse Patient/Family Member Peer Resident Program Director Self Technicians
Professionalism	Oral Examination	Other
Systems-based Practice	Direct observation	Faculty Member Program Director
Systems-based Practice	In-training examination	Other
Systems-based Practice	Multisource assessment	Program Director

1. List other key assessment methods used but not available in the drop down list above (leave blank if not applicable).

patient care?

Yes

3. Indicate how evaluators are educated to use the assessment methods listed above so that residents/fellows are evaluated fairly and consistently. Select up to 3 of the most commonly used methods.

- [ ] **Workshops/special training on assessment**
- [x] **Informal or formal discussions among the faculty**
- [ ] **Assessment is a topic of a retreat**
- [x] **Faculty review assessments and compare evaluations**
- [x] **PD instructs or educates about assessment methods**
- [ ] **Group or committee discussions that result in consensus assessment of residents**
- [ ] **None, no specific education on assessment provided**
- [ ] **Other (specify below)**

Specify only if Other is selected

4. Indicate how residents/fellows will be informed of the performance criteria on which they will be evaluated. Check all that apply

- [x] **During resident orientation**
- [x] **General goals and objectives**
- [x] **Rotation-specific goals and objectives**
- [x] **Provided handouts or examples of evaluation forms**
- [ ] **Other written communications**
- [x] **Verbal communication or meetings**
- [ ] **Reviewed with residents before each rotation**
- [ ] **Reviewed with residents at the beginning of each year**
- [ ] **Residents not informed**
- [ ] **Other (specify below)**

Specify only if Other is selected

5. Has a Clinical Competency Committee been selected to perform resident/fellow evaluations?

Yes

6. Describe the system which ensures that faculty will complete written evaluations of residents/fellows in a timely manner following each rotation or educational experience.

Evaluations/competency forms are completed online through New Innovations. Email notification from New Innovations is the primary method to which evaluations are prompted to be completed and will repeat regularly to serve as reminders for faculty if they are delinquent in filling out monthly rotations.

DUTY HOUR, PATIENT SAFETY AND LEARNING ENVIRONMENT

1. Briefly describe your back up system when clinical care needs exceed the residents' ability.

As a private group we cover our hospitals without depending absolutely on residents. We have enough staffing with radiologists to account for our patients when residents aren't available or have exceeded their ability.

2. Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care.

Weekly, residents are assigned to a rotation and due to no interrupted week with "night call", transitions in patient care are minimized. Patient care is also the primary responsibility of our faculty and we do not encounter interruptions to transition of patient care as they rarely occur due to how we cover our sites and primarily not depending on residents.

3. Briefly describe how the program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care.

This is accomplished through routine monthly evaluation and procedure/patient encounter observations by faculty, technologists and radiology nurses. Faculty quickly develop rapport with residents due to program size. The advantage of this is that each faculty quickly develops an appropriate delegation of the responsibility and adjust to the maturity of the resident in the course of the their training for the faculty's patients encountered daily.

4. Excluding call from home, what is the projected averaged number of hours on duty per week per resident, inclusive of all house call and all moonlighting?

60

5. During regular daytime hours, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability.

- [x] **Physicians are immediately available (on site)**
- [x] **Physicians are available by phone**
- [ ] **Senior Residents or Fellows are immediately available (on site)**
- [ ] **Senior Residents or Fellows are available by phone**
- [ ] **Mid-level Providers are immediately available (on site)**
- [ ] **Mid-level Providers are available by phone**
- [ ] **No back-up system**
- [ ] **Other**

6. During nights and weekends, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability.

- [x] **Physicians are immediately available (on site)**
- [x] **Physicians are available by phone**
- [ ] **Senior Residents or Fellows are immediately available (on site)**
- [ ] **Senior Residents or Fellows are available by phone**
- [ ] **Mid-level Providers are immediately available (on site)**
- [ ] **Mid-level Providers are available by phone**
- [ ] **No back-up system**
- [ ] **Other**

7. Indicate which methods the program will use to ensure that hand-over processes facilitate both continuity of care and patient safety?

- [ ] **Hand-over form (a stand alone or part of an electronic medical record system)**
- [ ] **Paper hand-over form**
- [ ] **Hand-over tutorial (web-based or self-directed)**
- [ ] **Scheduled face-to-face handoff meetings**
- [x] **Direct (in person) faculty supervision of hand-over**
- [ ] **Indirect (via phone or electronic means) hand-over supervision**
- [ ] **Senior Resident supervision of junior residents**
- [ ] **Hand-over education program (lecture-based)**
- [ ] **Other**

8. Indicate the ways that your program will educate residents to recognize the signs of fatigue and sleep deprivation.

- [ ] **Didactics/Lecture**
- [x] **Computer based learning modules**
- [ ] **Grand rounds**
- [ ] **Small group seminars or discussion**
- [ ] **Simulated patient encounters**
- [ ] **On-the-job training**
- [x] **One-on-one experiences with faculty and attending**
- [ ] **Other**

9. Which of the following options will the program or institution offer residents who may be too fatigued to safely return home?

- ○ **Money for taxi**
- ○ **Money for public transportation**
- ○ **One-way transportation service (such as a dedicated facility bus service)**
- ○ **Transportation service which includes option to return to the hospital or facility the next day**
- ○ **Reliance on other staff or residents to provide transport**
- ● **Sleeping rooms available for residents post call**
- ○ **Not applicable: residents do not take in-house call**
- ○ **Other**

10. Will residents at the PGY-2-level or above be permitted to moonlight?

Yes

11. If yes, under what circumstances?

Moonlighting is allowed if it doesn't interfere with resident training/responsibilities and duty hours are adhered as a cumulative total.

12. On average, will residents have 1 full day out of 7 free from educational and clinical responsibilities?

Yes

13. What will be the maximum number of consecutive nights of night float assigned to any resident in the program?

7

14. On the most demanding rotation, what will be the frequency of in house call?

- ○ Every second night
- ○ Every third night
- ○ Every fourth night
- ○ No in-house call - Not Applicable
- ◉ Other

No floating call. Our residency doesn't have "call nights" but has block 8 hour long shifts (9pm to 5 am) that are in a 7 day block (they cumulatively amount to our ER rotations). Shift begins always on a Saturday night.

15. Will the program use ambulatory and/or non-hospital settings in the education of residents (experiences other than inpatient)?

Yes

16. If yes, indicate the type of settings that will be used.

- [x] **Hospital Based Continuity Clinic**
- [x] **Community or Federal Public Health Centers**
- [x] **Ambulatory Surgery Centers (Surgical or specialty centers)**
- [x] **Veterans Administration (VA) Ambulatory Services**
- [x] **Faculty Ambulatory Practice, Institutionally Based**
- [x] **Private Physician's Offices**
- [x] **Ambulatory / outpatient settings**
- [ ] **Other**

17. Do you use an electronic medical record in your primary teaching hospital?

Yes

18. If yes, what percentage of your residents will use the electronic medical record system to improve the health in a population of patients?

100

RESIDENT SCHOLARLY ACTIVITIES

Will the program offer residents the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about residents' participation.

Residents are required to participate in scholarly activity during their residency training. They are required by the AOCR to submit an electronic poster to the AOCR once during the residency which is due by the residents 3rd year (PGY4). Additionally, residents are required to give lectures at the medical school for chest and abdominal radiology lab 4 times once a year as well as yearly lectures to the intern class. They are also encouraged to submit a publication, typically a case presentation, to a peer- reviewed journal prior to graduation or submit at least one ACR Case in Point.

The residency is also participating in Clin-IQ which allows the resident to develop a clinical question, and proceed with its publication in a peer-reviewed journal.

In order to support their scholarly activity, we hold journal club at least once monthly. This gives residents increased exposure to peer based literature and builds confidence in evaluating medical literature.

Attachment: Specialty-specific Application Questions

New Application: Diagnostic Radiology
Review Committee for Diagnostic Radiology
ACGME

515 North State Street, Suite 2000, Chicago, Illinois 60654 • 312.755.5000 • www.acgme.org

PROGRAM PERSONNEL AND RESOURCES

Faculty

1. Will faculty directly supervise all percutaneous invasive procedures, excluding intravenous injection of contrast, diagnostic lumbar puncture, thoracentesis, paracentesis and PICC line placement? [PR II.B.1.b).(1)] .... (x) YES ( ) NO

2. Will faculty always be available for backup when residents are on night, weekend, or holiday call? [PR II.B.1.b).(2)] .... (x) YES ( ) NO

3. Will faculty review all radiologic images and sign all resident reports within 24 hours? [PR II.B.1.b).(3)] .... (x) YES ( ) NO

Other Program Personnel

1. Does the program coordinator have sufficient time to fulfill the responsibilities required for the radiology residency program? [PR II.C.1.] .... (x) YES ( ) NO

   If no, explain;

2. Will the program coordinator's time be dedicated solely to the department of radiology? [PR II.C.1.] .... (x) YES ( ) NO

   If no, explain;

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Resources

1. Equipment [PR II.D.1.]

Indicate, for each site, the number of units available and year of most recent installation.

Equipment	Primary Clinical Site (hospital) #1		Site #2		Site #3		Site #4		Site #5	
	# of Units	Year of most recent installation	# of Units	Year of most recent installation	# of Units	Year of most recent installation	# of Units	Year of most recent installation	# of Units	Year of most recent installation
Radiographic units (include chest units)	175	2014	18	2015						
Fluoroscopic units	24	2010	4	2015						
Mammography Units	50	2015								
CT Units										
Fewer than 16 detector rows	1	2008								
16 or 32 detector rows	13	2010								
64 or more detector rows	35	2015	5	2015						
Ultrasound Units	77	2015	6	2015						
MRI Units										
Less than 1.5 T	2	2005								
1.5 T	24	2015	2	2015						
3.0 T	1	2012	2	2015						
SPECT	12	2014								
SPECT/CT	0		1	2014						
PET	0									
PET/CT	3	2012	1	2012						

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Equipment	Primary Clinical Site (hospital) #1		Site #2		Site #3		Site #4		Site #5	
	# of Units	Year of most recent installation	# of Units	Year of most recent installation	# of Units	Year of most recent installation	# of Units	Year of most recent installation	# of Units	Year of most recent installation
Single plane Angio Suite	6	2011	1	2013						
Bi-plane Angio Suite	1	2008	2	2013						

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2. Information Technology Systems [PR II.D.1.]

RIS / PACS	Primary Clinical Site (hospital) #1		Site #2		Site #3		Site #4		Site #5	
	Check if Yes	Year of most recent installation	Check if Yes	Year of most recent installation	Check if Yes	Year of most recent installation	Check if Yes	Year of most recent installation	Check if Yes	Year of most recent installation
Is there a RIS (Radiology Information System)?	x	2015	x	2015						
Is there PACS (Picture Archiving Communication System)?	x	2015	x	2015						

3. Space Allocation [PR II.D.1.]

Indicate whether available at each site

Allocation of Space	Primary Clinical Site #1	Site #2	Site #3	Site #4	Site #5
Dedicated radiology conference room	(x) YES ( ) NO	(x) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A
Dedicated radiology call room	(x) YES ( ) NO	(x) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A
Dedicated resident offices/lounges	(x) YES ( ) NO	(x) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A	( ) YES ( ) NO ( ) N/A

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4. Briefly describe the secure on-site call facilities for residents at locations where in-house call is required [PR II.D.2.]

OSUMC provides a large reading room with multiple cubicles as well as a dedicated radiology department conference room which is secured by passcoded doors to the reading room and conference/call room areas. The radiology sleep room is directly attached to the conference room in which there is a workstation available to work from. Additionally, there is an attached bath and shower to the sleep room.

5. Subspecialty Chiefs [PR II.B.2.b) – II.B.2.d).(1)]

Subspecialty	Name of Subspecialty Chief	Estimated % of time devoted to the subspecialty	Qualifications*
Abdominal Radiology (GI/GU)	Tim McCay, D.O.	50%	3, 6
Breast Imaging	Brooke White, D.O.	50%	2, 6
Cardiothoracic	Chris Vassilliou, D.O.	50%	3, 6
Musculoskeletal	John Walton, D.O.	50%	3, 6
Nuclear Radiology	Dean Fullingim, D.O.	50%	2, 3, 4
Neuroradiology	John Dennis, D.O.	50%	2, 3, 4, 6
Pediatric Radiology	Jeremy Fullingim, D.O.	50%	1, 2, 4, 6
Ultrasonography (including OB & vascular ultrasound)	Hooby Yoon, D.O.	50%	2, 3, 6
Vascular/Interventional Radiology	George Erbacher, D.O.	75%	2, 3, 4, 5, 6

*Qualifications: Indicate by number all that apply
1. Current subspecialty certification (CAQ)
2. Fellowship training
3. Three years of subspecialty practice
4. Membership in a subspecialty society
5. Publications and presentations in the subspecialty
6. Annual CME credits in the subspecialty
7. Participation in MOC with emphasis on the subspecialty area

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6. Learning Resources

a) Is there a teaching file (ACR or equivalent) available to residents? [PR II.D.3.]... (x) YES ( ) NO

b) Will the residents have access to a radiology-specific library or electronic reference materials? [PR II.E.].. (x) YES ( ) NO

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7. Imaging Examinations Performed

All information requested must be included for each participating site with the exception of those sites where only a limited sub-specialty rotation is employed as a part of the educational experience. Example: For a cardiovascular rotation, include only the cardiovascular examination data and equipment. Note, however, that total statistics are required for a pediatric rotation. [PR II.D.4. – II.D.4.a)]

Period covered by statistics (latest 12 month period available)	From: 10/1/2014	To: 10/1/2015

Number of Exams	**Primary Clinical Site #1**	**Site #2**	**Site #3**	**Site #4**	**Site #5**
Radiography	497,970	119,400			
Computed tomography	132,037	7,943			
Mammography	50,737	0			
Angiography	2,607	865			
MRI	34,015	10,700			
Ultrasound	102,133	22,208			
Nuclear Medicine of CV System	1,016	0			
Vascular/Interventional	4,000	2564			
Total Exams	**824,515**	**163,680**			

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The Educational Program

Summary of Training

1. Complete the outline provided here to show the typical resident assignments for the four year program. Provide the information in weeks. Not all categories may be appropriate for all programs.

Summary of Training	**Duration of Assignment**				**Total**
	Year 1	**Year 2**	**Year 3**	**Year 4**	
Cardiothoracic	8	4	4	4	20
Abdominal Imaging(GI/GU)	8	4	4	4	20
Musculoskeletal	4	4	4	8	20
Breast Imaging	4	4	4	4	16
Nuclear radiology	4	4	4	4	16
Neuroradiology	8	4	4	4	20
Pediatric radiology	0	4	4	4	12
Vascular/Interventional radiology	4	4	4	4	16
Emergency Radiology (if separate)	0	4	4	4	12
Ultrasound	8	4	4	0	16
Computed tomography					
Magnetic resonance imaging					
Pathology/AIRP			4		4
Research				4	4
Elective time (if not included above)		4	4	8	16
Vacation	4	4	4	4	16
Other (does not fit into above categories; identify and describe)					
Total (in weeks)	52	52	52	52	208

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2. Attach representative goals and objectives for one rotation with their corresponding evaluation measurement.

OSUMC Breast Imaging Rotation

1ST YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) State guidelines for screening mammography,

(2) Describe the work-up of breast cancer, and

(3) Accurately perform the complete workup of an abnormal screening finding through diagnostic workup to include interventional procedures and patient referral for final care based on the biopsy findings.

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of computer assisted detection software,

(2) Perform breast ultrasound examinations with assistance, and

(3) Assist with localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations.

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient centered care, and

(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Describe pathophysiology of breast cancer,

(2) Identify relevant anatomic structures on various breast imaging modalities, and

(3) Diagnose more straightforward breast cancer cases.

Skill Objectives:

(1) Accurately interpret screening and more straight-forward diagnostic mammograms (either analog, film/screen or digital), and

(2) Accurately interpret breast ultrasounds.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and

(2) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and

(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents.

System Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,

(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and

(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

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(1) Understanding of the need for respect for patient privacy and autonomy, and
(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:
(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Behavior and Attitude Objectives:
(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:
(1) Know the importance of accurate, timely, and professional communication.

Skill Objectives:
(1) Produce concise and accurate reports on most examinations, and
(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:
(1) Work effectively as a member of the patient care team.

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2ND YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) Describe the work-up of more complex breast cancer patients, and

(2) Accurately perform the complete workup of an abnormal screening finding through diagnostic workup to include interventional procedures and patient referral for final care based on the biopsy findings.

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of computer assisted detection software (CAD),

(2) Perform breast ultrasound examinations without assistance, but with the supervision of faculty and

(3) Perform localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations with minimal assistance.

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient-centered care, and

(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Diagnose more complex breast cancer cases.

Skill Objectives:

(1) Accurately interpret screening and more complex diagnostic mammograms (either analog, film/screen or digital), and

(2) Accurately interpret breast ultrasounds.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and

(1) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and

(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents

Systems Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,

(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and

(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

(1) Understanding of the need for respect for patient privacy and autonomy, and

(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:

(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation, and

(2) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Behavior and Attitude Objectives

(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

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Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:

(1) Know the importance of accurate, timely, and professional communication.

Skill Objectives:

(1) Produce concise and accurate reports on most examinations, and

(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:

(1) Work effectively as a member of the patient care team.

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3RD YEAR
This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations.

Patient Care
Goal
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
Knowledge Objectives:
(1) Describe basic sequences used in breast MR
Skill Objectives:
(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of computer assisted detection software,
(2) Perform breast ultrasound examinations without assistance, but with the supervision of faculty and
(3) Perform localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations with minimal assistance.
(4) Perform ductograms successfully, both via nipple and percutaneously
(5) Successfully localize tumors with appropriate in vivo marker clips
Behavior and Attitude Objectives:
(1) Work with the health care team in a professional manner to provide patient-centered care, and
(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge
Goal
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:
Knowledge Objectives:
(1) Identify relevant anatomic structures on breast MR examinations,
(2) Diagnose more complex breast cancer cases, and
(3) Describe MR findings of benign and malignant breast disease.
Skill Objectives:
(1) Accurately interpret most breast MR examinations.
Behavior and Attitude Objectives:
(1) Recognize limitations of personal competency and ask for guidance when appropriate, and
(2) Practice according to MQSA regulations.

Practice-Based Learning and Improvement
Goal
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:
Knowledge Objectives:
(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.
Skill Objectives:
(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and
(2) Facilitate the learning of students and other health care professionals.
Behavior and Attitude Objectives:
(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and
(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents.

Systems Based Practice
Goal
Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
Knowledge Objectives:
(1) Understand how their image interpretation affects patient care.
Skill Objectives:
(1) Provide accurate and timely interpretations to decrease patient wait times,
(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and
(3) Practice using cost effective use of time and support personnel.
Behavior and Attitude Objectives:
(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues.

Professionalism
Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
Knowledge Objectives:
(1) Understanding of the need for respect for patient privacy and autonomy, and

(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:
(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

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Behavior and Attitude Objectives:
(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills
Goal
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:
Knowledge Objectives:
(1) Know the importance of accurate, timely, and professional communication.
Skill Objectives:
(1) Produce concise and accurate reports on most examinations, and
(2) Communicate effectively with physicians, other health professionals.
Behavior and Attitude Objectives:
(1) Work effectively as a member of the patient care team.

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4TH YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations. Residents should spend their time in one or more of three areas: 1) honing diagnostic screening interpretation skills, 2) gaining experience with more complex biopsies, and 3) interpreting more breast MR examinations. Goals and objectives will vary somewhat depending upon that focus.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) Describe basic sequences used in breast MR
(2) Understand the benefits and pitfalls of CAD.

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of CAD
(2) Perform breast ultrasound examinations without assistance, and
(3) Perform localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations with minimal assistance.

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient-centered care, and
(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Identify relevant anatomic structures on breast MR examinations,
(2) Diagnose more complex breast cancer cases, and
(3) Describe MR findings of benign and malignant breast disease.

Skill Objectives:

(1) Accurately interpret most breast MR examinations.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate, and
(2) Practice according to MQSA regulations.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and
(2) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and
(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents.

Systems Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,
(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and
(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

(1) Understanding of the need for respect for patient privacy and autonomy, and
(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:

(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Behavior and Attitude Objectives:

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(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:

(1) Know the importance of accurate, timely, and professional communication

Skill Objectives:

(1) Produce concise and accurate reports on most examinations, and

(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:

(1) Work effectively as a member of the patient care team.

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OSUMC Radiology Resident Formative Evaluation by Faculty

Evaluator: ____

Rotation: ____

This formative evaluation form is an important component of assessing the program's educational effectiveness and the resident's educational progress. Please indicate your evaluation rating of the resident's performance during this one month rotation with respect to the established rotation goals and objectives as they apply to the resident's individual level of training.

PATIENT CARE
(Resident should provide compassionate, and effective care for health problems)
1) Develops a management plan based on radiologic findings and clinical information.
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
2) Demonstrates proper technique in planning and performing image-guided procedures
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
3) Appropriately obtains informed consent
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

MEDICAL KNOWLEDGE and CLINICAL PERFORMANCE
(Resident should be knowledgeable, scholarly, and committed to lifetime learning)
4) Recognizes and describes relevant radiologic abnormalities
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
5) Synthesizes radiologic and clinical information and forms a diagnostic impression
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
6) Utilizes information technology to investigate clinical questions and for continuous self-learning
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

INTERPERSONAL/COMMUNICATION SKILLS
(Resident should communicate and teach effectively)
7) Shows sensitivity to and communicates effectively with all members of the health care team
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
8) Recognizes, communicates, and documents in the patient record urgent or unexpected radiologic findings
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
9) Produces radiologic reports that are accurate, concise, and grammatically correct
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
10) Effectively teaches residents, medical students and other health care professionals
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

PRACTICE-BASED LEARNING AND IMPROVEMENT
(Resident should investigate and evaluate patient care practices, appraise & assimilate scientific evidence in order to improve practices)
11) Recognizes and corrects personal errors
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
12) Accepts constructive criticism
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

PROFESSIONALISM
(Resident should be altruistic and accountable, and adhere to principles of medical ethics by respecting and protecting patients' best interests)
13) Demonstrates a responsible work ethic with regard to attendance and work assignments.
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
14) Demonstrates acceptable personal demeanor and hygiene.
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
15) Demonstrates responsible handling of patient medical record confidentiality
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

SYSTEMS-BASED PRACTICE
(Residents should understand healthcare practices)
16) Applies appropriateness criteria and other cost-effective healthcare principles to professional practice.
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A
17) Demonstrates diligence in following hospital/department procedures and policies
Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

GENERAL
Please provide comments regarding the resident's overall behavior: ____

This resident has effectively met the required goals and objectives of the month's rotation as described in the educational curriculum. (If not, please elaborate in the comment field.)
Yes____ No____

Comments: ____

If you feel comfortable, please discuss the above with the resident. Both the positive and negative.

I have discussed this evaluation with the resident. (Please indicate date in comment field)
Yes_________No ______N/A__________

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3. Will the curriculum outline and statement of goals and objectives be distributed to teaching staff and residents? [PR IV.A.1.] .... (x) YES ( ) NO

4. Will the goals and objectives be reviewed by the resident at the start of each rotation? .... (x) YES ( ) NO

5. Are any of the rotation(s) observational in nature? .... (x) YES ( ) NO

   If yes, provide a rationale;

   A part of the Cardiac rotation includes MRI exposure to Adult Cardiac MRI exams in conjunction with Dedicated Cardiac MRI readers that are cardiologists with a local group (Oklahoma Heart Institute). Pediatric Cardiac MRI exposure is accomplished through the radiology department at Children's Mercy Hospital in Kansas City when Residents are rotating for their required 3 months. Cardiac CTA and Nuclear Medicine Cardiac Exams exposure are provided by the residency program in sufficient volume.

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Subspecialty Didactic Content

1. Describe at least one outcome measure which will be used to assess your residents' medical knowledge.

> 1. ACR-in-service exam
> 2. AOBR physics, written and oral board exam administered during residency
> 3. Rad Primer (online paid subscription specific to Radiology in conjuction with StatDx)
> 4. Weekly Book Club tests

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5. Is there a core didactic curriculum that repeats at least every two years? [PR IV.A.3.a)] .... (x) YES ( ) NO

   If yes, does it include the following?

   a) Coverage of all 9 subspecialty areas? [PR IV.A.3.b).(1).(a)] .... (x) YES ( ) NO

   b) Anatomy, physiology, disease processes, and imaging in all age groups? [PR IV.A.3.b).(1).(a)] .... (x) YES ( ) NO

   c) Radiologic physics, instrumentation and radiobiology? [PR IV.A.3.b).(1).(c).(i); IV.A.3.b).(2).(a)] .... (x) YES ( ) NO

   Where, how much and by whom?

   One hour physics lectures are given biweekly by a medical physicist onsite at OSUMC in the radiology conference room and covers majority of topics needed to comply with educational requirements by the NRC. Additionally, lectures are given by a few of our faculty radiologists specific to instrumentation, physics and radiobiology.

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a) Patient and medical personnel safety (i.e. radiation protection, MRI safety)? [PR IV.A.3.b).(1).(c).(ii).; IV.A.3.b).(2).(b)].. (x) YES ( ) NO

b) Chemistry of by-product material for medical use? [PR IV.A.3.b).(1).(c).(iii)] ...... (x) YES ( ) NO

c) Biologic and pharmacological actions of materials administered in diagnostic and therapeutic procedures? [PR IV.A.3.b).(1).(c).(iv)] .... ……………………(x) YES ( ) NO

d) Topics in safe handling, administration, and quality control of radionuclide doses in clinical medicine? [PR IV.A.3.b).(1).(c).(v)]... (x) YES ( ) NO

e) Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

f) The safe elution and quality control of radionuclide generator systems? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

g) Calculating, measuring and safely preparing patient doses? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

h) Calibration and quality control of survey meters and dose calibrators? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

i) Safe handling and administration of therapeutic doses of unsealed radionuclide sources? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

j) Written directives? [PR IV.A.3.b).(1).(d)]... (x) YES ( ) NO

k) Response to radiation spills and accidents? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

l) Radiation signage and related materials? [PR IV.A.3.b).(1).(d)]............................ (x) YES ( ) NO

a) Using administrative controls to prevent medical events involving the use of unsealed byproduct material? [PR IV.A.3.b).(1).(d)] .... (x) YES ( ) NO

b) Appropriate imaging utilization? [PR IV.A.3.b).(2).(c)] .... (x) YES ( ) NO

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c) Instruction in radiologic-pathologic correlation? [PR IV.A.3.b).(2).(d)] .... (x) YES ( ) NO

If yes, describe.

All of our residents are required to the attend the 4 week course given by the American Institute for Radiologic Pathology in Washington D.C. once in their 4 years.

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a) Fundamentals of molecular imaging? [PR IV.A.3.b).(2).(e)] .... (x) YES ( ) NO

b) Biological and pharmacologic actions of materials administered in diagnostic or therapeutic procedures? [PR IV.A.3.b).(2).(f)] .... (x) YES ( ) NO

c) Use of devices employed in invasive image-based diagnostic and therapeutic procedures? [PR IV.A.3.b).(2).(g)] .... (x) YES ( ) NO

d) Socioeconomics of radiologic practice? [PR IV.A.3.b).(2).(h)] .... (x) YES ( ) NO

e) Professionalism and ethics? [PR IV.A.3.b).(2).(i)]... (x) YES ( ) NO

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6. Provide a representative monthly schedule of conferences. [PR IV.A.3.b).(1)]

WEEK 1
Monday:
7:15 am – Physics lecture – Analog & Digital Representation of Data, Conversion
12 pm – Lecture, media/faculty proctored (Jeremy Fullingim, D.O.): Renal Artery Stenosis MRA, CTA, US or IR

Tuesday:
7:15 am – Grand Rounds: "Vertigo/Chronic Sinusitis" lecture by Tom Hamilton, D.O. ENT surgeon
12 pm – Lecture, media/faculty proctored (Jeremy Fullingim, D.O): Acute Hepatobiliary Cases

Wednesday:
7:15 am – Lecture, faculty: Introduction to NM & Thyroid Imaging – Tim McCay, D.O.
12 pm – Lecture, media/faculty proctored (Jeremy Fullingim, D.O.): US of Liver Masses

Thursday – Physics lecture – Evaluation of Medical Image Quality, Resolution, Sharpness, Contrast, Noise
12 pm – Lecture, media/faculty proctored (Jeremy Fullingim, D.O.): US Acute Abdominal Pain

Friday – Book Club (US Requisites) – Biliary System & Kidney (Chapters 4&5) – Jeremy Fullingim, D.O.
12 pm – CTCA Tumor Board

WEEK 2
Monday:
7:15 am – Physics lecture – Image Perception & Performance Evaluation, Decision Making, ROC Analysis
12 pm – Lecture, media/faculty proctored (Stan Handel, M.D.): Doppler Evaluation of Portal Hypertension

Tuesday:
7:15 am – Grand Rounds: "Clinicopathological Conference" – presented by Shawna Duncan, D.O. & Cerissa Key, D.O., Pediatricians
12 pm – Doppler Evaluation of the Scrotum

Wednesday:
7:15 am – Lecture, faculty: Hepatobiliary NM & MUGA Scans – Tim McCay, D.O.
12 pm – Lecture, media/faculty proctored (Stan Handel, M.D.): What is the Role of Imaging in Testicular Trauma and it's follow-up

Thursday – Physics lecture – Image Display, Callibration
12 pm – Lecture, media/faculty proctored (Stan Handel, M.D.): Torsion of the Testis What is the Role of Doppler and what are concerning flow pattern

Friday – Book Club (US Requisites) – Lower Genitourinary (Chapter 6) – Stan Handel, M.D.
12 pm – Lecture, media/faculty proctored (Stan Handel, M.D.): When and How to Find the Undescended Testicle: To Search or Not to Search?

WEEK 3
Monday:
7:15 am – Physics lecture: Image Processing and Reconstruction
12 pm – Lecture, media/faculty proctored (Chris Vassiliou, D.O.): Thyroid Ultrasound

Tuesday:
7:15 am – Grand Rounds: "Individualization of Oncology Care" lecture by Karen Reckamp, M.D., Hematology/Oncology
12 pm – Lecture, media/faculty proctored (Chris Vassiliou, D.O.): US in Primary Hyperparathyroidism

Wednesday:
7:15 am – Radiology Departmental Meeting
12 pm – Radiology/Pathology Departmental Conference

Thursday – Physics lecture: PACS and Teleradiology, DICOM, Data Security
12 pm – Lecture, media/faculty proctored (Chris Vassiliou, D.O.): US of Neck Nodes

Friday – Book Club (US Requisites) – Neck, Chest and Extremities (Chapter 10&11)
12 pm – CTCA Tumor Board

WEEK 4
Monday:
7:15 am – Physics lecture: Basic Concepts in Radiography; X-Ray Production
12 pm – Lecture, media/faculty proctored (John Walton, D.O.): First Trimester Ultrasound

Tuesday:
7:15 am – Grand Rounds: "Practice Management Session", Speaker, Raj Singh, Presenting: "Clinical Documentation Improvement"
12 pm – Lecture, media/faculty proctored (John Walton, D.O.): Doppler Flow in Obstetrics

Wednesday:
7:15 am – Journal Club, J. Kirkland, D.O.
*Testicular Tumors: What Radiologists Need to Know—Differential Diagnosis, Staging, and Management

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*The Timing and Presentation of Major Hemorrhage After 18,947 Image-Guided Percutaneous Biopsies
12 pm – Case Conference – John Walton, D.O.
4pm-5pm: AOCR Distant Learning Lecture: Women's Imaging by Maria Anello, D.O.

Thursday – Physics lecture: X-Ray Tube, Focal Spot Size, Filtration, Collimation, Compensators
12 pm – Lecture, media/faculty proctored (John Walton, D.O.): Female Pelvis

Friday – Book Club (US Requisites) – OB ultrasound, Fetal Growth & Well Being
12 pm – Lecture, media/faculty proctored (John Walton, D.O.): "Rule out Ectopic" Asking the Right Questions

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7. What percentage of all scheduled conferences will be presented by residents, without faculty assistance? [PR II.A.4.u)]

There are two daily scheduled educational hours, the first at 7 am and the second at 12 pm. Out of 10 protected educational hours, typically 20% (2 of the 10) of all scheduled conferences will be presented by residents without faculty assistance.

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Patient Care

1. How often will the procedure log be reviewed by the program director or faculty designee and submitted to the ACGME? [PR II.A.4.p).(1)]

Weekly through New Innovations and our private groups RIS system.

2. List at least one outcome measure which will be used to assess your residents' delivery of safe, efficient, appropriately utilized, quality-controlled diagnostic and/or interventional radiology techniques. [PR IV.A.5.a).(1).(a)]

- Competency forms
- Online modules with self assessments
- Direct observation/supervision

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3. For the areas listed in the table below, identify the learning activities in which the residents (engage to ensure that they understand the principles, indications, contraindications, risks and interpretation of results. [PR IV.A.5.a).(2).(a)-(e)]

CORE CURRICULUM	List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Areas for Patient Care and Procedures	List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency*
Procedures		
I-131 therapies <33 millicuries	• **Didactics/Media/Modules** • **Therapies performed with Attending in the Nuclear Medicine Department**	• **Direct Observation** • **Patient Logs**
I-131 therapies >33 millicuries	• **Didactics/Media/Modules** • **Therapies performed with Attending in the Nuclear Medicine Department**	• **Direct Observation** • **Patient Logs**
Mammograms	• **Didactics/Media/Modules Interpretation of studies with Attendings** • **Rad Primer**	• **Global Assessment** • **Direct Observation** • **In-service Exam** • **Written and Oral Boards**
Image-guided biopsies	• **Didactics/Media** • **Performance with Attending as 1st assist and well as performing with Attending direct observation.**	• **Direct Observation** • **Patient Logs**
Drainage procedures	• **Didactics/Media** • **Performance with Attending as 1st assist and performing with Attending direct observation**	• **Direct Observation** • **Patient Logs**
Angioplasty	• **Didactics/Media** • **Performance with Attending as 1st assist and performing with Attending direct observation**	• **Direct Observation** • **Patient Logs**
Embolization and infusion procedures	• **Didactics/Media** • **Performance with Attending as 1st assist and performing with Attending direct observation**	• **Direct Observation** • **Patient Logs**
Other percutaneous interventional procedures	• **Didactics/Media** • **Performance with Attending as 1st assist and performing with Attending direct observation**	• **Direct Observation** • **Patient Logs**

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CORE CURRICULUM	List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Areas for Patient Care and Procedures	List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency*
Conventional radiography	• **Didactics/Media/Modules Interpretation of studies with Attendings** • **Rad Primer**	• **Global Assessment** • **Direct Observation** • **In-service Exam** • **Written and Oral Boards**
Computed tomography	• **Didactics/Media/Modules Interpretation of studies with Attendings** • **Rad Primer**	• **Global Assessment** • **Direct Observation** • **In-service Exam** • **Written and Oral Boards**
Magnetic resonance imaging	• **Didactics/Media/Modules Interpretation of studies with Attendings** • **Rad Primer**	• **Global Assessment** • **Direct Observation** • **In-service Exam** • **Written and Oral Boards**
Angiography	• **Didactics/Media** • **Performance with Attending as 1st assist and performing with Attending direct observation**	• **Direct Observation** • **Patient Logs**
Nuclear radiology examinations of the CV system	• **Didactics/Media/Modules Interpretation of studies with Attendings** • **Rad Primer**	• **Global Assessment** • **Direct Observation** • **In-service Exam** • **Written and Oral Boards**
BLS	• **Didactics** • **Interactive practice**	• **Standardized class performance test and written test**

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4. Will each resident participate in at least 3 low dose therapies involving oral administration of I-131 and at least 3 high dose therapies involving oral administration of I-131? [PR IV.A.5.a).(2).(a)] .... (x) YES ( ) NO

   a) Will this include participation in patient selection, informed consent, understanding and calculating the administered dose, counseling of patients and their families on radiation safety issues and patient follow up? [PR IV.A.5.a).(2).(a).(i)].. (x) YES ( ) NO

5. Will each resident have documentation of at least 240 mammograms within a 6 month period during their last 2 years of the residency? [PR IV.A.5.a).(2).(b)] .... (x) YES ( ) NO

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6. How will residents obtain clinical training and experience in cardiac imaging? [PR IV.A.5.a).(2).(d)]

Our group and Children's Mercy Hospital provides clinical training and experience as there is sufficient cardiac imaging available for training.

7. Will all residents have current basic life-support (BLS) certification? [PR IV.A.5.a).(2).(e)] .... (x) YES ( ) NO

8. Will each resident competently perform a minimum of 12 months of training in diagnostic radiology prior to independent in-house on-call responsibilities? [PR IV.A.5.a).(2).(f)] .... (x) YES ( ) NO

9. Will residents have a minimum of 700 hours of training and experience in clinical nuclear medicine? [PR IV.A.6.b)] .... (x) YES ( ) NO

   a) Will this include 80 hours of classroom and laboratory instruction? [PR IV.A.6.b)](x) YES ( ) NO

      If no, explain.

10. Will each resident have a minimum of 12 weeks of clinical rotations in breast imaging? [PR IV.A.6.c)] .... (x) YES ( ) NO

11. Will the residents be required to keep a log that documents their participation in I-131 therapies; interpretation/multi-reading of mammograms; and, the performance, interpretation, and complications of vascular, interventional and invasive procedures? [PR V.A.1.b).(6).(c).(i).(a).(i)-(iv)] .... (x) YES ( ) NO

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Practice-based Learning and Improvement

For the areas listed in the table below identify the learning activities in which residents engage to ensure that they understand these concepts. [PR IV.A.5.c).(9)-(11)]

CORE CURRICULUM	List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area	List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency*
Personal practice evaluation for practice improvement	• **Performace Improvement Program Resident Quality Initiative projects required for each resident during residency for OSUMC.** • **Diagnostic Imaging Associates Practice Improvement Projects for Private group in which residents are involved working along side attendings.**	• **Global faculty evaluation** • **Resident learning portfolio** • **Documentation of participation in department/hospital Quality Initiative projects.**
Access, interpret and apply best scientific evidence to the care of patients	• **Journal Club** • **Didactics/Media/Modules** • **Modules/Rad Primer** • **Interpretation and management in imaging** • **Radiology procedures**	• **Global faculty evaluation** • **ACR in-service exam and Radiology Board Exams** • **Direct Observation**

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CORE CURRICULUM	List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area	List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency*
Radiation exposure, protection, and safety awareness and application	• **Didactics/Media** • **Modules/Rad Primer** • **Interpretation and management in imaging** • **Involvement in quarterly departmental Radiation Safety Meeting.** • **Radiology procedures**	• **Global assessment** • **Direct observation** • **ACR in-service and Radiology Board Exams**

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Interpersonal Communication Skills

For the areas listed in the table below identify the learning activities in which residents engage to ensure that they understand these skills. [PR IV.A.5.d).(6)-(7)]

CORE CURRICULUM	List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area	List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency*
Communication with patients, colleagues, referring physicians, and other members of the health care team	• **Direct observation with increased responsibility as training years advance as it pertains to procedures, imaging studies through reports and verbal communication, conferences, and lectures.**	• **Direct observation** • **Global assessment** • **Patient survey**
Supervise or act as consultants to and teach medical students and residents	• **Department teaching requirements for rotating medical students and off-service residents.**	• **Direct observation** • **Informal medical student and resident feedback**

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Systems-based Practice

For the areas listed in the table below identify the learning activities in which residents engage to ensure that they understand these skills. [PR IV.A.5.f).(7)-(8)]

CORE CURRICULUM	**List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area**	**List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency***
Understanding of the local and national healthcare system	• **Involvement in Multidisciplinary Conferences and Lectures** • **Involvement in Tumor Board** • **OSUMC Graduate Medical Education Grand Rounds** • **Diagnostic Imaging Associates Private Practice Formal Instruction through updates in the field of Radiology.** • **Opportunities to attend Radiology conferences provided by the ACR and AOCR.**	• **Global assessment** • **Direct observation** • **ACR in-service and Radiology Board Exams** • **Documentation of participation in any of the educational activities attended or involved with.**
Identification of existing systems problems	• **Performance Improvement Program Resident Quality Initiative projects required for each resident during residency for OSUMC.** • **Diagnostic Imaging Associates Practice Improvement Projects for Private group in which residents are involved working along side attendings.**	• **Global faculty evaluation** • **Resident learning portfolio** • **Documentation of participation in department/hospital Quality Initiative projects.**

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CORE CURRICULUM	List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area	List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency*
Systematic analysis of systems problems; including solution development, implementation and evaluation	• **Performance Improvement Program Resident Quality Initiative projects required for each resident during residency for OSUMC.** • **Diagnostic Imaging Associates Practice Improvement Projects for Private group in which residents are involved working along side attendings.**	• **Global faculty evaluation** • **Resident learning portfolio** • **Documentation of participation in department/hospital Quality Initiative projects.**

*Examples of evaluation methods for competence may include: direct observation, global assessment, multisource assessment, practice/billing audit, patient survey, record/chart review, review of patient outcomes, simulations/models, structured case discussion, in-house written examination, In-training examination, oral examination and computer-based learning.

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Resident Scholarly Activities

1. Describe support for resident research and scholarly activity. [PR IV.B.3.]

OSUMC Graduate Medical Education is integrated with the OSU Center of Health Sciences that allows for support in all aspects of research. The residency programs at OSUMC are participating in Clin-IQ that allows the resident to develop a clinical question, and proceed with its publication in a peer-reviewed journal. Radiology faculty are also available to assist in any residents research projects. Residents are also given the option for elective 2-4 weeks for research during their 4 years of training during residency. Additional time is given to residents to attend national conferences and give lectures to other residency programs in the hospital and medical students at the medical school.

2. Describe how you provide training in critical thinking skills and research design. [PR IV.B.2.a)]

We conduct journal club at least once monthly which gives residents increased exposure to peer based literature which provides a platform to allow for dialogue in an attempt to improve critical thinking and ideas to research design variety. Additionally, the residency program participates along with the other OSUMC residency program Clin-IQ that allows for residents to be exposed to people with the expertise to help develop a clinical question, and proceed with its publication in a peer-reviewed journal.

3. Describe how resident scholarly projects will be evaluated [PR IV.B.2.b).(3)]

The AOCR requires each resident to complete and submit a scientific exhibit that will be available at the national annual AOCR convention. These will be formally reviewed and scored by a committee and the resident will need to have successfully passed the scoring in order to fulfill residency requirements.

Scientific exhibits can be one of the following. 1. A report of an original clinical research study approved by the institutional review board. 2. Set of case presentations and discussion which challenges existing concepts of diagnosis or treatment and thus recommends further investigation. 3. A single case presentation of a first reported case. Resident is required to have an expert in the field review prior to submission to the Scientific Exhibit Committee for Approval.

Additional scholarly projects will be evaluated by the peer-review journal which the resident would submit to or peer-review site (i.e. ACR Case-in-Point).

If residents choose to submit a poster to an annual local or national conference then those will be evaluated accordingly by our faculty as well as the conference in which the resident is submitting.

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RESIDENT EVALUATION

Will the Resident Learning Portfolios contain documentation of the following items? [PR V.A.1.b).(6).(c). - (c).(vii)]

1. Case/procedure logs .... (x) YES ( ) NO
2. Conferences, courses/meetings attended .... (x) YES ( ) NO
3. Self-assessment modules completed .... (x) YES ( ) NO
4. Compliance of nuclear medicine and breast imaging regulatory-based training requirements .... (x) YES ( ) NO
5. Performance on yearly objective examinations .... (x) YES ( ) NO
6. Reflective process evidenced by individual learning plans and self-assessment .... (x) YES ( ) NO
7. Formal assessment of oral and written communication .... (x) YES ( ) NO
8. Compliance with institutional and departmental policies .... (x) YES ( ) NO
9. Status of medical licensure, if appropriate .... (x) YES ( ) NO
10. Learning activity that involves deriving a solution to a system problem .... (x) YES ( ) NO
11. Scholarly activity .... (x) YES ( ) NO

Updated: 6/6/2013

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Attachment: Block Diagram

Attachment: All program Letters of Agreement(PLAs) with participating sites.

AGREEMENT FOR RESIDENT PARTICIPATION
CLINICAL PARTICIPATION

Oklahoma State University Center Medical Center (hereinafter referred to as "**Hospital**"), and **The Children's Mercy Hospital** (hereinafter referred to as "**Rotation site**"), a Missouri Nonprofit Corporation located in Kansas City, Missouri, agree upon the following terms and conditions to govern the provision of facilities and clinical instruction by Rotation site for the clinical experience of Hospital's residents ("Residents") ("Agreement") ("Program").

1. **Effective Date and Term**. This Agreement is effective on 1st day of July, 2014, ending on 30th of June, 2019. This Agreement will renew automatically each year, provided that neither party has first given the other, at least 30 days prior to the end of the current term, written notice of termination at the end of that term or otherwise terminated the Agreement in accordance with Paragraph 12 herein.

2. **Responsibilities of Rotation site**. Rotation site shall be responsible for the following under this Agreement:

   a. to retain responsibility for the supervision and provision of patient care;

   b. upon written request, to give evidence of professional liability insurance or self-insurance coverage and general liability insurance or self-insurance coverage for its employees;

   c. to provide Residents with access to learning experiences and involvement in patient care in its clinical facilities;

   d. to publish policies delineating the activities of patient care in which Residents may participate;

   e. to determine the number of Residents who can be assigned to individual floors and clinics of the Rotation site;

   f. to identify and communicate to Hospital the identity of a site director ("Rotation Site Director"). Rotation site's Director will select teaching staff members from the medical staff at Rotation site.

3. **Responsibilities of Hospital**. Hospital shall be responsible for the following under this Agreement:

   a. to comply and cause Residents and Hospital faculty members ("Faculty"), whether instructing or observing Residents at Rotation site, to comply with the Rotation site's resident practice policies governing the administration of resident rotations and with the Rotation site's Corporate Compliance Plan, Program, and Code of Corporate Conduct. In the event that Hospital becomes aware of the failure of Hospital, any faculty, or any Resident to comply with this section, Hospital shall immediately take action to rectify such non-compliant Faculty or Resident if deemed necessary by Rotation site;

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b. to keep the Rotation site fully advised of the requirements of the Hospital's program that the Residents' experience at Rotation site is intended to satisfy;

c. **Insurance.** Hospital and Resident shall maintain at all times during the term professional liability insurance coverage covering the services provided hereunder in amounts of (1) not less than One Million Dollars ($1,000,000) per medical incident, and not less than Three Million Dollars ($3,000,000) annual aggregate through an actuarially sound program of self-insurance, or (2) a claims-made policy with limits of not less than $1,000,000 per claim and $3,000,000 in the aggregate including coverage with the Kansas Health Care Stabilization Fund as applicable under the Health Care Provider Insurance Availability Act (K.S.A 40-3401 through 40-3423 with tail coverage in the same amounts upon applicable triggering events, which may include but are not limited to, termination of licensure, termination of a claims-made policy, or other events giving rise to tail coverage availability).

d. For each Resident at Rotation site, and each Resident who is to be instructed or trained at Rotation site pursuant to this Agreement, to provide a complete Resident Health History Record on the form attached as Exhibit A, or on such other form as the Rotation site may prescribe. Such form shall be provided to the Rotation site for review and approval as requested. If the form is not provided or if the results of the Rotation site's review are unsatisfactory, the Rotation site will refuse Resident access to any or all of the Rotation site's facilities;

e. Hospital agrees to require each Resident, at Rotation site, participating pursuant to this Agreement to disclose to the Rotation site directly, or through Hospital, with appropriate authorization by the Resident and in compliance with applicable law, information concerning any known mental or physical condition or any known exposure to any contagious, infectious or communicable condition or disease, where such notification is necessary to allow the Rotation site to determine the resident/faculty's qualification to safely participate in the program, with or without reasonable accommodation;

f. Hospital will check the following databases prior to placing an individual at Rotation site for a clinical rotation, annually for Residents continuing a placement at Rotation site:

- Missouri Highway Patrol Criminal Background Check
- Kansas Criminal Background Check
- Other State Criminal Background check (previous residences other than MO or KS in the past 10 years)
- Missouri Department of Health and Senior Services Employee Disqualification List.

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- Missouri Department of Mental Health Disqualification Registry Report
- Office of the Inspector General
- General Services Administration, Excluded Parties List System
- Missouri Sex Offender Registry
- Kansas Bureau of Investigation Registered Sex Offenders List
- Other State or National Sex Offender List (previous residences other than MO and KS)
- Name, Social Security Number and Address Verification
- United States Treasury – SDN and Blocked Person List Web Site
- Employment Verification Separation and Re-employment

Prior to placing an individual will mean that the background investigation is conducted as part of the acceptance process to the Hospital for the Resident. In cases where the background investigation was not conducted previously, the investigation will then be conducted prior to the start of the clinical rotation.

Rotation site will not accept Residents for clinical rotations if their background information revealed any convictions for any crime against persons; robbery in the first degree; pharmacy robbery or arson in the first or second degrees; felony crimes related to drugs and alcohol; or any other crime that would not permit an individual to be licensed or registered by their profession upon completion of the educational program. It is the responsibility of the Hospital to review the background information prior to the Resident coming to the Rotation site and the Hospital will not send any Resident whose background information does not meet the standards defined in this paragraph.

g. Hospital has the financial commitment towards Resident related to expenses including salary and benefits to be paid to the resident.

h. to identify and communicate to Rotation site the identity of a program director ("Program Director") to fulfill the duties described in paragraph 5 below.

4. **Hospital's Program Director**:

The Program Director of Hospital or its designee will coordinate communication with Rotation site's Director. The Program Director of Hospital shall have both the authority and the responsibility to direct the Program's activities and establish policies for the Program, including, but not limited to the following:

a. All educational activities;

b. Selection of all Residents to the Program;

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c. Scheduling the rotation times of all individual Residents in the Program, as well as determination of the number of Residents on each rotation, as agreed to by Rotation site;

d. Assuring that the Program meets the requirements for accreditation by the ACGME;

e. Evaluating all Residents on a semiannual basis, or as needed;

f. Advancing Residents; and

g. Suspending and dismissing Residents from the Program, subject to Rotation site's authority to terminate the Resident's rotation at Rotation site as described in Paragraph 6 below.

5. **Removal of Residents**. The Rotation site retains the right, at its discretion and without prior notice, to have Residents withdrawn from the Program if withdrawal is felt to be in the best interests of the Rotation site.

6. **HIPAA**. Hospital understands that, as part of this Agreement, Resident will have access to Protected Health Information ("PHI") as that term is defined under the Health Insurance Portability Information Act of 1996 and its implementing regulations set forth in 45 CFR §§ 160 and 164 ("HIPAA Privacy Rule"). Information Technology for Economic and Clinical Health Act (collectively, "HIPAA") to safeguard PHI and ensure that the School, Students and/or Faculty maintain the integrity of PHI and use and disclose PHI in accordance with HIPAA. As such, PHI accessed or used by Resident shall be only for the limited purpose of this Agreement and will not be disclosed in any identifiable manner, as defined by the HIPAA Privacy Rule, to Hospital or other outside party, (ii) limit the disclosure of PHI to those limited purposes set forth in this Agreement and within the scope of the authorization or as otherwise required by law; (ii) use appropriate physical and electronic safeguards to prevent use or disclosure of PHI other than is provided for by this Agreement; (iii) immediately (within five (5) business days) report to the Hospital's Privacy Officer any use or disclosure of PHI not provided for by this Agreement of which the Hospital, Resident or Faculty becomes aware, including loss or theft of PHI; and (iv) make no attempt to identify or contact the individual to whom the PHI pertains unless such identification or contact is required by law. Hospital will educate the Residents and Faculty on HIPAA and the uses as outlined in this Agreement, including but not limited to methods of secure data transfer and personal liability for HIPAA breaches which may result in criminal and/or civil penalties.

7. **Indemnification**. In addition to and not in lieu of its obligation to insure, Hospital shall, at its expense, indemnify, defend, and hold Rotation site, its directors, officers, trustees, Board of Directors, medical staff, agents, and employees harmless from and against any liability, demand, claim, damages, or expenses, including attorney's fees, arising from injuries to persons, damage to property, or death occasioned by or resulting from any breach of this Agreement

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or any act or omission of Resident, whether from the rendering of or failure to render professional services or from other occurrences of negligence while that Resident is or was participating in a training program or activity of or at Rotation site.

Rotation site shall, at its expense, indemnify, defend and hold Hospital, its directors officers, agents and employees harmless from and against expenses, including attorney's fees, arising from occasioned by or resulting from any breach of this Agreement or any act or omissions of Rotation site or any of its employees from the rendering of or failure to render professional services or from other occurrences of negligence related to this Agreement.

8. **Provision of Information**. The parties shall make available for a period of six (6) years after the furnishing of services under this Agreement, upon the written request of the Secretary of the U.S. Department of Health and Human Services, the Comptroller General, or of any of their duly authorized representatives, this Agreement and any of the books, documents, and records that are necessary to verify the nature and extent of the costs incurred by the parties pursuant to this Agreement. Further, if either party carries out any of its duties under this Agreement through a subcontract with a value and cost of Ten Thousand Dollars ($10,000.00) or more over a twelve month period with a related organization, such contract shall contain a clause to the effect that the related organization shall furnish its books, documents, and records upon request, as described above, to verify the nature and extent of its costs.

9. **Changing Conditions**. The parties recognize that this Agreement at all times is subject to applicable state, local, and federal law, all public and safety provisions of state law and regulations, and the rules and regulations of any peer review organization or activity. The parties further recognize that this Agreement will be subject to amendments to such laws and regulations and to new legislation, such as a federal or state economic stabilization program or health insurance program or health insurance program. Any provisions of law that invalidate or otherwise are inconsistent with the terms of this Agreement or which would cause one or both of the parties to be in violation of the law be deemed to supersede the terms of this Agreement, provided, however, that the parties shall exercise their best efforts to accommodate the terms and intent of this Agreement to the greatest extent possible consistent with the requirements of the law.

10. **Non-Discrimination.** Hospital and Rotation site do not and will not discriminate against any employee or Resident on the basis of race, color, creed, national origin, age, disability/handicap, parental or marital status, sex or sexual orientation, or on any basis prohibited by federal law.

11. **Termination**.

    a. Notwithstanding the provisions of subparagraphs (b) or (c) below, this Agreement may be terminated by either party at any time in the event of a breach of, or noncompliance with, any covenant, term or condition of this

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Agreement after the non-breaching party has provided written notice of such breach or noncompliance and the same remains uncured for fifteen (15) business days subsequent to the giving of such notice.

b. This Agreement may be terminated by either party upon sixty (60) days' prior written notice.

c. Notwithstanding any other provision herein, the parties may terminate this Agreement at any time by mutual written consent.

12. **Notice.** Any notice required or permitted by this Agreement shall be in writing and shall be deemed given at the time it is deposited in the United States mail, postage paid, certified or registered, return receipt requested, and addressed to the party to whom it is to be given as follows:

If to Rotation site:	If to Hospital:
Randall L. O'Donnell, Ph.D.	__________
President and Chief Executive Officer	__________
The Children's Mercy Rotation site	__________
2401 Gillham Road	__________
Kansas City, MO 64108	__________

And to:	and:
Robin Foster	__________
Senior Vice President/General Counsel	__________
The Children's Mercy Rotation site	__________
2401 Gillham Road	__________
Kansas City, MO 64108	__________

13. **Waiver of Breach**. No delay or omission by either party to exercise any right or power accruing upon any breach of any covenant or agreement contained herein shall be construed to be a waiver of any such right or power or any acquiescence therein. The waiver by either party of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach of the other party.

14. **Assignment**. No party hereto shall have the right to assign this Agreement to any other person or firm.

15. **Independent Contractor**. The parties acknowledge that Rotation site and Resident are independent contractors in relation to each other with respect to this Agreement. Throughout the period of clinical experience at Rotation site, Residents of Hospital shall be Residents and employees, respectively, of Hospital. Residents (not otherwise employed by Rotation site) shall be in the service of Rotation site or employed by it under any contract of hire or otherwise, oral or written, expressed or implied, when participating in the period of clinical experience for which this Agreement provides. However, Resident shall be free to secure employment at the Rotation site in his or her free time. Finally, nothing contained in this Agreement shall be deemed or construed by the parties or by any

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third person to create the relationships of principal and agent or of partnership, joint venture, or any other association between Hospital and Rotation site.

16. **Amendment**. This Agreement may be amended only by a written Agreement signed by both of the parties. Although the parties believe that this Agreement and the intent of the parties embodied herein complies with applicable laws and regulations, in the event any provision of this Agreement is reasonably deemed by either party to be in violation of state or federal law, rule or regulation, or judicial or regulatory interpretation whether existing or newly adopted or promulgated, such provision shall be renegotiated by the parties in good faith to render the provision in compliance with such law, regulation, or interpretation. If the parties cannot agree on such renegotiated terms, this Agreement shall terminate upon notice from either party to the other upon reasonable written notice. If any clause or provision shall be judged invalid or unenforceable by a court of competent jurisdiction or by operation of any applicable law, it shall not affect the validity of any other clause or provision, but such other clause or provision shall remain in full force and effect.

17. **Governing Law**. The validity, interpretation, and enforcement of this Agreement shall be governed by the laws of the State of Missouri.

18. **Miscellaneous.** This Agreement contains the representations, and understandings, oral and written, between the parties on the subject of the Agreement, and it contains the entire Agreement of the parties on that subject. No other Agreement, statement, or promise made by either party or any employee, officer, or agent of either party which is not contained in this Agreement shall be binding or valid with regard to the same subject matter. The failure of either party at any time to require the performance by the other of any of the provisions herein shall in no way affect the respective rights of the parties to enforce the same, nor shall the waiver by either party of any breach of any provision hereof be construed to be a waiver of any subsequent breach or a waiver or modification of the provision itself.

IN WITNESS WHEREOF, the authorized representatives of the parties have set their hands on the dates shown below.

THE CHILDREN'S MERCY ROTATION SITE

By: [signature] 12/3/2014

~~Randall L. O'Donnell, Ph.D.~~ Sandra A.J. Lawrence Date

~~President and Chief Executive Officer~~

Executive Vice President

OKLAHOMA STATE UNIVERSITY CENTER MEDICAL CENTER

By: [signature] 5/19/14

Jenny Alexopulos, DO Date

Director of Medical Education

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CHILDREN'S MERCY HOSPITALS & CLINICS
ROTATING RESIDENT/PHYSICIAN HEALTH FORM

Please Print ALL Entries

Name (Last) (First) (Middle Initial)		Sex	Today's Date
Address (Street, City, State, Zip Code)	Home Phone	Date of Birth	
In Emergency- Notify: Name, Address *(how do we contact this person while you are at CMH)*		Phone	Relationship
School:			
Speciality:	Contact:		

You must provide copies of original supporting documentation and complete the following:

VACCINATIONS:

Measles, mumps, rubella (MMR) vaccination dates: 1st __/__/__ 2nd __/__/__
With original supporting documentation
OR
Serological proof of immunity as evidenced by documented positive titers for
Rubella Date :______ Result: ______
Rubeola Date :______ Result: ______
Mumps Date :______ Result: ______

Varicella (chicken pox) vaccination dates: 1st __/__/__ 2nd __/__/__
With original supporting documentation
OR
Serological proof of immunity as evidenced by documented positive titers for
Varicella IGG Date :______ Result: ______

Tetanus Diphtheria Acellular Pertussis booster (Tdap) date __/__/__

Current Season Influenza Vaccine: __/__/__

If participating in direct patient care:
Hepatitis B Vaccination Series: 1st __/__/__ 2nd __/__/__ 3rd __/__/__
Hepatitis B Surface Antibody titer Date :______ Result: ______

TB SKIN TEST: Provide copies of two TB skin tests no greater than one year apart, the most recent being no greater than 6 months before first day of affiliation.
DATE:__________ RESULT: ______
DATE:__________ RESULT: ______

IF PAST POSITIVE, we must have documentation of your original TB posiitve or documentatio of treatment and your most recent chest x-ray report.

I certify that all facts provided on this Health Form are true and complete. I understand that false information could cause me to be subject to loss of affiliation priveleges.

X____________________ __________
Signature Date

Occupational Health Representative signature from your home institution or your Family Physician.

____________________ __________
Signature Date

Occupational Health has reviewed the information and records conform to CMH policy.

____________________ __________
Occupational Health Nurse Date

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Attachment: Program Policies and Procedures

Oklahoma State University Center for Health Sciences
College of Osteopathic Medicine

Policy on Duty Hours

Standard

IV.J. Duty Hours: The Sponsoring Institution must maintain a duty hour policy that ensures effective oversight of institutional and program-level compliance with ACGME duty hour standards. (Core)

IV.J.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:

IV.J.1.a) residents/fellows must not be required to engage in moonlighting; (Core)

IV.J.1.b) residents/fellows must have written permission from their program director to moonlight; (Core)

IV.J.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, (Core)

IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. (Core)

Policy: The duty hours policy of OSU CHS will mirror those specified in the ACGME Common Program Requirements:

VI.G. Resident Duty Hours

VI.G.1. Maximum Hours of Work per Week. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. (Core)

VI.G.1.a) Duty Hour Exceptions. A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. (Detail)

VI.G.1.a).(1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. (Detail)

VI.G.1.a).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO. (Detail)

VI.G.2. Moonlighting

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VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (Core)

VI.G.2.b) Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. (Core)

VI.G.2.c) PGY-1 residents are not permitted to moonlight. (Core)

VI.G.3. Mandatory Time Free of Duty. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days (Core)

VI.G.4.Maximum Duty Period Length

VI.G.4.a)Duty periods of PGY-1 residents must not exceed 16 hours in duration. (Core)

VI.G.4.b)Duty periods of PGY-2 residents and above maybe scheduled to a maximum of 24 hours of continuous duty in the hospital. (Core)

VI.G.4.b).(1)Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. (Detail)

VI.G.4.b).(2)It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. (Core)

VI.G.4.b).(3)Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (Core)

VI.G.4.b).(4)In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. (Detail)

VI.G.4.b).(4).(a)Under those circumstances, the resident must:

VI.G.4.b).(4).(a).(i)appropriately hand over the care of all other patients to the team responsible for their continuing care; and, (Detail)

VI.G.4.b).(4).(a).(ii)document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. (Detail)

VI.G.4.b).(4).(b)The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty. (Detail)

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VI.G.5. Minimum Time Off between Scheduled Duty Periods

VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. (Core)

VI.G.5.b) Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. (Core)

VI.G.5.c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. (Outcome)

VI.G.5.c).(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. (Detail)

VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. (Detail)

VI.G.6. Maximum Frequency of In-House Night Float. Residents must not be scheduled for more than six consecutive nights of night float. (Core)
[The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

VI.G.7. Maximum In-House On-Call Frequency. PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). (Core)

VI.G.8. At-Home Call

VI.G.8.a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. (Core)

VI.G.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)

VI.G.8.b) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period". (Detail)

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Policy: Specialty-specific definitions and policies (please note these policies coincide and further define the referenced items above). Source: *Duty Hours in the Learning and Working Environment* ©2015

A. Anesthesiology.

VI.G.1.a) The Review Committee for Anesthesiology will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) An intermediate-level resident is in the second, third, or fourth year of the four year of anesthesiology residency, and has neither achieved the goals and objectives of all core rotations nor fulfilled all minimum case requirements. (Core)
VI.G.5.c) A resident in the final years of education has achieved the goals and objectives of all core rotations and fulfilled all minimum case requirements. (Core)
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family. (Detail)
VI.G.5.c).(1).(c) Residents in the final years of education may extend the eight-hour duty-free period when called upon to provide continuity of clinical care that is of critical importance to a patient and that provides unique educational value to the resident. (Detail)
VI.G.5.c).(1).(d) Exceptions to the eight-hour duty-free period must be determined in consultation with the supervising faculty member and reported to the program director. (Core)

B. Diagnostic Radiology

VI.G.1.a) The Review Committee for Diagnostic Radiology will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) R1, R2, and R3 residents are considered to be at the intermediate level.
VI.G.5.c) R4 residents are considered to be in the final years of education.

C. Interventional Radiology

VI.G.1.a) The Review Committee will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) PGY-2, PGY-3, and PGY-4 residents are considered to be at the intermediate level.
VI.G.5.c) PGY-5, PGY-6 and PGY-7 residents are considered to be in the final years of education.

D. Emergency Medicine

VI.E.1. When emergency medicine residents are on emergency medicine rotations, the following standards apply: (Core)
VI.E.1.a) While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. (Core)
VI.E.1.a).(1) There must be at least an equivalent period of continuous time off between scheduled work period. (Core)
VI.E.1.b) A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 duty hours per week. (Core)
VI.E.1.b).(1) Duty hours comprise all clinical duty time and conferences, whether spent within or outside the residency program, including all on-call hours.

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VI.E.1.c) Emergency medicine residents must have one day (24-hour period) free per each seven-day period. This cannot be averaged over a four-week period. (Core)
VI.F.1. Interprofessional teams must be used to ensure effective and efficient communication for appropriate patient care for emergency medicine department admissions, transfers, and discharges. (Core)
VI.G.1.a) The Review Committee for Emergency Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) PGY-2 residents are considered to be at the intermediate-level.
VI.G.5.c) Residents who are PGY-3 or beyond are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

E. Family Medicine

VI.E.1. The program director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each resident based on that resident's PGY level, patient safety, resident education, severity and complexity of patient illness/condition, and available support services. (Core)
VI.G.1.a) The Review Committee for Family Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) PGY-2 residents are considered to be at the intermediate-level.
VI.G.5.c) PGY-3 residents are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances, applicable to all residents, as: required continuity of care for a severely ill or unstable patient, or a complex patient, or a maternity care continuity delivery patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family. (Detail)
VI.G.6.a) Night float experiences must not exceed 50 percent of a resident's inpatient experiences. (Core)

F. Internal Medicine

VI.G.1.a) The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) No residents will be designated as being at the intermediate level.
VI.G.5.c) PGY-2 and PGY-3 residents are considered to be in the final years of education.
VI.G.5.c).(1).(b) In unusual circumstances, residents may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, must be of the residents' own initiative, and need not initiate a new 'off-duty period' nor require a change in the scheduled 'off-duty period.' (Detail)
VI.G.5.c).(1).(c) Under such circumstances, the resident must appropriately hand over care of all other patients to the team responsible for their continuing care, and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director. (Detail)

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VI.G.5.c).(1).(d) The program director must review each submission of additional service and track both individual residents' and program-wide episodes of additional duty. (Detail)
VI.G.7.a) Internal Medicine residency programs must not average in-house call over a four-week period. (Core)

G. Cardiovascular Disease; Gastroenterology; Medical Oncology; Nephrology

VI.G.1.a) The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.
VI.G.5.b) Internal medicine subspecialty fellows are considered to be in the final years of education.
VI.G.5.c) Internal medicine subspecialty fellows are considered to be in the final years of education.
VI.G.5.c).(1).(b) In unusual circumstances, fellows may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, must be of the fellows' own initiative, and need not initiate a new 'off-duty period' nor require a change in the scheduled 'off-duty period.' (Detail)
VI.G.5.c).(1).(c) Under such circumstances, the fellow must appropriately hand over care of all other patients to the team responsible for their continuing care, and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director. (Detail)
VI.G.5.c).(1).(d) The program director must review each submission of additional service and track both individual fellows' and program-wide episodes of additional duty. (Detail)
VI.G.7.a) Internal Medicine fellowships must not average in-house call over a four-week period. (Core)

H. Interventional Cardiology

VI.G.1.a) The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.
VI.G.5.a) Internal medicine subspecialty fellows are considered to be in the final years of education.
VI.G.5.a).(1).(b) In unusual circumstances, fellows may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, must be of the fellows' own initiative, and need not initiate a new 'off-duty period' nor require a change in the scheduled 'off-duty period.' (Detail)
VI.G.5.a).(1).(c) Under such circumstances, the fellow must appropriately hand over care of all other patients to the team responsible for their continuing care, and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director. (Detail)
VI.G.5.a).(1).(d) The program director must review each submission of additional service and track both individual fellows' and program-wide episodes of additional duty. (Detail)
VI.G.7.a) Internal Medicine fellowships must not average in-house call over a four-week period. (Core)

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I. Obstetrics and Gynecology

VI.G.1.a) However, the Review Committee for Obstetrics and Gynecology does not allow requests for exceptions to the 80-hour per week limitation on resident duty hours.VI.G.5.b) PGY-2 residents are considered to be at the intermediate level.
VI.G.5.c) PGY-3 and PGY-4 residents are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

J. Ophthalmology

VI.E.1. The program director must establish guidelines for the assignment of residents' clinical responsibilities by PGY-level, including clinic volume, on-call frequency, and backup requirements, as well as appropriate role in surgical procedures. (Core)
VI.E.2. The guidelines should include key clinical and surgical procedures appropriate for each PGY-level, along with the level of supervision required. (Core)
VI.E.3. Residents must be provided instruction in recognizing situations in which they are overly fatigued or overburdened with duties, communicating the need for assistance when these situations occur, and recognizing the variation in workload necessary with varying experience and competency of fellow residents. (Core)
VI.F.1. Programs must provide a team-oriented learning environment for patient care which incorporates both outpatient and inpatient exposure. The team may include faculty members and residents in ophthalmology, referring and consulting physicians, laboratory and administrative staff, medical students, nurses, optometrists, orthoptists, pharmacists, and technicians, among others. (Detail)
VI.F.1.a) Education in effective communication among team members must be provided. (Detail)
VI.G.1.a) The Review Committee for Ophthalmology will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) PGY-2 and PGY-3 residents are considered to be at the intermediate level. (Detail)
VI.G.5.c) PGY-4 residents are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

K. Orthopaedic Surgery

VI.D.1. A licensed independent practitioner may include non-physician faculty working in conjunction with the orthopaedic surgery department. (Detail)
VI.G.1.a) The Review Committee will not consider requests for exceptions to the 80-hour limit to the fellows' work week.
VI.G.5.b) PGY-2 and PGY-3 residents are considered to be at the intermediate level.
VI.G.5.c) PGY-4 and PGY-5 residents and fellows (PGY-6 and above) are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom

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the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.
VI.G.6.a) Night float may not exceed three months per year. (Detail)

L. Otolaryngology

VI.D.5.a).(2) Each program must define those physician tasks for which PGY-1 residents may be supervised indirectly with direct supervision available, and must define "direct supervision" in the context of the individual program. (Core)
VI.D.5.a).(3) Each program must define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director, and must maintain records of such demonstrations of competence. (Core)
VI.E.1. The workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. (Detail)
VI.E.2. During the residency education process, surgical teams should be made up of attending surgeons, residents at various PGY levels, medical students (when appropriate), and other health care providers. (Detail)
VI.E.3. The work of the caregiver team should be assigned to team members based on each resident's level of education, experience, and competence. (Detail)
VI.F.1. Effective surgical practices entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff members). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Detail)
VI.F.2. Residents must collaborate with fellow surgical residents, and especially with faculty members, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Detail)
VI.F.3. Residents must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, residents must learn and utilize the established methods for handing off remaining tasks to another member of the resident team so that patient care is not compromised. (Detail)
VI.F.4. Lines of authority should be defined by programs, and all residents must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Detail)
VI.G.1.a) The Review Committee for Otolaryngology will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) PGY-2 and PGY-3 residents are considered to be at the intermediate level.
VI.G.5.c) PGY-4 and PGY-5 residents are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family. (Detail)
VI.G.6.a) Night float rotations cannot exceed two consecutive months in duration, and residents can have no more than three months of night float assignments per year. (Core)
VI.G.6.b) There must be at least two months between each night float rotation. (Core)

M. Pediatrics

VI.D.5.a).(1).(a) PGY-1 residents must always be supervised either directly or indirectly with direct supervision immediately available. (Detail)

VI.E.1. The program director must have the authority and responsibility to set appropriate clinical responsibilities for each resident based on the PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. (Core)

VI.E.2. Residents must be responsible for an appropriate patient load. Insufficient patient experiences do not meet educational needs; an excessive patient load suggests an inappropriate reliance on residents for service obligations, which may jeopardize the educational experience. (Core)

VI.G.1.a) The Review Committee for Pediatrics will not consider requests for exceptions to the 80 hour limit to residents' work week.

VI.G.5.b) PGY-2 residents are considered to be at the intermediate level.

VI.G.5.c) PGY-3 residents are considered to be in the final years of education.

VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

VI.G.6.a) Night experiences should be of educational value. (Core)

VI.G.6.a).(1) In order to accomplish this, night assignments should have formal goals, objectives, and a specific evaluation component. (Detail)

N. Surgery

VI.D.5.a).(1).(a) The program must define those physician tasks for which PGY-1 residents may be supervised indirectly, with direct supervision available, and must define "direct supervision" in the context of the program. (Detail)

VI.D.5.a).(1).(b) The program must define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director, and must maintain records of such demonstrations of competence. (Detail)

VI.D.5.a).(1).(c) The program should use the template of definitions provided in the FAQ or a variation of the template to develop these definitions. (Detail)

VI.E.1. The workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. (Detail)

VI.E.2. During the residency education process, surgical teams should be made up of attending surgeons, residents at various PG levels, medical students (when appropriate), and other health care providers. (Detail)

VI.E.3. The work of the caregiver team should be assigned to team members based on each resident's level of education, experience, and competence. (Detail)

VI.F.1. Effective surgical practices entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Detail)

VI.F.2. Residents must collaborate with fellow surgical residents, and especially with faculty, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Detail)

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VI.F.3. Residents must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, residents must learn and utilize the established methods for handing off remaining tasks to another member of the resident team so that patient care is not compromised. (Detail)
VI.F.4. Lines of authority should be defined by programs, and all residents must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Detail)
VI.G.1.a) The Review Committee for General Surgery will not consider requests for exceptions to the 80-hour limit to the residents' work week.
VI.G.5.b) PGY-2 and PGY-3 residents are considered to be at the intermediate level.
VI.G.5.c) Residents at the PGY-4 level and beyond are considered to be in the final years of education.
VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.
VI.G.6.a) Night float rotations must not exceed two months in duration, four months of night float per PGY level, and 15 months for the entire program. (Core)

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Oklahoma State University Center for Health Sciences
Resident Work Environment Policy

SCOPE

This policy applies to all Residents and Fellows at OSU Medical Center

PURPOSE

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires policies regarding the resident work environment. Specific to this policy, OSU Medical Center must provide appropriate support services to minimize the work of residents extraneous to the educational programs.

DEFINITION

- Residents on duty in the hospital must be provided adequate and appropriate food services and sleeping quarters.
- All Residents (specialty and sub-specialty) are expected to dress in appropriate professional attire when engaged in any Residency activity.
- OSU Medical Center will ensure that patient care is supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents. Residents must have access to supervising faculty. Faculty schedules will be structured to provide Residents with appropriate supervision and consultation.
- OSU Medical Center provides counseling and other support services to meet each Resident's unique needs. Any resident in need of services should contact their Program Director and the Office of the Designated Institutional Official to set up an appointment with the Employee Assistance Program (1 800 221 3976)
- Patient support services including an intravenous team, phlebotomy services, laboratory services, and transportation services must be provided in a manner appropriate to, and consistent with, educational objectives and patient care.
- An effective laboratory and radiologic information retrieval system must be in place to provide for appropriate conduct of the educational programs as well as timely, high quality patient care.
- A medical records system that documents the course of each patent's illness and care must be available at all times and must be adequate to support patient care, the educational needs of residents, quality assurance activities, and provide a resource for scholarly activity.
- Appropriate security and personal safety measures must be provided to residents in all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.
- Educational materials to support patient care in the working environment (e.g. computer with internet access, biomedical library materials, etc.) must be available at all times.

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- OSU Medical Center insures that each program defines, in accordance with its Program Requirements, the specific knowledge, skills, attitudes and educational experiences required for residents to demonstrate attainment of the ACGME Six General Competencies:

  a. Patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health;

  b. Medical knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological, social and behavioral) sciences and the application of this knowledge to patient care;

  c. Practice-based learning and improvement that involves investigations and evaluations of their own patient care, appraised and assimilation of scientific evidence and improvements in patient care;

  d. Interpersonal and written communication skills that result in effective information exchange and "teaming" with patients, their families and other health professionals;

  e. Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population;

  f. Systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

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Oklahoma State University Medical Center
Moonlighting Policy

"Moonlighting" refers to a service performed by a resident in the capacity of an independent physician, completely outside the scope of his/her residency-training program. For insurance purposes, "external moonlighting" refers to moonlighting at a non–OSU Medical Center facility, "Internal moonlighting" refers to moonlighting within an OSU Medical Center facility. External and Internal moonlighting hours must be counted toward the 80-hour duty hour limit.

Residents are not required to engage in moonlighting.

Residents are prohibited moonlighting UNLESS they have the written approval of the Program Director or his/her designee. The requirements necessary for such approval are set forth below under "Moonlighting".

Residents have insurance coverage for moonlighting.

In addition to the requirements below, the Program Director's decision to approve or deny a resident's request to moonlight will depend on a number of factors including, but not limited to, interference with the resident's responsibilities in the training program and the individual circumstances of the resident.

OSU Medical Center has a Zero Tolerance Policy for any fabrication, moonlighting hours not reported/logged through New Innovations. All duty hours, moonlighting hours, etc., must be logged daily into New Innovations. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.

EXTERNAL MOONLIGHTING REQUIREMENTS:

1. The Resident must submit a written request for approval to moonlight by completing the "Request to do Moonlighting" form obtained by the Graduate Medical Education Office..
2. In order to be considered for external moonlighting, the resident must meet the following requirements:
    a. Residents must agree to obtain professional liability insurance coverage for the resident's moonlighting services and that the resident has received privileges. If the facility does not provide insurance coverage, residents must obtain their own professional liability insurance, for no less than limits of $1mm per claim and $3mm in the annual aggregate, and provide proof of such insurance to the Director of Medical Education before moonlighting begins.
    b. Residents must be fully licensed to practice medicine in the state where the moonlighting will occur.
    c. Residents must not wear identifiers as trainees in OSU Medical Center residency-training programs.
    d. Moonlighting counts toward the 80-hour limit set by the ACGME and AOA. The Program Director are expected and required to assess the resident's progress in

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the program and ask the resident to stop moonlighting if performance does not reach an expected level. The resident must be aware of these expected levels of academic and clinical performance before beginning the moonlighting experience.

e. Residents must assure the Program Director in writing that the total hours in residency training and the moonlighting commitment DO NOT EXCEED the limits set by the ACGME and AOA. Fabrication of the duty hour information could result in termination from the training program. Resident must also:

- Have approval from the Program Director
- Provide proof of liability verification
- Fill out Request to Moonlight form
- Have approval from the Director of Medical Education

INTERNAL MOONLIGHTING REQUIREMENTS:

1. The Resident must submit a written request for approval to moonlight within OSU Medical Center facilities by completing the "Request to do Internal Moonlighting" form obtained either from the Program Director, Program Coordinator. or from Appendix D in this House Staff Manual.
2. In this section, we address both malpractice insurance and CMS guidelines. In order to be considered for internal moonlighting, the resident must meet the following requirements:

   a. Residents must agree to obtain a signed contract with the facility and provide a copy of the signed contract to the Program Director. The contract must state that a non–OSU Medical Center facility will provide professional liability insurance coverage for the moonlighting services and that the resident has received privileges. If the non–OSU Medical Center facility does not provide insurance coverage, residents must obtain their own professional liability insurance, for no less than limits of $1mm per claim and $3mm in the annual aggregate, and provide proof of such insurance to the Program Director before moonlighting begins. OSU Medical Center Liability Insurance Program provides malpractice insurance for residents who moonlight within OSU Medical Center facilities.

   b. When residents are moonlighting in one of the hospitals used by OSU Medical Center training programs, i.e., OSU Medical Center facilities, moonlighting services may occur only in an outpatient setting or in the emergency department. Federal Medicare regulations are very clear on this point. (42 CFR 415.208).

   c. Residents must be fully licensed to practice medicine in the State of Oklahoma. A residency-training permit is not a license to practice medicine outside the scope of residency training.

   d. Residents must not wear identifiers as trainees in OSU Medical Center residency-training programs.

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Oklahoma State University Medical Center
Resident/Fellow Moonlighting Request

Date: ______________

Resident/Fellow ______________________________

PGY Year _____

As a resident/fellow in the ______________________ training program, I am requesting formal approval for the following moonlighting activities.

I understand that the hospital's medical liability policy does not cover these activities and I have attached a copy of my malpractice insurance certificate that endorses my moonlighting activities.

I understand that my moonlighting activity hours are inclusive of the 80 hour per week maximum work limit and will be reported in my duty hours through New Innovations. I understand that my moonlighting privileges may be revoked if it is deemed by the program director that these activities interfere with my residency/fellowship duties or responsibilities.

Moonlighting Location

Name of Site: ___________________________

Address: ___________________________

City, State, Zip: ___________________________

Phone: ___________________________

Type: __ Clinic __ ER __Hospital __Other ______________
Specify

Average Hrs/Month: ______________

Start Date: ______________

____
Please print name legibly

____
Resident Signature

____
Program Director Signature

____
Director of Medical Education Signature

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Attachment: Overall Education Goals

Overall educational goals for the program

The principal goal of the OSUMC Diagnostic Radiology Residency Program is to meet or surpass the requirements of the AOA/AOCR in conjunction with the requirements of the ACGME Radiology Residency Review Committee in training competent, caring osteopathic radiologists who possess the knowledge, skills and competencies necessary to:

1. Pass the three core AOBR exams during residency
2. Pursue a fellowship, enter private practice or begin an academic career.
3. Practice radiology according to the standards set by the AOBR, AOCR/ACR and other professional organizations.
4. Participate in life-long learning and quality improvement.

These goals are accomplished by:

- Achieving ACGME milestones in radiology residency training.
- Providing supervised graduated exposure to varied case material.
- Delivering an educational program that consists of clinical teaching and performance feedback that is supplemented with conferences, case discussions, ACR syllabi, journal clubs/articles, morbidity and mortality conferences, business and research training.
- Providing teaching and experiences that enable residents to master the 6 ACGME core competencies, meet specialty milestones and gain confidence in image interpretation, consultation, and performance of procedures expected of a practicing diagnostic radiologist.
- Resident participation in scholarly activity through medical student teaching; presentations at departmental and interdisciplinary conferences, regional or national meetings; peer-reviewed publications or presentations of original research; and membership in professional & scientific societies.
- Active participation in quality improvement activities.

Attachment: Competency Goals and Objectives

OSUMC Breast Imaging Rotation

1ST YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) State guidelines for screening mammography,

(2) Describe the work-up of breast cancer, and

(3) Accurately perform the complete workup of an abnormal screening finding through diagnostic workup to include interventional procedures and patient referral for final care based on the biopsy findings.

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of computer assisted detection software,

(2) Perform breast ultrasound examinations with assistance, and

(3) Assist with localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations.

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient centered care, and

(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Describe pathophysiology of breast cancer,

(2) Identify relevant anatomic structures on various breast imaging modalities, and

(3) Diagnose more straightforward breast cancer cases.

Skill Objectives:

(1) Accurately interpret screening and more straight-forward diagnostic mammograms (either analog, film/screen or digital), and

(2) Accurately interpret breast ultrasounds.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and

(2) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and

(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents.

System Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,

(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and

(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

(1) Understanding of the need for respect for patient privacy and autonomy, and

(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:

(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Behavior and Attitude Objectives:

(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:

(1) Know the importance of accurate, timely, and professional communication.

Skill Objectives:

(1) Produce concise and accurate reports on most examinations, and

(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:

(1) Work effectively as a member of the patient care team.

2ND YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) Describe the work-up of more complex breast cancer patients, and

(2) Accurately perform the complete workup of an abnormal screening finding through diagnostic workup to include interventional procedures and patient referral for final care based on the biopsy findings.

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of computer assisted detection software (CAD),

(2) Perform breast ultrasound examinations without assistance, but with the supervision of faculty and

(3) Perform localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations with minimal assistance.

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient-centered care, and

(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Diagnose more complex breast cancer cases.

Skill Objectives:

(1) Accurately interpret screening and more complex diagnostic mammograms (either analog, film/screen or digital), and

(2) Accurately interpret breast ultrasounds.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and

(1) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and

(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents

Systems Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,

(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and

(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

(1) Understanding of the need for respect for patient privacy and autonomy, and

(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:

(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation, and

(2) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Behavior and Attitude Objectives

(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:

(1) Know the importance of accurate, timely, and professional communication.

Skill Objectives:

(1) Produce concise and accurate reports on most examinations, and

(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:

(1) Work effectively as a member of the patient care team.

3RD YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) Describe basic sequences used in breast MR

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of computer assisted detection software,

(2) Perform breast ultrasound examinations without assistance, but with the supervision of faculty and

(3) Perform localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations with minimal assistance.

(4) Perform ductograms successfully, both via nipple and percutaneously

(5) Successfully localize tumors with appropriate in vivo marker clips

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient-centered care, and

(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Identify relevant anatomic structures on breast MR examinations,

(2) Diagnose more complex breast cancer cases, and

(3) Describe MR findings of benign and malignant breast disease.

Skill Objectives:

(1) Accurately interpret most breast MR examinations.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate, and

(2) Practice according to MQSA regulations.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and

(2) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and

(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents.

Systems Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,

(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and

(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

(1) Understanding of the need for respect for patient privacy and autonomy, and

(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:

(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Behavior and Attitude Objectives:

(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:

(1) Know the importance of accurate, timely, and professional communication.

Skill Objectives:

(1) Produce concise and accurate reports on most examinations, and

(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:

(1) Work effectively as a member of the patient care team.

4TH YEAR

This rotation involves interpretation of mammograms, performance and interpretation of breast sonography and breast MRI, performance of guided breast biopsies, and breast cancer localizations. Residents should spend their time in one or more of three areas: 1) honing diagnostic screening interpretation skills, 2) gaining experience with more complex biopsies, and 3) interpreting more breast MR examinations. Goals and objectives will vary somewhat depending upon that focus.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Knowledge Objectives:

(1) Describe basic sequences used in breast MR

(2) Understand the benefits and pitfalls of CAD.

Skill Objectives:

(1) Interpret and report screening mammograms (either analog, film/screen or digital) with help of CAD

(2) Perform breast ultrasound examinations without assistance, and

(3) Perform localizations, ultrasound and stereotactic-guided biopsies, and cyst aspirations with minimal assistance.

Behavior and Attitude Objectives:

(1) Work with the health care team in a professional manner to provide patient-centered care, and

(2) Notify referring clinician for urgent, emergent, or unexpected findings, and document in dictation.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Knowledge Objectives:

(1) Identify relevant anatomic structures on breast MR examinations,

(2) Diagnose more complex breast cancer cases, and

(3) Describe MR findings of benign and malignant breast disease.

Skill Objectives:

(1) Accurately interpret most breast MR examinations.

Behavior and Attitude Objectives:

(1) Recognize limitations of personal competency and ask for guidance when appropriate, and

(2) Practice according to MQSA regulations.

Practice-Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Knowledge Objectives:

(1) Assess mammography images (either analog, film/screen or digital) for quality and suggest methods of improvement.

Skill Objectives:

(1) Demonstrate independent self-study using various resources including texts, journals, teaching files, and other resources on the internet, and

(2) Facilitate the learning of students and other health care professionals.

Behavior and Attitude Objectives:

(1) Incorporate formative feedback into daily practice, positively responding to constructive criticism, and

(2) Follow-up interesting or difficult cases without prompting and share this information with appropriate faculty and fellow residents.

Systems Based Practice

Goal

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Knowledge Objectives:

(1) Understand how their image interpretation affects patient care.

Skill Objectives:

(1) Provide accurate and timely interpretations to decrease patient wait times,

(2) Appropriately notify the referring clinician if there are urgent or unexpected findings and document such without being prompted; and

(3) Practice using cost effective use of time and support personnel.

Behavior and Attitude Objectives:

(1) Advocate for quality patient care in a professional manner, particularly concerning imaging utilization issues.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Knowledge Objectives:

(1) Understanding of the need for respect for patient privacy and autonomy, and

(2) Understanding of their responsibility for the patient and the service, including arriving in the reading room promptly each day, promptly returning to the reading room after conferences, completing the work in a timely fashion, and not leaving at the end of the day until all work is complete. If the resident will be away from a service (for time off, meeting, board review, etc.), this must be arranged in advance with the appropriate faculty.

Skill Objectives:

(1) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Behavior and Attitude Objectives:

(1) Respect, compassion, integrity, and responsiveness to patient care needs that supersede self-interest.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Knowledge Objectives:

(1) Know the importance of accurate, timely, and professional communication

Skill Objectives:

(1) Produce concise and accurate reports on most examinations, and

(2) Communicate effectively with physicians, other health professionals.

Behavior and Attitude Objectives:

(1) Work effectively as a member of the patient care team.

OSUMC Radiology Resident Formative Evaluation by Faculty

Evaluator: ____

Rotation: ____

This formative evaluation form is an important component of assessing the program's educational effectiveness and the resident's educational progress. Please indicate your evaluation rating of the resident's performance during this one month rotation with respect to the established rotation goals and objectives as they apply to the resident's individual level of training.

PATIENT CARE

(Resident should provide compassionate, and effective care for health problems)

1) Develops a management plan based on radiologic findings and clinical information.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

2) Demonstrates proper technique in planning and performing image-guided procedures

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

3) Appropriately obtains informed consent

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

MEDICAL KNOWLEDGE and CLINICAL PERFORMANCE

(Resident should be knowledgeable, scholarly, and committed to lifetime learning)

4) Recognizes and describes relevant radiologic abnormalities

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

5) Synthesizes radiologic and clinical information and forms a diagnostic impression

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

6) Utilizes information technology to investigate clinical questions and for continuous self-learning

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

INTERPERSONAL/COMMUNICATION SKILLS

(Resident should communicate and teach effectively)

7) Shows sensitivity to and communicates effectively with all members of the health care team

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

8) Recognizes, communicates, and documents in the patient record urgent or unexpected radiologic findings

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

9) Produces radiologic reports that are accurate, concise, and grammatically correct

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

10) Effectively teaches residents, medical students and other health care professionals

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

PRACTICE-BASED LEARNING AND IMPROVEMENT

(Resident should investigate and evaluate patient care practices, appraise & assimilate scientific evidence in order to improve practices)

11) Recognizes and corrects personal errors

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

12) Accepts constructive criticism

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

PROFESSIONALISM

(Resident should be altruistic and accountable, and adhere to principles of medical ethics by respecting and protecting patients' best interests)

13) Demonstrates a responsible work ethic with regard to attendance and work assignments.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

14) Demonstrates acceptable personal demeanor and hygiene.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

15) Demonstrates responsible handling of patient medical record confidentiality

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

SYSTEMS-BASED PRACTICE

(Residents should understand healthcare practices)

16) Applies appropriateness criteria and other cost-effective healthcare principles to professional practice.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

17) Demonstrates diligence in following hospital/department procedures and policies

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

GENERAL

Please provide comments regarding the resident's overall behavior: ____

This resident has effectively met the required goals and objectives of the month's rotation as described in the educational curriculum. (If not, please elaborate in the comment field.)

Yes____ No____

Comments: ____

If you feel comfortable, please discuss the above with the resident. Both the positive and negative.

I have discussed this evaluation with the resident. (Please indicate date in comment field)

Yes_________No ______N/A__________

Attachment: Forms Used for Faculty and Program Evaluation

PROGRAM EVALUATION
AS COMPLETED BY THE RESIDENT

INSTRUCTIONS:
A copy of this report is to be submitted to the American Osteopathic College of Radiology (AOCR), within thirty (30) days of completion of each year of diagnostic radiology residency training.

Name of Resident: _____

Training Institution: _____

Year of Training for This Report: ☐ OGME 2 ☐ OGME 3 ☐ OGME 4 ☐ OGME 5

Report Period: From:_____/_____/_____ To: _____/_____/_____
mo/dy/yr **mo/dy/yr**

1. Is your resident file/portfolio complete for the period of this report? Yes No
   If not, why?

2. Are all your cases reviewed prior to the final report of dictation being released? Yes No

3. Do you feel that the scope and variety of cases you see is adequate? Yes No

4. Please evaluate the following on a scale from 1-5 using the rating criteria below:
   1 = unacceptable
   2 = adequate with room for improvement
   3 = acceptable
   4 = outstanding

	1	2	3	4
Level of supervision for year of training				
Faculty and staff demonstration of interest in providing resident education				
Instruction provided by faculty				
Balance between education and service obligations				

5. Please provide any comments including the strengths and weaknesses of the program and that you feel would be of benefit.

OSUMC RADIOLOGY RESIDENT ANNUAL PROGRAM EVALUATION

1. On average, how many hours do you spend per week in assigned duties? _______/week

2. Do you average at least one day off per week? Yes_____ No _____

If not, which rotation(s) did this occur?

3. Do you feel that the program director and faculty members are available to you for advice and counseling?

Yes _____ No _____

4. Do you feel you get enough advice and counseling? Yes _____ No _____

5. Does the Staff radiologist at the beginning of each rotation review the written learning objectives and expectations with you?

Yes _____ No _____

If not, on which rotation(s) did this not occur?

4. Are you provided with written and verbal feedback at the end of each rotation? Yes _____ No ___

If not, on which rotation(s) would you have liked to have had some feed back?

5. Does the residency program place excessive reliance on service vs education? Yes _____ No _____

If yes, on which rotation(s) did this occur?

6. Is there a rapid and reliable system for you to communicate with your attending physicians?

Yes _____ No _____

If not, on which rotation(s) are there issues and what are the issues?

7. Are you provided an adequate work area (computer/place to hang coat facilities)? Yes _____ No _____

If not, at which facilities?

8. Do you have any concerns regarding your safety while at OSUMC or CMH?

Yes _____ No _____

If yes, at which facilities?

9. Are the library facilities adequate? Yes _____ No _____

If not, please comment:

10. Are you able to get enough procedures? Yes _____ No _____

If not, please comment on why that may be or give your suggestions for improvement:

11. My least favorite parts of the residency program are:

12. My favorite parts of the residency program are:

13. What would you suggest be done to improve the radiology residency program at OSUMC?

14. Please make any other comments here:

OSUMC Monthly *Formative* Radiology Resident Evaluation of Faculty

Rotation: ________________________

Staff name: ______________________

Instructions: Please evaluate the faculty member by checking a number from 1 to 5 with 1 representing "almost never" and 5 "almost always" regarding how often the faculty member performs each behavior. **For parameters for which you have had no direct observation or those which do not apply to your interactions with the faculty, check "NA" (not applicable).** Your evaluation will be kept anonymous and only compiled data will be presented to the faculty. Comments may be given at the end of the form.

1. Staffs out studies early enough so that fellow/resident dictation can be completed by the end of the workday or the end of the scheduled call.

Almost never 1 2 3 4 5 Almost always N/A

2. Staff works efficiently without complaining about the amount of work to do and is considerate by attempting to avoid putting all the work on the fellow/resident.

Almost never 1 2 3 4 5 Almost always N/A

3. Staff regularly takes time out of work to teach fellow/resident how to recognize a diagnosis and associated imaging findings on an imaging study.

Almost never 1 2 3 4 5 Almost always N/A

4. Regularly attends scheduled conferences/lectures.

Almost never 1 2 3 4 5 Almost always N/A

5. At conferences, gives frequent high-quality teaching experience.

Almost never 1 2 3 4 5 Almost always N/A

6. Varies teaching methods (lectures, case presentations, slides, films, video, etc.).

Almost never 1 2 3 4 5 Almost always N/A

AVAILABILITY:

1. Is available to help referring clinicians.

Almost never 1 2 3 4 5 Almost always N/A

Feedback:

1. Gives the resident feedback during the rotation about how the resident is performing.

Almost never 1 2 3 4 5 Almost always N/A

Expertise/clinical skills:

1. Maintains updated expertise by citing recent literature and new technology to resident (e.g. new radiological procedures, alternative imaging studies and methods).

Almost never 1 2 3 4 5 Almost always N/A

2. Integrates imaging findings and clinical history to narrow the differential diagnosis.

Almost never 1 2 3 4 5 Almost always N/A

Research:

1. Helps fellow/resident design and overcome problems in pursuing the resident's own research project.

Almost never 1 2 3 4 5 Almost always N/A

2. Staff makes him-/herself available to assist residents in writing manuscripts for publication or in preparing oral presentations for local, national meetings or medical school lectures.

Almost never 1 2 3 4 5 Almost always N/A

Professionalism:

1. Speaks well of other staff in front of colleagues or residents.

Almost never 1 2 3 4 5 Almost always N/A

2. Disagrees with a resident's interpretation without being insulting.

Almost never 1 2 3 4 5 Almost always N/A

Attachment: Program Specific Evaluation Tools

Evaluation of Resident Performance by Peer

Evaluator:

Subject:

Credentials: Radiology Resident

Please consider the following statements while rating this Resident. Base your ratings on your personal observations.

PATIENT CARE - Resident should provide patient care through safe, efficient, appropriately utilized, quality-controlled radiology techniques and effectively communicates results to the referring physician and/or other appropriate individuals in a timely manner

1. Develops a management plan based on radiologic findings and clinical information
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
2. Is helpful in orienting lower level residents new to the service or hospital
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
3. Demonstrates sensitivity to a patient's cultural/social/economic issues.
    - Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge
4. Demonstrates strong sense of patient ownership and accountability.
    - Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge

MEDICAL KNOWLEDGE - Resident should engage in continuous learning and apply appropriate state of the art diagnostic and/or interventional radiology techniques to meet the imaging needs of patients, referring physicians and the health care system

1. Recognizes and describes relevant radiologic abnormalities
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
2. Is available to and takes time to teach lower level residents when working together
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
3. Utilizes information technology to investigate clinical questions and for self-learning
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
4. Performs procedures effectively.
    - Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge

INTERPERSONAL/COMMUNICATION SKILLS - Resident should communicate effectively with patients, colleagues, referring physicians and other members of the health care team concerning imaging appropriateness, informed consent, safety issues and imaging results

1. Shows sensitivity & communicates effectively with all members of the health care team
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
2. Effectively teaches non-radiology residents, students and other health care professionals
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
3. Takes time to explain to lower level residents how to dictate reports
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*

PRACTICE-BASED LEARNING AND IMPROVEMENT - Resident should participate in evaluation of one's personal practice utilizing scientific evidence, "Best practices" and self-assessment programs in order to optimize patient care through lifelong learning

1. Participates in Journal Club, Morbidity and Mortality, Interesting Case Conferences or QI/QA activities
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
2. Appropriately accepts constructive criticism Without taking it personally and attempts to make improvements
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*
3. Is insightful into own character, being able to recognize personal errors and correct them
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*

PROFESSIONALISM - Resident should commit to high standards of professional conduct, demonstrating altruism, compassion, honesty and integrity, follows principles of ethics and confidentiality, and considers religious, ethnic, gender, educational and other differences when interacting with patients and other members of the health care team

1. Demonstrates a responsible work ethic including showing up on time and not leaving until the work is finished
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*

2. Is willing to take a turn to help out when needed including being willing to switch rotations or take call if needed to cover for the other residents
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*

3. Works professionally alongside other residents and faculty w/o complaining or gossiping
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree /* Unable to Judge

4. Manages personal stress effectively.
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*

SYSTEMS-BASED PRACTICE - Resident should understand how the components of the local and national healthcare system functions interdependently and how changes to improve the system involve group and individual efforts

1. Dedicates time to study effectively, looks up answers to questions raised daily
    - *Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Unable to Judge*

OVERALL PERFORMANCE

How would you rate this resident overall as someone you would like to work with?

OSUMC Radiology Resident Formative Evaluation by Faculty

Evaluator: ____

Rotation: ____

This formative evaluation form is an important component of assessing the program's educational effectiveness and the resident's educational progress. Please indicate your evaluation rating of the resident's performance during this one month rotation with respect to the established rotation goals and objectives as they apply to the resident's individual level of training.

PATIENT CARE

(Resident should provide compassionate, and effective care for health problems)

1) Develops a management plan based on radiologic findings and clinical information.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

2) Demonstrates proper technique in planning and performing image-guided procedures

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

3) Appropriately obtains informed consent

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

MEDICAL KNOWLEDGE and CLINICAL PERFORMANCE

(Resident should be knowledgeable, scholarly, and committed to lifetime learning)

4) Recognizes and describes relevant radiologic abnormalities

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

5) Synthesizes radiologic and clinical information and forms a diagnostic impression

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

6) Utilizes information technology to investigate clinical questions and for continuous self-learning

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

INTERPERSONAL/COMMUNICATION SKILLS

(Resident should communicate and teach effectively)

7) Shows sensitivity to and communicates effectively with all members of the health care team

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

8) Recognizes, communicates, and documents in the patient record urgent or unexpected radiologic findings

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

9) Produces radiologic reports that are accurate, concise, and grammatically correct

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

10) Effectively teaches residents, medical students and other health care professionals

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

PRACTICE-BASED LEARNING AND IMPROVEMENT

(Resident should investigate and evaluate patient care practices, appraise & assimilate scientific evidence in order to improve practices)

11) Recognizes and corrects personal errors

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

12) Accepts constructive criticism

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

PROFESSIONALISM

(Resident should be altruistic and accountable, and adhere to principles of medical ethics by respecting and protecting patients' best interests)

13) Demonstrates a responsible work ethic with regard to attendance and work assignments.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

14) Demonstrates acceptable personal demeanor and hygiene.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

15) Demonstrates responsible handling of patient medical record confidentiality

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

SYSTEMS-BASED PRACTICE

(Residents should understand healthcare practices)

16) Applies appropriateness criteria and other cost-effective healthcare principles to professional practice.

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

17) Demonstrates diligence in following hospital/department procedures and policies

Poor competence / Below average competence / Average competence / Above average competence / Excellent / N/A

GENERAL

Please provide comments regarding the resident's overall behavior: ____

This resident has effectively met the required goals and objectives of the month's rotation as described in the educational curriculum. (If not, please elaborate in the comment field.)

Yes____ No____

Comments: ____

If you feel comfortable, please discuss the above with the resident. Both the positive and negative.

I have discussed this evaluation with the resident. (Please indicate date in comment field)

Yes_________No ______N/A__________

PATIENT CARE SURVEY

Please take a moment to evaluate the following OSUMC radiology resident.

PHYSICAN NAME: ____

Overall satisfaction (circle one; 1=very poor, 10=excellent):

1 2 3 4 5 6 7 8 9 10

Circle below Yes or No to the questions:

Introduced him/herself to you and your family: YES OR NO

Was polite and considerate at all times: YES OR NO

Was dressed professionally (clean, tidy, “business-like”): YES OR NO

Behaved appropriately: YES OR NO

Listened carefully to your concerns and questions: YES OR NO

Explained risks and benefits of the procedure in a clear fashion: YES OR NO

Discussed results of procedure to your satisfaction: YES OR NO

Gave good, clear, accurate instructions for post-clinic care: YES OR NO

OSUMC RADIOLOGY RESIDENT ANNUAL PROGRAM EVALUATION

1. On average, how many hours do you spend per week in assigned duties? _______/week

2. Do you average at least one day off per week? Yes_____ No _____

If not, which rotation(s) did this occur?

3. Do you feel that the program director and faculty members are available to you for advice and counseling?

Yes _____ No _____

4. Do you feel you get enough advice and counseling? Yes _____ No _____

5. Does the Staff radiologist at the beginning of each rotation review the written learning objectives and expectations with you?

Yes _____ No _____

If not, on which rotation(s) did this not occur?

4. Are you provided with written and verbal feedback at the end of each rotation? Yes _____ No ___

If not, on which rotation(s) would you have liked to have had some feed back?

5. Does the residency program place excessive reliance on service vs education? Yes _____ No _____

If yes, on which rotation(s) did this occur?

6. Is there a rapid and reliable system for you to communicate with your attending physicians?

Yes _____ No _____

If not, on which rotation(s) are there issues and what are the issues?

7. Are you provided an adequate work area (computer/place to hang coat facilities)? Yes _____ No _____

If not, at which facilities?

8. Do you have any concerns regarding your safety while at OSUMC or CMH?

Yes _____ No _____

If yes, at which facilities?

9. Are the library facilities adequate? Yes _____ No _____

If not, please comment:

10. Are you able to get enough procedures? Yes _____ No _____

If not, please comment on why that may be or give your suggestions for improvement:

11. My least favorite parts of the residency program are:

12. My favorite parts of the residency program are:

13. What would you suggest be done to improve the radiology residency program at OSUMC?

14. Please make any other comments here:

OSUMC Monthly *Formative* Radiology Resident Evaluation of Faculty

Rotation: ________________________

Staff name: ______________________

Instructions: Please evaluate the faculty member by checking a number from 1 to 5 with 1 representing "almost never" and 5 "almost always" regarding how often the faculty member performs each behavior. **For parameters for which you have had no direct observation or those which do not apply to your interactions with the faculty, check "NA" (not applicable).** Your evaluation will be kept anonymous and only compiled data will be presented to the faculty. Comments may be given at the end of the form.

GENERAL:

1. Staffs out studies early enough so that fellow/resident dictation can be completed by the end of the workday or the end of the scheduled call.

Almost never 1 2 3 4 5 Almost always N/A

2. Staff works efficiently without complaining about the amount of work to do and is considerate by attempting to avoid putting all the work on the fellow/resident.

Almost never 1 2 3 4 5 Almost always N/A

3. Staff regularly takes time out of work to teach fellow/resident how to recognize a diagnosis and associated imaging findings on an imaging study.

Almost never 1 2 3 4 5 Almost always N/A

4. Regularly attends scheduled conferences/lectures.

Almost never 1 2 3 4 5 Almost always N/A

5. At conferences, gives frequent high-quality teaching experience.

Almost never 1 2 3 4 5 Almost always N/A

6. Varies teaching methods (lectures, case presentations, slides, films, video, etc.).

Almost never 1 2 3 4 5 Almost always N/A

AVAILABILITY:

1. Is available to help referring clinicians.

Almost never 1 2 3 4 5 Almost always N/A

FEEDBACK:

1. Gives the resident feedback during the rotation about how the resident is performing.

Almost never 1 2 3 4 5 Almost always N/A

EXPERTISE/CLINICAL SKILLS:

1. Maintains updated expertise by citing recent literature and new technology to resident (e.g. new radiological procedures, alternative imaging studies and methods).

Almost never 1 2 3 4 5 Almost always N/A

2. Integrates imaging findings and clinical history to narrow the differential diagnosis.

Almost never 1 2 3 4 5 Almost always N/A

RESEARCH:

1. Helps fellow/resident design and overcome problems in pursuing the resident's own research project.

Almost never 1 *2* *3* *4* *5* *Almost always* *N/A*

2. Staff makes him-/herself available to assist residents in writing manuscripts for publication or in preparing oral presentations for local, national meetings or medical school lectures.

Almost never 1 *2* *3* *4* *5* *Almost always* *N/A*

PROFESSIONALISM:

1. Speaks well of other staff in front of colleagues or residents.

Almost never 1 *2* *3* *4* *5* *Almost always* *N/A*

2. Disagrees with a resident's interpretation without being insulting.

Almost never 1 *2* *3* *4* *5* *Almost always* *N/A*

Radiology Technologist/Ultrasonographer/Nurse Resident Evaluation

Resident Name:

For each category circle a number (1-9) that you feel is appropriate.

Clinical Knowledge: *Residents should be able to explain procedures to patients in a knowledgeable fashion. Should be aware of the reason for the procedure and the clinical condition of the patient. Knowledge is consistent with level of training and has progressed since previous rotation.*

Is aware of the patient's clinical condition, indications for possible outcomes and complications.
9 8 7

Understands the indication for examination and expected outcome and complications.
6 5 4

Unsure of reason for performing examination or possible complications.
3 2 1

Technical knowledge: *Evaluation based on knowledge of procedure, machines, scanning parameters, filming, and PACS functions (pertinent to the modality you are in). Residents should be aware of radiation protection techniques including use of, collimation and appropriate reduction in fluoroscopy time to protect patient and physician.*

Shows a very thorough understanding of technical concepts. Can optimize more detailed technical settings.
9 8 7

Selects and utilizes material and equipment correctly. Can use the technology/machines needed, i.e. ultrasound units, fluoroscopy units, CT
6 5 4

Needs to improve knowledge of techniques.
3 2 1

Patient Care: *Resident interaction with patients.*

Excellent bedside manner. Receives positive feedback from patients.
9 8 7

Good with patients.
6 5 4

Inappropriate with patients. Receives negative comments from patients.
3 2 1

Interpersonal/Communication Skills: *Refers to ability to interact well with other members of the patient care team.*

Performs duties conscientiously and enthusiastically. Reports where and when scheduled. Works well with the technologists.
9 8 7

Performs duties willingly and without complaint. Generally works well with others.
6 5 4

Avoids duties and/or complains often. Often "disappears".
3 2 1

Comments will be very much appreciated. Comments are mandatory if an unsatisfactory evaluation of 1 or 2 is given.

Comments:

Signature: **Date:**

OSUMC Nuclear Medicine Checklist for Authorized User Eligibility

Requirement: "700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies."

This requires at least 16 full weeks of participation on the nuclear medicine service.

TIME ON SERVICE			
Rotation	**Dates of Rotation**	**Dates Absent**	**Weeks Completed (weeks + days)**
Nucs 1			
Nucs 2			
Nucs 3			
Nucs 4			
Additional days of Nucs provided			
TOTAL			

DIDACTIC OR CLASSROOM AND LABORATORY TRAINING			
Description of Training	**Location**	**Clock Hours**	**Dates of Training**
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology Chemistry of Byproduct Material for Medical Use			
Other			

WORK OR PRACTICAL EXPERIENCE WITH RADIATION			
Description of Experience	**Name of Supervising Individual(s)**	**Location and corresponding Material License Number**	**Dates and/or Clock Hours of Experience**
Ordering, receiving, unpacking and surveying radioactive shipments			
Performing Q/C procedures on instruments used to assay patient dose and survey meters			
Calculating, measuring and safely preparing patient dose			
Using administrative controls to prevent a medical event			
Administering radioactive drugs to patients or research subjects			
Eluting generators measuring and testing eluate and prepare labeled radioactive drugs			
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures			
			Total Hours:

SUMMARY OF PARTICIPATION IN I-131 THERAPY < 33 mCi (at least 3 are required – must attach a therapy documentation form for each)			
Date of therapy	**Indication for therapy**	**Name of Supervising Individual**	**Location of Therapy**

SUMMARY OF PARTICIPATION IN I-131 THERAPY > 33 mCi (at least 3 are required – must attach a therapy documentation form for each)			
Date of therapy	**Indication for therapy**	**Name of Supervising Individual**	**Location of Therapy**

Documentation of the OSUMC Radiology Resident Participation in I-131 therapy.

1. Resident _____________________________
2. I-131 case: <33 mCi ____ >33 mCi____; (1) ____ (2) ____ (3) ____
3. Date of therapy: _______________
4. Content verification in the medical report:
    1. Pertinent history: Yes OR No
    2. Pertinent physical exam: Yes OR No
    3. Pertinent laboratory or imaging data: Yes OR No
    4. Pertinent scintigraphic findings: Yes OR No
    5. Appropriate impression or differential diagnosis: Yes OR No
    6. Informed consent: Yes OR No
    7. "Time out" prior to therapy: Yes OR No
    8. Therapeutic I-131 dose: Yes OR No
    9. Patient follow up with health care provider: Yes OR No
    10. Discussed with health care provider N/A ___; Yes OR No
5. Did the resident demonstrate:
    1. Adequate knowledge of therapy options: Yes OR No
    2. Ability to calculate a therapeutic I-131 dose: Yes OR No
    3. Adequate knowledge of post-therapy radiation safety precautions for the patient, family and the public: Yes OR No
    4. Knowledge of travel precautions: Yes OR No
    5. Understanding of a medical event and Nuclear Regulatory Commission (NRC) Reporting: Yes OR No
6. Patient follow up
    1. Method _____________________________
    2. Date _______________________________
7. Authorized user verification (sign and print name)

Name _________________________________ Date ___________

OSUMC Radiology Journal Club Worksheet

Resident name: Date of Journal club:

Title & full citation of Journal article:

Please comment on:

1. Abstract: (Ex - was it a concise overview? Did the conclusion match the aim? Were there discrepencies between the abstract and the body of the paper?)

   Introduction: (Ex-did it include reasonable rationale why to do the study? Were goals of study included? Does it explain how the authors aims fit into what is already known on the subject?)

2. Materials and Methods: (Ex-Is this a good blueprint that another person could read and reproduce? Do the methods attempt to minimize bias and confounding factors? Are the patients included and excluded appropriately? Are correct statistics used?)

3. Results: (Ex- Do the results follow the order of the methods? Are there any unexpected results data sets? Are the results clear? Are all subjects and materials accounted for?)

4. Discussion: (Ex- Does it state if the hypothesis was verified? Does the discussion compare and contrast with prior literature? Is there an explanation of differences compared to prior literature? Are any unexpected results explained?

5. Conclusion: (Ex - Given the limitations of the study, are the conclusions valid? Does the conclusion respond to or answer the question asked in the aim of the study? Are the conclusions proven in the manuscript?)

6. What knowledge gap did this manuscript fill in (practice based learning improvement)?

   Any other comments?

Glossary:

Evidence based medicine - Deciding which clinical practice to use based on critical literature analysis Practice based learning improvement - Filling in knowledge gaps.

Reference: BudovekJJ. Evidence Based Radiology: A primer for reading scientific articles. AJR 2010;195:1-4

Program Director's Annual Evaluation

Resident Name	
Training Program	
Year of Training for this Report	☐OGME 2 ☐OGME 3 ☐OGME 4 ☐OGME 5
Training Year Dates	From (mo/dy/yr) to (mo/dy/yr)

Only check one evaluation box for each

For any box checked deficient, the specifics of the deficiency must be detailed and a corrective action plan must be submitted as an addendum to this form.

Competency 1: Osteopathic Philosophy Principles and Manipulative Treatment		
This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.		
Competency 2: Medical Knowledge and Its Application into Osteopathic Practice		
2.1	The resident demonstrated competency in the understanding and application of clinical medicine to osteopathic patient care.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
2.2	The resident knows and applies the foundations of clinical and behavioral medicine appropriate to Diagnostic Radiology with application of all appropriate osteopathic correlations.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
2.3	The resident demonstrated a desire to continually improve his/her medical knowledge and that of others.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 3: Osteopathic Patient Care		
3.1	The resident demonstrated the ability to develop a management plan based on radiologic findings and other essential information gathered from all sources including medical interviews, osteopathic physical and structural examinations as indicated, medical records, diagnostic/therapeutic plans, and treatments.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
3.2	The resident demonstrated proper technique in planning and performing imaging and image-guided procedures including osteopathic diagnosis and treatment relative to radiology.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
3.3	The resident provided radiology services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional

Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice		
4.1	The resident demonstrated effectiveness in developing appropriate doctor-patient relationships.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
4.2	The resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families, and other healthcare professionals.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
4.3	The resident demonstrated an awareness of psychosocial issues and incorporates health promotion into clinical practice.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 5: Professionalism in Osteopathic Medical Practice		
5.1	This resident demonstrated respect for his/her patients and families and advocated for the primacy of his/her patient's welfare and autonomy.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
5.2	The resident adhered to ethical principles in the practice of medicine.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
5.3	The resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
5.4	The resident demonstrated awareness of one's own mental and physical health.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 6: Osteopathic Medical Practice-Based Learning and Improvement		
6.1	The resident treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
6.2	The resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
6.3	The resident understood research methods, medical informatics, and the application of technology as applied to medicine.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 7: System-Based Practice Osteopathic Medical Practice		
7.1	This resident understands national and local health care delivery systems and medical societies and how they affect patient care, professional practice, and relate to advocacy.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
7.2	This resident advocated for quality health care on behalf of his/her patients and assisted them in their interactions with the complexities of the medical system.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional

1. The resident has passed all parts of the COMLEX examination.
   (required prior to progression to 2nd year of residency)

   ◘ Yes ◘ No

2. The resident has made satisfactory progress in the training program and is recommended to proceed to the next year.

   ◘ Yes ◘ No ◘ N/A

   If no, please explain:

NOTE: You must complete and submit a "Program Complete Summary - Final Resident Assessment" form for all residents who are completing training.

____
(Signature of Program Director) (Date)

The following signature verifies that the resident has had the opportunity to review this report.

____
(Signature of Resident) (Date)

PROGRAM "COMPLETE" SUMMARY – FINAL RESIDENT ASSESSMENT

This resident has been assessed with at least two evaluation tools for each required element of each of the enumerated competencies. ☐Yes ☐ No

A document portfolio of this resident's 'best performance" evaluations for each competency is attached to this report.
☐Yes ☐ No

Please mark a summary assessment for each competency at Residency Program Completion		
Osteopathic Philosophy, Principles and Manipulative Treatment	This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.	
	Consistently Meets Competencies	Exceptional
Medical Knowledge and Its Application into Osteopathic Medical Practice	☐	☐
Osteopathic Patient Care	☐	☐
Interpersonal and Communication Skills in Osteopathic Medical Practice	☐	☐
Professionalism in Osteopathic Medical Practice	☐	☐
Osteopathic Medical Practice-based Learning and Improvement	☐	☐
System-based Osteopathic Medical Practice	☐	☐

I HEREBY ATTEST THAT THE GRADUATING RESIDENT HAS SUCCESSFULLY COMPLETED ALL THE REQUIREMENTS OF THE TRAINING PROGRAM, AND IS RECOMMENDED FOR **PROGRAM COMPLETE STATUS.**
☐Yes ☐ No
If no, explain:

____

(Signature of Program Director) (Date)

____

(Printed name of Program Director) (AOA Training Program)

The following signature verifies that the resident has had the opportunity to review this report.

____

(Signature of Resident) (Date)

____

(Printed name of Resident)

OSUMC DIAGNOSTIC RADIOLOGY
BIANNUAL RESIDENT PORTFOLIO – SELF EVALUATION AND REFLECTION REVIEW

Dates (time period for review):___________________

Date of evaluation/review with resident: ________________

PGY 1 2 3 4 5

Resident name: ______________________

For reviewer use only:

Overall assessment of progress:

__ Beginning (partial demonstration of required and non-required exhibits)
__ Advancing (substantial demonstration of required and non-required exhibits)
__ Competent (satisfactory demonstration of required and non-required exhibits)
__ Above Competence (outstanding demonstration of required and non-required exhibits)

Deficiencies (if applicable):

Plan of action:

Follow up activity/meeting required in the following areas:
Item(s) required to do/Deadline Date/Sign off date:
1.
2.
3.
4.

Program Director signature: ________________________________

Resident signature following review after discussion with Program Director:

____

MEDICAL KNOWLEDGE

Reflect on this academic period: List 2 or 3 things you wish you would have known before this academic period. List information which you have learned that you think will be most helpful to the class of residents immediately below you.

1. ____
2. ____
3. ____

Conference attendance this period: _____% Goal:_____%

Milestone Assessment:

At level of training for all _________ Need to work on _________

Comments about Milestone Assessment:

ACR In-Training and/or Written exam:
Strengths: ________________________
Weaknesses: ________________________
Goal: ________________________
Plan to reach goal: ____________________

Took USMLE part 3? Yes ___ No ___ Passed or Failed (circle one)
Took COMPLEX part 3? Yes ___ No ___ Passed or Failed (circle one)
Took AOBR physics exam? Yes ___ No ___ Passed or Failed (circle one)
Took AOBR writtens exam? Yes ___ No ___ Passed or Failed (circle one)

Are there any exams you plan to take in the next 12 months? _______________

Performance on routine Rad Primer curriculum exams in last 6 month period:

Infrequently pass rate (<25%): _____
Below average pass rate (25-50%): _____
Above average pass rate (50-75%): _____
Consistently passes tests (>75%): _____

AIRP date: ____________ Not scheduled yet: ____

Extracurricular radiology conferences, radiology courses, radiology self-assessment modules attended or completed last 6 months: (upload to myPortfolio printed documentation of completetion)
1.
2.

PATIENT CARE

Hospital required modules completed: Yes ____ No _____

Module completed with dates certificates uploaded to myPortolio:
Patient Care module: _______
Radiation safety module: _______
Lines and catheter module: ________

MRI Saftey lecture viewed: ________

Formative faculty evaluations: Satisfactory OR Needs improvement (circle one)
What areas could you improve?:

BLS/ACLS: Currently certified? Yes OR No (circle one)
PALS: Yes OR No (circle one)

Case Logs:
# of cases submitted to ACGME: _____________ Date of last entry: ______________

Interventional log updated in New Innovations?: Yes OR No (circle one)

Thyroid treatment log form up to date logged on New Innovations and uploaded to myPortfolio: Yes OR No (circle one)

Number of thyroid treatments (entire residency up to this evaluation):
<33 mCi: ____ >33 mCi: ____

Moonlighting? Yes____ No _____ Permission form signed? Yes ___ No ____

INTERPERSONAL AND COMMUNICATION SKILLS

Online modules completed:

Reviewed/read articles provided regarding reporting? Yes____ No____

Areas to improve on in reporting/dictation in areas you have been given feedback?

Formative faculty evaluations: Satisfactory OR Needs improvement (circle one)
What areas could you improve?:

Resident lecture prepared and given in last 6 months?: Yes____ No____

List topic(s) lecture prepared (uploaded to myPortfolio):

Goals to improve communication skills:

PRACTICE BASED LEARNING AND IMPROVEMENT

Radiology self-assessment modules completed: Yes _____ No ________

Research project required by the AOCR:

Documentation of participation in departmental QI/QA and regulatory activities?

Presentation and analysis of scientific articles at Journal Club (upload review form)?
Yes ______ No_____

Teaching File case preparation: Number of cases uploaded to DIA Teaching File system with complete discussions over the last 6 months? _______

M&M and Rad/Path conference presenter/attender with attendance documented?
Yes ______ No ______

Case Conferences/Lectures (Title and presented date and presentation/lecture uploaded to myPortfolio):
1.
2.
3.
4.

Other publications:

SYSTEM-BASED PRACTICE

Resident analysis of system-based problem Quality Initiative project title:

Multidisciplinary conferences involved in:

Radiology Business practice Online media/modules completed?: Yes ____ No___

Hospital required billing and documentation modules completed?: Yes ___ No ____

Hospital committee (s) involved in:

Participation in any internal review? Yes _____ No ______

Participation in medical student/resident selection?
Application review: Yes ____ No _____
Interview day(s): Yes ____ No _____
Rank meeting: Yes ____ No _____

PROFESSIONALISM

Formative faculty evaluations:
Satisfactory Needs improvement (circle one)

What areas could you improve?

Conference attendance record: _______%

Work hours updated: Yes ___ No _____

Online modules completed:

Hospital/GME required modules and lectures:

Activity in professional societies or attendance at meetings?

List one thing you have done/helped, or would like to do to help OSUMC become a better place:

Scholarly Activity in last 6 months or upcoming 6 months:

Publications? Yes __________ No ________ Submitted or other__________ (date/journal)
Posters? Yes __________ No ________ Submitted __________ (date/Meeting)
Oral presentations? Yes __________ No ________ Submitted __________
Other? Yes __________ No ________ Explain: _________________________________
Faculty mentor:________________ Co-authors/collaborators names: ________________
Medical students you are mentoring? _____________________________
Added to your CV? Yes _______ No _______
Add to portfolio? Yes _______ No _______
Nominated for anything? Yes _______ No _______ If so, what? _______________
Goals for scholarly activity: __________________________________

Career Planning:

Fellowship?
Yes _________ No _________
Undecided _________ Applying or will apply______

Subspecialty? ______________________________
Accepted into program? ___________________________ (institution name/state)

Practice goals:
Academics _________ Private practice_________ Undecided_________
Copy of current CV (include printed or CD) in portfolio? Yes __________ No __________

Evaluations:
On which rotations do you think you could improve?

Plans for improvement?

Formative peer evaluations:
Satisfactory Needs improvement NA (circle one)

What areas could you improve?

Formative technologist/nurse evaluations:
Satisfactory Needs improvement NA (circle one)

What areas could you improve?

Formative patient evaluations?
Satisfactory Needs improvement NA (circle one)

What areas could you improve?

Any comments about any evaluations?

Attachment: Semiannual and Summative Evaluations

Program Director's Annual Evaluation

Resident Name	
Training Program	
Year of Training for this Report	☐OGME 2 ☐OGME 3 ☐OGME 4 ☐OGME 5
Training Year Dates	From (mo/dy/yr) to (mo/dy/yr)

Only check one evaluation box for each

For any box checked deficient, the specifics of the deficiency must be detailed and a corrective action plan must be submitted as an addendum to this form.

Competency 1: Osteopathic Philosophy Principles and Manipulative Treatment		
This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.		
Competency 2: Medical Knowledge and Its Application into Osteopathic Practice		
2.1	The resident demonstrated competency in the understanding and application of clinical medicine to osteopathic patient care.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
2.2	The resident knows and applies the foundations of clinical and behavioral medicine appropriate to Diagnostic Radiology with application of all appropriate osteopathic correlations.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
2.3	The resident demonstrated a desire to continually improve his/her medical knowledge and that of others.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 3: Osteopathic Patient Care		
3.1	The resident demonstrated the ability to develop a management plan based on radiologic findings and other essential information gathered from all sources including medical interviews, osteopathic physical and structural examinations as indicated, medical records, diagnostic/therapeutic plans, and treatments.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
3.2	The resident demonstrated proper technique in planning and performing imaging and image-guided procedures including osteopathic diagnosis and treatment relative to radiology.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
3.3	The resident provided radiology services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional

Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice		
4.1	The resident demonstrated effectiveness in developing appropriate doctor-patient relationships.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
4.2	The resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families, and other healthcare professionals.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
4.3	The resident demonstrated an awareness of psychosocial issues and incorporates health promotion into clinical practice.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 5: Professionalism in Osteopathic Medical Practice		
5.1	This resident demonstrated respect for his/her patients and families and advocated for the primacy of his/her patient's welfare and autonomy.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
5.2	The resident adhered to ethical principles in the practice of medicine.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
5.3	The resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
5.4	The resident demonstrated awareness of one's own mental and physical health.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 6: Osteopathic Medical Practice-Based Learning and Improvement		
6.1	The resident treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
6.2	The resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
6.3	The resident understood research methods, medical informatics, and the application of technology as applied to medicine.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
Competency 7: System-Based Practice Osteopathic Medical Practice		
7.1	This resident understands national and local health care delivery systems and medical societies and how they affect patient care, professional practice, and relate to advocacy.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional
7.2	This resident advocated for quality health care on behalf of his/her patients and assisted them in their interactions with the complexities of the medical system.	☐Deficient ☐Appropriate for level of training ☐Meets competency ☐Exceptional

1. The resident has passed all parts of the COMLEX examination.
   (required prior to progression to 2nd year of residency)

   ◘ Yes ◘ No

2. The resident has made satisfactory progress in the training program and is recommended to proceed to the next year.

   ◘ Yes ◘ No ◘ N/A

   If no, please explain:

NOTE: You must complete and submit a "Program Complete Summary - Final Resident Assessment" form for all residents who are completing training.

____

(Signature of Program Director) (Date)

The following signature verifies that the resident has had the opportunity to review this report.

____

(Signature of Resident) (Date)

PROGRAM “COMPLETE” SUMMARY – FINAL RESIDENT ASSESSMENT

This resident has been assessed with at least two evaluation tools for each required element of each of the enumerated competencies. ☐ Yes ☐ No

A document portfolio of this resident’s ‘best performance” evaluations for each competency is attached to this report.
☐ Yes ☐ No

Please mark a summary assessment for each competency at Residency Program Completion		
Osteopathic Philosophy, Principles and Manipulative Treatment	This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.	
	Consistently Meets Competencies	Exceptional
Medical Knowledge and Its Application into Osteopathic Medical Practice	☐	☐
Osteopathic Patient Care	☐	☐
Interpersonal and Communication Skills in Osteopathic Medical Practice	☐	☐
Professionalism in Osteopathic Medical Practice	☐	☐
Osteopathic Medical Practice-based Learning and Improvement	☐	☐
System-based Osteopathic Medical Practice	☐	☐

I HEREBY ATTEST THAT THE GRADUATING RESIDENT HAS SUCCESSFULLY COMPLETED ALL THE REQUIREMENTS OF THE TRAINING PROGRAM, AND IS RECOMMENDED FOR **PROGRAM COMPLETE STATUS.**
☐ Yes ☐ No
If no, explain:

____

(Signature of Program Director) (Date)

____

(Printed name of Program Director) (AOA Training Program)

The following signature verifies that the resident has had the opportunity to review this report.

____

(Signature of Resident) (Date)

____

(Printed name of Resident)

OSUMC DIAGNOSTIC RADIOLOGY
BIANNUAL RESIDENT PORTFOLIO – SELF EVALUATION AND REFLECTION REVIEW

Dates (time period for review):____________________

Date of evaluation/review with resident: ________________

PGY 1 2 3 4 5

Resident name: ______________________

For reviewer use only:

Overall assessment of progress:

__ Beginning (partial demonstration of required and non-required exhibits)
__ Advancing (substantial demonstration of required and non-required exhibits)
__ Competent (satisfactory demonstration of required and non-required exhibits)
__ Above Competence (outstanding demonstration of required and non-required exhibits)

Deficiencies (if applicable):

Plan of action:

Follow up activity/meeting required in the following areas:
Item(s) required to do/Deadline Date/Sign off date:
1.
2.
3.
4.

Program Director signature: ________________________________

Resident signature following review after discussion with Program Director:

____

MEDICAL KNOWLEDGE

Reflect on this academic period: List 2 or 3 things you wish you would have known before this academic period. List information which you have learned that you think will be most helpful to the class of residents immediately below you.

1. ____
2. ____
3. ____

Conference attendance this period: _____% Goal:_____%

Milestone Assessment:

At level of training for all _________ Need to work on _________

Comments about Milestone Assessment:

ACR In-Training and/or Written exam:
Strengths: _________________________
Weaknesses: _________________________
Goal: _________________________
Plan to reach goal: _____________________

Took USMLE part 3? Yes ___ No ___ Passed or Failed (circle one)
Took COMPLEX part 3? Yes ___ No ___ Passed or Failed (circle one)
Took AOBR physics exam? Yes ___ No ___ Passed or Failed (circle one)
Took AOBR writtens exam? Yes ___ No ___ Passed or Failed (circle one)

Are there any exams you plan to take in the next 12 months? _______________

Performance on routine Rad Primer curriculum exams in last 6 month period:

Infrequently pass rate (<25%): _____
Below average pass rate (25-50%): _____
Above average pass rate (50-75%): _____
Consistently passes tests (>75%): _____

AIRP date: ____________ Not scheduled yet: ____

Extracurricular radiology conferences, radiology courses, radiology self-assessment modules attended or completed last 6 months: (upload to myPortfolio printed documentation of completetion)
1.
2.

PATIENT CARE

Hospital required modules completed: Yes ____ No _____

Module completed with dates certificates uploaded to myPortolio:
Patient Care module: _______
Radiation safety module: _______
Lines and catheter module: ________

MRI Saftey lecture viewed: ________

Formative faculty evaluations: Satisfactory OR Needs improvement (circle one)
What areas could you improve?:

BLS/ACLS: Currently certified? Yes OR No (circle one)
PALS: Yes OR No (circle one)

Case Logs:
# of cases submitted to ACGME: _____________ Date of last entry: ______________

Interventional log updated in New Innovations?: Yes OR No (circle one)

Thyroid treatment log form up to date logged on New Innovations and uploaded to myPortfolio: Yes OR No (circle one)

Number of thyroid treatments (entire residency up to this evaluation):
<33 mCi: ____ >33 mCi: ____

Moonlighting? Yes____ No _____ Permission form signed? Yes ___ No ____

INTERPERSONAL AND COMMUNICATION SKILLS

Online modules completed:

Reviewed/read articles provided regarding reporting? Yes____ No____

Areas to improve on in reporting/dictation in areas you have been given feedback?

Formative faculty evaluations: Satisfactory OR Needs improvement (circle one)
What areas could you improve?:

Resident lecture prepared and given in last 6 months?: Yes____ No____

List topic(s) lecture prepared (uploaded to myPortfolio):

Goals to improve communication skills:

PRACTICE BASED LEARNING AND IMPROVEMENT

Radiology self-assessment modules completed: Yes _____ No ________

Research project required by the AOCR:

Documentation of participation in departmental QI/QA and regulatory activities?

Presentation and analysis of scientific articles at Journal Club (upload review form)?
Yes ______ No_____

Teaching File case preparation: Number of cases uploaded to DIA Teaching File system with complete discussions over the last 6 months? _______

M&M and Rad/Path conference presenter/attender with attendance documented?
Yes ______ No ______

Case Conferences/Lectures (Title and presented date and presentation/lecture uploaded to myPortfolio):
1.
2.
3.
4.

Other publications:

SYSTEM-BASED PRACTICE

Resident analysis of system-based problem Quality Initiative project title:

Multidisciplinary conferences involved in:

Radiology Business practice Online media/modules completed?: Yes ____ No___

Hospital required billing and documentation modules completed?: Yes ___ No ____

Hospital committee (s) involved in:

Participation in any internal review? Yes _____ No ______

Participation in medical student/resident selection?
Application review: Yes ____ No _____
Interview day(s): Yes ____ No _____
Rank meeting: Yes ____ No _____

PROFESSIONALISM

Formative faculty evaluations:
Satisfactory   Needs improvement (circle one)

What areas could you improve?

Conference attendance record: _______%

Work hours updated: Yes ___   No _____

Online modules completed:

Hospital/GME required modules and lectures:

Activity in professional societies or attendance at meetings?

List one thing you have done/helped, or would like to do to help OSUMC become a better place:

Scholarly Activity in last 6 months or upcoming 6 months:

Publications? Yes __________ No ________ Submitted or other__________ (date/journal)
Posters? Yes __________ No ________ Submitted __________ (date/Meeting)
Oral presentations? Yes __________ No ________ Submitted __________
Other? Yes __________ No ________ Explain: _________________________________
Faculty mentor:________________ Co-authors/collaborators names: ________________
Medical students you are mentoring? _____________________________
Added to your CV? Yes _______ No _______
Add to portfolio? Yes _______ No _______
Nominated for anything? Yes _______ No _______ If so, what? _______________
Goals for scholarly activity: __________________________________

Career Planning:

Fellowship?
Yes ________ No ________
Undecided ________ Applying or will apply______

Subspecialty? ____________________________
Accepted into program? __________________________ (institution name/state)

Practice goals:
Academics ________ Private practice________ Undecided________
Copy of current CV (include printed or CD) in portfolio? Yes _________ No _________

Evaluations:
On which rotations do you think you could improve?

Plans for improvement?

Formative peer evaluations:
Satisfactory Needs improvement NA (circle one)

What areas could you improve?

Formative technologist/nurse evaluations:
Satisfactory Needs improvement NA (circle one)

What areas could you improve?

Formative patient evaluations?
Satisfactory Needs improvement NA (circle one)

What areas could you improve?

Any comments about any evaluations?

DIAGNOSTIC RADIOLOGY MILESTONES

ACGME REPORT WORKSHEET

Patient Care and Technical Skills (Residents must be able to meet previous year milestones when evaluated at a specific level)

PCTS1: Consultant					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Uses established evidence-based imaging guidelines such as American College of Radiology (ACR) Appropriateness Criteria® Appropriately uses the Electronic Health Record to obtain relevant clinical information	Recommends appropriate imaging of common* conditions independently *As defined by the residency program	Recommends appropriate imaging of uncommon* conditions independently *As defined by the residency program	Integrates current research and literature with guidelines, taking into consideration cost effectiveness and risk-benefit analysis, to recommend imaging	Participates in research, development, and implementation of imaging guidelines
☐	☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- End-of-Rotation Global Assessment
- Self-Assessment and Reflections/Portfolio
- End-of-Year Examination
- Simulation/OSCE

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Patient Care and Technical Skills

PCTS2: Competence in procedures					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Competently performs basic procedures* under indirect supervision Recognizes and manages complications of basic procedures *Basic procedures, as defined by each residency program, include those needed to take independent call	Competently performs intermediate procedures, as defined by the residency program Recognizes and manages complications of intermediate procedures	Competently performs advanced procedures, as defined by the residency program Recognizes and manages complications of advanced procedures	Able to competently and independently perform the following procedures: • adult and pediatric fluoro studies • lumbar puncture • image-guided venous and arterial access • hands-on adult and pediatric ultrasound studies • drainage of effusions and abscesses • image-guided biopsy • nuclear medicine I-131 treatments (≤ 33 and > 33 mCi)	Able to teach procedures to junior-level residents Competently performs complex procedures, modifies procedures as needed, and anticipates and manages complications of complex procedures
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- 360 Evaluation/Multi-rater/Peer
- End-of-Rotation Global Assessment
- Case/Procedure Logs, including complications
- Direct observation and feedback
- Procedural competency checklists
- Self-Assessment and Reflections/Portfolio
- Simulation/OSCE

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Medical Knowledge

MK1: Protocol selection and optimization of images					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Selects appropriate protocol and contrast agent/dose for basic imaging, including protocols encountered during independent call as defined by the residency program Recognizes sub-optimal imaging	Selects appropriate protocols and contrast agent/dose for intermediate imaging as defined by the residency program	Selects appropriate protocols and contrast agent/dose for advanced imaging as defined by the residency program Demonstrates knowledge of physical principles to optimize image quality	Independently modifies protocols as determined by clinical circumstances Applies physical principles to optimize image quality	Teaches and/or writes imaging protocols
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
- Core exam
- OSCE/simulation

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Medical Knowledge

MK2: Interpretation of examinations					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Makes core observations, formulates differential diagnoses, and recognizes critical findings Differentiates normal from abnormal	Makes secondary observations, narrows the differential diagnosis, and describes management options	Provides accurate, focused, and efficient interpretations Prioritizes differential diagnoses and recommends management	Makes subtle observations Suggests a single diagnosis when appropriate Integrates current research and literature with guidelines to recommend management	Demonstrates expertise and efficiency at a level expected of a subspecialist Advances the art and science of image interpretation
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Direct observation and feedback
- Reading out with resident
- ER preparedness test
- Review of reports
- Rate of major discrepancies
- Core exam

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Systems-based Practice

SBP1: Quality Improvement (QI)					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes departmental QI initiatives Describes the departmental incident/occurrence reporting system	Incorporates QI into clinical practice Participates in the departmental incident/occurrence reporting system	Identifies and begins a systems-based practice project incorporating QI methodology	Completes a systems-based practice project as required by the ACGME Review Committee Describes national radiology quality programs (e.g., National Radiology Data Registry, accreditation, peer-review)	Leads a team in the design and implementation of a QI project Routinely participates in root cause analysis
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
- Semi-annual evaluation with program director
- Written feedback on project (with mentor)
- Project presentation feedback (faculty, peers, others in system)
- Critical incidents reporting and feedback

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Systems-based Practice

SBP2: Health care economics					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes the mechanisms for reimbursement, including types of payors	States relative cost of common procedures	Describes the technical and professional components of imaging costs	Describes measurements of productivity (e.g., RVUs)	Describes the radiology revenue cycle
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Project presentation feedback (faculty, peers, others in system)
- Completion of knowledge-based modules

Suggested educational strategies:

- Annual QA session with head of billing
- Institute for Health Care International modules
- Agency for Healthcare Research and Quality modules

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Practice-based Learning and Improvement

PBLI1: Patient safety: contrast agents; radiation safety; MR safety; sedation					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Contrast Agents: Recognizes and manages contrast reactions **Radiation Safety:** Describes the mechanisms of radiation injury and the ALARA ("as low as reasonably achievable") concept **MR Safety:** Describes risks of MRI	**Contrast Agents:** Re-demonstrates recognition and management of contrast reactions **Radiation Safety:** Accesses resources to determine exam-specific average radiation dose information **MR Safety:** Accesses resources to determine the safety of implanted devices and retained metal	**Contrast Agents:** Re-demonstrates recognition and management of contrast reactions **Radiation Safety:** Communicates the relative risk of exam-specific radiation exposure to patients and practitioners **MR Safety:** Communicates MR safety of common implants and retained foreign bodies to patients and practitioners	**Contrast Agents:** Re-demonstrates recognition and management of contrast reactions **Radiation Safety:** Applies principles of Image Gently® and Image Wisely® **MR Safety:** Applies principles of MR safety including safety zones and pre-MR screening **Sedation**: Describes the principles of conscious sedation	**Contrast Agents:** Teaches appropriate treatment of contrast reactions **Radiation Safety:** Promotes radiation safety **MR Safety:** Participates in establishing or directing a safe MR program **Sedation**: Selects appropriate sedation agent and dose for conscious sedation
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
- Completion of institutional safety modules, BCLS/ACLS

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Practice-based Learning and Improvement

PBLI2: Self-Directed Learning					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Develops an annual learning plan based on self-reflection and program feedback	Evaluates and modifies learning plan	Evaluates and modifies learning plan	Evaluates and modifies learning plan	Advocates for lifelong learning at local and national levels
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Semi-annual evaluation meeting with program director
- Self-Assessment and Reflections/Portfolio
- Resident teaching and feedback
- Core exam

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Practice-based Learning and Improvement

PBLI3: Scholarly activity					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Documents training in critical thinking skills and research design	Works with faculty mentors to identify potential scholarly projects	Begins scholarly project	Completes and presents a scholarly project	Independently conducts research and contributes to the scientific literature and/or completes more than one scholarly project Completes an IRB submission
☐	☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Self-Assessment and Reflections/Portfolio
- Core exam
- Journal club discussions
- Written feedback on project (with mentor)
- Project presentation feedback (faculty, peers, others in system)
- Completion of AJR Self-Assessment Modules or CITI modules

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Professionalism

PROF1: Professional Values and Ethics					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates the following professional behaviors: • recognizes the importance and priority of patient care and advocates for patient interests • fulfills work-related responsibilities • is truthful • recognizes personal limitations and seeks help when appropriate • recognizes personal impairment and seeks help when needed • responds appropriately to constructive criticism • places needs of patients before self • maintains appropriate boundaries with patients, colleagues, and others • exhibits tolerance and acceptance of diverse individuals and groups • maintains patient confidentiality • fulfills institutional and program requirements related to professionalism and ethics • attends required	Is an effective health care team member Demonstrates professional behaviors listed in the second column	Is an effective health care team leader, promoting primacy of patient welfare, patient autonomy, and social justice Demonstrates professional behaviors listed in the second column	Serves as a role model for professional behavior Demonstrates professional behaviors listed in the second column	Participates in local and national organizations to advance professionalism in radiology Mentors others regarding professionalism and ethics

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	conferences				
☐	☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Conference attendance logs
- Timeliness in completing institutional and program requirements

Suggested Educational Tools:

1. Teaching and Assessing Professionalism: A Program Director's Guide by the ABP and APPD – see Chapter 8: Measuring Professionalism
   - Critical incidents
   - Peer assessments
   - Multi-source assessments
   - Professionalism Mini-Evaluation Exercise (P-MEX)

2. The Professionalism Mini-Evaluation Exercise:
   A Preliminary Investigation
   - Richard Cruess, Jodi Herold McIlroy, Sylvia Cruess, Shiphra Ginsburg, and Yvonne Steinert Acad Med. 2006 Oct;81(10 Suppl):S74-8

3. ABRF Online Modules on Ethics and Professionalism
   https://www.abronline.org/asp/abrf/

4. "Medical Professionalism in the New Millennium: A Physician Charter." *Ann Intern Med*. 5 February 2002;136(3):243-246. "

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Interpersonal and Communication Skills

ICS1: Effective communication with patients, families, and caregivers					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Communicates information about imaging and examination results in routine, uncomplicated circumstances Obtains informed consent	Communicates, under direct* supervision, in challenging circumstances (e.g., cognitive impairment, cultural differences, language barriers, low health literacy) Communicates, under direct supervision, difficult information such as errors, complications, adverse events, and bad news *see ACGME definition of direct supervision in the Program Requirements	Communicates, under indirect* supervision, in challenging circumstances (e.g., cognitive impairment, cultural differences, language barriers, low health literacy) *see ACGME definition of direct supervision in the Program Requirements	Communicates complex and difficult information, such as errors, complications, adverse events, and bad news	Serves as a role model for effective and compassionate communication Develops patient-centered educational materials
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio

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Interpersonal and Communication Skills

ICS2: Effective communication with members of the health care team					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Adheres to transfer-of-care policies **Written/Electronic:** Generates accurate reports with appropriate elements required for coding **Verbal:** Communicates urgent and unexpected findings according to institutional policy and ACR guidelines	**Written/Electronic:** Efficiently generates clear and concise reports that do not require substantive faculty member correction on routine cases **Verbal:** Communicates findings and recommendations clearly and concisely	**Written/Electronic:** Efficiently generates clear and concise reports that do not require substantive faculty member correction on common complex cases **Verbal:** Communicates appropriately under stressful situations	**Written/Electronic:** Efficiently generates clear and concise reports that do not require substantive faculty member correction on all cases **Verbal:** Communicates effectively and professionally in all circumstances	Leads interdisciplinary conferences **Written/Electronic:** Generates tailored reports meeting needs of referring physician Develops templates and report formats **Verbal:** Serves as a role model for effective communication
☐	☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE (Intradepartmental and Team)
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio

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Attachment: Policy for Supervision of Residents

Oklahoma State University Center for Health Sciences
College of Osteopathic Medicine

Policy on Resident Supervision

Standard

IV.I. Supervision

IV.I.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)

IV.I.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements. (Core)

Purpose: To describe the methods of supervision of OSU CHS residents and fellows and the hierarchy of responsibility of residents, fellows and attending physicians in patient care activities for training within OSU CHS' Residency and Fellowship Programs.

To assure the provision of high quality patient care, residents and fellows must be supervised. Supervision will be provided directly, on-site, by senior residents, fellows and/or attending physicians. Qualified supervising residents and fellows that have been approved by the program director are available at all times as well as attending physicians are readily available if needed.

Policy: Attending physicians are available to provide supervision, depending on the acuity, complexity and severity of the patient's problems, and qualified attending physicians are always available on-site in the Emergency Department. PGY-I residents are always supervised directly by either more senior residents or attending physicians. As residents progress through their training, they assume increasing responsibility for patient care based on their level of training, experience, and individual abilities. The program director of each residency/fellowship program determines the level of responsibility according to each resident based on his/her demonstrated competence.

Hierarchy of Responsibility: The quality of patient care on all medical services is the responsibility of the Chairman of the Department of the affiliated training site (or equivalent position). Responsibility for the residents and fellows is delegated to the Program Director of the each resident and fellowship program. The program director and chairman of each department has the authority to assign attending physicians in the department to supervisory and teaching roles in the resident and fellowship programs at OSU CHS.

In addition, the Chief Residents/Fellows are a delegated authority to assign residents to certain duties and responsibilities, including on-call, patient care, supervisory, and teaching activities within the training program. The chief residents and fellows will also be available as back up and assist junior residents in their evaluation and disposition of urgent and emergent medical problems.

Compliance: The Program Director of each residency/fellowship is responsible for monitoring compliance with this resident/fellowship credentialing policy. Resident and fellow procedure privilege documentation is maintained in the Graduate Medical Education Office.

Inappropriate actions, defined as residents performing or supervising procedures outside the scope of their credentials, will result in review by the Program Director and may result in disciplinary action up to and including dismissal from the program.

Under all circumstances, program directors are responsible for clinical supervision and formal evaluation of residents.